Hon. Blessing Chebundo, Chairperson, SEAPACOH
presentation at 2009 Regional Meeting of Parliamentary Committees
on Health in Eastern & Southern Africa, 21 Sept 09
Kampala, Uganda

3. SEAPACOH

It came in the most succinct way when representatives of six parliamentary portfolio committees from the southern and east African countries and CSOs, professional bodies and health equity based institutions held a workshop on 'Parliamentary Alliances for Equity in Health' in South Africa in August 2003. The meeting was the first of its kind for the two regions and was organized and facilitated by the Regional Network on Equity in Health in east and southern Africa [EQUINET] and Global Equity Gauge Alliances [GEGA] and with SADC PF and other regional networks such as IDASA, SAFAIDS and others. The workshop provided an excellent opportunity for the parliamentarians to understand diverse health issues and related policy matters. The ambience generated by this workshop was good

lders such as PPD ARO, EQUINET, UNFPA, DSW, RC and CAPAH. The formation of SEAPACOH was in onal networks intended to strengthen the level of aison among Parliamentarians in the region. rship has since grown to include Lesotho, a, Uganda and Rwanda.

ls, objectives and plan of actions for SEAPACOH are:-

rengthening the role of portfolio committees on their t, on health budget and legislations achievable through oration with CSO, professional bodies and other relevant nical support.
consistent collaboration of the committees in order to ces for addressing common health challenges affecting ries.

assistance of stakeho
APHRA, CWGH, APHR
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collaboration and li
SEAPACOH member
Mozambique, Tanzani

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b) Building of more
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c) Build strong alliance to provide checks and balance over that of the executive arm on health at regional level. An example of effective common approaches that can be used to influence regional government positions or actions using the network platform is that of the resolution agreed at the Johannesburg meeting of August 2003. 'All the portfolio committees were to put across questions in Parliament to their ministries responsible for trade'. The 5th ministerial conference on trade [WTO] was to take place in Cancun, Mexico and the common question and concern was for the ministers to refrain from making commitments that had negative impacts on health of the people in the developing regions.

The ministers through the question and answer time in the respective Parliaments were to be asked to make feedbacks to Parliament on return from the conference. Further, portfolio committees were to move that countries establish future defined consultative process by country delegation to trade forum of WTO before they leave for the conferences. This was to enable countries to protect their governments' authority in all trade agreements to safeguard public health and to regulate services in the interest of public health.

The above resolution was taken up by the committees and feedback revealed that although there was mixed reaction from the Ministers what was common was the fact that the Ministers seem to have appreciated that their actions and decisions at the World Trade Forum had also implications on Health issues, other than just trade alone.

The network also has a set of guiding core values that includes;

- Member committees share common concerns regarding the health sector including the current inequity in resource allocations for the

significant improvement in the work of parliament to bear on the executive arms of governments. These reforms enable parliaments to increase effectiveness in :

- The supervision/oversight on the executive implementation of public

the Health Systems Trust [HST], the South Africa Equity Gauge project, and others. With this arrangement, the committee obtained technical assistance that enabled it to make tangible inputs into the 'equity formula' for Health resource allocation for the national budget to South Africa provincial governments.

- In Zimbabwe, the portfolio Committee on Health worked closely

ice that enabled it to make tangible inputs into the
for Health resource allocation for the national
Africa provincial governments.
e portfolio Committee on Health worked closely
s that include CWGH, TARSC, Health professional
dget formulation and monitoring process; fact
s to Health institutions; in legislative analysis, and
ning and use of Health research findings carried
holders. The Committee is also a member of
uge project that includes TARSC, CWGH and the
h whose objectives are to work towards achieving
ribution of health resources.
ommittee on Health collaborates with the Malawi
[MHEN] and other stakeholders in identifying
Health and HIV and AIDS work and on budget as
for people's rights to health services. The
enefited and strengthened its capacity through
nized training workshops, use research work and
hange visit programmes.
EQUINET, GEGA, PPD-ARO, and other institutions
DASA and with SADC PF has conducted joint activities
ommittees on Health and through national Civil Society
as CWGH, TARSC, WHEN, HST, CHESSORE etc
directly and through these national Civil Society
ainable technical inputs and formulas that are used by
es and the ministry officials in their day today work.
ealth Resources formula and the South Africa Health
allocating Health resources to provinces serve to

collaboration, communication and networking among
ees on health, in east and southern Africa is a critical
the regional goals of health equity and effective
d other public health challenges
arliamentary Portfolio Committees on Health are
rstanding and influencing good Governance,
cies and their implementations at regional level
s an added advantage, which is not available to
Health committees. They can articulate their point
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'equity formula'
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5. Lessons Learnt.

- Self driven and consistent
the parliamentary committ
component for achieving
responses to HIV/AIDS an
- Regional Networks for P
essential for better unde
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- Regional Networking has
National Parliamentary H
of view, which has not b
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broadening their Terms of reference to include any other things incidental to Health.

- These Networks are more important because they allow a greater focus on common issues affecting the region since countries within the same regions have shared history, ecology, Health and cultural challenges and often face similar contributing factors to Health challenges.
- A Parliament and Parliamentary alliance that collaborates with CSO and other professional institution are potent parliaments. This is one area where parliamentarians can learn a lot from each others experience.
- Networking / collaboration with civic society groups on health also service as an advocacy strategy for raising awareness on issues of public Health services and other programmes e.g. through national structures of civil society organizations, through publications of the research findings, through Websites such as of EQUINET, GEGA, PPD-ARO and others, and through organized workshops, seminars and conferences.
- Civil Society can provided independent research from a perspective that is not generally influenced by conventional analysis e.g. the impact of budget on vulnerable groups, thereby help to address the issue of "Equity in Health
- Civil Society organizations act as bridges between government on one side, and the public and development partners on the other side in addressing Health issues. Infact, the emergency of civil society as an accountability force, made them a favored partner by development (Donors) agencies, and entrusted them in delivering health aid programmes especially in some of the democracies that are fragile.
- Engaging Civic society helps to foster a sense of collective ownership of parliamentary and government processes, and helps to improve relationships between these institutions.
- Portfolio committees and Ministry officials benefits from the researched and other technical information provided by the stakeholders on the impact of Health policies, health legislations, health budgets and other health systems for the general populace.
- Government ministries will try as much as possible to operate and remain within their programmes and budgets, and to effect public and civic society recommendations when they are aware that their programmes and expenditures are scrutinized by the public in formalized arrangements.
- Overall, it is not always that the executive implements all the recommendations of the committees of parliaments. Many a time, the excuses that are given relates to 'Lack of Funds' for implementation. However, close observations have shown that the executive tends to react quickly and positively during the oversight process by the committee when the issues are picked and publicized by the Press. 'The idea appears to try and correct the situation in order to avoid public condemnation'

6. Challenges

- While parliaments can promote and hold accountable state action within existing more upstream in party ideologies. Indeed parliamentary roles are located within constitutional frameworks and political environments (Sekgoma *et al.*, 2006), so addressing these issues are possibly as important for effective parliamentary roles i addressing structural determinants as they are for other health actors.
- Participation by national member committees usual faces setbacks when there are changes in the committee membership due to national elections etc. Chairs of committee appear to have significant influence on the focus and interest of the committee as a whole. A change in the chair can result in either increase or decreas engagement with issues/network, G. Musuka and R. Lowenson [2006]
- The absence of, or the inactive of national committee clerks in networks could affect those engaging with parliaments to feed in evidence on inequities in health and acce to health. Committee clerks play an important bridging role and their capacities and orientation can be pivotal.

- The political role of parliaments in the design and functioning of health policy is thus generally located within a specific constitutional and values framework. This role ma further be affected by other factors: resource constraints and inaccessibility of some areas may bias the opportunity people have to engage parliaments.
- Electoral systems based on proportional representation [and political party whipping system] may make individual MPs/committee loyal first to their party and not any constituency, or network's collective position, and thus unwilling to raise perceived conflicts with existing policies or practices. This has relevance to equity: for example South Africa, according to Ngomane and Ntuli (2006) suggest that "the system of proportional representation would appear to have constrained critical voices commenting on how the redistributive and equity oriented policy became overshadow by the impact of GEAR and its attendant focus on commercialization and privatizatio For example calls for a publicly funded national health system, which would have the potential to provide the most equitable health care services have not been strongly supported by parliamentary committees". (Ngomane and Ntuli 2006)

7. Conclusion

- Regional networking of Parliamentary portfolio committees on health proved to be a strategy for strengthen Parliamentary work on health, and ensuring 'equity in health' at both national and regional levels. Networking facilitates for, and encompasses all essential players for health within the wider societies. Actors seeking health equity-promotion include ministries of Health officials, parliamentary committees dealing with health, CSOs based outside government, such as groups with particular concerns (for example, women's issues or HIV/AIDS), researchers and academics, and progressive health profession organizations. Although such groups can advance policy change when working alone, experience working with SEAPACOH, and national parliamentary committees for health, shows that they are often more effective when working in alliance. There is also need to build wider coalitions of support for change that engage other potentially powerful actors who have

their own circles of influence (such as the wider pool of public sector health managers and professionals and Trade Unions, other politicians and parliamentarians), and that take action to offset policy opposition.

- Health has, by its very nature very strong influence and impacts on many aspects *of a country's population from the cradle to the grave.* It should therefore not be a surprise or new discovery among politicians in Southern and East Africa that health policies and service delivery constitute an essential pillar of public policy in developed country. *In short it can be said that a healthy people are a prosperous and developing people.* It is also critical to note that unlike in other sectors in a country poor health conditions result in a number of exceptional challenges including the spread of diseases across borders. Anot[redacted]