Conference on
Ensuring Access To Health For All Women And Newborn -
The Role Of Parliaments
Kampala, 23-25 November 2009

CONCEPT PAPER

The Inter-Parliamentary Union and the World Health Organization (WHO) will organise a conference for parliaments on “Ensuring Access to Health for All Women and Newborn - the Role of Parliaments”. The conference is hosted by the Parliament of Uganda and will take place in:

Kampala
from 23 to 25 November 2009

The conference will take place at the Africana Hotel, Kampala.

BACKGROUND

Every year, more than half a million women die due to complications during pregnancy and childbirth. In the last decade, over 7 million women died from maternal causes and millions more suffered short and long term disabilities. Every year, four million babies die within their first 28 days of life and another 3.3 million are stillborn. And every year, 600,000 newborn are infected with HIV, mainly through mother-to-child-transmission. But still, maternal and newborn health remains a largely neglected public health issue.

Many studies and analyses show that maternal and newborn mortality data reflect global disparity and inequity between rich and poor, urban and rural populations. Most maternal and newborn deaths and disabilities are preventable with cost effective interventions. However, without effective and necessary programmes and budget allocations and improved health system response, the shameful numbers of maternal and newborn mortality and morbidity will continue to rise.

In 2000, the international community agreed on eight Millennium Development Goals (MDGs) and set development targets to be met by 2015. MDG 5, the so-called heart of the MDGs, aims at improving maternal health, while MDG 4 seeks to reduce child mortality. Improving the health of mothers and children is a priority that builds on decades of programmes, activities and experiences. Although many countries have made good progress in reducing under-five mortality rates; in 43 countries, the maternal and perinatal mortality has stagnated or reversed. Whatever progress had been made, the HIV/AIDS pandemic has caused serious set backs in the gains achieved. Malaria infection during pregnancy also poses a major threat to the mother and her unborn child. MDG 6 reinforces the priority given to mothers’ and children’s health in combating HIV/AIDS and Malaria.

At the current pace, it would take many years to attain MDGs 4 and 5 in sub-Saharan Africa and South Asia. For this to change, governments, parliaments, civil society and the international community will need to redouble efforts to promote maternal and newborn health and survival.

Over the past years specific attention has been paid to the role of parliaments and their members in achieving progress for mothers and children’s health and survival. In many countries, parliamentarians have become aware of the dire situation of many mothers and newborn and have taken action.

On the occasion of a first meeting of parliamentarians organised by WHO and the UK Parliament in London in March 2007, members of parliament from developed and developing countries agreed on the need to place maternal and newborn ill-health, among the poor in particular, as a key national and international
priority. This meeting was followed by a second meeting of parliamentarians organised jointly by WHO, IPU and the Dutch parliament in November 2008, in the Hague. The second meeting resulted in the adoption of a road map for members of parliament to take action on maternal and child health (see www.ipu.org/splz-e/hague08/report.pdf).

OBJECTIVES OF THE CONFERENCE
The third conference seeks to take stock of the current situation of maternal and newborn health in a select number of developing countries, show progress made since the 2008 Hague meeting and highlight best practices. It should provide a forum for members of parliament from developing and developed countries to exchange experience, map out next steps and strengthen parliamentary cooperation in this field. It should also allow for the question of maternal health to remain on the international agenda.

The conference will also invite members of parliament to debate the particular challenge of access to health, especially within rural and poor communities. It is expected to build the capacity of the parliamentarians to support health care needs of mothers and babies, irrespective of socio-economic situations. Participants will also benefit from the opportunity to learn from the work carried out in Uganda in this field.

PROVISIONAL PROGRAMME
The provisional programme of the Conference is as attached.

RESOURCE PERSONS
The IPU and WHO will identify resource persons who will make presentations and lead discussions on the various themes of the conference.

PARTICIPATION
The conference is open to members of parliament and parliamentary staff from national parliaments XX priority countries as well as some developed countries strongly engaged in supporting progress in the field of maternal health.

Each national parliament shall be entitled to send up to 3 participants (MPs and staff). Parliaments are encouraged to send members of parliament that actively work on health and gender issues. In line with the IPU's stated objective to promote partnership between men and women in political life, participating parliaments should aim at including an equal number of men and women delegates. Delegations should further be representative of the political configuration of the respective parliaments and should also include a minimum number of one parliamentary staff member.

ORGANISATION OF PROCEEDINGS
In accordance with the IPU's practice, all participants will have equal speaking rights. So that the discussions can be as fruitful and enriching as possible, the following arrangements have been foreseen so far:

(a) There will be no list of speakers on any agenda item. After an agenda item has been introduced by the resource persons, the floor will be open to participants for questions and comments.

(b) Experience has shown that this kind of meeting is not suitable for pre-prepared statements to be read out. Pre-prepared speeches will be discouraged and a constructive and lively debate amongst participants will be favoured. Working group sessions will also be organised with a view to encourage focused exchanges.

(c) A General Rapporteur will be called upon on to sum up the work of the Conference at its concluding session.

(d) The organizers will prepare a publication on the proceedings of the Conference, for distribution to the participating parliaments, the IPU and WHO governing bodies and interested organisations.
The debates will take place in English and French. Delegations who wish to have interpretation into their own language are kindly requested to inform the Parliament which will arrange for interpretation booths and necessary equipment. The delegations concerned will be responsible for recruiting and covering the expenses of their interpreters.

DOCUMENTS
Written texts of the presentations by the resource persons will be distributed to participants as they become available.

To the extent possible and for the information of participants, the Conference Secretariat will make available background documentation relevant to the issues under discussion.

Participants wishing to distribute to their colleagues relevant documentation will be required to provide it in sufficient quantities and put it on a table set aside for that purpose.