

A Manifesto for Motherhood

Achieving Reproductive, Maternal, Newborn
and Child Health: from Commitment to Action

A Briefing Pack



“If we now continue to fail children under threat, we will be delivering a verdict of wanton inhumanity against ourselves. We will be a knowing party to an entirely preventable mass destruction of human life.”

Richard Horton, Editor of the *The Lancet*

“Women are not dying because of diseases we cannot treat. They are dying because societies have yet to make the decision that their lives are worth saving.”

Professor M.F. Fathalla, Former President of the International Federation of Gynaecology and Obstetrics

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Key Actions for MPs

To achieve reproductive, maternal and newborn health:

1. Improve access to **family planning, skilled attendance at delivery, emergency obstetric care and safe abortion** (where not against the law).
2. Ensure that **quality health services** are **accessible and affordable** to all.
3. Design services and provide information for **adolescent girls** to meet their specific needs.
4. Place special emphasis on **birth and the post-natal period**, given the unacceptably high number of stillbirths and newborn deaths.
5. Promote **gender equality and empower women**.

MPs are well placed to:

- ✓ **Hold** the government **to account** for its commitments.
- ✓ **Mobilise** increased resources for reproductive, maternal, newborn and child health.
- ✓ **Ensure** that policy is evidence-informed, rights-based and reinforces measures to achieve gender equality.
- ✓ **Provide** a forum for the debate of reproductive, maternal, newborn and child health issues in Parliament.
- ✓ **Forge** closer links and networks between parliamentarians from developing and developed countries.

Millennium Development Goals 4 and 5

With a 2015 deadline for the eight Millennium Development Goals (MDGs), urgent action is required by policy-makers to address the most off-track Goals: MDGs 4 and 5, which aim to reduce child and maternal deaths respectively. MDG 5 is proving the most stubborn to achieve.

Figures on maternal and child mortality reflect the huge disparity between developed and developing countries: 99% of deaths occur in developing countries and the vast majority are entirely preventable through simple, cost-effective measures.

Maternal and child health are inextricably linked and in order to attain MDGs 4 and 5 they must be addressed together: we cannot achieve one goal without the other. Improving maternal health is critical in itself and also a key factor in reducing the number of deaths in newborns and young children.

Saving the life of a woman has a huge impact on the health of her baby, family and community. It also brings economic returns. Maternal and newborn deaths slow growth and lead to global productivity losses of US\$15 billion each year.¹ Through its social and economic impact, improving maternal health is a means to achieving many of the other seven MDGs related to poverty reduction and economic growth, including women's empowerment and social justice.

The connection between population dynamics – urbanisation, migration, household composition as well as population growth – and climate change is complex and controversial, however, increased investment in voluntary family planning programmes that respect and protect rights can make a critical contribution to climate change mitigation and adaptation strategies.

MDG 4: Reduce child mortality

Target: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.

MDG 5: Improve maternal health

Target 5a: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio.

Target 5b: Achieve, by 2015, universal access to reproductive health.

Closely linked are:

MDG 3: Promote gender equality and empower women

MDG 6: Combat HIV/AIDS, malaria and other diseases

MDG 7: Ensure environmental sustainability

Mobilising Support for MDGs 4 and 5

MDGs 4 and 5 are achievable but only if increased political will and resources are mobilised to scale up access to integrated reproductive, maternal and newborn and child health services which respect reproductive rights. Parliamentarians play a key role in galvanising increased support for reproductive, maternal and newborn health.

Urgent action is needed by policy-makers to address the underlying causes of poor health and the inequities and disparities in accessing health services both between and within countries. Focusing resources on countries where maternal and infant mortality is highest is critical: the 68 low- and middle-countries where 97% of all maternal and child deaths occur.²

Prioritising reproductive, maternal, newborn and child health represents excellent value for money. Investments in this area will result in many social and health benefits for women, men, their children, communities and economic growth.



¹ *Global Strategy for Women's and Children's Health*, <http://www.everywomaneverychild.org/pages?pageid=1>

² *Countdown to 2015 Decade report (2000–2010): Taking stock of maternal, newborn and child survival*, World Health Organisation and UNICEF, 2010.

Maternal Mortality and Illness: the Facts

In 2008, an estimated 358,000 women died in pregnancy and childbirth: around 1,000 women every day. Although the number of women dying from complications in pregnancy and childbirth has declined since 1990, the current rate of improvement is not enough to achieve MDG 5 by 2015. A woman's risk of dying in pregnancy or childbirth is highest in sub-Saharan Africa and South Asia and in fragile states, as Figure 1 (overleaf) demonstrates. Countries with high maternal mortality rates also tend to have high levels of newborn deaths.

The main causes of maternal death are haemorrhage, sepsis (infection), high blood pressure (eclampsia), obstructed labour and unsafe abortion. HIV remains a major cause of death in women of reproductive age, accounting for an additional 61,000 maternal deaths a year.

These statistics do not include the millions of women who suffer debilitating illness, infection or disability from complications in pregnancy and childbirth.

For every woman who dies, 20 more face serious or long-lasting consequences.³

The risk of maternal mortality is highest for adolescent girls, with unsafe abortion a major factor, and young girls are disproportionately affected by the HIV epidemic.

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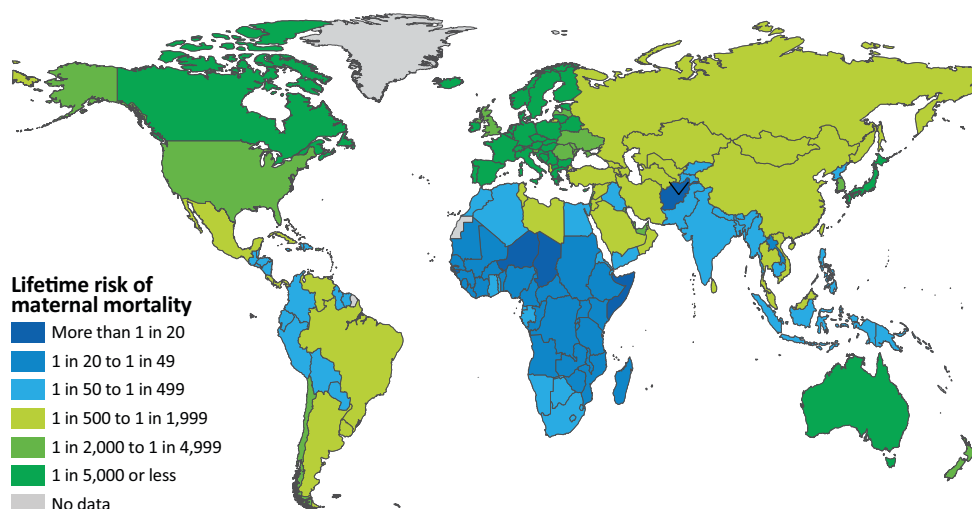
The risk of maternal mortality is highest for adolescent girls, with unsafe abortion a major factor, and young girls are disproportionately affected by the HIV epidemic.

Evidence shows that more lives could be saved if women had access to:

- quality family planning to avoid unintended pregnancies;
- skilled attendance at delivery;
- emergency obstetric care.

Skilled attendance at birth – including emergency care for mothers and newborns – is fundamental to achieving MDGs 4 and 5. And yet only 58% of all deliveries are reported as attended by skilled health providers, dropping to as few as 4% in some countries like Ethiopia.

Figure 1: Lifetime risk of maternal death



Source: Neal et al. *White Ribbon Alliance Atlas of Birth*. WRA, GHP3 (University of Southampton) and Impact (University of Aberdeen). London: 2010.

³ *Maternal Mortality: Surviving Childbirth, But Enduring Chronic Ill-Health*, UNFPA factsheet. <http://www.unfpa.org/public/home/mothers/pid/4388>

Newborn and Child Mortality: the Facts

Every year, 3.6 million babies die before they are a month old – accounting for 41% of all deaths in children under five years of age. In South East Asia about 54% of child deaths occur in the newborn period (first month of life) and around a third of all under five deaths in Sub-Saharan Africa are in the newborn period.⁴

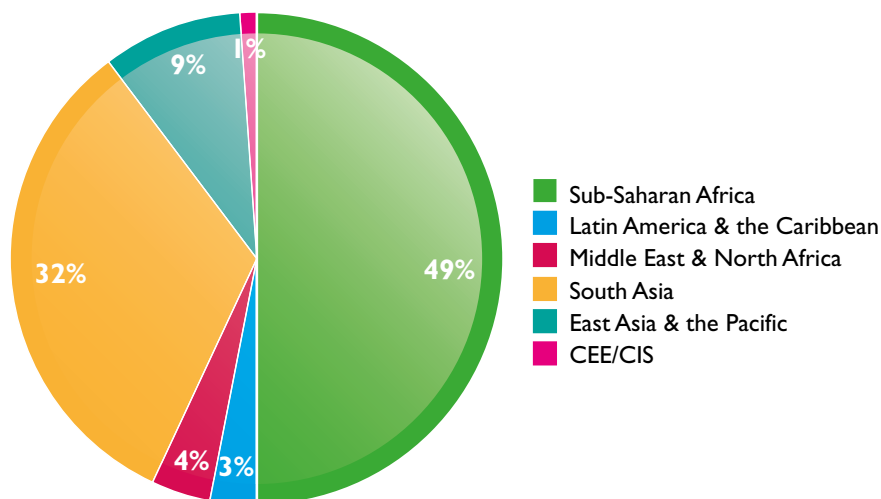
While there has been substantial progress in reducing deaths among children under age five worldwide, progress has been slower in reducing the number of deaths in newborns, with Sub-Saharan Africa and South Asia particularly affected. See Figure 2.

In addition, 2.6 million stillbirths (the death of a baby at 28 weeks' gestation or more) occur each year, 98% of these deaths take place in low- and middle-income countries, disproportionately affecting the poor.⁶

Key Actions:

- Place special emphasis on birth and the post-natal period, given the unacceptably high number of stillbirths and newborn deaths. This requires ensuring ante-natal care, skilled attendance at birth and support for mothers and children during and immediately after birth.
- Address the underlying causes of newborn and child deaths such as under-nutrition, limited access to clean water and safe sanitation and weak health systems.
- Increase access to cost-effective interventions such as immunisation, exclusive breastfeeding and access to essential medicines, in addition to malaria prevention tools such as impregnated mosquito nets.

Figure 2: Global Distribution of Newborn Deaths



Source: Global Health Council, using information from WHO and UNICEF⁵

The direct causes of most deaths in children under the age of five – pneumonia, diarrhoea and malaria, and complications and infections during and immediately after birth are easily preventable and rarely lead to death among children in developed countries. Although infection rates among children born to mothers living with HIV have declined by 26% from 2001 to 2009, much more needs to be done to prevent babies from becoming infected with HIV.⁷ And in the case of malaria, children under five account for 85% of all malaria deaths – more than 1,800 a day.⁸

High under-five mortality and illness and high levels of malnutrition also have serious economic and development costs. Investing in children's health is not only the right thing to do; it leads to high economic returns and offers the best guarantee of a productive workforce in the future.

4 *Countdown to 2015 Decade report (2000–2010): Taking stock of maternal, newborn and child survival*, World Health Organisation and UNICEF, 2010.

5 *Causes of Child Death*, Global Health Council, http://www.globalhealth.org/child_health/child_mortality/causes_death/#6

6 *Stillbirths*, The Lancet, April 2011, <http://www.thelancet.com/series/stillbirth>

7 *Vertical Transmission and Maternal Mortality*, UNAIDS. <http://www.unaids.org/en/strategygoalsby2015/verticaltransmissionandmaternalmortality>

8 *World Malaria Report 2010*, WHO, 2010 http://www.who.int/malaria/world_malaria_report_2010/en/index.html

Gender Equality: Empowering Women and Girls

Any successful effort to improve maternal health and child survival must tackle not just the direct causes of high mortality but underlying issues such as education, gender inequality, nutrition, water, sanitation and overall poverty.

Maternal health is directly linked to women's social status. Investing in girls' education and empowerment is critical in itself and also has a positive impact on their sexual and reproductive health. Girls who are able to stay at school have fewer and healthier children as well as increased economic opportunities.

Safeguarding the human rights of women, including their reproductive rights, and ensuring their sexual and reproductive health, is central to empowering women.

Parliamentarians provide leadership in adopting legislation which strengthens measures to achieve gender equality and protects reproductive rights.

Key Actions:

- Promote gender equality and empower women, including ensuring universal primary education for girls.
- Protect, respect and fulfil women's rights and safeguard reproductive rights.
- Ensure that sexual and reproductive health programmes involve men and seek to promote their understanding of, and support for, women's rights and gender equality.



Women's Group meeting, Sikidiki village, West Singhbhum, Jharkhand, India.

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Closing the Equity Gap and Strengthening Health Systems

Equitable access to any health intervention requires a stronger health system than currently exists in most poor countries. Progress requires an intense focus on improving health systems with reproductive, maternal, newborn and child health at their core.

The poorest people, in both remote rural communities and in urban areas, face barriers in accessing services, including paying for services and transport. Stigma and discrimination on the basis of age, disability, ethnicity, HIV status, marital status or poverty, can bar people from accessing services.

A recent report by UNICEF concludes that by focusing on equity – reaching the most deprived, vulnerable and marginalised children – progress towards the MDGs will be accelerated with an improved return on investment.⁹

Civil society plays a key role in strengthening health systems by articulating demand for quality services and holding health care providers to account.

Challenges include:

- *Quality of care*: an insufficient focus on quality of health care is holding back progress in many countries.
- *The acute shortage of trained health workers*: there is a significant global gap of more than 3.5 million health workers. This includes a pressing need for at least one million community health workers and 350,000 midwives.
- *Equitable access*: barriers – which may relate to transport, finance or socio-cultural factors – can prevent people from accessing quality services.
- *The lack of essential supplies, medicines, commodities and equipment* which contributes to limited availability of family planning, basic life-saving medicines such as antibiotics, and emergency obstetric care.
- *Closing the financing gap*: the direct cost of programmes for reproductive, maternal, newborn and child health (including HIV and malaria) and proportional health systems costs to support their delivery amounts to US\$88 billion up to 2015 – half the estimated funding needed to meet the health MDGs.¹⁰

Key Actions:

- Ensure that quality health services are accessible and affordable to all, reaching the poorest and most vulnerable populations. Services should be free at the point of use and culturally appropriate to remove the discrimination that excludes the poor.
- Support the training of more health workers and task sharing.
- Mobilise increased resources to close the financing gap for reproductive, maternal, newborn and child health care.
- Ensure access to a reliable supply of contraceptives, condoms, medicines and equipment at the community level
- Encourage active engagement with, and meaningful participation of, civil society.



Child on a drip, Ntcheu district hospital, Malawi.

9 *Narrowing the Gaps to Meet the Goals*, UNICEF, 2010, <http://www.unicef.org.uk/Latest/Publications/Narrowing-the-gaps-to-meet-the-goals>

10 *Global Strategy for Women's and Children's Health*, <http://www.everywomaneverychild.org/pages?pageid=1>

Reproductive Rights, Reproductive Health and Family Planning

Improving maternal, newborn and child health largely depends on the realisation of **reproductive rights**. Reproductive rights include the rights of couples and individuals to:

- decide freely and responsibly the number, spacing and timing of their children, and to have the information, education and means to do so.
- attain the highest standard of sexual and reproductive health and make decisions about reproduction free from discrimination, coercion and violence.

Although there is no explicit MDG for reproductive health, in 2007, governments included a new target of universal access to reproductive health by 2015 under MDG 5. Achieving this target (5B) is central to the achievement of the MDGs.

Family planning plays a crucial role in saving lives. Access to family planning could reduce the number of maternal deaths by more than a third and child deaths by as much as a fifth.¹¹

Family planning is one of the most cost-effective investments in health.

The benefits of family planning are clear and compelling:

- ☑ family planning enables women to plan and space their births, and avoid recourse to unsafe abortion.
- ☑ family planning reduces mother to child transmission of HIV by preventing unintended pregnancies in women living with HIV.
- ☑ condoms play a dual role in preventing unintended pregnancy and protecting against HIV and other STIs.
- ☑ improving access to family planning reduces fertility and moderates population growth.
- ☑ enhanced reproductive health can improve the status of women and promote gender equality.

While there is no doubt that the key driver of **climate change** is the high level of carbon emission in the developed world, populations in the developing world, which have done little to cause it, and have least capacity for adaptation, are far more vulnerable to the effects of climate change. Developing countries themselves are increasingly identifying **population growth** as a factor that confounds national efforts to adapt to climate change. Increasing access to voluntary family planning programmes that respect and protect rights can ultimately help to mitigate climate change, while ensuring universal access to contraception can facilitate climate change adaptation programmes.

Despite increases in contraceptive use worldwide, the unmet need for family planning remains unacceptably high: 215 million women who want to delay or avoid a pregnancy lack access to safe and effective contraception.¹²

Donor support for family planning declined significantly in the 1990s, reaching an all-time low of US\$394 million in 2006, increasing slightly to US\$462 million in 2007.¹³ DFID concedes its direct funding “has been particularly low to date.”¹⁴ Early analysis of commitments to the UN Global Strategy for Women’s and Children’s Health shows emerging support for family planning.

Parliamentarians play a critical role in adopting evidence-informed policies to scale up access to reproductive health services, including family planning. MPs exercise an important function in mobilising increased resources for reproductive health programmes and ensuring that these resources are spent effectively.

Key Actions:

- Ensure universal access to reproductive health by 2015.
- Support the integration of sexual and reproductive health and HIV programmes.
- Adopt evidence-informed policies to increase access to and quality of essential reproductive, maternal, newborn and child health services.
- Ensure reproductive choice by providing access to quality voluntary family planning services and information.
- Increase financial resources for quality family planning services and information in order to keep pace with demand.
- Expand the range of choice of contraceptive methods for women in developing countries.

Integrated Sexual and Reproductive Health Care

It is vital that the linkages between HIV and sexual and reproductive health programmes are strengthened in order to ensure universal access to reproductive health by 2015 and to tackle the HIV epidemic.

Integrating sexual and reproductive health and HIV programmes should result in significant public health benefits: improved coverage of quality comprehensive services and more cost-effective programmes with greater impact.

11 *Giving Birth Should not be a Matter of Life and Death*, UNFPA Factsheet

12 *Adding it Up: The Cost and Benefit of Investing in Family Planning and Maternal and Newborn Health*, Alan Guttmacher Institute/ UNFPA, 2009

13 *Achieving Universal Access*, Population Action International, 2007

14 *Choices for Women, Planned Pregnancies, Safe Births and Healthy Newborns: the UK’s Framework for Results for Improving Reproductive, Maternal and Newborn Health in the Developing World*, Department for International Development, December 2010

Political Leadership and the Role of Parliamentarians

Policy-makers play a vital role in fostering an enabling environment for the achievement of MDGs 4 and 5 and other related targets. Dramatic progress to save women's and children's lives and reduce illness is within reach: now is the time to turn commitments into action.

The international community has a responsibility to provide predictable, sustainable funding to scale up services through stronger health systems. Recent commitments by the UK are encouraging, namely the additional £2.1 billion on women's and children's health pledged in 2010 at the G8 Summit in Muskoka and the UK contribution towards the Global Strategy for Women's and Children's Health and the UK's pledge of up to £500 million per annum for tackling malaria by 2014/5.

However, realising MDGs 4 and 5 requires not only increasing finances but ensuring transparency, accountability and a better use of resources: a role which parliamentarians fulfil. The Commission on Information and Accountability – set up to develop an accountability framework for the UN Global Strategy for Women's and Children's Health – has recognised the key role of parliaments in holding governments accountable and in ensuring transparency and inclusiveness.

Using their unique powers of advocacy, scrutiny, debate, legislation, budget setting and monitoring, MPs are well placed to:

- ☑ **ensure** that policy is evidence-informed, rights-based and reinforces measures to achieve gender equality.
- ☑ **hold** the Government **to account** for its commitments.
- ☑ **mobilise** increased resources for reproductive, maternal, newborn and child health, including family planning – an area where DFID concedes its direct funding “has been particularly low to date.”
- ☑ **ensure** that financial resources are disbursed fairly and effectively and targeted at the poorest, most vulnerable groups.
- ☑ **oversee** the implementation of DFID's Framework for Results and its monitoring and evaluation framework.
- ☑ **provide** a forum for the debate of reproductive, maternal, newborn and child health issues in Parliament.
- ☑ **mobilise** the involvement of the private sector, civil society and the media.
- ☑ **forge** closer links and networks between parliamentarians from developing and developed countries to foster debate and cooperation.

All-Party Parliamentary Group on Population, Development and Reproductive Health

The APPG, which has over 70 members from both Houses, aims to encourage initiatives to increase access to and improve reproductive and sexual health programmes worldwide. If you are not already a member, please join the Group.

Contact: Ann Mette Kjaerby, Parliamentary and Policy Advisor

Email: kjaerbym@parliament.uk

www.appg-popdevrh.org.uk

UK's Framework for Results

DFID's policy "Choices for Women, Planned Pregnancies, Safe Births and Healthy Newborns: the UK's Framework for Results for Improving Reproductive, Maternal and Newborn Health in the Developing World" was launched in December 2010 after an in-depth public consultation.

Two strategic priorities are outlined: to prevent unintended pregnancies and to ensure pregnancy and childbirth are safe for mothers and babies.

The Framework for Results re-affirms DFID's commitment to place women and girls at the heart of UK development assistance. It emphasises quality of care and the need to strengthen health systems. It focuses rigorously on results and contains a core set of indicators: a monitoring and evaluation framework will be made available in mid-2011.

DFID pledges to double its efforts for women's and children's health to:

- ☑ save the lives of at least 50,000 women in pregnancy and childbirth and 250,000 newborn babies by 2015.
- ☑ enable at least 10 million more women to use modern methods of family planning by 2015.
- ☑ prevent more than 5 million unintended pregnancies.
- ☑ support at least 2 million safe deliveries, ensuring improvements to maternity services, particularly for the poorest 40%.

The UK Government has championed official development assistance: ring-fencing the aid budget and endorsing the UN target that aid should represent 0.7% of gross national income. The Prime Minister has personally reaffirmed his commitment to reaching the 0.7% target by 2015.

The Framework for Results summarises the UK's financial pledges for women and children: "In September 2010, the UK committed to double its annual support for women and children's health by 2012 and sustain that level to 2015. The UK will provide an annual average of £740 million from 2010-2015, totalling £4.4 billion, meaning that over this period the UK will spend an additional £2.1bn on women and children's health. This commitment added to the one made at the Muskoka G8 Summit."

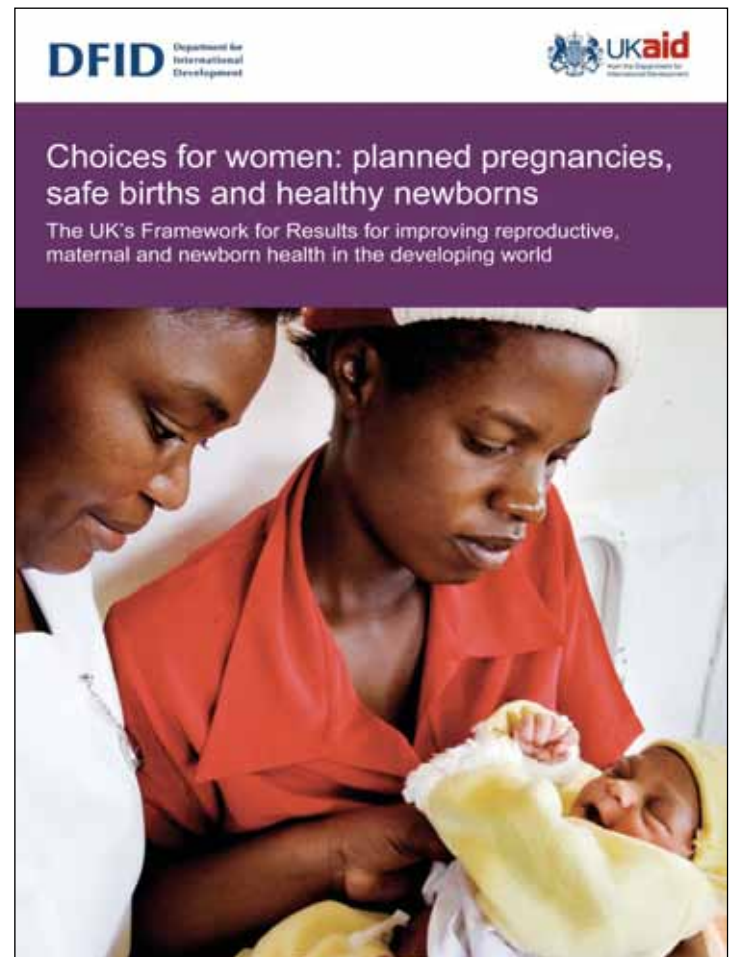
The Framework for Results can be found on the DFID website: www.dfid.gov.uk/Documents/publications1/prd/RMNH-framework-for-results.pdf

In December 2010, DFID also published a Framework for Results for malaria – a major cause of maternal and newborn death and illness. Many of the targets in the report overlap and contribute to the success of those listed in the Framework for Results for Improving Reproductive, Maternal and Newborn Health. The malaria Framework for Results can be found on the DFID website:

www.dfid.gov.uk/Documents/publications1/prd/malaria-framework-for-results.pdf

The Framework for Results is based on four *pillars for action*:

1. **empower women and girls** to make healthy reproductive choices.
2. **remove barriers** that prevent access to quality services, particularly for the poorest and most at risk.
3. **expand the supply of quality services**.
4. **enhance accountability** for results at all levels.



Key Networks Active in the UK

There are a number of networks active in the UK advocating on reproductive, maternal, newborn and child health, HIV and AIDS and gender equality, including:



Action for Global Health – UK

Established in 2006, Action for Global Health (AfGH) is a cross-European network of NGOs advocating for Europe to play a more proactive role in enabling developing countries to meet the health MDGs. In the UK, AfGH is coordinated by Interact Worldwide, the International HIV/AIDS Alliance, and TB Alert. Membership includes NGOs with expertise in maternal health, child health, sexual and reproductive health, malaria, TB, HIV and AIDS, water, sanitation, tropical diseases and health systems strengthening.

www.actionforglobalhealth.eu



Gender & Development Network

The Gender & Development Network is a diverse membership network made up of leading UK-based practitioners, consultants and academics working on gender, development and women's rights issues. The Network enables its members to share information and expertise, effectively lobby government and international bodies on gender and development issues and provide expert advice and comment on policies and projects. Members work in partnership with development and advocacy organisations throughout the world.

www.gadnetwork.org.uk



Population and Sustainability Network

The Population and Sustainability Network brings together a range of environmental, development and reproductive health organisations. It works to increase understanding of the links between population dynamics – including urbanisation, migration, household composition etc. as well as growth – and a range of international development priorities, including the MDGs, climate change, fragile states and economic development, with the overall objective of increasing access to voluntary family planning programmes that respect and protect rights.

www.populationandsustainability.org



UK Consortium on AIDS and International Development

The UK Consortium on AIDS and International Development is a network of more than 80 UK-based organisations working together to understand and develop approaches to the problems created by the HIV epidemic in developing countries. With close ties to DFID and the All-Party Parliamentary Group on HIV and AIDS, the Consortium operates with a staff team of four, working through information exchange, networking, advocacy and campaigning. 2011 marks the Consortium's 25th anniversary.

www.aidsconsortium.org.uk



UK Network on Sexual and Reproductive Health and Rights

The UK SRHR Network is a broad coalition of NGOs which focus on sexual and reproductive health and rights (SRHR). The network works to promote SRHR, particularly with the UK Government and related decision-making bodies. The network works closely with and monitors UK Government policy, advocates on key areas to influence policy processes, acts as a source of information and guidance on SRHR policy and practice and works to engage a range of stakeholders.

www.bond.org.uk/pages/the-uk-network-for-sexual-and-reproductive-health-and-rights.html



White Ribbon Alliance for Safe Motherhood

The White Ribbon Alliance for Safe Motherhood is an international coalition which pushes for change to make pregnancy and childbirth safe for all women and newborns around the world. Since its launch in 1999, the WRA – a rapidly growing global movement with members in 152 countries – has been amplifying the voices of women and their communities, and is a leader among those holding governments and institutions to account for the tragedy of maternal mortality.

www.whiteribbonalliance.org

International Agreements on Reproductive, Maternal, Newborn and Child Health

It is vital to generate the political will necessary for the realisation of internationally agreed development goals and targets, obligations and human rights instruments in the area of reproductive, maternal, newborn and child health, HIV and AIDS and gender equality. Without political leadership, these internationally agreed goals and targets will remain elusive. Parliamentarians play a critical role in mobilising political will and leadership, holding governments accountable for their commitments to measurable development targets.

Key agreements on reproductive, maternal, newborn and child health – which the UK Government has endorsed – are outlined below:

- In January 1976, the **International Covenant on Economic, Social and Cultural Rights** entered into force, recognising “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health” and calling on parties to take the necessary steps to reduce the stillbirth rate and infant mortality.
- In December 1979, the **Convention on the Elimination of All Forms of Discrimination against Women** (CEDAW) was adopted by the UN General Assembly. The Convention provides the basis for realising equality between women and men through ensuring women’s equal access to, and equal opportunities in, political and public life. Often described as an international bill of rights for women, it is a critical agreement on women’s human rights.
- In November 1989, the UN **Convention on the Rights of the Child** (CRC) was agreed which outlines a child’s rights to survival and development. The CRC is a legally binding international agreement setting out the civil, political, economic, social and cultural rights of every child, regardless of their race, religion or abilities.

- In September 1994, in Cairo, the foundation for the global reproductive health agenda was laid at the **International Conference on Population and Development** (ICPD). The 20-year ICPD Programme of Action includes the goal of ensuring universal access to reproductive health by 2015. It marks a paradigm shift with respect to the recognition of reproductive rights as fundamental human rights and reaffirms that “the aim of family planning programmes must be to enable couples and individuals to decide freely and responsibly the number and spacing of their children.”
- In September 1995, the Fourth World Conference on Women was held in Beijing. Significantly, the **Beijing Platform for Action** extends the definition of reproductive rights to cover sexuality (Paragraph 96). It calls upon states to consider reviewing laws which punish women for having illegal abortions.
- In September 2000, world leaders agreed eight **Millennium Development Goals** (MDGs), forming a blueprint for development and setting measurable targets for 2015. Although reproductive health was not explicitly included – different components being distributed among various MDGs (maternal health, child health, gender equality, HIV and AIDS) and family planning was not initially mentioned – a new target 5B was subsequently incorporated to “achieve, by 2015, universal access to reproductive health.”

- In June 2001, at the High Level Meeting on AIDS, the UN General Assembly reaffirmed previous commitments on HIV and AIDS and member states further committed to the **‘Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS’**. The Declaration sets out a series of national targets and global actions to reverse the epidemic.
- In 2006 African Union Ministers agreed to adopt the **Maputo Plan of Action** on sexual and reproductive health and rights (2007-2010). The plan focuses on the integration of sexual and reproductive health services into primary healthcare to improve reproductive health conditions for millions of women across the continent.
- In June 2010, the G8 agreed the **Muskoka Initiative** to accelerate efforts to improve maternal and child health.
- In September 2010, the UN Member States endorsed the **Global Strategy for Women’s and Children’s Health**. A total of US\$40 billion has been pledged by governments, NGOs and businesses to save the lives of 16 million women and children by 2015.



This briefing is a collaborative effort to increase political and financial support for reproductive, maternal, newborn and child health and survival in developing countries. It is aimed at UK parliamentarians.

We are a coalition of UK-based NGOs, professional associations and civil society networks who believe that the world's women – and its children – deserve better. It includes a series of key actions to which parliamentarians can and should commit. These are endorsed by all the organisations listed on this document, representing a strong platform of support for our joint priorities and demands.



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This briefing was written by Ruth Duebbert and Sarah Hyde. Women and Children First acknowledges the assistance of all the listed organisations in its production. The briefing is available to download from www.wcf-uk.org.

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Cover photograph: Mother and child at the Union Health and Family Welfare Centre, Bangladesh. ©Sam Strickland/Women and Children First UK



Women and Children First (UK)
United House, North Road, London, N7 9DP, UK
+44 (0)20 7700 6309