

IV Interparliamentary Conference Resolution on “The Role of Parliaments in Health Goals from an Ethnic Racial Perspective: Challenges and Progress”

Background

In 1999, the Health Commission of the Latin-American Parliament held a Summit with an objective of defining a thematic agenda for the 21st Century. To this end, the Subregional Parliaments and Members of the Health Commission of National Legislatures were invited to participate, and a total of 150 delegates representing 17 countries attended. The second conference, held in 2002, addressed the subjects of equity and health; and the third conference, held during the first quarter of 2005, was on Traditional and Alternative Medicine, which also drew large numbers in terms of participation by members of the Commissions on Health, Indigenous peoples and Other Ethnic Groups, and Gender Equity, Childhood, and Youth.

On this occasion, the Latin American Parliament (*Parlatino*) has invited Latin American lawmakers, through the Commissions on Health and Indigenous Groups and Other Ethnic Groups, to the fourth Interparliamentary Conference at its Sao Paulo headquarter for two days – 12 and 13 September – in order to analyze the role of parliaments regarding the health goals from an ethnic racial perspective. As before, this conference received technical support from the Pan American Health Organization.

The lawmakers present, and whereas:

1. All Governments of the Region of the Americas, part of the 189 countries represented by 142 Heads of State and 47 high delegates, accepted the commitment to reducing poverty and improving conditions of social equity and health for which the Millennium Development Goals (MDG) were approved at the United Nations in 2000;
2. Sustainable human development must be sought within a framework of full respect for the human rights of all peoples, without discrimination of any type, which, with regard to the



**Organización
Panamericana
de la Salud**

Oficina Regional de la
Organización Mundial de la Salud



Parlamento Latinoamericano
Secretaría de Comisiones



right to health, includes the obligation of the States to meet the specific health needs of high-risk groups, which, because of poverty, are more vulnerable;

3. It is politically unjustifiable from a social standpoint and it is a violation of human rights to continue with a situation of inequality that affects 25% of the region's population made up of ethnic groups and that affects more than 200 million inhabitants from our region;
4. A development strategy in the region must center around achieving the well-being of citizens and have sustainable human development as its linchpin, and not exclusively pursue the improvement of economic indicators;
5. The Millennium Development Goals (MDG) and other poverty-reduction projects must be understood as instruments of a broader policy that rethinks the reduction of inequities in a region where unjustifiable inequalities drive significant sectors of the population to secular exclusion, and cloud the achievements that are obtained when the region's social indicators are analyzed alongside those of other regions worldwide;
6. Having passed five years since these commitments were taken on, the progress report coordinated by ECLAC with contributions from all United Nation agencies warns of the levels of inequality remaining in the region up until 2003 – the year that marks the mid-point of the period in which these changes are to occur (1990-2015) – has emphasized on multiple occasions that the social indicators reflect that the most excluded and vulnerable groups consist of Afro-descendants and indigenous peoples, and that the first of the efforts is a slight reduction of inequities including those linked to poverty, ostracization from the mainstream, gender, race or ethnic group, or age;
7. Policies for MDG implementation at the country level must constitute an opportunity to meet national average proposed targets, without ignoring patent inequalities among different social groups, which is even more applicable when socioeconomic differences coincide with ethnic divisions. Special attention would have to be paid to the needs of those who share the bitter experience of ostracization from the mainstream, whether they be minorities or majorities, of African ancestry or indigenous origin;
8. Efforts put forth by the nations in regards to the implementation of policies and programs aimed at reaching the MDGs, so as to not alter the determination compelling the leaders of



**Organización
Panamericana
de la Salud**

Oficina Regional de la
Organización Mundial de la Salud



Parlamento Latinoamericano
Secretaría de Comisiones



the countries of the Americas to sign the Millennium Declaration, must ensure that the most vulnerable groups made up of children, homes with women as heads of household, communities of African descent, indigenous peoples and other ethnic groups, must not be put off once again and thereby increase inequities in the region;

9. Parliaments, as legitimate institutions of popular representation, need to participate actively in the monitoring of political entrepreneurs and programs to ensure that monitoring takes into account the needs of the groups the lawmakers represent;
10. Parliaments, as oversight bodies in charge of passing national budgets, should be active in redefining budget allocations so that public budgets reflect the political will to reduce poverty and achieve greater equity. Health budgets must not be understood as expenditures but as social investments since they back the policies and programs vital for the protection of human capital;
11. In particular, the goals of reducing maternal and infant mortality, increasing vaccination coverage, reducing the prevalence of poverty-related diseases, and fighting HIV, assign public policymakers the responsibility to generate new models of health care and promotion capable of responding to the specific demands of the most vulnerable groups, as well as their most pressing health problems;
12. Diabetes mellitus disproportionately affects people of African origin and some native ethnic groups from our continent, according to available information. Obesity is the most significant modifiable risk factor causing the increase in the prevalence of diabetes. Diabetics have high mortality and premature disability rates, which are caused, among other aspects, by cardiovascular diseases, terminal nephropathy, and amputations. Scientific evidence indicates that both diabetes and its complications are preventable;
13. In Latin American countries, although vulnerable groups share the common denominator of exclusion, they are varied in their cosmic visions, cultures, demographic weight, and geographical distribution, which means that all strategies intended to reverse the health problems affecting our population should include said diversity. The main vulnerable groups are: Afro-descendants, indigenous peoples, children, and women;



Parlamento Latinoamericano
Secretaría de Comisiones

14. There are civil society resources working in health in the form of patient associations, religious entities, and NGOs devoted to ethnic/racial groups whose participation can help improve the design and support for policy monitoring in order to reach the health-related MDGs with an ethnic/racial equity approach.

Agree:

1. To declare the need for the MDG Declaration to include a specific focus on the causes of poverty and exclusion. If the poverty and exclusion-causing aspects are not corrected, it will not be possible to reverse the consequences;
2. To request the Board of Directors to urge the countries and International Organizations to update their information systems by disaggregating data by vulnerable groups, for the purpose of reporting on the progress made within the scope of the MDGs, thus facilitating their control and effectiveness of the measures
3. To ratify that in order to meet the Millennium Health Targets a comprehensive perspective that includes education, gender equity, access to drinking water, and poverty be adopted, while bearing in mind that the main vulnerable groups in the Region are: Afro-descendants, indigenous peoples, children, and women
4. That the members of the Health Commission and the Commission of Indigenous Peoples and Ethnic Groups of the *Parlatino* accept the responsibility of being “focal points” for each of its members in order to hold a meeting on progress and challenges of MDGs, with special emphasis on equity in health, that calls together all the different social actors and that facilitates transparency and social oversight.
5. To request the Directing Board of *Parlatino* to sponsor the creation of a working group that, in coordination with the Black Parliament of the Americas – recently created in Costa Rica in August 2005 – is responsible for identifying the best programs for combating poverty and reducing inequities in health, with support from PAHO, in order to share the successful experiences among the other countries.



**Organización
Panamericana
de la Salud**

Oficina Regional de la
Organización Mundial de la Salud



Parlamento Latinoamericano
Secretaría de Comisiones



6. To ask PAHO, jointly with members of the *Parlatino*, to examine current legislation in the countries and prepare a file of “model” initiatives to combat poverty and respond to the MDGs, with emphasis on equity in health;
7. To support the board-level actions being carried out by the *Parlatino* and to have participants at this Interparliamentary Health Conference commit to passing Framework Legislation on Traditional Medicine next year, which would serve as a basis for legislating in each Latin American parliament;
8. To secure the support of lawmakers participating in this Conference so that national budgets include adequate percentages of resources for Health and Education, so that said resources be used to implement adequate strategies such as Primary Health Care
9. To transfer to the *Parlatino* Commission that addresses Municipal Matters so that it has knowledge of everything that has been analyzed at this IV Conference