

Global Strategy for Women's, Children's and Adolescents' Health  
Consultation with Parliamentarians from the Inter-American Parliamentary Group on Population and  
Development (IAPG)  
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**Participants:**

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**General comments on the Zero Draft of the Global Strategy**

The parliamentarians felt that the document does not include the LAC region; it does not provide any case studies of the successful programs on SRH that have been implemented. There have been a number of laws and programs that have resulted in reducing the number of maternal deaths in the region, including access to family planning and RH services. In addition, the Montevideo Consensus which was adopted in Montevideo, Uruguay is a good example that in the region there are a number of initiatives that move forward the SRH agenda, and that are not mentioned.

**Specific comments on each section of the Draft Global Strategy**

**Section I: Every Woman, Every Child and Adolescent, Everywhere: A Historic Journey and Opportunity**

The parliamentarians who participated in this consultation are familiar and knowledgeable about sexual and reproductive health and rights as the three of them were medical doctors with a public health background, and who are members of the Health Commissions in their countries. However they had no idea about various UN processes leading to the adoption of the Global Strategy, the GFF and this ongoing update. They felt the first section should include some basic definitions for those who are not familiar with these processes. In addition more information about the way forward and clear guidelines as how as parliamentarians they can be involved in this process and its implementation at the country level.

**Section II: Big returns to investing in women's, children's and adolescents' health**

Perhaps it would be a good idea to mention the role of parliamentarians in the proper budget allocation for RH and maternal health programs. There is a need to mobilize the political will so that this is placed in the agenda and the importance of investing in women and girls.

**Section III: What is needed: Overcoming the challenges and defining clear goals**

The language on sexuality education in schools is not strong.  
The section on inequities is weak in relation to the LAC perspective. This section barely mentions the inequities faced by ethnic groups, afro descendants, and particularly the intercultural approach for the provision of health services. This is very important in many countries in the LAC region where there are

big sectors of the population who do not go to public health facilities due to the lack of intercultural approach.

The intergenerational gap between the young and older generation and the need for specific approach that takes into consideration the different needs.

#### **Section IV: How to achieve the goals: Seven transformative actions**

The Section on accountability could use more positive examples from the region. Mention COIA could be strengthened with some examples from the region, and what the process has been, lessons learned at the country level.

It would be good to dedicate a box or separate section to highlight the role of parliaments in mobilizing this agenda for women and children's health. Perhaps include some bullets about the role parliamentarians can play in this transformative agenda worldwide. Highlighting their role as advocates, monitoring role, and not just passing laws.

#### **Section V: We all have a role to play**

Regarding parliaments there are a number of networks and regional bodies that may be worth mentioning in an effort to strengthen alliances and its collaboration with regional, intra-regional actors. Promoting South-South cooperation and exchange of successful experience in RH and adolescent programs that can be replicated.