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Sexual and Reproductive Health and Rights: An essential element of Universal Health Coverage

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[Questions by the moderator:

1. The Inter-Parliamentary Union (IPU) Resolution on achieving Universal Health Coverage (UHC) by 2030, adopted at the IPU Assembly in Belgrade, Serbia, just one month ago (October 2019). How can this resolution be used in leveraging stronger national commitments and accountability for SRHR as part of UHC?

2. How can IPU and parliamentarians in general work with the countries to strengthen the accountability across the sectors?]

• More women are surviving today than ever before. Since 2000, maternal deaths have reduced by over one-third. Southern Asia has made the greatest improvements with a nearly 60% reduction.

• Substantial progress in reducing maternal mortality has been due to political will to improve access to quality health care by investing in the health workforce, introducing free care for pregnant women and children and supporting family planning. Many of the countries that have shown substantial progress focus on primary health care and universal health coverage.

• Still, in 2017 more than 20% of births worldwide were not attended by skilled health personnel, and new estimates reveal that close to 300,000 women died due to complications during pregnancy and childbirth in that year.

• Vast inequalities worldwide remain. Levels of maternal deaths are nearly 50 times higher for women in sub-Saharan Africa, compared to high-income countries. Sub-Saharan Africa also has the highest adolescent birth rate, which stands at more than 100 per 1'000 girls aged 15-19. This is of particular concern as maternal conditions remain the top cause of mortality among girls between 15 and 19.

• The IPU has been working with the parliaments of some of the countries with the highest burdens of ill-health and mortality for women and girls:
  o In Rwanda, the Parliament explicitly committed to improve sexual and reproductive health and access to services such as family planning. With the support of the IPU, the Parliament of Rwanda turned the Reproductive Health Bill into law in 2016. Following the approval of the law, the IPU and the Parliament of Rwanda joined forces to organize awareness-raising campaigns led by MPs in all districts of the country. Meetings between MPs and community leaders, local
officials and the general public were organized in 30 districts. Gaps, needs and cultural factors that hinder access to family planning could be identified, raising the awareness of parliamentarians and allowing them to use these findings to inform future parliamentary work on the issue.

- A number of country-level initiatives that cut across health, gender, and violence against women were also implemented. In Bangladesh, the IPU Advisory Group on Health conducted a field visit in Dhaka to examine the health impact of child marriage and the role of the Parliament of Bangladesh in addressing the issue. Following the findings and the recommendations of the Advisory Group, the IPU and the Parliament of Bangladesh carried out outreach programs in four districts hit by high rates of child marriage, with a focus on enforcement of existing legislation. In order to take stock and ensure follow-up of these outreach programs, a debriefing meeting was held in Parliament to capture lessons learned, identify good practices and improve the weaknesses observed.

- At the global level, the commitment of the global parliamentary community on universal health coverage and sexual and reproductive health was reiterated last month with the adoption of a resolution on UHC and the right to health.

- This landmark resolution provides a roadmap for parliaments to accelerate progress towards UHC. Fulfilling the promise of UHC has the potential of having a real impact on the lives of people, in particular for women, children and adolescents, which are at the center of the document.

- The resolution calls on parliaments to strengthen sexual, reproductive, maternal, newborn and adolescent health services, including by providing information on and access to modern methods of family planning.

- It also urges parliaments to respond to the specific health needs of women and girls, and recognizes the importance of protecting sexual and reproductive health and rights through a multisectoral approach that tackles the gender determinants of health.

- The IPU believes that by strengthening parliamentary institutions and engaging them to use their powers in an inclusive way, parliaments can become strong agents of change for the health and well-being of people.

- However, parliaments in many countries lack the capacities to make full use of their prerogatives, in particular to conduct proper oversight. This is why the IPU will work with health partners to support the implementation of the UHC resolution by developing appropriate tools and providing the necessary knowledge and understanding through capacity building activities addressed at national parliaments. Special attention will be paid to the existing barriers – legal, economic, social, and cultural – that still prevent too many women and girls from accessing the health services they need, especially sexual and reproductive health services.

- Together with partners, the IPU will also enhance efforts to identify best parliamentary practices and track parliamentary contributions to
improvements in health outcomes for women, adolescents and other vulnerable groups.

Strong and effective parliaments are not only critical for achieving the ICPD goals, but are also an important enabler of all the SDGs. Strengthening accountability for sexual and reproductive health and rights will depend on many actors and factors, including from outside the health sector. Investing in building capacity in parliaments is a key precondition for the multisectoral, multistakeholder approach required to tackle complex challenges.