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The role of parliaments in health and the collaboration between WHO and IPU as a contribution to global health

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I am delighted to be here today to contribute to this important event, the third consecutive parliamentary event at the World Health Assembly. I am also encouraged that for the first time it has been organised under the category of a “technical briefing”, which gives more prominence to the role of the IPU and parliaments in promoting universal health coverage, health security and global health in general. This event is only one component of a very successful and deeper collaboration between the IPU and WHO that spans over ten years, and through which substantial progress has been achieved, especially in building a bridge between the parliamentary community and the scientific health community.

Since assuming office as the Director-General of the WHO, Dr. Tedros and I have been regularly engaged in discussions on how to strengthen our partnership. This partnership started initially with efforts to achieve MDGs 4 and 5 on reducing child and maternal mortality, continuing through the adoption of the Global Strategy for Women’s, Children’s and Adolescents’ Health and with the focus on the SDGs and their impact on health. In March this year Dr Tedros presented his vision to the global parliamentary community at the 138th IPU Assembly of how this collaboration may be strengthened to contribute to universal health coverage and ensuring access to health for all.

Parliaments, as the state institutions that oversee the work of the executive arms of government, have a key role to play in ensuring accountability at all levels. In so doing they leverage their powers as the representatives of the people to voice the needs and concerns of the most vulnerable. Most of the targets under SDG 3, including universal health coverage, will not be met without strong parliamentary action to ensure effective legislation, oversight and budget appropriations for health programmes and interventions. Parliaments have an equally important role to play in creating an enabling environment for health-related policy work – it is a critical precondition for ensuring universal access to health.

In this respect IPU member parliaments have already responded in a variety of ways to our commitment to promoting global health in general.

As far back as 2006 the IPU established Advisory Group, initially with a mandate focusing on HIV/AIDS, before expanding its remit to include women’s, children’s and adolescents’ health. In addition to providing a global parliamentary focal point for legislative work the Advisory Group has helped identify more effective strategies for

parliaments in the implementation of international commitments. We are very fortunate to have with us today Habibe Millat and Petra Bayr, the Chair and Vice-Chair, who may expand further on the work of the Advisory Group.

In 2012, through the IPU, parliaments adopted a landmark resolution on *Access to health as a basic right: The role of parliaments in addressing key challenges to securing the health of women and children*. This recommended parliamentary action in areas such as maternal and child mortality, reproductive health, birth registrations and budgeting for health. It was followed by practical information for parliamentarians on concrete action they, as individuals, can take to implement these commitments in accordance with the principles of human rights, sustainable development, gender equity and good and accountable governance.

As parliaments work to deliver on the commitments embedded in the resolution, many of them also have to overcome capacity constraints and knowledge gaps. The IPU's health program has supported these efforts in a number of countries including Bangladesh, Kenya, Lesotho, Rwanda, Tanzania, Uganda and Zambia. Support has ranged from raising awareness to budgeting for health, establishing maternal and child health parliamentary caucuses, capacity building to undertake the parliamentary oversight function, parliamentary responses to gender-based violence and child marriages, and defining new legislation.

In these and a number of other activities the IPU has been proud to partner with WHO as well as multi-stakeholder partnerships such as the PMNCH. In 2013, with the support of WHO and PMNCH, we published a handbook for parliamentarians titled *Sustaining Parliamentary Action to Improve Maternal, Newborn and Child Health*. In 2016 the IPU and WHO jointly presented the study *Child, Early and Forced Marriage Legislation in 37 Asia-Pacific Countries*. This will be followed this year by a similar study in 54 African countries.

While we celebrate the achievements through the MDGs on maternal and child mortality, we must acknowledge the remaining challenges to global health promotion, especially with respect to adolescents' and women's health, extending beyond the focus of reproductive health. Malnutrition and diet have also emerged as amongst the biggest risk factors for the global burden of disease, necessitating special attention to nutrition as an integral part of health promotion and prevention. Needless to say, all this work needs to be embedded strategically in universal health coverage and global health security, to ensure that it makes sense and reaches all people, including the most marginalized and vulnerable.

I am pleased that Dr. Tedros and I agree that our partnership with WHO is broad-based and comprehensive. Universal health coverage and global health security provide us with a solid platform to build on our achievements, and to expand and consolidate our partnership in a more strategic fashion that leverages the crucial contribution of parliaments to delivering effectively on health outcomes.

Against this background, the vision of parliaments discharging their legislative and oversight functions is at the heart of the discussion that will take place today. I look forward to our continued collaboration with the WHO in this regard. Ladies and gentlemen, please accept my best wishes for successful deliberations.