

16 PARLIAMENTARIANS

KNOWLEDGE SUMMARY: WOMEN'S & CHILDREN'S HEALTH

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“Today, maternal mortality is the slowest moving target of all the Millennium Development Goals – and that is an outrage. Together, let us make maternal health the priority it must be. In the twenty-first century, no woman should have to give her life to give life.”

- Ban Ki-moon, United Nations Secretary-General

www.un.org/News/Press/docs/2009/sgsm12256.doc.htm (2009)



The problem

Thousands of women's and millions of children's lives are lost each year unnecessarily. Over 350,000 deaths among women are attributed to pregnancy and childbirth complications,¹ and in 2008 there were 22 million unsafe abortions.² About 7.6 million children under the age of five died in 2010,³ and over 40% (3.3 million) of these happened within the first month of birth.⁴ In addition, there are 2.6 million stillbirths each year globally.⁵ The needless loss of these lives is tantamount to denying women and



children their right to life. Recently, this was recognized by the Human Rights Council resolution on preventable maternal mortality and morbidity and human rights.

Fewer women and babies died due to pregnancy and childbirth complications in 2008 than in 1990. But, the average annual decline in the maternal mortality rate was 2.3% per year (1990 to 2008), instead of 5.5% - the rate required for achieving the Millennium Development Goal (MDG) 5.¹ Although under-five child mortality has declined at the rate of 2.2%,³ newborn mortality declined only at a rate of 1.7% per year (1990 to 2010)⁴ and the required rate for achieving MDG 4 is 4.4% per year.⁶

Progress on reproductive, maternal, newborn and child health (RMNCH) can be accelerated, if the well-known, proven and cost-effective interventions are implemented. Existing constraints, however, need to be overcome. While technical solutions, quality improvements and greater resources are no doubt essential, political will is fundamental. Parliamentarians can provide the dynamic leadership to generate such will and ensure necessary actions.

Why parliamentarians?

The role of parliamentarians is to represent their voters, legislate, scrutinize and approve budgets and oversee government actions. They are therefore seminal in determining women's and children's well-being.

Advocacy: As representatives of the people, parliamentarians are the channel for voicing concerns about women's and children's well-being. Parliamentarians are uniquely placed for this because of their direct knowledge of local realities as well as the power to initiate actions to address local problems. Parliamentarians can be the spokespersons and role models for gender equity and promoting RMNCH. In Uganda, parliamentarians have been very active in compelling the government to create a budget line for contraceptives and have also debated the need for more resources to be allocated for essential commodities.⁷ The Network of African Women Ministers and Parliamentarians in Uganda actively advocates for prioritizing maternal, newborn and child health needs.⁸ In the United Kingdom, the All Party Parliamentary Group on Population, Development and Reproductive Health has been advocating for the ICPD Programme of Action through various bills, meetings, debates and consultations.⁹

Policymaking and law-making: Law-making and policymaking are consultative processes in which parliamentarians play a

determining role. Significant socio-economic policies and laws, particularly those impacting women's well-being and status, such as those prohibiting violence against women and children, protecting women's property rights, etc. have been debated and legislated by parliaments. Women parliamentarians, and often caucuses of women parliamentarians, have frequently taken the lead. For example, in Rwanda, the Forum for Women Parliamentarians, which cuts across parties, has been very effective in bringing about improvements in women's and children's health.¹⁰

Accountability: Parliamentarians across the world provide leadership in ensuring government accountability for progress. RMNCH is one such issue that parliaments can highlight as requiring greater accountability. Parliamentarians have access to information from complementary accountability mechanisms such as the Auditor-General, which can help them examine government actions. Parliaments can also advocate for budget allocations that respond to citizen needs, as well as review government spending and compare it with budget allocations and commitments, and ask for reports on finances as well as results. The Portfolio Committee on Finance in South Africa, for example, which has parliamentarians from all parties, examines budgets to make them gender-sensitive, and ensure budget allocations are adequate.¹¹

Why RMNCH?

The imperative for any country to heed and invest in RMNCH is two-fold: human rights and national development.

Adolescent girls, women, newborns and children have a right to survival¹² and a right to the highest attainable standard of health.¹³ Girls and women also have a right to decide freely and responsibly the number and spacing of their children, and a right to be not discriminated against.¹⁴ Preventable deaths, disability and ill-health as a result of conception, pregnancy and childbirth are therefore “human rights challenges”.¹⁵

Care denied is rights denied. Clinically effective and safe health care for women and children is not always available to many, despite being a right. Access to such care is influenced by income levels, education, place of residence, women’s socio-cultural status, age, etc. Under-resourced and poorly equipped health systems and an absence of supportive policies are equally responsible for inequities in RMNCH care.

The RMNCH Continuum of Care includes integrated service delivery for women and children from pre-pregnancy to delivery, the immediate post-partum period, and childhood.

It is provided by families and communities, and through outpatient services, clinics and other health facilities.¹⁶ Delivering proven interventions as packages of care at all stages is critical in saving the lives of women, newborns and children.¹⁷ Access to contraception and family planning services can prevent unwanted pregnancies, unsafe abortions and save a significant number of lives. Skilled birth attendance and emergency obstetric care can make childbirth safer for mothers and newborns.¹⁸ When the mother lives, the chances of survival for the newborn and the mother’s other children improve too.¹⁶

Human development creates better human capital and a growing economy. Educated mothers have a considerable influence on child survival and child education levels.¹⁹ Better-educated mothers who invest in the education of their children are an asset to any economy. From a policy perspective, investing in RMNCH intervention packages that can prevent death and disability will save economies from significant public expenditure on high-cost treatment, as well as brings economic returns as a result of a healthier and better educated population.

Box 1 – Investing in RMNCH promotes development and growth

Reproductive and child health has been a priority for East Asian countries such as Malaysia, Singapore, South Korea and Thailand, which between 1965 and the early 1990s showed a high rate of economic growth. Nearly 30 to 50% of the economic growth in these countries is attributed to lower child mortality and lower fertility. Even during the economic crisis of the late 1990s, social investment continued to be relatively high in these countries. In Sri Lanka, too, maternal health improved significantly, despite slow economic growth and limited resources. Maternal mortality rate dropped from more than 500 deaths per 100,000 live births (1950s) to the current rate of 39. The political will to invest in maternal health has played a fundamental role. Free health services for poor people and better coverage of priority interventions, such as emergency obstetric care and skilled birth attendance, were some of the areas the country invested in.

Sources:

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Why now?

As the Millennium Development Goals target date of 2015 approaches, there is currently a renewed political focus and momentum on RMNCH issues. The time for parliamentarians to actively engage with RMNCH issues is now, and several opportunities to strengthen linkages are emerging.

The Global Strategy for Women’s and Children’s Health, which was launched by UN Secretary-General Ban Ki-moon in September 2010, has brought together governments, donors, multi-lateral organizations, civil society, academics, health care professionals and the private sector in committing resources and developing policies that promote women’s and children’s health. The Global Strategy sees leadership

of parliamentarians as vital as they can “hold local governments accountable for their results.”²⁰

The Inter-Parliamentary Union (IPU) has made a formal commitment to the Global Strategy in line with its long-term commitment to the health of women and children.

This follows from the IPU’s engagement with:

- the Countdown to 2015 conference in South Africa in 2008;
- a 2008 meeting in the Hague;
- a follow-up meeting in Kampala;
- the 2010 meeting of Women Speakers of Parliament in Bern, which yielded an initiative to increase Parliamentary action to improve women’s and children’s health.²¹

Likewise, the Pan African Parliament adopted a resolution in 2010 on parliamentary policy and budget support for the implementation of the African Union Declaration on Maternal, Infant and Child Health and Development in Africa.²² These are only a few of the many initiatives that demonstrate the momentum of parliamentarians' involvement in RMNCH.

The Commission on Information and Accountability for Women's and Children's Health. Commitments generated by the Global Strategy focus on "reducing financial barriers, creating a stronger policy environment towards women's and

children's health and strengthening and improving delivery of health services". This thereby made reporting, oversight and accountability necessary to ensure that commitments translate to actions and results on the ground. The Commission, which completed its work in September 2011, has proposed a framework for reporting, oversight and accountability and now an Expert Review Group will oversee implementation.²³ There is a crucial role for parliamentarians in holding governments accountable for reporting, in reviewing public spending and overseeing government performance.

Box 2 – Example of parliamentary commitment to MDGs 4 and 5

The Bern Initiative for Global Parliamentary Action on Maternal and Child Health (Excerpt)

"We [Women Speakers of Parliament] commit to:

- Advocate the development or strengthening of gender-equitable national health action plans;
- Review and ... enact legislation to ensure ... national legislative framework is aligned with international treaties;
- Hold debates and dialogues in parliament on women's and children's health at different stages of the budgetary process;
- Commission reports on the impact the budget will have on the achievement of MDGs 4 and 5;
- Monitor the implementation of the budget from the perspective of MDGs 4 and 5..., make sure that data and information on maternal and child health is collected, and work to establish indicators to assess results;
- Undertake visits to facilities in the country, ... and hold public hearings in parliament with the participation of women and children to assess the impact of health legislation, policies and budgets; and
- Promote women's empowerment through education and access to resources, ... and [the enhancement of] women participation in politics and decision-making."

For the full text see: Sixth Meeting of Women Speakers of Parliament, www.ipu.org/splz-e/wmnsplk10.htm

Conclusion

The IPU aims to enhance "access to and accountability for improved health services for women and children", as well as provide "targeted assistance to strengthen parliament's legislative and oversight functions in countries

where women and children do not have equitable access to essential health services".²⁴ This support for the Global Strategy from parliaments is crucial in realizing the rights of women and children to the highest standard of health.

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