The global community has agreed two goals, Millennium Development Goals MDG 4, on reducing child mortality, and MDG 5, on improving women’s health. These are the two goals whose attainment is the least on track of all eight Millennium Development Goals. The global community has also agreed on a Global Strategy for Women’s and Children’s Health in order to unlock the progress required to ensure the achievement of the health related MDGs (MDGs, 5 and 6) by the 2015 deadline. In spite of Kenya’s announced commitment to both the MDGs and the Global Strategy, women and children continue to die unnecessarily in Kenya. Maternal mortality remains high at 488 maternal deaths per 100,000 live births. The Under 5 mortality rate is 74/1000 live births. The causes underlying this tragic and preventable situation include poverty, inequality (gender; urban-rural), under-investment in social services and infrastructure including education, water and sanitation. The two MDGs are unlikely to be met at the current levels of progress.

We, members of the Kenya National Assembly met in Nairobi from 5th-6th December, 2011 for the Parliamentary Retreat on Maternal, Newborn and Child Health (MNCH) hosted with the support of the Inter-Parliamentary Union. We discussed recent trends in maternal, newborn and child health in Kenya, together with opportunities for parliamentarians to contribute to achieving the health related MDGs. The retreat was expected to serve as launching pad for a collaborative initiative on maternal, newborn and child health between the Inter-Parliamentary Union and the Kenya National Assembly. We noted with concern that:

- A combination of social, cultural, economic and logistical barriers, coupled with a high fertility rate and inadequate and under-funded health services contribute to maternal and child mortality. Poor and rural populations and urban slum dwellers tend to be marginalized and worse off.
- Disease such as HIV/AIDS, pneumonia malaria and diarrhea exacerbate maternal and child deaths. Unsafe abortions also cause many preventable deaths.
- Despite the seriousness of the situation, the implementation of policy and programme responses to maternal, newborn and child health continue to be inadequate.
- Health expenditure is a paltry 6 percent against the expected 15 percent as recommended by the Abuja Declaration to which Kenya is a signatory. As a result, many of interventions required for improved maternal and child health are supported through donor funds.
- Only 30 percent of resources are said to be used for the intended purpose as a result of corruption and other challenges.
- Health financing remains a serious concern. In spite of government undertaking to eliminate fees at point of use for certain groups, the poor in our constituencies continue to be exposed to high out of pocket expenditures for health services. The Constituency Development Fund has been of help to us for purposes...
of providing healthcare through building of facilities, however there are limitations. The CDF cannot be used for staffing such facilities nor for commodity purchasing. In some cases, inadequate knowledge of the functioning of health care facilities and services limits the optimum utilization of the CDF and other available resources under the control of MPs.

- Certain cultural norms and beliefs contribute to ill-health and pose a challenge to health care programmes / efforts.
- The number of women who give birth in health centers is less than those who attend antenatal clinic.

We also noted some policy challenges which remain unresolved:

- The imperative for improved health governance suggests that the overall responsibility for the implementation and coordination of health service delivery be assigned to a dedicated entity. Further discussion round the possibility of a health commission or some similar structure is required, together with the contribution of the National Assembly in this regard.
- The absence of legislation on healthcare financing and social health insurance are significant hindrances to the achievement of universal health care. The interests of big business constitute a challenge to which needs to be managed.

As parliamentarians, we have demonstrated our concern and commitment to addressing these and other health challenges confronting our constituencies by visiting health facilities in our constituencies to oversee the implementation of health strategies and programmes; influencing expenditure of constituency resources for MNCH programmes; utilizing parliamentary structures (Health Committee and MDG Caucus) to prioritize the issues of maternal and child health and working with other stakeholders to maximize our resources for maternal and child health.

Yet, our country experiences have yielded some lessons on how to realise improved health outcomes for women and children. Experience has shown us that:

- investing in women empowerment results in reduced maternal mortality;
- most maternal deaths can be prevented if pregnant women receive care well equipped medical facilities and deliver their babies in the presence of skilled health workers;
- the provision of essential health services for women and children along a continuum of care (from pre-pregnancy to delivery, the immediate postnatal period, and childhood) saves lives. Access to contraception and family planning services can prevent unwanted pregnancies, unsafe abortions and save a significant number of lives and
- well thought out interventions such as Maternity Waiting Homes and Reproductive Health Output-Based Approach (OBA) Voucher program provides reimbursement vouchers to pregnant women for health facility/ skilled attendance at delivery can unlock progress in maternal and child health and can be implemented at scale.

We identified opportunities for unlocking progress;

- The global and regional policy environment (for instance - the commitments by African heads of States under the auspices of the African Union, the Global Strategy and recent recommendations of the Commission on Information and Accountability)is conducive to improved maternal and child health.
Kenya’s new constitution states that every citizen has a right to life, right to the highest attainable standard of health including reproductive health.

The Fiscal Management Act ushers in a new budgeting system which provides a window for MPs to better influence the national budget and the percentage of resources going to the health sector before it is formally tabled in Parliament.

As groups of parliamentarians, we have undertaken action and committed ourselves to various efforts to improve maternal and child health in the past. These commitments need to be consolidated to develop a shared understanding and priorities, and to be followed through with appropriate work plans and monitoring.

Improved communication between the Ministry of Public Health and the National Assembly on progress and innovations in policy and programme development (for instance the National Road Map on Maternal, Newborn and Child Health)

Ultimately, we recognize and note that real progress on maternal and child health cannot be achieved without committed leadership, political will and active engagement by the National Assembly and individual parliamentarians working in partnership and in a coordinated manner with other actors committed to maternal and child health including civil society, the media and private sector.

We therefore reaffirm our commitment to ensuring improved policy, implementation and accountability for maternal, newborn and child health and undertake to take the following immediate actions in this regard:

- Develop legislation which promotes the health of women and children: -
  - Follow up the on the National Healthcare Insurance Bill with the view to securing the President’s ascent.
  - A Bill for an Act of Parliament to establish the National Health Commission to oversee all matters concerning provision of healthcare both at national and county levels including mother and child health and matters connected thereto
  - Convene a workshop for all members of parliament to review the proposed health legislation being developed pursuant to the objectives of enacting laws aimed at giving effect to the provisions of the constitution. In this regard, Parliament will mainstream mother and child health in the legislation and seek to have the health Ministries fast tracked

- Commencing with the budget policy statement for the financial year 2012/2013, work towards an increase in budgetary provision in the area of mother and child health to the 15% recommended by the Abuja declaration. In addition, in view of MDG5 being identified as the lagging MDG in Kenya, to specifically advocate for an MDG 5 budget line which would encompass maternal, newborn and child health expenditure (this would be in addition to the contraceptive budget line instituted by parliament);
- Forge links with the Ministries of Public Health and Sanitation and Medical Services to drum up support for grassroots mobilization of efforts towards the realization of multi-sectoral strategies to improve mother and child health especially based on primary health care provision;
- Fight corruption in all its forms and manifestations in order to ensure that all resources are optimally utilized so as to enhance the effectiveness of mother and child health programmes.
- Acquire through alternative sources, including CDF, the technological infrastructure developed to complement healthcare in order to avail more healthcare services at grassroots level
• Continue to advocate for improved levels of staffing at health care facilities
• Enhance the parliamentary oversight functions through the participation of parliamentarians in mechanisms for reviewing progress made by MNCH programmes
• Enhance accountability for resources for MNCH by reviewing budgetary accountability mechanisms
  - Seek improvement in the flow of information to Parliament on commitments made by government, resources received and results achieved annually to ensure transparency and accountability.
  - Improve monitoring of MNCH initiatives by parliamentarians by seeking to understand and incorporate the 11 indicators proposed by the Commission on Information and Accountability for use by MPs
• Seek support from our partners, including the UN agencies, in developing a strategy for the provision of consolidated, timely, periodic information on MDGs 4, 5 and 6 to Parliament for action on MNCH

We further request and mandate the Health Committee of the National Assembly to convene a follow up policy dialogue to this retreat in partnership and with the support of the IPU, to consider how to develop a work plan which operationalizes the outcomes of this retreat.

Ends