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# **SUPPLEMENTARY ITEM**

**DRAFT RESOLUTION**

**ON**

**“NEONATAL CARE AS A SOCIAL DEVELOPMENT TARGET”**

**PRINCIPAL SPONSOR**  
**Ms. Paola Taverna**  
**Italy**

**LUXEMBOURG, 4 – 8 JULY 2019**

## DRAFT RESOLUTION

### Neonatal Care as a Social Development Target

**Principal Sponsor: Ms. Paola Taverna (Italy)**

1. Considering that health care is a fundamental personal right for every individual from their neonatal stage, as well as an investment for the future of the whole society, that enables people in need of prompt assistance to become active members of society,
2. Taking stock of the data on infant mortality made available by the World Health Organization (WHO), according to which as many as 6.3 billion children under 15 years of age died in 2017, of which 5.4 million were under 5 years and 2.5 million under one month of age (on the whole, some 15,000 children die every day in the world),
3. Bearing in mind that over half of these early deaths are caused by preventable or curable diseases through simple, easily available treatment and that the neonatal mortality rate is increasing, although child mortality among over 5 year olds is constantly decreasing
4. Recalling that the Sustainable Development Goals adopted by the United Nations in 2015 aim at ensuring healthy lives and well-being for all and that Goal No. 3 aims to end preventable deaths of newborns and children under 5 years of age by 2030, through the achievement of the following ad hoc targets in all countries:
  - a) Reducing newborn mortality to at least as low as 12 per 1,000 live births in every country (SDG 3.2),
  - b) Reducing under-five mortality to at least as low as 25 per 1,000 live births in every country (SDG 3.2),
5. Acknowledging that for many curable genetic metabolic disorders an early diagnosis can spell out risks of permanent invalidation and even death,
6. Acknowledging that early diagnosis of genetic metabolic disorders may be instrumental in optimizing health care and making savings in the health budget, to the advantage of both households and national health services,
7. Welcoming the vast availability of neonatal screening, an important preventive medicine programme that can identify diseases for which only early diagnosis and timely treatment can provide an expectation of recovery and normal life for children and also for the women who usually carry the greater burden of pre- and post-natal care,
8. Considering that:
  - a) Comprehensive Newborn Screening is a fundamental tool for the prevention of rare diseases, including hereditary metabolic disorders, which are curable if detected in time,
  - b) Roughly 40 genetic metabolic disorders can already be diagnosed, and for these disorders, if treatment and care are administered during the first days of life and

- before the emergence of symptoms, the life of the child can be improved significantly, to the point that death can be avoided,
- c) These disorders are very hard to diagnose and they degenerate rapidly, sometimes in a matter of hours, and unless immediate action is taken, damage can be irreversible and lead to serious physical or mental disability, including death,
  - d) There is no contraindication on the performance of Comprehensive Newborn Screening; the test is non-invasive and can in no way harm the baby,
9. Believing that a fresh effort must be made in the OSCE area to study and implement innovative national legislative and policy instruments tools, in order to promote effective access to adequate services and medical care, as well as the integration of culturally and socio-economically vulnerable people,

The OSCE Parliamentary Assembly:

- 10. Urges participating States to comply with WHO directives in order to improve overall child health protection, by ensuring effective access of children to medical checks and care, including the achievement of SDG 3 on the reduction of child and newborn mortality;
- 11. Warmly suggests that participating States should consider the medical, human and economic benefits connected with prevention strategies based on techniques for the early diagnosis of as many curable diseases emerging in the neonatal stage as possible, and should develop ad hoc measures to inform and train private and public health providers;
- 12. Encourages participating States to intensify co-operation and synergies in the health sector, so as to ensure, in this context, basic services to the benefit of vulnerable persons, such as children and newborn babies;
- 13. Calls on EU member states to:
  - a) Make efforts in order to create a harmonious legislative framework so as to ensure that the right to Comprehensive Newborn Screening is ensured in a uniform fashion across the European Union;
  - b) Strengthen data gathering and sharing mechanisms in the framework of the Comprehensive Newborn Screening at national, European and international level;
  - c) Make efforts to develop common awareness and disseminate a culture and practice of Comprehensive Newborn Screening as an important instrument for prevention;
- 14. Urges participating States to fight inequality and the social determinants of health that effectively hinder the access of children and newborn babies to adequate care in line with the WHO health guidelines.

**PROPOSED AMENDMENT to the DRAFT RESOLUTION**

**on**

**“NEONATAL CARE AS A SOCIAL DEVELOPMENT TARGET”**

*[Set out text of Amendment here:]*

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