

Taking the Lead

Parliamentarians Engage
with Maternal, Newborn
and Child Health

The Inter-Parliamentary Union (IPU) is the international organization of parliaments. It is the forum for world-wide parliamentary dialogue, working for the firm establishment of representative democracy. It fosters contacts among parliaments and parliamentarians of all countries, enabling greater coordination and the exchange of experience. It helps to promote human rights, considering and expressing its views on questions of international interest – thereby encouraging parliaments and parliamentarians to take action on those issues. Finally, it encourages understanding of how representative institutions work and how to give them greater influence.

The Partnership for Maternal, Newborn & Child Health (PMNCH) is an alliance that helps the global health and development communities to work together to achieve the health Millennium Development Goals (MDGs) 4 on reducing child mortality and 5 on improving maternal health. PMNCH promotes evidence-based and high-impact interventions, contributes to raising funds for maternal, newborn and child health (MNCH), tracks partners' commitments, and measures progress towards MDGs 4 and 5. PMNCH has more than 300 members, representing governments, donors, foundations, UN agencies, non-governmental organizations, health-professional associations, and academic and research institutions.

The IPU and PMNCH have been collaborating closely since 2008 to highlight the importance of MNCH and the vital role played by parliamentarians in improving the health of women and children. PMNCH is one of the members of the initiative known as "Countdown to 2015 – Tracking Progress in Maternal, Newborn and Child Survival". In this role it helps to coordinate activities, organizes Countdown conferences, generates knowledge, and disseminates technical and advocacy products. In 2008, the Countdown conference, which was held in conjunction with the 118th IPU Assembly in Cape Town, enabled parliamentarians to exchange ideas and experiences with a range of stakeholders. The IPU and PMNCH have also organized joint sessions to disseminate the findings of the Countdown initiative and stimulate dialogue on MNCH. These were held at the 120th IPU Assembly in Addis Ababa in 2009 and at the 122nd IPU Assembly in Bangkok in 2010.

Foreword

We have witnessed firsthand how fundamental parliamentarians are to development issues and critical the role they play is in improving the health of women and children. Parliamentarians represent the people, they shape policies, make laws, approve budgets and hold the executive branch of government to account – all vital components of the concerted action needed to improve maternal, newborn and child health (MNCH). It is also important to point out that parliamentarians' engagement in MNCH issues not only benefits women and children, but also strengthens the role of parliamentarians in influencing national health and development.

Parliamentarians can benefit greatly from having access to the latest international evidence on issues such as MNCH. Being informed of the choices they have when debating and developing laws will lead to better public policy and will help parliamentarians convince skeptical stakeholders of the merits of a legislative initiative. Exchanges with other countries can provide examples and ideas for how they can place MNCH high on the political agenda and advance the rights of women and children in their functions as representatives of the people, lawmakers, and overseers of the implementation of public policy.

This document is intended as a vehicle for delivering such examples and ideas and for contributing to further discussion and dialogue. It is a reflection of the importance that the Inter-Parliamentary Union and The Partnership for Maternal, Newborn & Child Health attach to the role of parliamentarians in bringing about better health for women and children - the future of our societies. We hope that parliamentarians will find the document useful in their quest to achieve Millennium Development Goals 4 on reducing child mortality and 5 on improving maternal health.



Julio Frenk

Chair of the Board
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Anders B. Johnsson

Secretary General
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"As Minister of Health in Mexico in 2000-2006, I worked in partnership with parliament to reform the nation's health system, particularly tackling social inequalities. We introduced a program of comprehensive national health insurance – Seguro Popular – that expanded access to health care for tens of millions of previously uninsured Mexicans. Through the Fair Start in Life program, funding was boosted for health system elements fundamental to the health of women and children."

Julio Frenk

"We want to help bring about significant change in the lives of mothers and children, and to reach Millennium Development Goals 4 and 5 on child mortality and maternal health. These are objectives that all countries have committed to. They are far from being achieved, they are nevertheless all achievable. Let us make no mistake. Saving the lives of mothers and children is a political issue, not a technical problem. It takes political courage, political will and determination, and taking the lead. I hope that this document will help you to do so."

Anders B. Johnsson

Introduction

The Millennium Development Goals (MDGs) were embedded in the 2000 United Nations Millennium Declaration. This was a forward-looking, sweeping set of commitments by world leaders to work on the major challenges of our time: peace and security, development and poverty, democracy and human rights, and health and education. The Declaration also acknowledged that the United Nations and its member states cannot act alone. They need the support and cooperation of other bodies – including parliaments. Parliaments are an essential part of the development equation, ensuring that the MDGs are incorporated into national agendas, and that the commitments made by the executive branch of government can be accounted for at the national level, as well as in the international arena. However, this is not easily accomplished. Some parliaments face challenges when trying to take part in the dialogue on international agreements and development commitments. Other parliaments simply have limited resources and capacity.

The progress that has been made in improving the health of women and children in low- and middle-income countries is encouraging. UNICEF estimates that, throughout the world, deaths of children under five decreased from 12.5 million in 1990 to 8.8 million in 2008 (UNICEF, 2009). And a recent analysis shows a projected drop to 7.7 million in 2010 (Rajaratnam et al, 2010). There is also evidence of global progress in reducing maternal deaths. But much more needs to be done. Many countries are not on track to achieve MDGs 4, on reducing child mortality, or 5, on improving maternal health. The recently launched Countdown to 2015 Decade Report found that only 19 of 68 priority countries, where over 95% of all maternal and child deaths occur, are on track to achieve MDG 4, and that progress on MDG 5 is very slow.¹ In fact, of all the MDGs, MDGs 4 and 5 are those that lag behind the most.

Too many children, too many women giving birth, continue to die needlessly every day. Every minute of every day, one woman dies and 30 women suffer long-lasting injury or illness from preventable pregnancy-related causes and complications, including from unsafe abortion. Most of these deaths occur in low- and middle-income countries and most can be prevented. For example, about two-thirds of the deaths among children under five can be prevented using interventions that are cost-effective and readily available. Most of the mothers who die don't have to – highly effective interventions are known for the causes of their deaths. Addressing the unmet need for family planning, and increasing the coverage of key interventions – such as antenatal care, skilled birth attendance, emergency obstetric care, and postnatal care – can significantly reduce the number of maternal and newborn deaths, as well as the number of women – more than 20 million each year – who suffer disabilities because of pregnancy.

The “Consensus for Maternal, Newborn and Child Health” statement calls for bold, focused action to ensure that every pregnancy is wanted, every birth is safe, and every newborn and child is healthy. This will require an emphasis on strengthening health systems so that countries can deliver proven interventions effectively to improve maternal health and ensure that children not only survive, but thrive. No single actor can do this alone. To prompt concerted action both within countries and globally, the UN Secretary-General Ban Ki-moon is championing the development of the “Joint Action Plan for Women's and Children's Health”. One of the principles of the Joint Action Plan is that we all have a role to play in the achievement of MDGs 4 and 5 – parliamentarians, policy-makers and managers of the executive branch, civil society and non-governmental organizations, academic institutions, the media, health-care professional

¹ For additional Countdown to 2015 materials, please see www.countdown2015mnch.org/reports-publications/2010-report



associations, and development partners. All have fundamental and complementary roles to play in the quest to improve maternal, newborn and child health (MNCH).

The objective of this document is to highlight parliamentarians' critical role in advancing the MNCH agenda and in improving health outcomes for women and children. By providing examples of how parliamentarians have positioned, promoted and protected the health of mothers and their children, the document aims to inspire parliamentarians all over the world to intensify their engagement in MNCH. The document also suggests a course of action for advancing parliaments' role in MNCH, building on the considerable successes they have already achieved, including with support from domestic and international partners.

The document focuses on countries in need of additional efforts on MNCH – countries where progress has been made on MDGs 4 and 5, but where there is still room for improvement. The countries were selected to provide different perspectives in terms of geography, types of

budget mechanisms and patterns of development aid. The document draws on case studies² of the roles that different countries' parliaments have played in development and aid effectiveness. These case studies focus on the health sector, using it to illustrate the progress that countries and their development partners are making towards instituting the principles of the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action – as well as the challenges that remain. Information specific to parliamentary engagement with MNCH was collected as well in the case studies. Some additional data was collected through key informant interviews to supplement the case studies. In Cambodia, a brief questionnaire was distributed to parliamentarians.

This document is inspired by the focus of the IPU's 6th Annual Meeting of Women Speakers of Parliament (Bern, July 16-17, 2010). The meeting is titled "Women Speakers Take Action on Maternal, Newborn and Child Health" and its themes are: building national health systems, legislation and policy, funding for MDGs 4 and 5, empowering women, raising awareness and building political will.

² Commissioned by the Inter-Parliamentary Union (IPU) and the Partnership for Maternal, Newborn and Child Health (PMNCH) in 2009-2010 in Cambodia, Tanzania, Vietnam and Zambia.



Why are
Parliamentarians
Important for
Maternal, Newborn
and Child Health?

Parliaments have a crucial role to play on MNCH issues within the broader context of the health sector and the overall national development agenda. This has been recognized by the IPU and “Countdown to 2015 - Tracking Progress in Maternal, Newborn and Child Survival”, which have identified five core actions that parliamentarians can take in positioning, promoting and protecting the health of women and children:

- Representing the voice of women and children
- Advocating for MDGs 4 and 5, nationally and internationally
- Legislating to ensure universal access to essential care
- Budgeting for maternal, newborn and child health
- Holding the government to account for implementing policies

The importance of parliamentarians’ engagement in MNCH was emphasized at the meeting Parliamentarians Take Action for Maternal and Newborn Health, held in The Hague in 2008. And at the Third Parliamentary Conference on Maternal and Newborn Health in Kampala in 2009, participants reaffirmed their commitment to ensuring access to health services for women and children.

This section explains in greater depth how parliamentarians are important for MNCH, and how they have engaged with it. The examples were chosen to include each parliamentary function, and to show the range of means by which parliamentarians have worked towards advancing the health of women and children. It should also be emphasized that parliamentarians’ engagement in MNCH issues not only benefits women and children, but also strengthens parliamentarians’ role in influencing national health and development policy.

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As members of parliament, we underscore that ensuring that maternal and newborn issues are made priorities at the national level depends on our actions, strategies and solutions.”
– Concluding statement, Third Parliamentary Conference on Maternal and Newborn Health, Kampala, 2009

A Two-way Street: Maternal, Newborn and Child Health is of Significant Importance and Value to Parliamentarians

Parliamentarians engagement, with MNCH issues not only benefits women and children, but also strengthens the parliamentarians’ role in influencing national health and development policies. Women and children make up a significant proportion of parliamentarians’ constituents. The health of women and children is central to development – as MDGs 4 and 5 reflect – and should be a key issue that parliamentarians consider when helping to develop national plans, reviewing or introducing new legislation, and approving and overseeing the budget.

Promoting, and investing in, MNCH is not only the right thing to do – it also delivers significant socioeconomic benefits and enhances social cohesion. Contributing to inclusive economic growth for their country’s population by promoting and securing investment in MNCH generates significant goodwill to parliamentarians and strengthens their role in the development policy arena. The “Joint Action Plan for Women’s and Children’s Health” has identified several ways in which investment in MNCH is good economic policy:

- Investing in MNCH is cost-effective: providing basic preventive and curative health care to women and children saves billions of dollars that would otherwise be spent on more expensive medical treatment.
- Investing in MNCH reduces poverty: protecting poor families from the costs of health care allows them to invest in their future – for example, in housing, education and income-generating activities.
- Investing in MNCH generates enormous gains in economic development – 30-50% of Asia’s economic growth in 1965-1990 has been attributed to improvements in reproductive health and reductions in child mortality and fertility rates.

Zambia: Hearing the Voices of Women and Children in Discussions of National Policy

Zambia has a high burden of infectious disease. It has a high prevalence of HIV/AIDS, which contributed to a fall in life expectancy from 49 in 1990 to 42 in 2007. Maternal mortality is very high, in large part because of the HIV/AIDS epidemic. However, important improvements have recently been made in children's health. From 2002 to 2007, the under-five mortality rate decreased from 168 to 119 per 1,000 live births. The main reasons for this include the scale-up of HIV and malaria prevention and treatment efforts, the introduction of Child Health Weeks, and the role of parliament in drawing greater attention to child health.

Several of the Zambian parliament's committees focus on areas central to MDGs 4 and 5. The parliament also has a women's caucus, a children's caucus, and a forum for the discussion of population and reproductive health issues. These groups play a critical role in reviewing proposed legislation related to MNCH and in ensuring that concerns that are central to women and children are heard in parliament. For example, the women's caucus has been instrumental in the process leading to legislation to protect women during and after pregnancy through provisions in the national employment act on the right to maternity leave and the right to sick leave for pregnancy-related illness. Through a parliamentary reform program introduced in 2002, 150 constituency offices have been established around the country. The offices are well-staffed and help parliamentarians and the public to share health information – making parliamentarians better able to represent their constituents and to ensure that the legislative framework reflects the MNCH priorities on the ground.

Through the reform program Zambia's parliamentarians have also increased representation by increasing the ability of other stakeholders – in the form of civil society organizations – to make their voices heard in parliament. An evaluation of the reform program found that there was an increase between 2004 and 2007 of 31% in the proportion of civil society stakeholders who agree that it is easy for civil society to make contributions to parliament.

Representing the voices of women and children and promoting participation

As representatives of the people, it is the parliamentarians' job to speak on behalf of women and children, to ensure that their voices are heard, and to make sure that their rights and concerns are reflected in national development strategies and budgets. Parliament is the institution through which the will of the people is expressed. As the agent of the people, parliament represents them in dealings with the other branches of government, and with various international and sub-national bodies. And parliamentarians can use their relationship with their constituents to ensure that plans and programs are informed by real priorities on the ground. In Zambia, parliamentarians have recently strengthened their representative role through various means.

Another example of how parliamentarians have strengthened their role of representing women and children comes from Bangladesh. The TV program "Bangladesh Sanglap" ("Dialogue on Bangladesh") is a weekly political debate filmed in front of a studio audience. It aims to give people more opportunity to ask questions to parliamentarians and other public figures. The studio audience, half of whom are women, is drawn from all walks of life and is able to ask questions on topics of their choice, including justice, corruption, education, health, local government, trade, security, and the institutions of state. The prime minister's adviser on health and family welfare once appeared as a panelist, and one episode was devoted to how health services could be improved. Seven million people watch the program every week, an indication of the extensive reach of the program and potential to function as a forum for debate on MNCH issues. Audience survey results are impressive. A survey of the general TV audience, policy makers, government officials and the media, found that:

- 86% felt that the program has improved political debate in Bangladesh
- 78% thought it has improved transparency and accountability
- 89% felt that it explains issues in a way that they can understand
- 91% believed it has helped raise the voice of the people, especially those from deprived backgrounds

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Our voters are not aware. This is why our electoral process doesn't work soundly. If 'Bangladesh Sanglap' helps them become aware, then the electoral process will work well and people will elect qualified candidates.” – TV viewer (male, 26, from Varamara in Kushtia district), describing “Bangladesh Sanglap”

Parliamentarians can also help to increase participation by means of women's empowerment. Gender equality and women's empowerment are central to development. Poverty, income inequalities, gender disparities, discrimination, poor education, gender-based violence – all these factors contribute to poor health of women and children. So, in their measures for addressing the determinants of MNCH, parliamentarians need to address education of men and women and boys and girls, economic empowerment, and legal reforms that deepen women's power to make choices about their reproductive health. In doing so, parliamentarians must bear in mind that women cannot achieve empowerment alone. Parliamentarians also need to raise awareness of the pivotal role that men play in achieving gender equality and empowerment, including improving women's and children's access to health and education services, reducing HIV transmission, and eliminating child marriage and gender-based violence.

Advocating nationally and internationally for MDGs 4 and 5

Parliamentarians are well positioned to advocate for MDGs 4 and 5 at national and international levels. One obvious target for advocacy is the country's health ministry, to ensure that health-sector plans and budgets adequately reflect the needs of MNCH. Another is the country's finance ministry, since it has an important influence on the national budget – both its development and its use. In addition, given that the work of parliament transcends sectors and addresses a range of issues critical to national development, parliamentarians are uniquely positioned to advocate more broadly for MDGs 4 and 5. Their advocacy can reach a whole range of stakeholders who can have an impact on MNCH, including those working in poverty reduction programs, rural development, women's affairs, transport and communication, water and sanitation, education, agriculture, civil society, and the international development community – both technical partners and funding agencies.

Parliamentarians can use a variety of means to speak for MNCH, including community mobilization efforts, and education and sensitization campaigns, particularly in rural areas. And in their constituencies, parliamentarians can help to make citizens more aware of their rights and of the importance of men's involvement in women's and children's health. Parliamentarians can seek and influence people's views by discussing with traditional and religious leaders, as well as by means of radio, television and print media. In Cambodia, women in parliament have formed caucuses to put MNCH firmly on the political agenda.



Cambodia: Parliamentarians Raise Awareness of Women's and Children's Health

Women are becoming increasingly influential members of Cambodia's parliament, and women's and children's health is central to their agenda. In the Senate, eleven women representing all political parties formed a Women's Caucus to work together on children's issues, particularly child labor among rubbish collectors. They contributed their own money, and met local councils and children to find out what could be done to improve the life of the children. They also organized regional meetings each month with women who work in the rubber fields.

Women in the National Assembly, Cambodia's lower house of parliament, have also formed a caucus. This group has concluded that – of all the issues facing women in Cambodia, including leadership capacity, education, health, gender equality and women's empowerment – the most important challenge is maternal mortality. For this reason, the caucus's focus will be to improve maternal health and work towards achieving MDG 5. The two women's caucuses – Senate and National Assembly – plan joint field missions, and intend to share information and identify how the two groups can complement each other strategically to put MNCH high on the policy agenda. It is, of course, also essential that male parliamentarians join them in making maternal mortality a national priority.



Vietnam: Parliamentary Leadership Contributes to Removal of Financial Barriers to Children's Health Care

Vietnam has made impressive progress in child health: between 1990 and 2008, the under-five mortality rate was reduced from 56 to 14 per 1,000 live births. Many factors have contributed to this reduction in child deaths, but one of the most important has been legislation to remove the financial barriers that prevented universal access to health care, particularly for vulnerable groups. This is especially important in a country where 55% of all health spending is "out of pocket" (non-reimbursable, private cash payments to health facilities, pharmacies and other health-care providers).

In 2002, the government of Vietnam established the Health Care Fund for the Poor. This fund provides free health care to almost 15 million people who are poor or members of ethnic minorities – close to 20% of the total population. This initiative has dramatically increased access to health care among these traditionally underserved population groups.

In 2004, the Law on Child Protection, Care and Education was enacted by the National Assembly. Article 15 of the law stipulates that all children under six have the right to free health care. That right was initially met by fee exemptions, but has now been made part of the National Health Insurance Law, which was passed in 2008 and came into effect in July 2009.

Parliamentarians played a critical role in the development of both of these laws. They used their representative function by organizing visits to their constituencies, ensuring that constituents' concerns were reflected in the drafting process. Parliament also convened consultations and hearings with experts from around the country and conveyed their perspectives on drafts of the law to the drafting committee. An interview with a parliamentarian for the research of this document revealed that recommendations to the drafting committee were often reflected in subsequent drafts of the law.

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To seek diverse perspectives and expertise to inform the development of the laws we convened consultations with stakeholders from many institutions – parliament, ministries, provincial leaders, and mass organizations – and many disciplines – education, health, sociology, and psychology.” – Vietnamese parliamentarian commenting on the development of the Law on Child Protection, Care and Education and the National Health Insurance Law

Legislating to ensure universal access to essential care

Parliaments can use their legislative power to meet their obligation to develop a comprehensive legal framework for MNCH. By making and approving laws, parliamentarians can ensure that international treaties – such as the Convention on the Rights of the Child, and the Convention on the Elimination of All Forms of Discrimination against Women – are integrated into national policies. In June 2009, a landmark resolution at the United Nations Human Rights Council recognized maternal mortality and morbidity as a pressing human rights concern. Women and children in particular must have access to the full range of health interventions across the full continuum of care from pre-pregnancy to early childhood and beyond, provided by trained health workers in communities and health facilities. In order for them to have that access, it is essential to build strong health systems. Removing financial barriers and implementing social protection mechanisms can help to address the inequities that prevent the most vulnerable people in society from accessing the health care they require. Unless that happens, the MDG targets will not be reached.

Parliamentarians can build the required legal framework by introducing private members' bills to remove the barriers that prevent women and children from accessing health care. Parliamentarians can also review existing legislation and approve legislation introduced by the executive branch of government. In Vietnam, parliamentarians fulfilled their obligation to ensure the rights of the child. They did this by legislating to ensure that health care for children under six would be provided by the government, free of charge.

Budgeting for maternal, newborn and child health

No matter how well laws and policies are designed, they will not be effective if there is no funding to support their implementation. Parliamentarians play an absolutely critical role in the debate and dialogue surrounding the development of the budget, as well as in the budget approval process. Given the substantial return on investments in MNCH, parliamentarians must promote increases in the budget allocated to the health sector. They should also press for a clear budget line for MNCH, with a particular focus on the poor and those living in rural and remote areas. Gender-sensitive budgeting is a means of securing funds for MNCH, and parliamentarians would benefit from capacity building in this area.



Tanzania: Using the Budgeting Process to Highlight Funding Needs for MDGs 4 and 5

Tanzania's parliament has gained considerable strength and independence over the past few years through the introduction of reform measures and the establishment of a National Assembly Fund. With the support of an increasingly active media and engaged public, parliament was instrumental in the investigation of two recent corruption scandals. The donor community is providing support to build parliament's technical and oversight capacity, and improve the communication processes between parliament, civil society organizations, and the executive branch of government.

This support is crucial to strengthening parliament's involvement in the budget processes. Although parliamentary committees participate in consultations with government during the budget development and approval processes, parliamentarians are not involved in setting sector ceilings and are not formally included in the dialogue with the donor community. Parliamentarians also have limited time to discuss and analyze the budget. Because of their technical capacity and close links with communities, civil society organizations (CSOs) can provide needed support to parliament in analyzing budget documents, ensuring that budget allocations are in line with service needs on the ground, and effectively using the media as a tool to increase political pressure for more health sector funding and less project-based 'off-budget' aid.

Tanzania's Health Equity Group (HEG) is a consortium of CSOs that uses maternal and newborn health as a platform to engage with parliament and illustrate problems in health care funding and delivery. Members of the HEG include the Tanzania Gender Networking Programme, Youth Action Volunteers, the Women's Dignity Project, and Care International. The HEG works with parliament in scrutinizing the health sector budget and the Auditor-General's reports to assess the relationship between allocations and expenditures. The HEG found that maternal health was not clearly reflected in the 2008-2009 annual plan and budget – despite the fact that the government launched the One Plan in 2008 to raise high-level political awareness of MNCH, and introduced the National Road Map Strategic Plan to Accelerate the Reduction of Maternal and Newborn Deaths (2008-2015). These problems indicate the importance of partnerships between CSOs and parliament so that parliament can effectively hold government to account for pledges made to MNCH. According to staff at the Ministry of Health, maternal mortality is now considered a priority activity in the proposed health-sector budget.



It is important for governments in low- and middle-income countries – with the support of parliament – to explore sustainable financing options, such as mechanisms for enhancing tax revenue collection and other forms of domestic resource mobilization, together with social protection mechanisms such as health insurance and conditional cash transfers. Parliaments should play a key role in implementing the principles of the Paris Declaration on Aid Effectiveness, guaranteeing that international aid is provided through the budget rather than by extra-budgetary means. In Tanzania, parliamentarians worked with civil society to review budget proposals, which identified a lack of funding for addressing maternal mortality.

Another example of how parliamentarians and civil society can work together for more funding for MNCH interventions comes from Mexico. Fundar is an independent organization that researches and analyses public budgets. It monitors funds and programs concerned with maternal health, and communicates its findings to parliamentarians, the executive branch and other stakeholders. It found that:

- Maternal health policies focused on antenatal care – even though the main causes of death among mothers and children are associated with birth and the neonatal period
- The budget for maternal health did not adequately prioritize high-risk groups – indigenous, rural women from southern states – in delivering services
- There was a lack of investment in infrastructure
- There was a lack of transparency – with no information available about the amount spent on maternal health

Fundar's work, and dialogue with parliamentarians, has helped to make maternal mortality a more high-profile political issue – an issue of social justice and gender equality. Because of Fundar's costing and advocacy efforts, emergency obstetric care was included in the main package of services offered by Seguro Popular, Mexico's national health insurance program.

In Vietnam, parliamentarians – particularly those on the Social Affairs Committee – played an important role in increasing funding for the health sector.

Oversight – holding the executive branch of government to account

Parliament's oversight function means it is responsible for holding government to account for its funding of MNCH programs – making sure that the money improves the health of women and children, and serves their needs. Parliamentarians exercise oversight in different ways – monitoring the budget, reviewing policy and program documentation, and visiting programs and facilities to monitor and evaluate them. In Cambodia, parliamentarians visit health facilities in their constituencies to monitor how effective they are in reaching women and children. They then report their findings and make recommendations to the health ministry. And, in Vietnam, parliamentarians make field visits to oversee the implementation of laws on financing of children's health care.

Vietnam: Mobilizing Additional Funds for Health

The parliament of Vietnam has contributed much to safeguarding the needs and rights of children and the poor: the Health Care Fund for the Poor; the Law on Child Protection, Care and Education; and the National Health Insurance Law. The parliament also played a key part in mobilizing additional resources for health recently. It helped to secure an increase from 8% to 10% in the health sector's share of the total government budget. The increase is aimed at improving health outcomes and modernizing the health system. Parliamentarians contributed by consulting their constituencies and through their in-depth knowledge of the health sector's needs and priorities, gained through expert hearings and interactions with the Ministry of Health.



Cambodia: Parliamentary Monitoring Improves the Delivery of Health Services

While Cambodia's parliament is in recess, its members conduct field visits in their constituencies to oversee the implementation of health strategies and programs – focusing on MNCH. They tour health facilities, reviewing their state, visiting patients and talking to managers and health workers. They also meet local authorities, such as members of commune councils.

In June 2010, a sample of parliamentarians – mainly members of committees concerned with health – completed a questionnaire about these field visits. They said that the purpose of the visits is to:

- Monitor the way health facilities work, to make sure they respond to their clients' needs
- Motivate health staff to fulfill their responsibilities
- Observe health staff, including how professionally and ethically they behave
- Help improve health care, especially for mothers and children

All those who completed the questionnaire had participated in field visits, and over half of them had done so more than five times. As well as visiting hospitals and health centers, parliamentarians visited homes for expectant mothers. Respondents indicated that in their visits they had particularly focused on family planning, reproductive health and MNCH. They also report that they had submitted their findings to the health ministry. Most respondents said that when they conducted follow-up visits, they noticed an improvement in the standard of health-care delivery.



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I visited a very remote area without a health center and identified many problems, especially the danger during delivery of babies. After my visit I suggested a special grant to build a health center in that area and recruit local people to train as midwives – since midwives from the urban areas don't want to go and work in very remote areas.” – A Cambodian parliamentarian, discussing the oversight of MNCH services in health facilities



Vietnam: Monitoring Laws on Children's Health Care

Vietnam's parliament is very active in monitoring the implementation of the Law on Child Protection, Care and Education, and the National Health Insurance Law. Parliamentarians organize meetings at the central level with Ministry of Health, Ministry of Education and other relevant ministries. They also make field trips and organize meetings with provincial and district leaders as well as members of local communities.

The monitoring missions' findings and recommendations are documented and reported to the health ministry, which has an obligation to tell parliament how the recommendations will be addressed. An interview with a parliamentarian for the research of this document revealed that the monitoring efforts lead to better implementation of the laws. Between 2007 and 2009, the proportion of the population covered by social health insurance increased from 49% to 55%. Further monitoring of the health insurance law is needed to ensure that coverage continues to increase and that benefits are delivered effectively.

The examples in this section come from several countries and illustrate the many different ways in which parliamentarians have exercised their various functions – representation, advocacy, legislation, budgeting and oversight – to position, promote, and protect the health of mothers and their children. In these examples, the critical success factors for parliamentary action include: leadership and vision, dialogue with constituencies and civil society, a multisectoral approach to legislative action, and effective exercise of the oversight function. Although there are many excellent examples from around the

world – in addition to those in this document – there are often constraints on parliamentarians that limit their ability to engage with MNCH and other vital development issues.

The next section outlines some of these constraints and suggests ways of strengthening parliamentarians' role in MNCH and development – building on their considerable successes. It also suggests ways in which domestic and international development partners can support this process.



The Way Forward: Taking Action to Strengthen Parliamentarians' Role in Maternal, Newborn and Child Health



Despite the progress that has been made, parliamentarians still face constraints on their ability to engage fully in development and to make the health sector, including MNCH, more effective. These constraints can apply in all five of a parliament's main functions:

- **Representation** – in some countries, insufficient links to other representative groups, including local government and CSOs, limit the ability of parliamentarians to effectively represent the people, including women and children.
- **Advocacy** – parliamentarians' capacity to advocate for MDGs 4 and 5 sometimes needs to be strengthened by, for example, linking up with CSOs and drawing on their comparative advantage.
- **Legislation** – parliament's ability to engage in policy-making may be constrained by the country's legislative processes, at the national or local level. Engagement can also be constrained by a lack of the research and analytical support that is critical in the preparation of laws. In addition, discussions about development are often conducted between donors and the executive branch of government, depriving parliamentarians of the chance to contribute.
- **Budget approval** – parliament's effectiveness here can be limited if the time allowed for reviewing the budget is too short and if members of parliament lack the capacity to analyze budget documents. Among the countries studied in this document, the time varied from two to four weeks.
- **Oversight** – parliament's oversight role suffers when audit reports are received late and when donors and the executive branch of government do not allow sufficient access to information and participation in joint health sector reviews.

Needs assessments

A useful starting point to increasing parliamentarians' engagement with MNCH is to conduct needs assessments. The first thing to review is the evidence on the state of MNCH in the country – to identify the most urgent priorities for action. This means determining where and why women and children are dying, identifying the barriers that prevent people accessing services and interventions, and locating the bottlenecks in delivering them.

Based on the needs and priorities that have been identified, a second assessment could explore the potential for parliamentarians to engage with MNCH to address these priorities. This assessment could also identify areas in which parliamentarians need extra strength or capacity in order to become more effective as legislators, advocates and overseers of MNCH policies and programs. The parliamentary needs assessment can help to determine where countries are making good progress, and where bottlenecks and challenges remain, as well as providing recommendations for the next steps to take. The methodology employed for the case studies in this document – Cambodia, Tanzania, Vietnam and Zambia – proved useful for this purpose. This included interviewing all key stakeholders and analyzing plans, budgets, audit reports, and health-sector documents.

Although the actions required depend on the country, some common themes and recommendations – set out below – emerged from these four case studies. Some are actions that parliament can take itself without the need for any constitutional reform. Some will require support from the executive branch of government and from domestic and international partners. All need to be reinforced by collaboration among partners and across sectors.

Representation

To strengthen representation and participation, parliament could increase the number of its public hearings – on women's and children's health, for example. Parliamentarians can also increase representation and participation by adopting and promoting a development approach based on human rights. This will ensure greater awareness and participation of the poor and vulnerable, who benefit most from the attainment of the MDGs. Organized groups of parliamentarians, such as dedicated caucuses, can make the voices of women and children heard in the national policy discussions – influencing laws, policies, and spending.

In strengthening parliament's representational function, CSOs are important partners because of their work on the ground and their detailed knowledge of people's health needs. Parliamentarians should encourage CSOs to communicate this knowledge – by, for example, inviting them to participate in public hearings and committee meetings. The media is another important partner, as it can bring public hearings and other events to the population, whether by radio, TV or writing.

Advocacy

Advocacy depends on reliable and recent data being available. Having access to sound and timely data makes parliamentarians better equipped to conduct advocacy work on MDGs 4 and 5 – communicating their significance and the urgent need to make progress on them. For this reason, improving national statistical capacity is essential. Parliamentarians can use the data to make the case for free, or at least affordable, equitable MNCH services. To support parliamentarians in their advocacy efforts, international development partners and CSOs can conduct regular capacity building.

Legislation

Parliamentarians can legislate more effectively if they get involved earlier in the process of drafting and amending laws, and preparing plans and budgets. This can be facilitated if the executive branch of government includes parliamentarians in planning and budgeting meetings and shares draft planning and budget documents with parliament early on. This is what happened with Vietnam's National Health Insurance Law. International development partners can help by recognizing the importance of including parliamentarians in discussions of development plans and budgets at an early stage.

Systematic capacity building will increase parliamentarians' knowledge of MNCH priorities and other development issues. This capacity building should also extend to their support staff. The result will be to increase parliamentarians' ability to review draft laws from the executive branch of government, as well as to introduce laws of their own. In the case-study countries, parliamentarians' knowledge in these areas was uneven. CSOs and international development partners can play an important role by giving parliaments technical advice on health issues.

Budget approval

To make parliaments more effective in this area, there should be a significant increase in the amount of time they are given to review the budget and supporting documents – and should ideally occur before the fiscal year starts. Although the time needed for budget review varies from country to country, the constitutional requirement for a review needs to be respected. The executive branch of government is in the best position to address this, since it generally develops the budget. It is vital that regular capacity building be provided on budget development and analysis – including how to translate development targets into clearly defined budget lines. It is particularly important to make sure that this capacity building is regular, especially in cases of high turn-over rates among parliamentarians.

Budget approval is an area where CSOs – and international development partners – can make important contributions, given that CSOs in several countries have taken on a watchdog function to ensure that government budgets for MNCH and health are appropriately designed and implemented. Parliamentarians can also work with CSOs to improve the flow of information between parliament and civil society. In addition, parliamentarians should press for systematic and timely costing of programs and policy interventions. These programs and interventions should have dedicated resources, providing a link between targets and the national budget.

Oversight

Parliament can take steps to strengthen its ability to oversee planning and policy. One of the steps parliamentarians can take is to conduct more hearings on specific topics and about specific aspects of planning, budgeting, policy formulation and the implementation of legislation. Parliament can also encourage its committees to hear more testimony from independent experts and civil society representatives, and it can commission more frequent reports from such experts. Parliament can also strengthen accountability by working with the executive to set intermediate targets for political accountability, including the attainment of the MDGs.

International development partners can support parliamentarians' oversight role by giving more aid through general budget support rather than through extra-budgetary support for individual projects. This will allow parliamentarians to monitor a larger share of aid. International development partners can also improve the flow of information to parliament and invite parliamentarians who are members of health committees to annual joint health sector reviews.

Information exchange

By exchanging more information about regional and global best practices with other parliaments, parliamentarians can learn how their peers in other countries have worked to reinforce their role in MNCH and other important development issues. They can also learn what others have achieved and what the remaining challenges are.

Such information exchanges are being facilitated by the IPU. Much of its development work in recent years has consisted of helping parliaments to address the MDGs – particularly MDGs 4 and 5. The IPU helps parliaments to assess the best ways of taking ownership of the development agenda, including planning, implementation, and making development aid more effective. At the global level, the IPU mobilizes parliamentarians to take action on MNCH, and fosters debate and the exchange of experiences and ideas. During its assemblies it organizes panel discussions, including on MDGs 4 and 5.

With WHO, the IPU co-organizes an annual conference on maternal health and child survival. The latest one, in November 2009, took place in Kampala at the invitation of the Parliament of Uganda. It focused on parliaments' role in ensuring access to health for all women and children, and on building parliamentarians' capacity to support the health-care needs of mothers and babies, irrespective of their socio-economic position.



Conclusions

Parliamentarians have a vital role to play in safeguarding the health of women and children. The examples from several countries have illustrated that each of a parliament's functions can be a vehicle for engagement with MNCH and other fundamental development issues:

- **Representation** of women and children
- **Advocacy** for MDGs 4 and 5
- **Legislation** to ensure a policy framework for MNCH
- **Budget review and approval** to ensure adequate funding and proper absorption of funds for health care
- **Oversight** to make sure that the money ultimately contributes to improving the health of women and children

Parliaments have achieved considerable success in improving development outcomes, such as MNCH. Nevertheless, constraints remain, including lack of involvement in developing national plans and budgets, lack of capacity to review legislation and budgets, and inadequate access to information. Parliamentarians' role can be strengthened by conducting an initial needs assessment to determine the capacity and requirements of

parliament, followed by systematic capacity building in areas such as budget analysis and health-sector knowledge. These can be supported by more public hearings and by initiatives to improve information flow between parliament, the executive branch, civil society, and international development partners.

Implementing these action points requires sustained support from domestic partners – and strong collaboration with them. These partners include the executive branch of government, civil society, the media, health-care professionals, and academic and research institutions. Technical and financial support from international partners is also critical. For example, the IPU can facilitate dialogue and the exchange of information between parliaments. And PMNCH can provide access both to the latest evidence on MNCH and to the international MNCH community. The IPU and PMNCH intend to work with parliaments from different countries and regions. Together we can strengthen the role of parliamentarians in improving the health of women and children, so that every pregnancy is wanted, every birth is safe, and every child and newborn baby is healthy.



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