

# 2011 Regional Meeting of the Southern and Eastern African Parliamentary Alliance of Committees of Health

# "Repositioning Family Planning and Reproductive Health in Africa: Lessons Learnt, Challenges and Opportunities"

Imperial Royale Hotel, Kampala, Uganda, 27-29 September 2011

## **Recommendations (29 September 2011)**

The Regional Meeting of the Southern and Eastern African Parliamentary Alliance of Committees of Health, held in Kampala, Uganda, 27-29 September 2011, gathered members of Parliamentary Committees responsible for health from 17 countries and regional bodies in Eastern, Southern, and West Africa, with civil society and regional partners to promote information exchange, facilitate policy dialogue and identify key areas of follow up action to advance health equity and sexual and reproductive health in the region. The meeting was held as a follow up to review progress on actions proposed at the September 2008, 2009, and 2010 Regional Meetings of the Southern and Eastern African Parliamentary Alliance of Committees of Health.

The fourth high level Regional Meeting of Parliamentary Committees on Health in Eastern and Southern Africa was on the theme of "Repositioning Family Planning and Reproductive Health in Africa: Lessons Learnt, Challenges and Opportunities." The meeting was hosted by Partners in Population and Development Africa Regional Office (PPD ARO) in partnership with the Southern and Eastern African Parliamentary Alliance of Committees of Health (SEAPACOH).

Meeting sponsors included the United Nations Population Fund (UNFPA), USAID through the Health Policy Project, the William and Flora Hewlett Foundation, the Bill and Melinda Gates Foundation and the David and Lucile Packard Foundation through the Advance Family Planning Project. Participants were drawn from Parliaments of Botswana, Burundi, Ethiopia, Ghana, Kenya, Lesotho, Malawi, Mali, Mozambique, Namibia, Nigeria, Rwanda, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe and the East African Legislative Assembly.

**Now therefore,** we members of the Southern and East African Parliamentary Alliance of Committees of Health (SEAPACOH) and colleagues in non-member countries are

- Recognizing the need to increase access to address health inequities between urban and rural, between rich and poor, and between married adults and youth;
- Noting that performance on MDGs 4 and 5, the Abuja Declaration and progress on the Maputo Plan of Action is not enough in the region;
- Aware that improving access to family planning and reproductive health services helps countries achieve the MDGs;
- Cognizant of the role of Parliamentarians in representation, legislation, budget appropriation and oversight for better utilization of public resources;
- Recognizing the catalytic role that PPD can play in galvanizing efforts of parliamentarians and in promoting South-South cooperation to meet the ICPD goals and the MDGs; and

•	Appreciating the progress on the resolutions made in 2008, 2009 and 2010 by the Southern and East African Parliamentary Alliance of Committees of Health (SEAPACOH).

We hereby resolve to the following:

Commit ourselves to the realization of the MDGs, the Maputo Plan of Action and the Accra Agenda for Aid Effectiveness by identifying and undertaking concrete actions under the following three major themes:

## Generate and Reinforce Political Will Within and Outside Parliament

#### **Demonstrate Financial Commitment**

### Strengthen the Health System

Further, we resolve to strengthen SEAPACOH's capacity, reinforce partnerships with PPD ARO, EQUINET, and others to address sexual and reproductive health and rights (SRHR), population and development issues

Specific Country Action Plans are as Follows:

### **Botswana**

### Generate and Reinforce Political Will Within and Outside Parliament

- 1. Strengthen the health committee structure by increasing FP/RH knowledge/capacity of members, etc.
- 2. Increase partnerships with civil society

### **Demonstrate Financial Commitment**

3. Explore different financing options (e.g. performance-based financing, increased private participation)

## Strengthen the Health System

4. Develop a policy on the retention of health workers in rural areas

#### Burundi

### Generate and Reinforce Political Will Within and Outside Parliament

- 1. Increase linkages between the Parliament Health Committee and Ministries (e.g. MoH, MoF)
- 2. Strengthen the health committee structure by increasing FP/RH knowledge/capacity of members, etc.
- 3. Bring together standing committees on women/gender, youth, health, etc. in parliament for discussion on the floor on intersecting family planning and reproductive health (FP/RH) issues
- 4. Increase partnerships with civil society
- 5. Increase access of youth to FP/RH (e.g. by removing policies which prohibit young people from accessing family planning)
- 6. Advocate to keep girls in school
- 7. Champion family planning in public statements in constituencies and parliamentary debates
- 8. Initiate the debate on FP/RH at the Ministry of Planning and Development and the Ministry of Health

### **Demonstrate Financial Commitment**

- 9. Increase the general health budget (towards the Abuja target) from X% to X% or by 1% in the next health budget
- 10. Explore different financing options (e.g. performance-based financing, increased private participation)

## Strengthen the Health System

- 11. Develop a policy for community-based distribution of family planning commodities
- 12. Explore other task shifting modalities
- 13. Develop a policy on the retention of health workers in rural areas
- 14. Explore options for integrated FP/RH and other health services

# Strengthen SEAPACOH's capacity, reinforce partnerships with PPD ARO, EQUINET, and others to address sexual and reproductive health and rights (SRHR), population and development issues

- 15. Reinforce exchange visits
- 16. Field visit for SEAPACOH Secretariat staff to member countries

## **Ethiopia**

## Generate and Reinforce Political Will Within and Outside Parliament

- 1. Increase linkages between the Parliament Health Committee and Ministries (e.g. MoH, MoF, MoWYC)
- 2. Strengthen the health committee structure by increasing FP/RH knowledge/capacity of members, etc.
- 3. Bring together standing committees on women/gender, youth, health, etc. in parliament for discussion on the floor on intersecting family planning and reproductive health (FP/RH) issues
- 4. Increase partnerships with civil society
- 5. Increase access of youth to FP/RH (e.g. by promoting policies at hand and removing barriers which prohibit young people from accessing family planning)
- 6. Advocate to keep girls in school
- 7. Champion family planning in public statements in constituencies and parliamentary debates
- 8. Work with cultural leaders and faith-based organizations to promote family planning
- 9. Organizing capacity-building/awareness-raising workshops/trainings for MPs so they can have strong oversight and discuss the FP/RH issues in their respective constituency areas

## **Demonstrate Financial Commitment**

- 10. Identify contraceptives as "essential drugs"
- 11. Increase the general health budget (towards the Abuja target) from X% to X% or by 1% in the next health budget
- 12. Oversee plans to become concrete enough for donor coordination and domestic resource mobilization
- 13. Explore different financing options (e.g. performance-based financing, increased private participation)
- 14. Oversee budget implementation, utilization and outcomes
- 15. Cooperate with social affairs standing committees of state councils

## Strengthen the Health System

- 16. Explore other task shifting modalities (Specifically, bring midwives and health officers to minor surgery)
- 17. Address gender and youth discrimination at the health service level (through follow-up mechanism)
- 18. Explore improving the quality and integration of FP/RH and other health services

# Strengthen SEAPACOH's capacity, reinforce partnerships with PPD ARO, EQUINET, and others to address sexual and reproductive health and rights (SRHR), population and development issues

19. Continuous information sharing about and progress of the implementation of these resolutions

#### <u>Ghana</u>

### Generate and Reinforce Political Will Within and Outside Parliament

- 1. Strengthen the health committee structure by increasing FP/RH knowledge/capacity of members, etc
- 2. Bring together standing committees on women/gender, youth, health, etc. in parliament for discussion on the floor on intersecting family planning and reproductive health (FP/RH) issues (joint statements on World Population Day, etc.)
- 3. Include family planning in the PRSPs and other development plans and strategies (e.g. GFATM, PEPFAR, etc.) (Encourage National Population Council and Reproductive Health Directorate and Civil Society to apply for Round 10 of the Global Fund)

4. Champion family planning in public statements in constituencies and parliamentary debates

## **Demonstrate Financial Commitment**

- 5. Advocate for a budget line for family planning commodities and programming
- 6. Advocate for family planning to be catered for under the NHIS (National Health Insurance Scheme)

# **Strengthen the Health System**

7. Develop a policy for community-based distribution of family planning commodities (advocate for community-based distribution)

#### Kenya

### Generate and Reinforce Political Will Within and Outside Parliament

- 1. To hold a forum between the Parliamentary Health Committee and stakeholders (researchers, NGOs, etc.) to give them an opportunity to present key data that may be used to lobby Parliament on key FP/RH issues
- 2. To lobby the government on standardising the infrastructure, staffing and supplies of health facilities in order to attain uniformity across the country
- 3. To sustain the dialogue of the National Health Insurance Scheme, with a focus on closing the equity gap between the rich and the poor

### **Demonstrate Financial Commitment**

- 4. To input into the Remuneration Commission in order to facilitate sustaining Health Workers in rural areas. E.g. by recommending removal of the 30% hardship allowance that is limited to a maximum of 1,200 KES for married Doctors and 600 KES for single Doctors
- 5. To agitate the Government to increase spending on health towards meeting the Abuja target of 15% of the Budget

## Strengthen the Health System

- 6. To facilitate the overhaul of Cap 244 which is related to regulation of the Pharmaceutical industry in order to avoid conflicts of interest between Pharmacy & Poisons Board Members and Manufacturers in order to enhance good manufacturing practices and ensure FP commodity security
- 7. To support the passing of the Cancer Bill
- 8. To lobby the Government to complete the building of Health Centres that are jointly-funded by the Economic Stimulus Programme and Constituency Development Fund.
- 9. To lobby the Minister of Public Health and Sanitation to register Health Facilities that have been built
- 10. To pursue the draft Policy on Population and Development to become a reality

## **Kingdom of Lesotho**

## Generate and Reinforce Political Will Within and Outside Parliament

- 1. Bring together standing committees on women/gender, youth, health, etc. in parliament for discussion on the floor on intersecting family planning and reproductive health (FP/RH) issues
- 2. Increase partnerships with civil society

## **Demonstrate Financial Commitment**

3. Increase the general health budget (towards the Abuja target) from X% to X% or by 1% in the next health budget

## Strengthen the Health System

- 4. Develop a policy for community-based distribution of family planning commodities
- 5. Develop a policy on the retention of health workers in rural areas

#### Malawi

#### Generate and Reinforce Political Will Within and Outside Parliament

- 1. Increase linkages between the Parliament Health Committee and Ministries (e.g. MoH, MoF)
- 2. Strengthen the health committee structure by increasing FP/RH knowledge/capacity of members, etc
- 3. Bring together standing committees on women/gender, youth, health, etc. in parliament for discussion on the floor on intersecting family planning and reproductive health (FP/RH) issues (not for discussion on the floor, but in a stakeholder meeting)
- 4. Increase partnerships with civil society
- 5. Increase access of youth to FP/RH (e.g. by removing policies which prohibit young people from accessing family planning)
- 6. Address the age of marriage (Advocate for the age of marriage)
- 7. Champion family planning in public statements in constituencies and parliamentary debates

### **Demonstrate Financial Commitment**

- 8. Establish a budget line for family planning commodities and programming
- 9. Identify contraceptives as "essential drugs"
- 10. Make concrete plans for donor coordination and domestic resource mobilization

## Strengthen the Health System

- 11. Address gender and youth discrimination at the health service level
- 12. Explore options for integrated FP/RH and other health services

# Strengthen SEAPACOH's capacity, reinforce partnerships with PPD ARO, EQUINET, and others to address sexual and reproductive health and rights (SRHR), population and development issues

- 13. Exchange programmes for Members of Parliament to learn how to effectively engage government
- 14. Invitation of Members of Parliament and staff to seminars/meetings where they can learn about best practices from each other

### Mali

#### Generate and Reinforce Political Will Within and Outside Parliament

- 1. Increase linkages between the Parliament Health Committee and Ministries (e.g. MoH, MoF)
- 2. Strengthen the health committee structure by increasing FP/RH knowledge/capacity of members, etc.
- 3. Bring together standing committees on women/gender, youth, health, etc. in parliament for discussion on the floor on intersecting family planning and reproductive health (FP/RH) issues
- 4. Increase partnerships with civil society
- 5. Increase access of youth to FP/RH (e.g. by removing policies which prohibit young people from accessing family planning)
- 6. Address the age of marriage
- 7. Champion family planning in public statements in constituencies and parliamentary debates

## **Demonstrate Financial Commitment**

- 8. Establish a budget line for family planning commodities and programming
- 9. Increase the general health budget (towards the Abuja target) from 11% to 12% in the next health budget

# **Strengthen the Health System**

- 10. Explore other task shifting modalities
- 11. Address gender and youth discrimination at the health service level
- 12. Develop a policy on the retention of health workers in rural areas
- 13. Explore options for integrated FP/RH and other health services

# Strengthen SEAPACOH's capacity, reinforce partnerships with PPD ARO, EQUINET, and others to address sexual and reproductive health and rights (SRHR), population and development issues

14. Extend the SEAPACOH network to include more countries beyond Eastern and Southern Africa

## **Mozambique**

## Generate and Reinforce Political Will Within and Outside Parliament

1. Increase linkages between the Parliament Health Committee and Ministries (e.g. MoH, MoF)

- 2. Increase partnerships with civil society
- 3. Specifically, increase linkages and collaboration with the Ministry of Health and civil society on the themes of abortion, family planning, reproductive health and gender. For example, collaborate on hosting community meetings and seminars
- 4. Address the age of marriage
- 5. Specifically, review the family law in relation to the implementation constraint, around women's rights, for example, the age of marriage and family planning

### **Demonstrate Financial Commitment**

6. Create a common fund to manage the external and government funds for reproductive health as states in the Social Economic Plan (PES)

# Strengthen SEAPACOH's capacity, reinforce partnerships with PPD ARO, EQUINET, and others to address sexual and reproductive health and rights (SRHR), population and development issues

- 7. The annual meetings should rotate between countries therefore the secretariat will be shared between countries
- 8. In the annual meeting, we should have the opportunities to view the "best practices" etc. of the secretariat country, and not only listen to presentations
- 9. For full appreciation and understanding, need to ensure full translation and interpretation

### Namibia

### Generate and Reinforce Political Will Within and Outside Parliament

- 1. Strengthen the health committee structure by increasing FP/RH knowledge/capacity of members, etc
- 2. Bring together standing committees on women/gender, youth, health, etc. in parliament for discussion on the floor on intersecting family planning and reproductive health (FP/RH) issues

### **Demonstrate Financial Commitment**

3. Make concrete plans for donor coordination and domestic resource mobilization

### **Strengthen the Health System**

4. Develop a policy on the retention of health workers in rural areas

#### Nigeria

## Generate and Reinforce Political Will Within and Outside Parliament

- 1. Increase linkages between the Parliament Health Committee and Ministries (e.g. MoH, MoF)
- 2. Strengthen the health committee structure by increasing FP/RH knowledge/capacity of members, etc.
- 3. Bring together standing committees on women/gender, youth, health, etc. in parliament for discussion on the floor on intersecting family planning and reproductive health (FP/RH) issues
- 4. Increase partnerships with civil society
- 5. Ensure all health policies and programs have clearly defined pro-poor strategies
- 6. Increase access of youth to FP/RH (e.g. by removing policies which prohibit young people from accessing family planning)
- 7. Advocate to keep girls in school
- 8. Champion family planning in public statements in constituencies and parliamentary debates

### **Demonstrate Financial Commitment**

- 9. Establish a budget line for family planning commodities and programming
- 10. Identify contraceptives as "essential drugs"
- 11. Increase the general health budget (towards the Abuja target) from X% to X% or by 1% in the next health budget
- 12. Make concrete plans for donor coordination and domestic resource mobilization
- 13. Explore different financing options (e.g. performance-based financing, increased private participation)
- 14. Media to assist in increasing awareness of family planning issues

## **Strengthen the Health System**

- 15. Develop a policy for community-based distribution of family planning commodities (community health workers to distribute condoms)
- 16. Explore other task shifting modalities
- 17. Address gender and youth discrimination at the health service level (media, academic institutions to create awareness)
- 18. Develop a policy on the retention of health workers in rural areas (welfare issues)
- 19. Explore options for integrated FP/RH and other health services (like HIV/AIDS works to assist family planning issues)

### Rwanda

### Generate and Reinforce Political Will Within and Outside Parliament

- 1. Bring together standing committees on women/gender, youth, health, etc. in parliament for discussion on the floor on intersecting family planning and reproductive health (FP/RH) issues
- 2. Increase access of youth to FP/RH (e.g. by removing policies which prohibit young people from accessing family planning)

## **Strengthen the Health System**

3. Address gender and youth discrimination at the health service level

## **Swaziland**

### Generate and Reinforce Political Will Within and Outside Parliament

- 1. Strengthen the health committee structure by increasing FP/RH knowledge/capacity of members, etc.
- 2. Increase partnerships with civil society
- 3. Champion family planning in public statements in constituencies and parliamentary debates

## **Demonstrate Financial Commitment**

- 4. Establish a budget line for family planning commodities and programming
- 5. Increase the general health budget (towards the Abuja target) from X% to X% or by 1% in the next health budget

### Strengthen the Health System

6. Explore options for integrated FP/RH and other health services

# Strengthen SEAPACOH's capacity, reinforce partnerships with PPD ARO, EQUINET, and others to address sexual and reproductive health and rights (SRHR), population and development issues

7. Member states of SEAPACOH must demonstrate vigilance and use the capacity from the annual meetings to advance FP in their respective countries

### Tanzania

## Generate and Reinforce Political Will Within and Outside Parliament

- 1. Increase linkages between the Parliament Health Committee and Ministries (e.g. MoH, MoF)
- 2. Increase partnerships with civil society
- 3. Ensure all health policies and programs have clearly defined pro-poor strategies
- 4. Increase access of youth to FP/RH (e.g. by removing policies which prohibit young people from accessing family planning)
- 5. Address the age of marriage
- 6. Advocate to keep girls in school
- 7. Champion family planning in public statements in constituencies and parliamentary debates

### **Demonstrate Financial Commitment**

- 8. Establish a budget line for family planning commodities and programming
- 9. Identify contraceptives as "essential drugs"
- 10. Increase the general health budget (towards the Abuja target) by 1% in the next health budget
- 11. Make concrete plans for donor coordination and domestic resource mobilization

12. Explore different financing options (e.g. performance-based financing, increased private participation)

## Strengthen the Health System

13. Develop a policy on the retention of health workers in rural areas

## <u>Uganda</u>

## Generate and Reinforce Political Will Within and Outside Parliament

- 1. Increase linkages between the Parliament Health Committee and Ministries (e.g. MoH, MoF)
- 2. Include family planning in the PRSPs and other development plans and strategies (e.g. GFATM, PEPFAR, etc.) (specifically, fast tracking the integration of FP in the PRSPs)
- 3. Follow-up the Speaker's pledge on the establishment of the health Committee in parliament, and will be charged with; 1) ensuring that maternal audits are carried out in the country and 2) advocate for performance-based financing contracts in the health sector
- 4. Championing FP & RH in constituencies and parliamentary debates
- 5. Establishing the Parliamentary stakeholders platform on SRH & FP and other related matters

#### **Demonstrate Financial Commitment**

- 6. Increase the general health budget (towards the Abuja target) from X% to X% or by 1% in the next health budget (specifically, advocate for at least a 2% increment in the general health budget in the next financial year and unpacking it to cater for RH)
- 7. Make concrete plans for donor coordination and domestic resource mobilization (specifically, SEAPACH Uganda members will move a resolution in Parliament to ensure that Donor support is redirected in accordance with the countries needs in the health sector)
- 8. Increase budget tracking for RH & FP up to the local level

## **Strengthen the Health System**

- 9. Address gender and youth discrimination at the health service level (specifically, fast-track the implementation and integration of youth-friendly services at all levels, including establishment of youth friendly corners at village level)
- 10. Advocate and promote the revitalization of the VHT's in supplying RH/FP commodities
- 11. Designing an advocacy kit for MPs on RH & FP issues and promote the role modeling strategy for the youth in and out of school.

## Zambia

#### Generate and Reinforce Political Will Within and Outside Parliament

- 1. Increase linkages between the Parliament Health Committee and Ministries (e.g. MoH)
- 2. Increase partnerships with civil society
- 3. Increase access of youth to FP/RH (e.g. by removing policies which prohibit young people from accessing family planning)
- 4. Advocate to keep girls in school
- 5. Champion family planning in public statements in constituencies and parliamentary debates

# **Demonstrate Financial Commitment**

- 6. Establish a budget line for family planning commodities and programming
- 7. Increase the general health budget (towards the Abuja target) from X% to X% or by 1% in the next health budget
- 8. Explore different financing options (e.g. performance-based financing, increased private participation)
- 9. Work with the media to increase awareness about financing

# Strengthen the Health System

- 10. Develop a policy for community-based distribution of family planning commodities
- 11. Explore other task shifting modalities
- 12. Address gender and youth discrimination at the health service level
- 13. Develop a policy on the retention of health workers in rural areas
- 14. Explore options for integrated FP/RH and other health services (HIV/AIDS)

# Strengthen SEAPACOH's capacity, reinforce partnerships with PPD ARO, EQUINET, and others to address sexual and reproductive health and rights (SRHR), population and development issues

15. Communication should be regular and membership be consistent

# **Zimbabwe**

## Generate and Reinforce Political Will Within and Outside Parliament

- 1. Policy issues for following up on MDGs
- 2. Advocacy for adolescent reproductive health
- 3. Increase collaboration with stakeholders, CSOs, etc.
- 4. Follow-up on the implementation of CARMMA
- 5. Capacity building for MPs on RH and developing political will

## **Demonstrate Financial Commitment**

6. Do budget tracking on Abuja Declaration (15%)

## Strengthen the Health System

- 7. Follow up on the consolidation/integration of reproductive health, malaria, and HIV/AIDS
- 8. Follow up on strengthening human resources for health (HRH)

Strengthen SEAPACOH's capacity, reinforce partnerships with PPD ARO, EQUINET, and others to address sexual and reproductive health and rights (SRHR), population and development issues

9. Strengthen SEAPACOH through a budget allocation from Zimbabwe