Regional Meeting of Parliamentary Committees on Health in Eastern and Southern Africa {SEAPACOH}

[Munyonyo Commonwealth Resort, Kampala, 21 September 2009]

Opening/Welcome Remarks

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HON. Minister of Health, of the Republic of Uganda, Dr Stephen Malling
HON. Chairpersons of our respective Parliamentary Portfolio committees of health here present.
Regional Director, PPD ARO, Dr Jotham Musinguzi
Programmes Director EQUINET, Dr Rene Loewenson
Director APHRC, Dr Alex Ezeh/Eliya Zulu
Hon MPs,
Fellow Participants
Distinguished Guests
Ladies and Gentlemen

I feel greatly honored and humbled to stand before you during this opening session of a very important meeting, on a very important day, and in a very important African country, where we gather for a very important cause; 'the health, and emancipation of the people of our only, and only regions – ESA region'

Allow me, ladies and gentlemen on behalf of SEAPACOH to express my appreciation, and THANKS, to all of us here present, for making it to this important meeting. The fact that we have come all the way from our different and far-away countries is a clear testimony of our individual, and institutional commitment to the causes for which we, and our institutions exists and stand for, and for which this meeting is meant to achieve. I HUMBLY SALUTE YOU BROTHERS AND SISTERS, COMRADES AND FRIENDS

We gather here today, for the 3rd consecutive SEAPACOH regional meeting, at the same venue, and hosted by our 'partners, PPD ARO, and with EQUINET and APHRC'. Those of you who were present at the previous meetings will recall that those other meetings were on 16 – 18 September 2008, and in April 2009 and were also hosted by PPD ARO, and with EQUINET. I would like to thank them, for without them, SEAPACOH could not be where it is today.

We continue to note that the deterioration and potential collapse of health sectors remains one of the greatest challenges facing the nations of Sub-Sahara Africa. This will continue to exacerbate the rising mortality and morbidity brought on by HIV/AIDS among the poor and vulnerable sections of the populations in various countries. The situation therefore places a major challenge for elected representatives and Parliaments within the Southern and East African Regions to champion the need for equity in health through insistence, and formulation of correct and coordinated national and regional policies and to direct resource allocation that benefit the poor and high risk groups.

There is also need for us to continue to remind ourselves that Governments, [Executive, Legislature, and Judiciary] have an obligatory role to play in ensuring that citizens have a right to access health services, and that this has to be done within the context, and under the principles of separation of powers where there is clarity of the roles meant to provide for checks and balances to ensure accountability and effective health policies.

The one of key roles of the Legislature [Parliament] in the chain of responsibility, accountability and governance is that of providing link between the executive arm of the government and the citizens in addressing issues that includes; law making, financial management, oversight on the implementation of public programmes on social and economic matters, and on other various national policies that have a bearing on the lives of the citizens. Whilst, in the majority of cases, the Executive will 'set the tone' for new policies, and public programmes, Parliament, on behalf of the people, will process the policies/laws, and provide oversight on programme implementation. Thus, Parliaments would not seek to govern, but to exercise its mandated to ensure that governing is done within the confines of the agreed standards and norms, for the good of nations and their citizenry.

It is also within the above context, and realization that the coordination of the Parliamentary Portfolio Committees responsible for health in Southern and East Africa [SEAPACOH] was initiated in collaboration with civic society organizations [CSO] for health, and health professionals with a view to enhance, and make more effective the role of parliament in health, with more emphasis on addressing the 'Inequity' in national resource allocations for the health sector and the devastating impact of the HIV/AIDS pandemic on the populations of countries in Sub-Saharan Africa.

Parliaments would not be as effective, if they were to walk the journey alone, but through their representative and facilitative role, teaming up, and collaborating with relevant stakeholders, not only will it enhance effectiveness, but will also fulfils the right of citizens to be heard in matters that affect their lives.

This is why, within the reforms introduced by majority of our countries, Parliaments sought to strengthen the role and functions of its [Technical organs] Committees and to increase public participation in parliamentary processes and in other related Governance processes.

It is now generally agreed that, in Parliamentary democracy; Parliament work; and Governance in general; must be grounded in communities/citizens if it is to have any hope of success. To this end, Parliament serve as the "Citizens Forum" in which citizens, and their groups, organizations and professionals can publicly air grievances, concerns, offer expertise, and make recommendations that improves the lives of the people. Specific citizen forums are, therefore, facilitated by sector specific Parliamentary Committees

It is now six years since August 2003 when the idea to network parliamentary portfolio committees on health in ESA was conceived, during a workshop on 'Parliamentary Alliances for Health Equity' held in Gauteng, SA and organized jointly by EQUINET, GEGA, IDASA and SADC PF and attended by representatives of six Parliamentary Committees on Health, civil bodies and health professionals from ESA countries. SEAPACOH have continued to soldier on, albeit with some 'stop-start' due to a number of challenges, chief amongst them;

- Commitments by some of the representatives of the national committee members,
- Changes in national committee membership due to internal arrangements, elections etc [new members will not have the SEAPACOH know-how/appreciation],
- Non participation by national committee clerks/officers who should act as 'bridging gaps',
- Lack of appreciation/support by Presiding Officers and other mattering leadership/designations of parliaments of the member committees,
- Cumbersome/restrictive administrative protocols that some of the committees have to go through to facilitate participation.
- Financial constraints for SEAPACOH as a network.

EQUINET and other partners have played a pivotal role from the establishment of the network, through the various activities; capacity building meetings, profiling through participation by SEAPACOH in events at national, regional and international levels. SEAPACOH is a 'Theme', and a member of the EQUINET steering committee. It is also important to note that the network has gained momentum, since September 2008. PPD ARO, EQUINET and other partners have consistently provided technical and other supportive assistance that are enabling SEAPACOH to be able to pursue its goals and objectives. Today, the network has brought in almost all the committees of the ESA regions to participate as members of the network.

At the working meeting held at this same venue in April this year, and organized by PPD ARO, SEAPACOH developed a strategic 5 year plan, building on from the previous draft produced with the assistance of EQUINET. To this end, SEAPACOH have built a sustainable relationship with PPD ARO who has supported the three consecutive regional meetings since 2008.

It is my hope, and I want to recommend that at the end of this meeting, we should have a 'clear cut' way forward on how to successfully use the strategic document to mobilize the much needed resources that would see us achieve the objectives that we set for the network as well as upholding the Core Guiding Values of our network. [I hope that members would have the opportunity to peruse the strategic document that have been circulated]

Once more Mr. Chairman, allow me to express that SEAPACOH is tremendously impressed with the valuable, and professional work our partners 'EQUINET PPD, ARO, APHRC and other National based

partners, is doing in assisting SEAPACOH and its member Committees. Without this collaboration and assistance, the Committees would not be at the level of efficiency and effectiveness that we are experiencing.

Finally, I hope, and am convinced that 'collectively' and with team spirit, vigor and commitment; we will be able to achieve the objectives of this meeting, and of SEAPACOH, for the sake of health equity for our great regions.

I REST MY CASE.

THANK YOU.