

PARLIAMENTARY APPEAL TO G8/ G20 HEADS OF STATE AND GOVERNMENT

Ottawa, 11 June 2010

We, parliamentarians from countries in Africa, Asia-Pacific, Europe, and the Americas, including G8/20 countries, gathered in Ottawa, Canada from June 10th-11th for the **6th Annual Parliamentarians' Summit** on "**Balancing the Scales of Women's Lives in the Countdown to 2015.**"

We believe that 2010 represents a decisive turning point in international efforts to improve the health and wellbeing of women and girls around the world, in keeping with the objectives established in the United Nations Millennium Development Goals (MDGs).

We note with particular concern that MDG 5 – on maternal health – is the goal towards which the least progress has been made so far.¹ Sustained effort is required to close this gap and meet all the MDG objectives by 2015, particularly MDG 5-b, which deals with family planning. These actions must be placed in the context of the advancement of international human rights, with the understanding that women's rights are human rights.

Healthy women and mothers are an integral part of vibrant communities. As such, the wellbeing of women and girls is central to international development.

Advancements in women's health also have a positive effect on economic prosperity. The impact of maternal and newborn mortality on the global economy has been estimated to be US\$15 billion in annual lost productivity.² Therefore, advances in women's health must be viewed as an investment and not an expenditure.

2010 is the decisive year for our collective will and action. Our objective is to work so that by 2015, the target date of the MDGs, the ability for women to give birth safely will be a right enjoyed by all. *No woman should lose her life in the act of bringing a new life into the world.*

CALL TO ACTION FOR GOVERNMENTS,

First, we believe that resources including new funding of 12 billion dollars, to a total of 24 billion should be pooled under an international funding mechanism specifically for MDG 5, which will provide targeted assistance for sexual and reproductive health and rights, family planning and access to safe abortion when and where it is legal and therapeutic abortion.

¹ United Nations, *The Millennium Development Goals Report 2009*, United Nations, New York, 2009, p. iv.

² Women Deliver, *Focus on 5: Women's Health and the MDGs*, www.womendeliver.org.

Second, donor countries should provide support for the provision of a basket of health care, clinical services and evidence-based interventions. This basket should be constructed to provide quality services at each stage of the continuum of maternal and child health care needs.

Third, the strategy should be designed to align with developing countries' priorities. In keeping with the *Paris Declaration on Aid Effectiveness* and the *Accra Agenda for Action*, developing countries must be the architects of their own national development.

Fourth, the strategy must be comprehensive and tackle underlying issues, including poverty, illiteracy, , gender-based violence, malnutrition, tuberculosis, malaria, and women's human rights violations. Moreover, HIV/AIDS is becoming an increasingly feminized pandemic, and needs to be addressed as such. Progress in all of these areas is essential to the realization of the reproductive health needs and rights of women, including maternal health.

Fifth, the most vulnerable groups including poor women, refugee and migrant women, IDPs, women in conflict areas, adolescent girls, ethnic minorities, and women in rural zones require specific attention.

Sixth, indigenous women experience the highest level of marginalization, with limited access to health care and require special attention.

Therefore, **donor countries** should:

- Focus on building effective, integrated and accessible healthcare systems;
- Provide support for the training and retention of a significant number of new skilled health care professionals and birth attendants in developing countries;
- Meet the international target of having development assistance equal 0.7% of gross national product;
- Devote a significant portion of this funding to maternal and reproductive health, including family planning;
- Build mechanisms to monitor, evaluate and report publicly on international health spending - providing a feedback loop to inform future programming decisions; and
- Consult closely with developing countries to identify priority areas for funding and programming

Countries that are partner in development aid should structure their maternal health care strategies to reflect the following principles:

A Comprehensive Approach

- Establish a country action plan for achieving the MDGs, and in particular MDG 5;

- Combat obstacles to women's advancement and equal participation in society and political decision-making;
- Ensure equity of access to quality health care services and the comprehensive availability of family planning;
- Treat education, nutrition, reproductive health and measures to counteract HIV infection as central issues linked to maternal health;
- Target funding and interventions to reach the most vulnerable groups, especially indigenous women, poor women, refugee women, IDPs, women in conflict areas, migrant women, adolescent girls, ethnic minorities, and women in rural zones;

Scale-up Efforts to Build Effective and Accountable Health Systems

- Strengthen health systems and direct resources to increase the number and reach of skilled health professionals, including physicians, nurses, midwives, and community health care providers;
- Use maternal and infant mortality indicators to evaluate health system performance;
- Ensure transparency and accountability in the use of development assistance and national financing directed towards health care systems.

Improving Access to Education and Nutrition

- Work towards girls' full and equal access to primary and secondary education and retention in school;
- Promote proper nutrition and target nutritional supplements to pregnant women and newborns and promote breast feeding;