

EUROPEAN PARLIAMENT

2004



2009

Session document

27.8.2008

B6-0377/2008

MOTION FOR A RESOLUTION

to wind up the debate on statements by the Council and Commission

pursuant to Rule 103(2) of the Rules of Procedure

by Margrete Auken and Marie-Hélène Aubert

on behalf of the Verts/ALE Group

on MDGs and maternal mortality

European Parliament resolution on MDGs and maternal mortality

The European Parliament,

- having regard to the Millennium Development Goals adopted at the UN Millennium Summit in September 2000,
 - having regard to the UN International Conference on Population and Development (ICPD) held in Cairo in September 1994, the Programme of Action adopted in Cairo, and the subsequent outcome documents adopted at the UN Cairo+5 special session on further actions to implement the Programme for Action adopted in 1999,
 - having regard to the Convention on the Elimination of All Forms of Discrimination against Women of 3 September 1981,
 - having regard to Rule 103(2) of its Rules of Procedure,
- A. whereas the Millennium Development Goal for maternal health is to reduce maternal mortality by three-quarters by 2015,
- B. whereas most maternal deaths are preventable but more than half a million women continue to die each year from complications related to pregnancy and childbirth, mostly in sub-Saharan Africa,
- C. whereas maternal complications are the leading cause of death for young girls in developing countries,
- D. whereas maternal mortality and morbidity constitute a global health emergency, each year there are around 536 000 maternal deaths, and for every woman who dies, 30 or more experience serious complications, ranging from chronic infections to disabling injuries such as obstetric fistula, which could be easily avoided if there were universal access to basic and emergency obstetric care and reproductive health services,
- E. whereas HIV, armed conflict and the deterioration of health systems are further aggravating maternal mortality,
- F. whereas sexual and reproductive health and rights, as defined in the International Conference on Population and Development's Programme of Action, are critical to meeting the MDGs, particularly those concerning maternal and child health and HIV prevention,
- G. whereas failure to recognise women's rights, poor access to information, early marriage and low political priority and absence of sufficient resources allocated to maternity health all contribute to high mortality,

- H. whereas rather than support being increased, total donor funding for family planning is now far lower than it was in 1994, having fallen from USD 723 m in 1995 to USD 442 m in 2004 in absolute dollar terms,
1. Expresses its strong concern that maternal mortality (MDG 5) has fallen the furthest adrift of its target and is not on track for being achieved by developing countries, particularly in Africa;
 2. Notes that alongside education, the empowerment of women significantly contributes to the improvement of MDG 5 on maternal health, and that this is a critical indicator of overall progress in development;
 3. Calls on the Council and Commission, ahead of the UN High Level Meeting on the MDGs, to prioritise action to meet MDG5 on improving maternal health;
 4. Calls on the Council and Commission to intensify efforts to eliminate preventable maternal mortality and morbidity through developing, implementing, and regularly evaluating 'road maps' and action plans for the reduction of the global burden of maternal mortality and morbidity, adopting an equity-based, systematic and sustained human rights-based approach, adequately supported and facilitated by strong institutional mechanisms and financing;
 5. Calls on the Council and Commission to expand the provision of maternal health services in the context of primary health care, based on the concept of informed choice, education on safe motherhood, focused and effective pre-natal care, maternal nutrition programmes, adequate delivery assistance that avoids excessive recourse to Caesarean sections and provides for obstetric emergencies, referral services for pregnancy, childbirth and abortion-related complications, and post-natal care and family planning;
 6. Calls on the Council and Commission to promote the access of all women to comprehensive sexual and reproductive health information and services;
 7. Calls on the Council and Commission to develop indicators and benchmarks for reducing maternal mortality (including ODA allocations) and establish monitoring and accountability mechanisms that could lead to a constant improvement of the existing policies and programmes;
 8. Calls on the Council and Commission to guarantee that reproductive health care services are available, accessible, and of good quality, and to devote the maximum available resources to the policies and programmes relating to maternal mortality;
 9. Calls on the Council and Commission to provide safe and accessible abortion services to the fullest extent possible under local law, and, in so doing, train and equip health-service providers in the provision of comprehensive and safe abortion care services;
 10. Calls on the Council and Commission to develop programmes and policies to address the underlying determinants of health that are essential to prevent maternal mortality, such as participation in health-related decision-making processes, information on sexual and reproductive health, literacy, nutrition, non-discrimination and gender equality;

11. Instructs its President to forward this resolution to the Council, the Commission, the Governments of the Member States and the UN Secretary-General.