

The IPU Resolution on Women's and Children's Health: An Initial Framework for Accountability Reporting



INTER-PARLIAMENTARY UNION





Photo:

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A female health worker performs antenatal check up of a pregnant woman at a UNICEF supported MCH clinic (Maternal and Child) in the city of Musanze in northern Rwanda.

Executive summary

This report highlights the results from the first review of parliamentary efforts in implementing the IPU resolution of April 2012: 'Access to health as a basic right: The role of parliaments in addressing key challenges to securing the health of women and children.' It is based on the evidence shared by a small group of randomly selected parliaments and organizations to provide an overview of the type of actions being taken by parliaments, and to establish a process for future reporting on the implementation of the IPU resolution. Although the survey sample is small, it is representative of a significant group of parliaments and provides an indication of opinions and general trends.

Participating parliaments were mostly drawn from Africa where maternal and child death rates are highest, but also from other regions, including those from two developed countries. They were Bangladesh, Canada, Ghana, Kenya, Namibia, Rwanda, South Africa, Sweden, Uganda, Zimbabwe, the East African Legislative Assembly and the Pan-African Parliament.

The survey asked 40 questions about parliamentary activity on Maternal, Newborn & Child Health (MNCH) in key areas such as Political will, Awareness, Representation/Advocacy, Oversight, Legislation and Budget. The questions drilled down into topics such as determinants of health, gender equality, and accessibility and quality of health services.

The efforts of participating parliaments were considered in relation to the commitments detailed in the IPU resolution. The survey also draws on the contributions of non-parliamentary organizations, including the Partnership for Maternal, Newborn & Child Health, UNFPA, WHO and World Vision International. The IPU is grateful to these parliaments and organizations for making this report possible by sharing their experiences.

Responses to the IPU resolution are reviewed under the following headings:

Political will

Survey results indicated the prevailing context within which parliaments are attempting to extend their actions on women's and children's health, and suggested significant political will and awareness around women's and children's health. However, this clearly needs to be maintained and extended.

Awareness

The survey results indicated there is considerable scope for the IPU, Member Parliaments and partner organizations to leverage the IPU resolution to secure greater visibility and momentum for parliamentary efforts on women's and children's health. Promoting increased awareness of the resolution by parliaments emerged as a priority.

Representation

The IPU resolution calls on parliamentarians to use their representative platform to advocate for women's and children's health and for enabling legislation, processes and cultural change. The survey results indicated significant support for MNCH by parliamentarians, particularly around determinants of health, gender equality and health workforce strengthening.

Law-making

The IPU resolution urges parliaments to take concerted legislative action on issues that affect women's and children's health directly and indirectly. It also encourages them to prioritize gender in all health-related legislation. The survey findings indicated a need for parliamentarians to take actions to promote increased gender perspective in legislation, and laws that explicitly criminalize violence against women and girls.

Oversight

The IPU resolution urges parliaments 'to use the oversight and accountability tools at their disposal' to monitor budgetary processes, commitments made to the Global Strategy for Women's and Children's Health and the fulfilment of financial commitments to health initiatives in the least developed countries. It notes that poorly resourced health systems impede improvements in health outcomes. The IPU survey suggested the need for greater participation by parliamentarians in budgetary oversight to ensure adequate resources for MNCH.

IPU activities

The IPU resolution requires the IPU to engage with its Member Parliaments and other stakeholders on the issue of MNCH, and to develop a proposed accountability mechanism to monitor the progress of Member Parliaments in implementing the resolution. The IPU reported a range of activities to assist parliaments, other parliamentary organizations and agencies involved in MNCH. These include the joint hosting of events, support through IPU programs, and the creation of a handbook and companion orientation manual for parliamentarians. The IPU also reported its participation in activities to contribute to global solidarity and action on women's and children's health.

Other parliamentary bodies and non-parliamentary organizations

The IPU resolution calls on the IPU to 'facilitate collaboration and exchanges among its Member Parliaments' and to engage with other agencies and networks to help parliaments and parliamentarians improve the health of women and children. The report summarizes the relevant activities of a range of organizations, especially where they have overlapped with the work of the IPU.

Challenges for the future

The survey highlighted a number of key challenges and actions that parliamentarians and the IPU itself can take in relation to the IPU resolution:

Increasing awareness and political will among other parliamentary bodies

– such as committees of justice and finance, to ensure a more holistic and sustainable approach to women's and children's health outcomes;

Ensuring more attention is given to research and innovation in health

– as well as to the development of information systems for better monitoring and evaluation of outcomes;

Promoting improved environments for women's and children's health

– by ensuring laws, health policies and strategies incorporate a gender-balanced perspective;

Promoting more dialogue on issues pertaining to sexual and reproductive health

– and the improvement of these services;

Actively participating in overseeing the budget-making process

– to ensure adequate domestic financial resources are allocated to MNCH, and to advocate for dedicated and transparent MNCH accounts that can be monitored;

Nurturing collaboration and solidarity among and between parliaments

– and also with other active proponents of women's and children's health, so as to maximize efforts.

The proposed accountability mechanism

In keeping with the resolution, the IPU has proposed a mechanism for ensuring accountability for the implementation of the resolution for consideration by the parliamentary community and concerned stakeholders. The mechanism synthesizes the commitments made in the resolution, proposes an approach for the implementation of the resolution jointly by parliaments and the IPU, establishes a global focal point for parliamentary accountability for implementing the resolution and proposes a process for the annual review of progress made by parliaments.

The IPU resolution

In April of 2012, the 126th Assembly of the IPU unanimously adopted a resolution: '*Access to health as a basic right: The role of parliaments in addressing key challenges to securing the health of women and children.*' The resolution highlights the human rights, political and socioeconomic imperatives against which parliamentarians can view and act on women's and children's health as a priority. The resolution further enumerates the concerns of parliaments with respect to women's and children's health, and the commitments parliaments have made in response.

The adoption of the IPU resolution was the culmination of a series of political pronouncements by the IPU and a desire by Member Parliaments to eliminate preventable maternal and child deaths.

In adopting the resolution, Member Parliaments of the IPU pledged to increase political commitment for women's and children's health, and called upon proponents of women's and children's health, including agencies of the United Nations system, to support efforts to implement the resolution. In particular, parliaments committed to work towards:

Political commitment for MNCH

– evidenced by the establishment of appropriate legal frameworks, information and accountability systems;

Financial support for MNCH

– including ensuring efficient and effective use of available resources as well as proper tracking and accountability for both domestic and ODA¹ funds for health;

Ensuring availability and accessibility of essential, integrated health services for women and children

– through a variety of approaches, including ensuring adequate, competent health personnel;

Mobilizing and involving all stakeholders and possible partners for MNCH

– and ensuring a coordinated approach across sectors that contribute to health services.

The preamble of the IPU resolution recognizes the multi-sectoral nature of women's and children's health. It highlights the importance of working in an integrated manner across different sectors that have a bearing on health outcomes, including finance, roads and transportation, water

1. Overseas development assistance



Photo: © IPU

Lack of money often prevents access to health services in Garissa, North Eastern Kenya.

and sanitation, and justice. In addition, the resolution details some of the approaches parliaments can adopt in pursuing the commitments made, including increased accountability on the part of parliaments in implementing the resolution. The text also emphasizes the importance of solidarity within and among parliamentarians, between parliaments and partner organizations, and between parliamentarians and the IPU.

It is the hope of the IPU that this accountability report will help to promote wider implementation of the IPU resolution. It should also encourage wider reporting by the parliamentary community over the coming two years as the global community intensifies its efforts to achieve the health-related Millennium Development Goals (MDGs)² by 2015 – and looks beyond 2015 for continued emphasis on the health and well-being of women and children.

2. MDGs 1(c), 4, 5, and 6. The eight MDGs were launched in September 2000 when world leaders met at United Nations Headquarters in New York to adopt the UN Millennium Declaration. This committed their nations to a new global partnership to reduce extreme poverty, setting a 2015 deadline for the MDGs.

Photo: UN Photo/Evan Schneider
A new project allows a woman and
her child to access health services
in rural Senegal.



Lessons from action by parliaments

Law-making

Background

The IPU resolution urges parliaments to take concerted legislative action on issues that affect women's and children's health directly and indirectly, such as violence against women and girls. It also encourages them to prioritize gender in all health-related legislation.

Key survey findings

- 50% of survey respondents indicated a need for more gender perspective in legislation;
- 62.5% said national legislation guaranteed equal access to health services;
- More parliaments are enacting national legislation that explicitly criminalizes violence against women and girls.

The IPU perspective

Gender-based violence in any form is a violation of human rights. The IPU resolution urges parliaments to pass laws explicitly criminalizing all forms of violence against women and girls. It also encourages parliaments to introduce or amend legislation to guarantee equal access to health services without discrimination, including the provision of free essential health services for all pregnant women and children.

How are parliaments responding?

Half (50%) of all survey respondents indicated that national health policies and strategies sufficiently incorporate a gender perspective. Of those that responded negatively, 60% said parliamentarians had not taken any action to address this issue. However, in some countries, such as Rwanda and Uganda, gender equality has become a constitutional matter and all laws and policies must respect this principle.

Almost two-thirds (62.5%) of respondents indicated that national legislation guaranteed equal access to health services for all women and children. For instance, in Bangladesh equity and equality are at the core of the National Health Sector Program. In some countries where no formal legislation exists, actions are being taken to provide improved access and equality. In Lesotho, the government ensures equal access to all forms of medications to all citizens. Similarly, in Uganda health-care services are free regardless of gender, and all pregnant women attending public health clinics receive free antenatal care and other pregnancy-related services. In Zimbabwe, while national policies guarantee such free access, in reality there is a need for parliamentarians to ensure the implementation of such policies through their advocacy, budget appropriation and oversight functions.

The IPU has observed that some parliaments are enacting national legislation that explicitly criminalizes violence against women and girls, including for early marriage and genital mutilation.

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Female genital mutilation has been outlawed. Marrying a girl under 18 years is against the law and people have been jailed for breaking the law.”

Former Deputy Chief Whip, Ghana

In Ghana, people have been jailed for marrying girls under the age of 18. In Bangladesh, the highest punishment for violence against women is capital punishment, and forced and early marriages are illegal. In Zimbabwe, parliamentarians have highlighted the need to harmonize marriage laws and laws relating to the legal age of consent. While these action cannot be specifically attributed to the IPU resolution, they contribute to the implementation of the resolution.

There is evidence that steps are being taken by parliamentarians to promote awareness of violence against women and children, and to bring about appropriate legislation in countries where it is not currently illegal. For instance, in South Africa the Women, Children and People with Disabilities Committee has initiated discussion of appropriate legislation with the support of the Multi-Party Women's Caucus. In Namibia, a number of laws now criminalize violence against women and children, including the Combating of Rape Act, Domestic Violence Act and Children's Act.

Challenges and recommendations for parliaments and parliamentarians

1. Increase gender perspective in legislation

Parliamentarians can increase efforts to promote gender-balanced health legislation, policies and strategies.

2. Legislate against violence

Violence against women and girls is still a major problem in many parts of the world. Parliamentarians have an important role to play to ensure the passing of explicit laws criminalizing all forms of violence against women and girls, including domestic and sexual violence and in situations of armed conflict, and other forms of violence such as forced sterilization, forced and early marriage and female genital mutilation.



Photo: © Viviane Moos / unfpa.org

Young girl from India dressed up in bridal attire.



Photo: © IPU/G. Fortunato
IPU Secretary General, Mr. Anders Johnsson.

Oversight

Background

The IPU resolution urges parliaments *‘to use the oversight and accountability tools at their disposal’* to monitor budgetary processes, commitments made to the Global Strategy for Women’s and Children’s Health and the fulfilment of financial commitments to health initiatives in the least developed countries. It notes that poorly resourced health systems impede improvements in health outcomes.

Key survey findings

- 75% reported close scrutiny of government programs relating to health and gender equality.
- Only 37.5% indicated a high degree of participation in budgetary oversight;
- But two-thirds indicated high or moderate scrutiny of funding and health interventions;
- 71.4% reported a high degree of advocacy for earmarked funding for MNCH;
- 75% reported parliamentary support for gender-sensitive budgets.

The IPU perspective

The oversight function of a parliament allows it to hold the government to account for appropriate and timely funding of MNCH programs. Parliamentarians have a variety of oversight tools, such as monitoring the budget and visiting programs and facilities for monitoring and evaluation.

Parliamentarians have the important function of ensuring that funds are allocated in a transparent manner, and applied effectively where need is greatest. By advocating for appropriate resourcing, they can increase MNCH budgets. In countries receiving substantial donor funding for MNCH or other health accounts, parliaments must ensure alignment of sectoral budgets with national budgets.

How are parliaments responding?

The IPU survey indicated a relatively low level of participation by parliamentarians in oversight of the domestic budgetary process for MNCH. For instance, Namibia reported that its parliament only debates the budgetary allocation to health sectors as a whole and not specifically to MNCH. About two-thirds of respondents indicated either a low (37.5%) or moderate (12.5%) degree of participation, and 37.5% a high degree.

However, most respondents indicated scrutiny of the funding and implementation of health interventions to either a high (37.5%) or moderate (37.5%) degree. The aim is to ensure they are evidence-based, comply with international human rights standards, and are responsive to regular and transparent performance reviews.

Close scrutiny was reported of the implementation of international, regional and national human and women's rights instruments (high 14.3%; moderate 87.7%), which have a bearing on health and gender equality, such as the Convention on the Rights of

the Child and the Convention on the Elimination of All Forms of Discrimination against Women. However, Figure 1 indicates a lesser focus on fulfilment of commitments made to the Global Strategy for Women's and Children's Health, the Maputo Plan of Action for the Operationalization of the Continental Policy Framework for Sexual and Reproductive Health and Rights, the Campaign for Accelerated Reduction of Maternal Mortality in Africa (CARMMA) and similar processes, including the IPU resolution itself.

The IPU survey indicates that parliamentary committees are active in monitoring the implementation of government programs relating to health and gender equality to ensure that these are resourced and operational – 75% reported a high degree of activity. The main avenue for exerting oversight is through the reporting of the executive (Health Minister) to parliament.

Kenya, South Africa and Zimbabwe reported that representatives of their parliaments had visited facilities and areas where maternal and child mortality rates were high. These oversight visits were facilitated by parliamentary bodies such as the Health Committee and, in Kenya, the MDG Caucus. In these cases, close monitoring and evaluation appear to be institutional initiatives rather than *ad hoc* or based on individual efforts and interest. They also suggest an opportunity for increased 'ownership' of health services by parliamentarians as part of their day-to-day work while visiting their constituencies.

In Ghana, examples of innovation in parliamentary oversight included maternal audits, the establishment of a Children's Health Insurance Program (CHIP), good referral systems, and training of additional health personnel. In Bangladesh, the establishment of the National Commission on Information and Accountability for Women's and

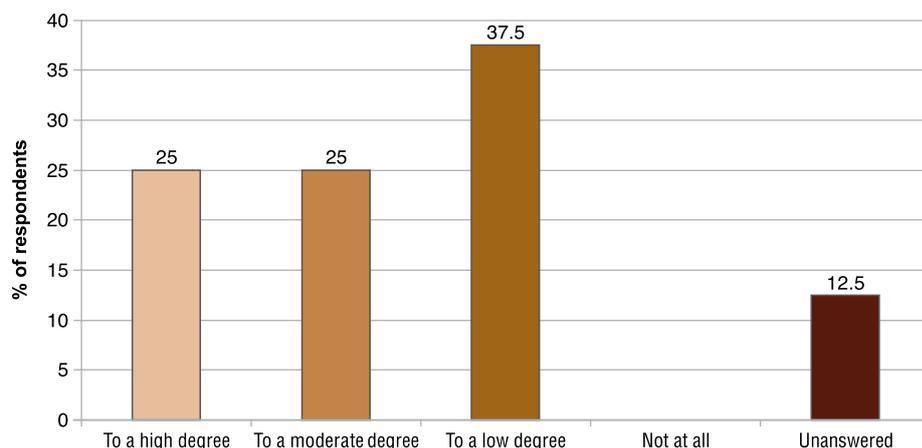


Figure 1

To what extent have parliaments made use of their oversight and accountability functions to demand commitments made to international agreements and processes are fulfilled

Box 1: Identifying good practice

In Bangladesh, accountability mechanisms in place for maternal, newborn and child health all have structures through which reporting to the parliament is ensured. In particular, the National Commission on Information and Accountability for Women's and Children's Health reports directly to the Parliamentary Caucus and the Standing Committees.

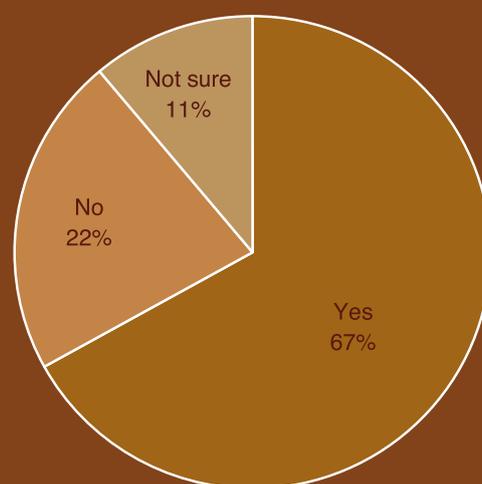


Figure 2

Has parliament supported or appealed for the idea of a gender-sensitive budget as a tool for addressing women's health needs

Children's Health was particularly noteworthy (Box 1). In Zimbabwe a follow-up meeting – convened by WHO in connection with the Commission on Information and Accountability for Women's and Children's Health (CoIA) – had stimulated a new process expected to enhance parliamentary oversight on women's and children's health.³

In line with the recommendations of the IPU resolution, 71.4% of survey respondents indicated that parliamentarians advocated to a high degree for lines in the health budget to be earmarked for the provision of essential women's and children's health services. Some examples of good practice were reported. In Uganda, parliamentarians have successfully advocated for the creation of a budget line for contraceptives and for more resources to be allocated for essential commodities. Similarly, in Bangladesh, after learning about the poor allocation for maternal health, a group of Bangladeshi parliamentarians engaged in MNCH issues and successfully raised the issue of earmarking funds for a health budget for women and children.

Survey respondents indicated a relatively high degree of support (75%) for gender-sensitive budgets (Figure 2). In Ghana, parliamentarians continue to advocate for increases in budgetary allocation for the under-funded Ministry of Women's and Children's Affairs. In Rwanda, the principle of ensuring the budget is gender-sensitive is accepted by both the government and parliament – throughout the preparation of the budget, and until it is passed, parliamentarians ensure this principle is respected. In Lesotho, there is a strong political will to encourage gender-sensitive policies, and the parliament has indicated that gender-sensitive budgets will be a main focus in upcoming training sessions for parliamentarians.

Challenges and recommendations for parliaments and parliamentarians

1. Increase participation in oversight of the MNCH budgetary process

Parliamentarians can ensure more effective oversight by pressing for greater involvement in the budgetary process relating to MNCH.

2. Debate the budget for women's and children's health as a stand-alone issue

Separate MNCH from the general health-sector budget so it can be debated as a single issue.

3. Require states to comply with international agreements

Extend the ability of parliamentarians to demand the fulfilment of international agreements and processes that relates to women's and children's health.

4. Comply with the recommendations of the CoIA

Even in countries where accountability mechanisms exist, parliaments can do more to ensure these mechanisms report directly to them, in line with the recommendations of the CoIA. Parliamentary efforts in this regard can benefit from the CoIA follow-up activities.

5. Continue to press for gender-sensitive budgeting

Build on the relatively high priority given to this issue, as indicated in the IPU survey results.

3. The Commission on Information and Accountability for Women's and Children's Health (CoIA) was created in response to the United Nations Secretary-General's *Global Strategy for Women's and Children's Health*. The CoIA delivered its final recommendations in May 2011, offering a global blueprint for MNCH information and accountability arrangements.



*Photo:
UN Photo/Albert Gonzalez Farran
Darfur Women March in Campaign
against Gender-Based Violence*

Representation

Background

The IPU resolution calls on parliamentarians to use their representation mandate to increase visibility of women's and children's health needs. The resolution also calls for parliamentarians to advocate for earmarked funds, increased health-sector personnel, integrated health services, and balanced resources across the continuum of care for women's and children's health.

Key survey findings

- 100% identified changing cultural practices harmful to women and girls as a major representation focus;
- 75% identified increasing the number of health workers, especially midwives as a major area of focus for parliamentarians;
- Co-operation with other stakeholders received relatively little attention (37.5%) from parliamentarians.



The IPU perspective

While everyone has a role to play in advancing the MNCH cause, parliamentarians are privileged in their position. As elected constituency representatives, parliamentarians can reach wide audiences, shape policy and budgets, and ensure funds are used efficiently and effectively. They can encourage harmonized involvement among stakeholders and focus nationwide action and attention on issues related to improving the health and well-being of women and children. Parliamentarians can use their representative platform to achieve this both at the national and international level and across a wide range of development sectors.⁴

How are parliaments responding?

The IPU survey asked how parliamentarians had used their representative platform to advance the MNCH cause. Two-thirds (66.7%) had targeted a coordinated approach to all matters pertaining to maternal and child health, such as sanitation, access to safe drinking water, nutrition, and gender equality. More than half identified education for improved long-term health outcomes (55.6%) and delivery of commitments made under the Abuja Declaration⁵ (55.6%).

All respondents identified ending or changing cultural practices harmful to women and girls as a focus for representation. References were also made to ensuring a gender-balanced health budget (75%), enhanced participation and leadership by women at all levels of health governance (62.5) and wider availability of gender-sensitive and evidence-based sex education for all young people were.

Overall, the issue of accessibility and quality of health services appears to have received slightly

*Photo: © Peter Bruyneel
A young Nepalese girl. Sanfebagar,
Nepal. March 2007.*

4. http://www.everywomaneverchild.org/images/content/files/global_strategy/full/20100914_gswch_en.pdf

5. The Abuja Declaration on HIV/AIDS, Tuberculosis and other related infectious diseases. In April 2001, African Union countries meeting in Abuja, Nigeria, pledged to increase government funding for health to at least 15%, and urged donor countries to scale up support.

6. Senate of Canada, *Debates of the Senate (Hansard)*, 1st Session, 41st Parliament, Volume 148, Issue 70, Tuesday, April 24, 2012.

7. For an example, see: House of Commons of Canada, 'Question No. 868,' *Edited Hansard*, 41st Parliament, 1st Session, No. 170, Friday, October 26, 2012.

8. Report submitted to the IPU by representatives of the Riksdag, February 2013.

less attention: integrated health services and resources (50%); adequate facilities (62.5%); free access to vaccines and medicines (62.5%); universal access to reproductive health information, services and supplies, including contraceptives (62.5%).

Figure 3 shows that, while training of health workers was identified as a high priority by parliamentarians in their representative function, less attention has been given to other areas of health-systems strengthening, such as information systems, use of health research, and access to post-abortion care.

Ratification of human and women's rights conventions was identified as a high priority by most (62.5%) respondents and a moderate priority by all others. About one-third (37.5%) reported a high degree of parliamentary and public advocacy in the area of cooperation with other stakeholders, and the remainder a moderate degree.

Advocacy for the MNCH cause has not been limited to countries with a high burden of disease. Canadian delegates to the 126th IPU Assembly in Kampala returned to their parliament to raise awareness about the content of the resolution, working to generate political will to act on the resolution. The co-rapporteur on maternal and child health for the IPU Third Standing Committee reported back to Senators that: *'Leaders of nearly 120 national parliaments called for all members to take all possible measures to achieve the Millennium Development Goals 4 and 5 on maternal and child health by 2015.'*⁶ Canadian parliamentarians have also sought further details and information from the government regarding Canada's international development programs and policies for maternal health.⁷

Sweden has reported a program of international visits for its Sexual and Reproductive Health and Rights (SRHR) Group, and keen representation of the MNCH cause within the Riksdag (Swedish Parliament). The SRHR Group has sent letters to the parliaments in Romania, Chile and Poland, as well as a joint Nordic letter to Turkey, and to the Swedish delegation to the Rio+20 Conference on Sustainable Development. In the last year, the SRHR Group has held meetings with senior representatives of philanthropic and aid organizations involved in MNCH such as the Hewlett Foundation, the White Ribbon Alliance, the International Planned Parenthood Federation and UNFPA.⁸

Challenges and recommendations for parliaments and parliamentarians

1. Place more focus on innovation

The IPU survey results suggest that more focus is needed on the use of innovation in health research, service design and delivery (e.g. use of mobile technologies).

2. Improve data gathering and evaluation

Parliamentarians could use their representative platform to support the development of information systems for better monitoring and evaluation of outcomes in women's and children's health.

3. Build partnerships

Collaborations and partnerships with other stakeholders to achieve the health-related MDGs appear to have received only moderate attention. A greater focus in this area would assist in developing areas 1 and 2.

Figure 3

Evidence of advocacy for health systems strengthening in parliaments

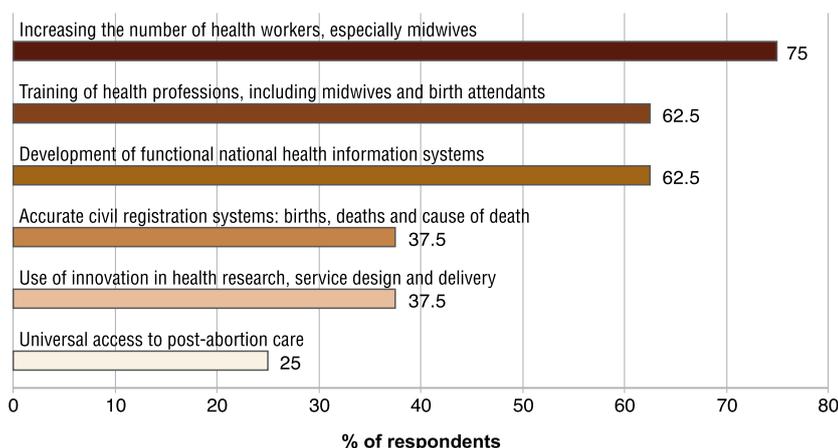




Photo: UN Photo
Secretary-General Ban Ki-moon
addresses a joint session of the
Parliament of the Republic of Rwanda.

Awareness and political will

Background

The IPU resolution: ‘Calls upon all parliamentarians, both men and women, and the IPU, to take all possible measures to generate and sustain the political will as well as the appropriate resources needed to achieve the MDGs by 2015, and to put in place the policies and commitments needed for the post-2015 period.’

Key survey findings

- 87.5% of respondents said their parliaments had debated the health-related MDGs;
- 57% of Speakers and Deputy Speakers had made statements;
- Both male and female parliamentarians had been involved in taking actions and making statements.

The IPU perspective

Sustained political will and commitment from parliamentarians are required to accelerate progress on women's and children's health. To achieve this it is necessary to raise awareness of the IPU resolution among parliaments, parliamentarians and the people they represent.

The IPU resolution will help parliaments to engage in efforts not only to deliver on the MDGs as the 2015 target date approaches, but also to help frame the discussion of the post-2015 development agenda. The IPU believes the resolution is an effective tool for stimulating further parliamentary debate and action in support of women's and children's health.

How are parliaments responding?

Since April 2012, parliaments have discussed progress towards achieving the health-related MDGs, demonstrating both political will and awareness of the IPU resolution. In the IPU survey, 87.5% of respondents said their parliaments had debated the MDGs on up to three occasions over the past year, while 57% of Speakers and Deputy Speakers had made statements to encourage or commit parliament to make progress towards them.

For instance, the Hon. Theo-Ben Gurirab of Namibia (President of the UN General Assembly when the MDGs were established) launched a publication, *'Achieving the MDGs in Parliament'*. As current National Assembly Speaker, he continues to encourage MPs to drive the MDGs forward.

In Ghana and Uganda, motions have been moved in parliament for renewed focus on health-related MDGs following the tabling of the IPU resolution in parliament. This illustrates how it can be used to stimulate further parliamentary debate and action.

In many cases, a specific parliamentary body has been responsible for statements made or actions taken concerning the role of parliaments in ensuring achievement of the health-related MDGs. In Lesotho, this was the Portfolio Committee for

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There is generally a strong political will to encourage gender-sensitive policies.”

Parliament of Lesotho

Social Cluster; in South Africa, the Committee on Women, Children and People with Disabilities. In most cases these committees or forums exist alongside other parliamentary bodies whose mandate relates to women's and children's health. For instance, in Zimbabwe the Committee on Health and Child Welfare exists alongside the Gender Committee, Committee on MDGs and the Senate Committee on HIV/AIDS, whose remit also includes women's and children's health.

IPU survey results suggest that male parliamentarians are closely involved in women's and children's health. All respondents indicated that both men and women were involved in taking actions and making statements. It is the hope of the IPU that this trend will continue.

Challenges and recommendations for parliaments and parliamentarians

1. Increase awareness across 100% of parliaments

The IPU survey indicated that 37.5% of parliaments had not presented the IPU resolution to parliamentarians, and this finding was reflected in other interactions between the IPU and parliamentarians.

2. Mobilize leaders and political will at all levels

A representative of the Parliament of Zimbabwe observed that parliamentarians need to target those in leadership at the various levels of institutions and society – and not only political leaders – in their efforts to promote political will for women's and children's health.

3. Co-ordinate action

Within countries there is considerable scope for a more coordinated approach by parliamentary bodies involved in promoting women's and children's health. As in the example from Zimbabwe quoted above, multiple committees sometimes operate in parallel.

4. Engage non-health parliamentary bodies

In view of the multi-sectoral factors that influence women's and children's health, it would be progressive to engage non-health parliamentary bodies – such as committees of justice and finance – in the debate. This would ensure a more holistic and sustainable approach.

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Once the IPU resolution is tabled in the house of parliament, it will be used as blueprint to advocate and steer the important aspect of access to health. Guidance from the IPU will be of importance.”

Namibian parliament

What action has the IPU taken?

Background

The IPU resolution requires the IPU to engage with its Member Parliaments and other stakeholders on the issue of MNCH, including gender impact assessments and monitoring of policies, programs, budgets and legislation. Operative paragraph 41 of the resolution requests the IPU to develop an accountability mechanism to monitor the progress of Member Parliaments in implementing this resolution.

How has the IPU responded? – the proposed accountability mechanism

The IPU resolution, which proposes to increase accountability for women's and children's health, highlights the importance of accountability by parliaments themselves. The accountability mechanism proposed by the IPU for consideration by the parliamentary community and concerned stakeholders, and detailed in Annex 1, includes the following components.

1. A synthesis of the commitments made in the resolution;
2. A proposed approach for the implementation of the resolution jointly by parliaments and the IPU. The approach proposed by the IPU is based on a three pronged approach: implementation efforts by national and regional parliaments; implementation by the IPU through its programme and project activities and through the contribution of the IPU and parliaments and parliamentarians to global and regional platforms that seek to promote MNCH;
3. A newly established global focal point for parliamentary accountability for implementing the resolution. (The IPU has revised the mandate of its Advisory Group on HIV/AIDS to include MNCH. The Advisory Group will be the primary body with the mandate to monitor MNCH-related commitments made under the auspices of the IPU and will report on these biannually to the Governing Council of the IPU);
4. Arrangements for monitoring and review, the center-piece of which is a process for the annual review of progress made by parliaments through the application of a questionnaire.



*Photo: UNICEF/ Asad Zaidi
Young boy receives polio vaccination in Pakistan,
one of the last few polio endemic countries.*

Support to parliaments

The IPU implements several programs and projects that support parliaments on matters relating to women's empowerment, gender-based violence, HIV and AIDS, child rights and women's and children's health. Activities undertaken include encouraging parliaments to support the achievement of the Millennium Development Goals (MDGs), gender equality, the ratification and implementation of international conventions and other instruments, such as CEDAW⁹ and the CRC¹⁰, and the elimination of practices that hinder the realization of human rights, including those of women and children. In this way, the IPU secretariat has supported the aspirations articulated in the resolution on women's and children's health. In addition, the IPU has provided

specific support on women's and children's health to several parliaments. In Kenya, technical support was provided to the parliament to undertake a legal research project: a rapid assessment of the legislative environment for MNCH. This enabled the parliament to identify priority legislative actions. In Uganda the IPU supported the parliament to develop a parliamentary advocacy strategy for the implementation of the national Roadmap for Accelerating the Reduction of Maternal and Neonatal Mortality and Morbidity in Uganda. In response to a request by the parliament of Uganda, the IPU also supported MNCH-related constituency level outreaches by MPs in two different parts of the country. The outreach visits were intended to promote dialogue between MPs and their constituencies.

9. See <http://www.un.org/womenwatch/daw/cedaw/cedaw.htm> for full text to the CEDAW

10. See <http://www2.ohchr.org/english/law/crc.htm> for full text to the CRC



Photo: © Micah Albert / unfpa.org
Girl, Chad.

The resolution calls upon the IPU, among other stakeholders, to take all possible measures to sustain the political will required to achieve the MDGs by 2015. In this regard, the IPU has provided support to parliaments to help them better mainstream the MDGs into their work, such as support for learning events on the implementation of the MDGs. The IPU has also facilitated the contribution of parliamentarians to discussions relating to the post-2015 framework in order to ensure sustainability of investments made to date. Sub-regional consultations with MPs were held in Asia (Manila and Dhaka), and regional in Africa as part of the ongoing global consultative process.

Operative paragraph 39 of the resolution urges the IPU to facilitate collaboration and exchange among parliaments. To this end, the IPU supported a learning visit to Sweden in December 2012 by a group of Parliamentarians from Bangladesh. The visit was instrumental in identifying ways in which parliamentarians in Bangladesh could take more effective action in support of MNCH. The visit also provided the two parliaments with an opportunity to explore potential avenues of collaboration. In turn, the Riksdag (Swedish Parliament) has reported a visit to Bangladesh by its Sexual and Reproductive Health and Rights (SRHR) Group as part of its schedule of study visits abroad. The Riksdag and Stockholm will host the 2014 ICPD Conference on population and development.

To fulfil its remit of strengthening the capacity of parliamentarians in the area of MNCH, the IPU is preparing a publication, *'Sustaining Parliamentary Action to Improve Maternal, Newborn and Child Health: A Handbook for Parliamentarians.'* The Handbook, which is nearing completion, is intended as a resource and guide for parliamentarians. A companion text, *'Sustaining Parliamentary Action to Improve Maternal, Newborn and Child Health: An Orientation Manual'*, will be developed based on the Handbook. The Orientation Manual will be a shared resource for use by the IPU and partner agencies, and will become the basic tool for parliamentary induction on MNCH issues globally.

Global solidarity

The resolution points to the importance of global solidarity and highlights the need for parliaments and the IPU to support processes that accelerate progress in women's and children's health. These include the Global Strategy for Women's and Children's Health, published by the UN Secretary-General, and the Commission on Information and

Accountability for Women's and Children's Health (CoIA). The CoIA was subsequently created to oversee the implementation of the commitments made under the Global Strategy.

In response, the IPU has also contributed to global processes on the health-related MDGs by providing a parliamentary perspective to these processes. In particular, the IPU announced its commitment to the Global Strategy in 2011 and has taken measures to support the CoIA, as highlighted by the IPU resolution. In addition, the IPU has co-hosted and participated in several strategic events to raise awareness and promote action among parliamentarians regarding women's and children's health. These included the 2012 Annual African Women Parliamentarians Conference of the Pan-African Parliament and the 2012 East Africa regional seminar on MNCH (see sections below). Through these events, the IPU has contributed to strengthening and making more visible the contribution of parliaments to the global campaign. In response to the resolution, the IPU has also supported parliamentary organizations, including the PAP and the East African Legislative Assembly (EALA), to host debates on women's and children's health and has collaborated extensively with agencies such as the Partnership for Maternal, Newborn & Child Health, the United Nations Population Fund and World Vision International (see below).

The IPU has also contributed to global political will for women's and children's health by reporting on its own progress in a letter to the UN Secretary General on the occasion of the review of the Global Strategy in September 2012. The IPU also responded to the Call for Evidence and provided its contribution to the first report of the independent Expert Review Group.¹¹ The IPU has participated in various meetings in support of the global campaign on women's and children's health.

Challenges and recommendations for the IPU

1. Promote discussion and approval of the proposed accountability mechanism

The IPU should take steps in 2013 to facilitate discussion and approval of the proposed accountability mechanism.

2. Maintain efforts to promote political will for MNCH

This should remain high on the IPU's agenda.

3. Publish and promote the Handbook and Manual

These important documents will be used to brief new and existing parliamentarians on the priorities for promoting women's and children's health through parliamentary mechanisms.

11. Created by the UN Secretary General in 2011 to oversee the implementation of the recommendations of the CoIA



*Photo: WHO /Christopher Black
Doctor in pediatric ward talking
to patients at Samangan
Provincial Hospital, Afghanistan.*

Other parliamentary bodies and non-parliamentary organizations

Background

The IPU resolution calls on the IPU to ‘facilitate collaboration and exchanges among its Member Parliaments’ and to engage with other agencies and networks to help parliaments and parliamentarians improve the health of women and children. This section reviews the activities of other parliamentary and non parliamentary bodies in the light of the IPU resolution.

Key activities

- IPU support to PAP Annual African Women Parliamentarians Conference;
- IPU joint hosting of an EALA East Africa regional seminar on parliaments and MNCH;
- PMNCH panel discussions with parliamentarians highlighting the IPU resolution;
- UNFPA technical and financial support to the IPU Handbook and Orientation Manual;
- WHO offices in Kenya and Tanzania supported IPU events;
- Secondment of technical MNCH staff to IPU by World Vision International.

Pan-African Parliament (PAP)

The PAP collaborated with the IPU in hosting the PAP Annual African Women Parliamentarians Conference held in Johannesburg in October 2012. The theme of the Conference was: ‘*The Role of Parliamentarians in Promoting Maternal, Newborn and Child Health in Africa*’. It highlighted the IPU resolution and the importance of concerted action by PAP parliamentarians and other stakeholders. Conference resolutions were subsequently adopted by the PAP during the First Session of the Third Parliament in October 2012. These included resolutions on the importance of advocacy, the legislative, budget appropriation and oversight functions, and monitoring and reporting to ensure accountability for MNCH. The resolutions apply to all member parliaments of the PAP.

East African Legislative Assembly (EALA)

Soon after the adoption of the IPU resolution in 2012, EALA set out to use the IPU resolution as a tool to revitalize its work in response to the maternal



Photo: WHO /Evelyn Hockstein

An electronic record-keeping system has revolutionized HIV care in western Kenya with timely medical tests and treatment for 40 000 patients.

and child health concerns of its five member parliaments: Burundi, Kenya, Rwanda, Uganda and Tanzania (including Zanzibar). Under the auspices of its General Purposes Committee, EALA and IPU hosted an East Africa regional seminar on the role of parliaments in improving access to information on MNCH in May 2012. The seminar identified a critical role for parliamentarians in ensuring the required political will for delivering MNCH by leaders at all levels of their societies, including the need for effective and efficient systems for civil registration and vital statistics. Parliamentarians acknowledged their role in promoting accountability mechanisms (oversight) and high-level commitment to achieving results in this area. They also recognized and resolved to promote the proper management and use of health information and the strengthening of health information systems in the interests of women's and children's health.

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The passing of the IPU resolution marked a turning point in PMNCH's collaboration with the IPU.

Partnership for Maternal Newborn & Child Health (PMNCH)

PMNCH highlighted the IPU resolution through its website and e-newsletters to its 520 institutional members and broad network of partners. Many of these correspond regularly with national members of parliaments through professional associations and alliances.

Throughout 2012, PMNCH facilitated panel discussions between parliamentarians and members of civil society, the UN and health-professional communities during a series of high-profile regional workshops on accountability for women's and children's health.

PMNCH also supported the design and inclusion of indicators related to parliamentary engagement on women's and children's health for implementation by the 70 countries with the highest burden of maternal and child deaths. In Africa, PMNCH has worked closely with other partners to help align the work of the PAP on women's and children's health with that of the IPU, to ensure greater impact.

In 2013 and beyond, PMNCH will collaborate with the IPU on a series of high-profile global health events, which will highlight the IPU resolution. It will continue to work with national coalitions of civil society partners in selected countries to support parliamentarians in the full implementation of the resolution. PMNCH has accepted an invitation to participate in the IPU's Advisory Group on HIV, Maternal, Newborn and Child Health to help strengthen accountability measures.

United Nations Population Fund (UNFPA)

Since the adoption of the IPU resolution, UNFPA has worked closely with the IPU to provide parliaments with the technical support required to scale up parliamentary action on MNCH. UNFPA provided technical and financial support to the development of the IPU Handbook and Orientation Manual for parliamentarians on MNCH, and it will support the pre-testing of the Orientation Manual by the IPU in Swaziland, Nigeria and Uganda in 2013.

UNFPA has hosted several events that promoted the IPU resolution and its implementation. These included Harmonization for Health in Africa (HHA), the Conference of Ministers of Health and Ministers of Finance on 'Value for Money, Sustainability and Accountability in the Health Sector' in conjunction with the African Union; the Africa Regional Consultative Meeting for Parliamentarians on Population and Development, which led to the formation of the African Parliamentary Forum on Population and Development; and a high-level event on the Campaign for Accelerated Reduction of Maternal Mortality in Africa (CARMMA) at the 20th Africa Union Summit.

World Health Organization (WHO)

As a technical partner of the IPU, WHO provided financial and technical support in the implementation of the IPU resolution during 2012 through direct engagement with the IPU in selected activities under the IPU's MNCH project. Both WHO headquarters and its Kenya country office provided technical assistance to the legislative review and reform project conducted by the IPU and the National Assembly of Kenya. In particular, WHO gave valuable input to the development of the rapid assessment tool developed for the initiative. The WHO country office in Tanzania provided technical expertise in the form of resource persons for the regional seminar on accountability for health information, jointly organized by the IPU and EALA. In addition to direct support under the IPU MDG 4 and 5 project, WHO contributed to implementation of the IPU resolution through a number of other initiatives and activities, most notably those in relation to Every Woman Every Child, and implementation of the recommendations of the CoIA. In the context of this work, WHO established that in many countries parliaments have not put in place effective and transparent accountability mechanisms for women's and children's health, as highlighted by the IPU resolution. In 2013, further emphasis will be given to strengthening parliaments' role in monitoring national efforts to improve women's and children's health.

World Vision International (WVI)

WVI has been actively involved with the IPU to promote increased parliamentary engagement in support of women's and children's health. This collaboration has included the two-year secondment of a senior policy staff member to the IPU in support of working towards the drafting and successful passing of the resolution on women's and children's health. Via its global Child Health Now Campaign (CHN), WVI has developed a guidance document for its offices operating in over 90 countries. The document guides national-level engagement with parliamentarians in support of the implementation of the IPU resolution. For instance, WV partnered with Save the Children and UNICEF in Mali to organize a briefing in the National Assembly chaired by the President of the Assembly. During the session, parliamentarians were introduced to the IPU resolution and an implementation parliamentary action plan was initiated. WV Mali through Child Health Now will continue working with the key stakeholders in the National Assembly to support the implementation of the plan.

Challenges and recommendations for other parliamentary bodies and non-parliamentary organizations

1. Devise a programme of activities to support the IPU resolution

To date, efforts by other parliamentary bodies and non-parliamentary organizations in support of the IPU resolution have largely been *ad hoc*. In future, there is an opportunity to embed support in a dedicated programme of activities, and also to promote the resolution routinely through other programmes.

2. Allocate adequate resources to promoting the IPU resolution

The efforts described under point 1 would require an adequate allocation of resources dedicated to supporting the IPU resolution.

Photo: © Lucian Read/WpN/UNFPA

Female relatives of patients at a women's health facility in Kano, Nigeria.



Conclusions

The IPU resolution – and the proposed accountability mechanism – have come at a time when the concept of accountability in women’s and children’s health is gaining real traction, and is championed by many prominent parliamentarians and global figures. As UN Secretary-General Ban Ki-moon observed in the most recent report of the Global Campaign for the Health Millennium Development Goals: *‘Global leaders have raised the visibility of women’s and children’s health and elevated the issue on the development agenda. An independent Expert Review Group established in response to the recommendations of the Commission on Information and Accountability [now] tracks resources and results ... testament to our collective commitment to ensure that more children live past their fifth birthday and fewer women die ...’*¹² The time has come for all parliaments and parliamentarians to embrace their role as advocates of women’s and children’s health.

This report is published just one year after the adoption of the IPU resolution on the role of parliaments in securing women’s and children’s health. The IPU survey to identify the actions taken by parliaments to date was not intended as an exhaustive exercise. Rather, it was intended to provide an overview of the type of actions being taken by parliaments and to establish a process for future accountability reporting. Interpretation of the survey findings is based on the contributions of a small number of parliaments from countries with high and low levels of maternal and child deaths. It would, therefore, be premature to conclusively identify the contribution of the resolution to the efforts of parliaments to secure the health of women and children. Nonetheless, some early indications have been identified.

There is also an indication that parliaments and the global MNCH community view the resolution as a catalytic and unifying factor, and have used it as such. Parliamentary and non-parliamentary actors view the resolution as providing the global parliamentary community with a common agenda in relation to women’s and children’s health. They see the resolution as providing a platform for more focused efforts towards the achievement of the health MDGs by parliaments.



Parliamentarians have a crucial role as advocates for women’s and children’s health. They can promote accountability... by supporting the implementation of the recommendations of the Commission on Information and Accountability for Women’s and Children’s Health.”

Carole Presern, Director of PMNCH

Most commentators agree that the IPU resolution has already provided a platform for more consistent, coordinated action among parliaments. This has been evidenced by new collaborative relationships emerging between parliamentary bodies with no previous history of collaboration. The resolution has also provided the basis for new avenues of collaboration among parliaments and parliamentary organizations. It has become a focal point of the parliamentary community engaged in global processes on women’s and children’s health, including the Global Strategy and the subsequent CoIA, and of regional processes such as the CARMMA in Africa.

The process of conducting the survey and creating the proposed accountability mechanism has generated some useful lessons for the future. For instance, the information required for reporting on implementation of the IPU resolution is not always available from a single individual or body within any given parliament. As a result, future surveys will take this into account from the outset, encouraging input from a range of relevant sources and individuals. The IPU has also received some valuable feedback on how to strengthen the questionnaire.

We hope that this report will stimulate detailed discussion among parliamentarians and other interested parties, to inform the final published version of the accountability mechanism on the implementation of IPU resolution.

Challenges and recommendations for parliaments and parliamentarians in 2013 and beyond

1. **Ensure the resolution is disseminated to all parliaments**

IPU Member Parliaments, and parliaments in general, have an opportunity to make more concerted efforts to present and debate the IPU resolution. This is a step towards raising awareness, stimulating further action and promoting accountability for women’s and children’s health.

12. Norad. The Global Campaign for the Health Millennium Development Goals – Report 2013: Accelerating progress in saving the lives of Women and Children.



*Photo: WHO /Anna Kari
Communities take action to ensure
child health in urban Brazil (Sao Paulo).*

2. Increase oversight and control of budgets

The IPU survey suggests that parliamentarians need to do more to ensure adequate domestic financial resources are allocated to women's and children's health.

3. Engage parliaments more fully in a number of key areas by:

Increasing awareness and political will among other parliamentary bodies

– such as committees of justice and finance, to ensure a more holistic and sustainable approach to women's and children's health outcomes;

Ensuring more attention is given to research and innovation in health

– as well as the development of information systems for better monitoring and evaluation of outcomes;

Promoting improved environments for women's and children's health

– by ensuring laws, health policies and strategies incorporate a gender-balanced perspective;

Promoting more dialogue on issues pertaining to sexual and reproductive health

– and the improvement of these services;

Actively participating in overseeing the budget-making process

– to ensure adequate domestic financial resources are allocated to MNCH, and to advocate for dedicated and transparent MNCH accounts that can be monitored;

Nurturing collaboration and solidarity among and between parliaments

– and also with other active proponents of women's and children's health so as to maximize efforts.

4. Suggested priority areas for parliamentary action:

- Gender-sensitive budgeting;
- Innovation in health research;
- Development of information systems for better monitoring and evaluation of outcomes;
- Improved access to sexual and reproductive health services, including post-abortion care.

Annex 1: Proposed IPU Accountability Mechanism on MNCH



IPU RESOLUTION ON MATERNAL, NEWBORN AND CHILD HEALTH

Proposed Accountability Mechanism for Implementation

Introduction

The IPU resolution on 'the role of parliaments in achieving maternal, newborn and child health as a basic right' was adopted during the March-April 2012 Assembly in Kampala. The resolution enumerates the concerns of parliaments along with the commitments made by parliaments to accelerate progress in achievement of these MDGs by the target date of 2015. The resolution also details some of the approaches parliaments will adopt in pursuing these commitments.

There has recently been an increased focus on accountability for women's and children's health – accountability for the way in which resources are used, and accountability for delivering on expected results. It is therefore fitting that the IPU resolution that proposes to increase accountability for women's and children's health incorporates the requirement for an IPU accountability mechanism to ensure the implementation of the resolution itself.

The IPU accountability mechanism is intended to highlight the locus of responsibility and to promote the use of available resources and existing mandates to make decisions and take action in the interests of improved health outcomes for women and children. It is also designed to enable the stakeholders to whom parliaments are answerable for these outcomes to keep track of the progress being made by parliaments. The accountability mechanism will initially be implemented from 2012 – 2015.

The accountability mechanism includes:

1. A synthesis of the commitments made in the resolution;
2. A proposed approach for the implementation of the resolution jointly by parliaments and the IPU;
3. A newly established global focal point for parliamentary accountability for implementing the resolution. (The IPU has revised the mandate of its Advisory Group on HIV/AIDS to include MNCH. The Advisory Group will be the primary body with the mandate to monitor MNCH-related commitments made under the auspices of the IPU and will report on these biannually to the Governing Council of the IPU).
4. Arrangements for monitoring and review, the centerpiece of which is a process for the annual review of progress made by parliaments through the application of a questionnaire.

1. Synthesis of commitments

The IPU resolution commits the IPU and member parliaments to work towards:

- Political commitment for MNCH evidenced by establishment of appropriate legal frameworks and

information and accountability systems;

- Financial support for MNCH including: ensuring efficient and effective use of available resources, proper tracking and accountability for both domestic and ODA funds for health;
- Ensuring availability and accessibility of essential, integrated health services for women and children through a variety of approaches, including ensuring adequate qualified health personnel;
- Mobilizing and involving all stakeholders and partners for MNCH and ensuring a coordinated approach across sectors that contribute to health services.

2. Approach to implementation

The resolution will be achieved through the combined efforts of member parliaments and the IPU secretariat as follows:

- *Implementation by Member Parliaments:* - Members will implement components of the resolution through their various parliamentary mechanisms, forums and caucuses.
- *Implementation through programs of the IPU secretariat:* - (i) The MNCH Project will be the main programmatic area of activity through which the resolution will be implemented. The MNCH Project enjoys the implementation support of a Reference Group through which the IPU catalyses the contribution of key stakeholders in the implementation of the resolution in line with the role of these stakeholders and partners as envisaged in the resolution. (ii) The IPU secretariat also runs a Gender Programme and an HIV/AIDS Project that have been in operation for some time, developing and communicating materials for the sensitization of parliaments and providing support to national parliaments based on demand for technical capacity in matters relating to women's empowerment, combating gender-based violence and HIV and AIDS. These projects will also contribute to the implementation of the resolution.
- *Contributing to global mechanisms* - Integral to the implementation of the resolution is the role of the IPU and parliaments in global platforms that seek to promote MNCH. (i) The IPU has identified the Global Strategy for Women's and Children's Health convened by the UN Secretary-General as a critical effort. The IPU made a commitment to the Global Strategy and will work to fulfil this commitment as part of its implementation of the MNCH resolution. (ii) WHO facilitated the Commission on Information and Accountability and now supports the global effort to implement the recommendations of the Commission. The IPU will contribute to this global effort by facilitating parliamentary input. (iii) The IPU will promote the role of parliaments to support international human rights through the implementation of frameworks such as CEDAW, CRC etc.

3. Monitoring and review

Monitoring and review processes are integral to accountability. Under the resolution the IPU is requested to hold regular debates on efforts towards the health-related MDGs and to report annually on the progress of Member Parliaments in the implementation of the resolution. Progress towards achieving the commitments stated in the IPU resolution will be monitored and reviewed through mechanisms that are both internal to the IPU and also external, since the resolution is an integral part of the global effort towards the achievement of MNCH.

- *Internal:* - (i) Once a year, on the occasion of an IPU Assembly, the IPU will undertake a review (through a self-reporting survey mechanism) of progress by parliaments in implementing the resolution and on

health-related MDGs in general. (ii) The IPU will also report annually to its members on its own progress with respect to activities outlined in the resolution through a report presented to the IPU Assembly by the IPU's HIV/AIDS and Maternal, Newborn and Child Health Advisory Group. The mandate of the Advisory Group was recently expanded to incorporate a focus on maternal, newborn and child health in response to the requirements of the IPU resolution.

- *External:* - (i) The IPU's periodic reports, as part of its commitment to the Global Strategy, will be an important aspect of the IPU's accountability. (ii) As the global convener of the world parliamentary community, the IPU will, at the request of WHO, report on the contribution of parliaments to the implementation of the recommendations of the Commission.
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Acknowledgements

The IPU wishes to extend its sincere thanks to all parliaments and partner organizations that contributed to the completion of the survey and the compilation of this report. The IPU is grateful to the following partners, without whose financial support the IPU MNCH project would not be possible: Swedish International Development Cooperation Agency, The Partnership for Maternal, Newborn and Child Health, Norwegian Agency for Development Cooperation, the World Health Organization and World Vision International.

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