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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 Feleknaş Uca, Luisa Morgantini, Gabriele Zimmer and Ilda Figueiredo

on behalf of the GUE/NGL Group

on the MDGs and maternal mortality

European Parliament resolution on the MDGs and maternal mortality

The European Parliament,

- having regard to the Millennium Development Goals, adopted at the Millennium Summit of the United Nations in September 2000,
- having regard to the Commission report on the 'Millennium Development Goals 2000–2004' (SEC(2004)1379),
- having regard to its resolutions of 12 April 2005 on the role of the European Union in the achievement of the Millennium Development Goals (MDGs) and of 20 June 2007 on the Millennium Development Goals – the midway point,
- having regard to the Fourth World Conference on Women held in Beijing in September 1995, the Declaration and Platform for Action adopted in Beijing, and the subsequent outcome documents adopted at the United Nations Beijing +5 and Beijing +10 Special Sessions on further actions and initiatives to implement the Beijing Declaration and Platform for Action on 9 June 2000 and 11 March 2005 respectively,
- having regard to the Joint statement by the Council and the representatives of the governments of the Member States meeting within the Council, the European Parliament and the Commission on the development policy of the European Union entitled 'The European Consensus', signed on 20 December 2005, and the European Consensus on Humanitarian Aid of 18 December 2007,
- having regard to the United Nations Population Fund's State of World Population reports of 2005 and 2006, entitled 'The Promise of Equality: Gender Equity, Reproductive Health and the Millennium Development Goals' and 'A Passage to Hope: Women and International Migration' respectively,
- having regard to the Protocol on the Rights of Women in Africa, also known as the 'Maputo Protocol', which came into force on 26 October 2005, and the Maputo Plan of Action for the operationalisation of the Continental Policy Framework for Sexual and Reproductive Health and Rights 2007-2010, adopted at the special session of the African Union in September 2006,
- 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 in 1999 on further actions to implement the Programme of Action,
- 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 UN General Assembly has included universal access to reproductive health by 2015 as a sub-goal in the list of MDGs, as well as a 75% cut in the maternal mortality rate by 2015, to which 186 countries have committed themselves,
- B. whereas, despite these commitments, the situation in terms of maternal health in some regions/countries in sub-Saharan Africa and South Asia has even deteriorated,
- C. whereas over half a million women die in pregnancy or childbirth every year, and 99% of these deaths take place in developing countries; whereas, in 20 years, the rate in sub-Saharan Africa has barely changed – one in every 16 women dies in childbirth; whereas maternal mortality is therefore the world's most dramatic health inequality,
- D. whereas the most frequent causes of maternal deaths are haemorrhage, sepsis/infections and unsafe abortions; whereas nearly 50 million women resort to abortion every year, and 19 million abortions are carried out under unsafe conditions; whereas an estimated 68 000 women die each year as a result, and millions more suffer infections and other complications, such as infertility,
- E. whereas the rate of deaths for women as they give birth remains the starkest indicator of the disparity between rich and poor, both within and among countries,
- F. whereas it has been proved that improving women's health and general situation accelerates the meeting of all the other MDGs,
- G. whereas the G8 agreed a package on health that will help train and recruit 1.5 million health workers in Africa to ensure that 80% of mothers are accompanied in childbirth by a trained health worker; whereas this includes a commitment to scale up to 2.3 health workers per 1 000 people in 36 African countries experiencing a critical shortage; whereas, however, there is no mention of ring-fencing the USD10 billion which civil society activists claim would be required to save the lives of six million mothers and children each year,
- H. whereas each year there are 536 000 maternal deaths (95% of which occur in Africa and South Asia) and for every woman who dies 20 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,
- I. whereas preventable maternal deaths constitute violations of the right to life of women and adolescent girls, and whereas the causes of maternal mortality and morbidity can also lead to violations of other human rights, including women's right to have control over and decide freely and responsibly on matters related to their sexuality, access to sexual and reproductive health, free of coercion, discrimination and violence, which means their right to the highest attainable standard of physical and mental health and the right to non-discrimination in access to basic health care,

- J. whereas the right to life, as laid down in Article 3 of the United Nations Universal Declaration of Human Rights and the International Covenant on Civil and Political Rights, entails a duty of governments to protect citizens from preventable loss of life, including specifically maternal death,
- K. whereas women have a right to non-discrimination in basic healthcare, and yet the scale of maternal death and disability across the world shows a serious problem of systematic inequality and discrimination suffered by women throughout their lives,
- L. whereas, at the International Conference for Population and Development (ICPD), the international community pledged new resources, identifying 'reproductive health' (including family planning and maternal health services) as a central priority for international development efforts,
- M. whereas, rather than support increasing, total donor funding for family planning is now far lower than it was in 1994, having fallen from USD 723 million in 1995 to USD 442 million in 2004 in absolute dollar terms,
- N. whereas maternal mortality could be avoided by the provision of safe maternal care, access to effective contraception and legal and safe abortion,
- O. whereas, despite the gravity of this problem and the violation of human rights, maternal health services have remained low on the international agenda, overshadowed by attention to disease specific interventions, and high HIV rates have contributed to stagnating or deteriorating progress towards reduction of maternal mortality and morbidity,
1. Expresses strong concern that maternal mortality trends have fallen furthest adrift of their target and that the corresponding goal (MDG 5) is not on track to be achieved by developing countries, particularly in sub-Saharan Africa and South Asia;
 2. Notes that, alongside education, the empowerment of women significantly contributes to the improvement of MDG 5 on maternal health, which is a critical indicator of overall progress in development;
 3. Calls on the Council and the Commission, ahead of the UN High Level Meeting on MDGs to prioritise action to meet MDG 5 on improving maternal health, which is crucial to achieving all the other MDGs;
 4. Calls on the Commission and Council to reduce the disparity between maternal mortality rates in industrialised and developing countries, through increased investment and action to improve human resources for health, and greater resources and commitment to strengthen health systems and basic health infrastructure, including allocations for monitoring, supervision, basic public health functions, community action and other necessary support functions, especially in rural areas in developing countries;
 5. Calls on the Commission and Council to intensify efforts to eliminate preventable

maternal mortality and morbidity by developing, implementing, and regularly evaluating 'road maps' and action plans for the reduction of the global burden of maternal mortality and morbidity, which adopt an equity-based, systematic and sustained human rights-based approach, adequately supported and facilitated by strong institutional mechanisms and funding;

6. Calls on the Commission and Council 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;
7. Calls on the Commission and Council 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 prenatal care, maternal nutrition programs, adequate delivery assistance that avoids excessive recourse to caesarean sections and provides for obstetric emergencies, referral services for pregnancy, childbirth and abortion complications, post-natal care and family planning, including access to effective contraceptives;
8. Calls on the Commission and Council to promote measures and actions to improve access for all women to comprehensive sexual and reproductive health services and to raise awareness of their rights and the services available;
9. Calls on the Commission and Council to guarantee that reproductive health care services are available, accessible, affordable and of good quality, and devote maximum available resources to policies and programmes on maternal mortality;
10. Calls on the Commission and Council to provide training, capacity-building resources and infrastructure for an adequate number of skilled birth attendants to ensure access to such attendants for all pregnant women and adolescent girls;
11. Calls on the Council and the Commission to stress the need for comprehensive reproductive health services in conflict and post-conflict situations, especially among displaced and stateless women;
12. Calls on the Commission and Council to strengthen their political leadership role on Sexual and Reproductive Health Rights (SRHR) and to increase funding for SRHR, in order to help countries achieve the MDGs, in particular universal access to reproductive health under MDG 5, and to make reproductive health a priority;
13. Instructs its President to forward this resolution to the Council, the Commission, the governments of the Member States and the UN Secretary-General.