



Parliamentary Appeal to G8 Heads of State and Governments

Rome, 23 June 2009

We, the Parliamentarians from African, Asian, European and G8 countries gathered in Rome, Italy on 22nd and 23rd June 2009 for the **G8 Parliamentarians' Conference on "Strategic Investments in Times of Crisis - The Rewards of Making Women's Health a Priority"**. We commit ourselves to provide political leadership on a national, European and international level to improve the health and wellbeing of the millions of people we represent, particularly women and girls and to hold ourselves accountable to our commitments in a transparent and responsible manner. We reaffirm the *2008 Tokyo Statement on Global Health, Climate Change and Food Security* and the *2007 Berlin Appeal* and previous statements at Parliamentarians' meetings on population and development.

We recall the international commitment to improve maternal health (MDG 5) and to reduce child mortality (MDG 4) as well as to achieve universal access to reproductive health by 2015 as set out in the Programme of Action from the International Conference on Population and Development and as a target under Millennium Development Goal 5.

Yet, we note with concern that

- MDGs 4 and 5 are the Millennium Development Goals most off track and progress to achieve these goals has been stalled,
- more than 536.000 women and girls die during pregnancy and childbirth every year – one every minute of which 99% occur in developing countries,
- four million newborns die each year, most in the first few days of life,
- the HIV epidemic is increasingly young, poor and female with ratios of female to male infection three to one among those 15-24,
- 100 million girls will be married as children in the next decade if present trends continue,
- in Africa, sexual and reproductive health problems account for one third of the total burden of disease among women and are a leading driver of poverty,
- donor funding for family planning services has decreased by 50% between 1995 and 2006¹,
- while G8 Governments affirm their commitment for continued support in global health and development, and particularly for women's health, the current financial and economic crisis may hamper efforts to translate these commitments into practice.

We recall that nearly all these deaths are preventable with increased political will and adequate financial investment.

We underline the unique opportunity for the L'Aquila Summit to give political leadership to the global effort to deliver on their commitments on global health with a special focus on maternal and newborn health (MNH).

¹) The latest year for which data is available.



We Parliamentarians from African, Asian, European and G8 countries therefore appeal to G8 Heads of State and Governments to:

1. Reinforce existing Health Commitments

1.1 We urge the G8 to reaffirm existing commitments to fund US\$ 60 Billion through Official Development Assistance (ODA) for addressing the health related needs in developing countries over five years including support for health systems strengthening and efforts to fight HIV/AIDS, tuberculosis and malaria, based on action plans and clear timetables;

1.2 We underline the urgent need to working towards the WHO threshold of 2.3 health workers per 1000 people in the 57 countries suffering from a critical shortage of health care providers², and to support MDG 4 and 5 via a comprehensive approach to improving maternal and newborn health that was made at the G8 Toyako Summit Leaders Declaration from July 2008;

1.3 We underline the need to strengthen the accountability framework around these commitments and to develop a detailed timeline for meeting them by 2010 and for each of the G8 countries to submit an operational plan on how to meet the commitments of the Paris Declaration and Accra Agenda for Action by 2010;

1.4 We call on the G8 to allocate dedicated resources to women's and girl's health especially in times of the global economic crisis to ensure the well-being of women and their families since compromises in the area of women's health and sexual and reproductive rights will have severe repercussions on the entire socio-economic situation of the countries involved with the progress made on improving the lives of millions being at stake;

2. Invest in Maternal Health – it pays

2.1 We strongly underline the fact that women and girls are a country's social and economic backbone and that their deaths lower a family's income and productivity, affecting the entire community. Still, women's and girl's lives in too many countries are not valued, their voices not heard, and they are excluded from health-care systems which fail to prioritize their needs. Ignoring women's and girl's health means ignoring the very basis our societies are build upon – human rights and solidarity;

2.2 We recognize the need for action at global, national and sub-national level to align current momentum in politics, advocacy and finance behind a commonly agreed set of politics and priority interventions to accelerate progress in maternal and newborn health on the ground;

2.3 In this regard, we welcome the Consensus on Maternal and Newborn Health which provides a formidable framework to catalyse political commitment into concrete, coordinated actions from developing countries, donor countries and international institutions alike that can get progress on MNH back on track by following policies and interventions that make up a sound approach at country level such as **a)** political, operational and community leadership and engagement and **b)** by providing a quality package of evidence-based interventions through effective health systems, with interventions in key areas such as comprehensive family planning by

- providing advice, services and supplies including emergency contraceptives,
- safe abortion and post abortion services, where abortion is legal,
- antenatal care, quality care at birth, including skilled birth attendants and emergency obstetric and neonatal care as well as postnatal care for mothers and babies,
- removing barriers to access with quality services for all women and children, free were countries choose to provide it,
- skilled and motivated health workers, especially women's health workers in the right place at the right time, with supporting infrastructure, drugs and equipment, and lastly,
- to ensure accountability for credible results;

2) Numbers are drawn from the 2006 World Health Report, 2006.



2.4 We remind all stakeholders and decision-makers that these actions would prevent the deaths of nearly 6 million mothers and babies in low-income countries, would reduce the global number of unwanted pregnancies by two thirds and half the number of unsafe abortions, would prevent nearly 90% of abortion-related maternal deaths and would mean an effective end to current unmet needs for family planning services³;

2.5 In this respect, we urge the G8 to call upon the H4 (WB, WHO, UNICEF, UNFPA) to provide operational and technical support in working with countries to ensure their national plans, including monitoring, evaluation and control frameworks and indicators, adequately prioritize MNH, whereby this process must be country driven;

2.6 We also invite the G8 to use their role on the boards of multilateral agencies to spur effective alignment and harmonization around single, country-led results frameworks and use of indicators that promote integration of services and programs to strengthen health systems;

2.7 We call, in this respect, for the mainstreaming of MNH as decisive part of sexual and reproductive health and rights and the achievement of the MDGs in all related policy fields particularly in Foreign Affairs, Health Policies, Social Affairs, Youth Policies, Migration and Women's Rights;

3. Explore and Use innovative Financing Mechanisms

3.1 We acknowledge the promising increase of official development assistance by 10.2% in real terms in 2008; but recognize, at the same time, that urgent action beyond reinforcing existing health commitments is needed if we are to get maternal and newborn health progress back on track;

3.2 We warn that hard won gains in health systems are under threat and urge the G8 to support and commit to innovative financing initiatives since they are vital if we are to prevent this financial crisis from becoming a human crisis;

3.3 We, therefore, welcome the recommendations of the High Level Task Force on Innovative International Financing for Health Systems and urge the G8 to commit to promote various innovative approaches to support stronger health systems, particularly the provision of essential services to pregnant women and girls and newborns in the countries most at need (i.e. the LICs);

3.4 We urge the G8 to support investment in research and development (R&D) of new medicines, microbicides and vaccines (for example for HIV/AIDS and malaria), as well as on the most effective ways to achieve behavioural change, including through funding for Public Private Partnerships and by promoting policies that encourage innovation;

3.5 We emphasize the need to provide adequate technical and financial support to strengthen primary health care systems including training and retaining health workers. This includes ensuring and implementing regulations that prevent "brain drain", and terminating the active recruitment of skilled health care workers from developing countries unless there is prior consent between the recipient and sending countries;

4. Respect Women's and Girl's Right to Health as a Human Right

4.1 We recall that access to healthcare is a human right;

³) Figures are drawn from the calculations done for the High Level Task Force on Innovative International Financing for Health Systems, May 2009.



4.2 In this respect, we warmly welcome the landmark resolution on “Preventable Maternal Mortality and Morbidity and Human Rights”, adopted by the UN Human Rights Council on 17 June 2009 which acknowledges that maternal mortality and morbidity is a human rights issue and endorse the resolution produced by the United Nations Commission on Population and Development (CPD) in April 2009 recommitting national governments to priority actions with regard to sexual and reproductive health and rights;

4.3 We underline the need to ensure that all programs and policies are based on a fundamental respect for human rights and evidence-based approaches, in this respect, we urge the G8 to take the lead to further develop proposals for a consolidated, stronger and robustly funded UN entity for women and to take concrete steps for the implementation of key gender equality frameworks such as CEDAW, the Beijing Platform for Action and the MDGs;

4.4 We emphasize the urgent need to provide the information, education, services and supplies required to end the needless deaths of more than 500.000 women and girls every year due to pregnancy and childbirth and the additional suffering of millions of others, in particular women and girls who suffer from debilitating obstetric fistula and other pregnancy-related long-term handicaps;

4.5 We underline, however, that women’s and girl’s lives must not only be saved because they are mothers, not only for their contribution to the wealth of their nations, but in the name of their own rights: the right to have control over their body, the right to chose the number and spacing of their children and the right to lead a life free from violence and coercion;

4.6 We also urge governments to equip the largest ever generation of young people entering their reproductive years for responsible adulthood by promoting evidence-based comprehensive sexuality education, counseling and services on safer sex, male and female condom use, promoting sexual safety and health security including the provision of safe abortion services, where abortion is legal, to aggressively improving girls’ access to and continuation of education at all levels;

4.7 We highlight the positive role that churches, faith based organizations and religious communities can and do play with regard to sexual and reproductive health;

5. Maximise Parliamentarian and Civil Society Involvement

5.1 We underline that Parliamentarians play a key role in advancing the development agenda, particularly in mobilizing the necessary support and holding government leaders accountable for their commitments;

5.2 Therefore, we emphasize the urgency to strengthen parliamentary involvement, ownership, commitment and responsibility in the formulation of state budgets, with particular attention to health budgets;

5.3 We underline the need to strengthen NGO involvement in these same processes by providing civil society representatives formal opportunities to participate in these processes at an early stage;

6. Drive the future Maternal and Newborn Health Agenda

6.1 We urgently remind the G8 Heads of State and Government that MDGs 4 and 5 lie at the heart of all other MDGs. If these fail, so will all others;



6.2 Therefore, we urge the G8 Heads of State and Governments to take concerted and co-ordinated action on reproductive, maternal, newborn and child health with a special focus on maternal and newborn health (MNH) by:

- calling upon both donor and recipient countries to have a shared responsibility for reaching the MDGs whereby donor countries are strongly requested to meet the ODA pledge of 0.7% of GNI;
- fully funding the Global Fund to Fight Aids and Malaria and close the anticipated funding gap of US\$ 2.5-3.0 billion⁴ in 2010 while ensuring that this is not to the detriment of funding for family planning services, basic reproductive health services and basic research;
- tackling malaria and keep the existing commitment to provide 100 million insecticide-treated nets through bilateral and multilateral assistance by the end of 2010;
- eliminate child marriage as a massive continuing human rights abuse closely associated with maternal mortality as the youngest, first time mothers carry elevated risks, linked closely to the rising HIV epidemic in girls and young women, fostering poor reproductive health outcomes and increasingly is a core driver of rapid population growth;
- committing to promote the recruitment, training and retaining of the 1.1 million additional health workers needed in developing countries;
- committing to financing one third of the total of US\$ 27.4 billion⁵ needed in 2010 to achieve universal access to a package of basic sexual and reproductive health services in developing countries; whereby the remaining two thirds of the total amount needed is to be allocated by developing countries;
- by earmarking 10% of official development assistance for population and sexual and reproductive health and rights;
- using maternal mortality, maternal morbidity, infant mortality, and life span as indicators for health system performance;
- aligning their aid behind approved national health plans.

6.3 We also call upon recipient countries to put in place measures that will ensure the transparent and effective use of development aid, embrace good governance, democracy, increased efforts towards reaching the Abuja Targets by formulating operational plans, and accountability to allow for the attainment of MDGs in their countries by 2015.

6.4 We welcome the Campaign on Accelerated Reduction of Maternal Mortality in Africa recently launched by the African Union's Ministers of Health and call upon the G8 to support its implementation in the context of the Maputo Plan of Action on Sexual and Reproductive Health and Rights (2006);

We, Parliamentarians from African, Asian, European and G8 countries gathered in Rome on 22nd and 23rd June 2009 for the G8 International Parliamentarians' Conference on "Strategic Investments in Times of Crisis – The Rewards of Making Women's Health a Priority" express our sincere gratitude to the hosts of the Conference, the Italian Parliamentary Working Group on Global Health and Women's Rights and the organizers Global Call to Action against Poverty (GCAP) Italy, Action Aid Italy, the Italian Association for Women in Development (AIDOS), the German Foundation for World Population (DSW), and the European Parliamentary Forum on Population and Development (EPF).

4) Global Fund Factsheet: Resource Needs 2009/2010.

5) Re-Costing Cairo : Revised Estimate of the Resource Requirements to Achieve the ICPD Goals, PAI, March 2009.