Regional Meeting of Parliamentary Committees on Health in Eastern and Southern Africa: "Repositioning Family Planning and Reproductive Health in the Eastern and Southern Africa Region: Lessons Learnt, Challenges and Opportunities"

MEETING REPORT

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

Southern and East African Parliamentary Alliance of Committees On Health (SEAPACOH), Partners in Population and Development Africa Regional Office (PPD ARO), with support from the United Nations Population Fund (UNFPA), USAID through the Health Policy Project (HPP), the William and Flora Hewlett Foundation, and the Bill and Melinda Gates and the David and Lucile Packard Foundation through the Advance Family Planning (AFP) Project

Southern and East African Parliamentary Alliance of Committees of Health

Partners in Population and Development Africa Regional Office (PPD ARO)

United Nations Population Fund (UNFPA)

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Partners in Population and Development (PPD) is a Southern-led, Southern-run inter-governmental organization of 25 developing countries, encompassing more than half the population of the entire globe. PPD was founded in 1995, to promote South-South cooperation in reproductive health and population and development. **The Partners in Population and Development Africa Regional Office (PPD ARO)** is based in Kampala, Uganda. The vision of the PPD ARO is "an African continent that meets its Reproductive Health needs, promotes the Population and Development agenda and thereby addresses poverty, through South-South Cooperation." Its mission is "to provide a platform for the promotion of and resource mobilization for Reproductive Health, Population and Development in Africa through three elements: 1) Policy dialogue 2) Networking and building strategic partnerships in the region and 3) Sharing of experiences and good practices. More information is available online at: www.ppdafrica.org or email: aro@ppdafrica.org

The United Nations Population Fund (UNFPA) is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and every girl and woman is treated with dignity and respect. More information is online at: www.unfpa.org/

The Southern and East African Parliamentary Alliance of Committees of Health (SEAPACOH) is a network of Parliamentary Committees on Health in Southern and Eastern Africa. The objective of the network is to build a more consistent collaboration of the Parliamentary Committees on Health towards achieving individual and regional goals of health equity and effective responses to HIV and AIDS. The network aims to strengthen the role of Parliaments in the areas of oversight of budgets, review of legislation, policy and providing leadership for achieving goals of equity in health and effective responses to HIV/ AIDS, TB, Malaria and other diseases important to the region. More information is available online at: www.seapacoh.org or email: admin@seapacoh.org

The Health Policy Project (HPP) is funded by the United States Agency for International Development (USAID). It is implemented by the Futures Group, in collaboration with the Centre for Development and Population Activities (CEDPA), Futures Institute, Partners in Population and Development Africa Regional Office (PPD ARO), Population Reference Bureau (PRB), Research Triangle Institute (RTI) International, and the White Ribbon Alliance for Safe Motherhood (WRA). The Health Policy Project aims to strengthen policy, advocacy, and governance for strategic, equitable, and sustainable health programming in developing countries. The project expands on previous investments in policy work by building government, civil society, and other partners' capacity to advocate for, direct, and finance health programs. The Health Policy Project focuses on key health issues—namely family planning/reproductive health

(FP/RH), HIV, and maternal health—while also promoting health systems strengthening and program integration. HPP works with in-country partners to: strengthen the capacity of government leaders to serve as effective stewards of health programs; engage civil society in the policy process; design policies based on evidence of client needs, programs that work, and resources required; ensure efficient and equitable use of resources for priority health areas; facilitate multisectoral cooperation to plan and carry out health programs; and enhance policy and program monitoring and accountability. We also assist countries to improve health outcomes by addressing barriers due to gender inequalities, socioeconomic status, stigma and discrimination, operational issues, and other factors that prevent people from seeking the health services they need. More information is available online at: www.healthpolicyproject.com/

Advance Family Planning (AFP) is an evidence-based, three-year effort designed to help developing countries achieve universal access to reproductive health (MDG target 5b). AFP is supported by the Bill & Melinda Gates Foundation and the David and Lucile Packard Foundation. The AFP Consortium includes the Johns Hopkins University Bloomberg School of Public Health (the Bill and Melinda Gates Institute for Population and Reproductive Health and Center for Communication Programs), the African Women's Development Fund, Partners in Population and Development, Africa Regional Office, and Futures Group International. AFP's goal is to increase funding and improve policy commitments at all levels of national governments, among bilateral and multilateral donors, and in the private sector. It builds on past investments and ongoing activities in reproductive health advocacy, leadership development, knowledge generation, and innovative service delivery projects. AFP builds on momentum generated by the re-emergence of U.S. leadership, the continuing, growing interest of European donors and increased recognition at the country level for the need to invest in family planning in order to improve health and achieve the Millennium Development Goals (MDGs). The project focuses on providing policymakers with evidence that family planning is a sound investment with dividends in terms of health and women's empowerment, socio-economic development, the environment, and other areas. The message and messengers reflect each country's situation and policymaker interests. A similar approach is used for global advocacy. More information is available online at: www.advancefamilyplanning.org or email: afp@jhsph.edu

Executive Summary

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 18 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 opening ceremony was graced by the Rt. Hon. Speaker of the Parliament of Uganda- Hon. Rebecca Kadaga.

The fourth high-level Regional Meeting of SEAPACOH 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, Senegal, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe and the East African Legislative Assembly.

The meeting was organized for Parliamentarians to share and demonstrate their commitment towards 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:

1. Generate and Reinforce Political Will Within and Outside Parliament
2. Demonstrate Financial Commitment
3. Strengthen the Health System

In addition, participants also committed to strengthen SEAPACOH's capacity, reinforce partnerships with PPD ARO and others to address sexual and reproductive health and rights (SRHR), population and development issues. In this manner, each country team in attendance decided on specific Country Action Plans, which are included in this meeting report.

Through the presentations and discussions, the following recommendations were made:

1. There is need to separate health from education in some Social Services Parliamentary Committees.
2. It is important to ensure specific budget lines, and also track how much of the health budget goes to reproductive health, as well as the percentage of the reproductive health budget that is dedicated to family planning.
3. Collaboration with national and regional partners should be strengthened.
4. Experience sharing and learning from each other should be promoted among the different countries.

5. A suggestion was made that the meetings should be rotated among different member countries.
6. There is need to establish a permanent secretariat or other mechanisms to strengthen SEAPACOH.
7. The MPs present should endeavour to share the commitments and resolutions from this meeting with their respective presiding officers.

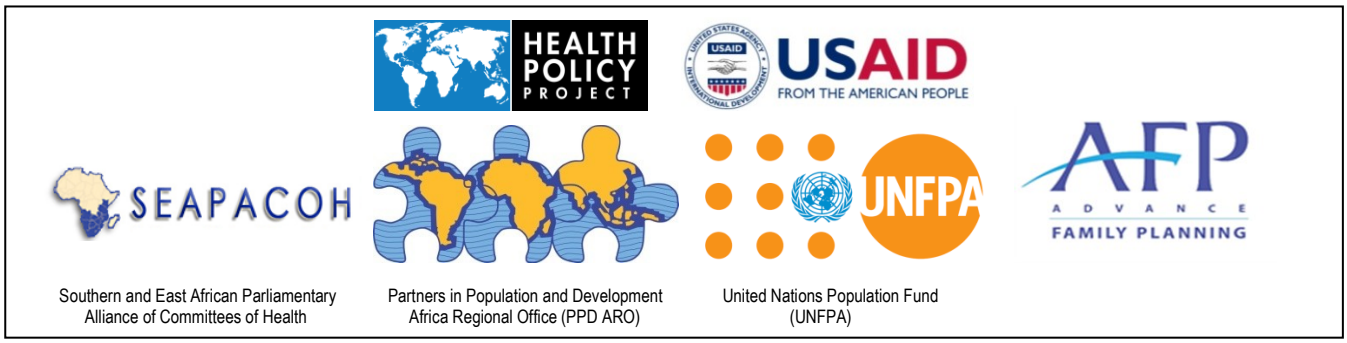
The meeting was officially closed by Prof. Kisamba Mugerwa, Chairman of the National Planning Authority (NPA), Uganda, on behalf of the Minister of Finance, Planning and Economic Development.

Contents

Acronyms

AFIDEP	African Institute for Development Policy
ANC	Antenatal Care
APHRC	African Population and Health Research Centre
ARH	Adolescent Reproductive Health
AU	African Union
AUC	African Union Commission
CARMMA	Campaign for Accelerating the Reduction of Maternal Mortality in Africa
CPR	Contraceptive Prevalence Rate
CSO	Civil Society Organization
CWGH	Community Working Group on Health
DHS	Demographic Health Survey
DSW	Deutsche Stiftung Weltbevolkerung, the German Foundation for World Population
EAC	East African Community (EAC)
EALA	East African Legislative Assembly
ECOWAS	Economic Community Of West African States
ESA	Eastern and Southern Africa
EQUINET	Regional Network on Equity in Health in East and Southern Africa
FP	Family Planning
GEGA	Global Equity Gauge Alliance
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HRH	Human resources for health
ICPD	International Conference on Population and Development
IEC	Information, education, communication
IDASA	Institute for Democracy in Africa
IPPF	International Planned Parenthood Federation
IPU	International Parliamentary Union
MDGs	Millennium Development Goals
MoF	Ministry of Finance
MoH	Ministry of Health
MP	Member of Parliament
MPoA	Maputo Plan of Action
NHIS	National Health Insurance Scheme
NPA	National Planning Authority (Uganda)
PAC	Post-abortion care
PBF	Performance Based Financing
PES	Social Economic Plan
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PF	Parliamentary Forum
POPSEC	Uganda Population Secretariat
PoA	Plan of Action
PPD ARO	Partners in Population and Development Africa Regional Office
RH	Reproductive Health

RHCS	Reproductive Health Commodity Security
SADC	South African Development Cooperation
SAPST	Southern African Parliamentary Support Trust
SEAPACOH	Southern and East African Parliamentary Alliance of Committees On Health
SRHR	Sexual Reproductive Health and Rights
SSA	Sub-Saharan Africa
STI	Sexually Transmitted Infection
TFR	Total Fertility Rate
UN	United Nations
UNFPA	United Nations Population Fund
US	United States
USAID	United States Agency for International Development
WHO	World Health Organization



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 18 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.

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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, Senegal, 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 and others to address sexual and reproductive health and rights (SRHR), population and development issues

Specific Country Action Plans are as Follows:

<u>Botswana</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. 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

<u>Burundi</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. 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 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

<u>Ethiopia</u>

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 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

Ghana

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

<u>Kingdom of Lesotho</u>

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

<u>Malawi</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. 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 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 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 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 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 FP/RH commodities
11. Designing an advocacy kit for MPs on RH & FP issues and promote the role modelling strategy for the youth in and out of school.

<u>Zambia</u>

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 and others to address sexual and reproductive health and rights (SRHR), population and development issues

15. Communication should be regular and membership be consistent

<u>Zimbabwe</u>

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 and others to address sexual and reproductive health and rights (SRHR), population and development issues

9. Strengthen SEAPACOH through a budget allocation from Zimbabwe

Background

The Southern and Eastern African Parliamentary Alliance of Committees of Health (SEAPACOH) is a network of parliamentary committees on health, HIV/AIDS and on equity in health drawn from countries in Southern and Eastern Africa. The alliance works to enhance the effectiveness of the committees in addressing issues of inequity in health, HIV/AIDS, family planning and reproductive health (FP/RH) through policy, resource allocation, budgetary oversight and legislative oversight.

Vision, Mission, and Objectives of SEAPACOH

The objective of the network is to build a more consistent collaboration of the Parliamentary Committees on Health in East and Southern Africa towards achieving individual and regional goals of health equity and effective responses to HIV/AIDS. According to its strategic plan (2009-2013), SEAPACOH's vision is "Health for all as a fundamental human right." Its mission is "To provide consistent collaboration of the Parliamentary Committees on Health in the ESA Region in their representational, legislative, budgetary processes including appropriation and oversight roles to achieve health for all." Its three (3) main areas of focus for the period 2009-2013 are:

- Ensuring needs-based resourcing of the health sector;
- Ensuring effective domestication, implementation and compliance with agreed upon commitments in the health sector by governments; and
- Ensuring sustainability of the Alliance.

The alliance works in close collaboration amongst its members and make links with other parliamentary committees and networks important for health to address specific objectives focusing on attainment of the goal of nurturing a culture of health as a basic human right for all the people of the member countries. Strong linkages with other partners at national, regional and international level include PPD ARO, EQUINET, as well as a number of international and national IGOs and NGOs.

The network aims to strengthen the role of parliaments in the areas of oversight of budgets, review of legislation, policy oversight and providing leadership in priority areas of public health and health equity, strengthening health promotion, strengthening public participation and oversight, and building leadership for achieving goals of equity in health and effective responses to HIV/AIDS, TB, malaria and other diseases important to the region.

History

The Southern and East African Parliamentary Alliance of Committees of Health (SEAPACOH) was formed in Lusaka, Zambia in January 2005 with the aim of building a more consistent collaboration of the Parliamentary Committees on Health towards achieving national and regional goals of health equity and effective responses to HIV and AIDS. The network aims to strengthen the role of Parliaments in the areas of oversight of budgets, review of legislation, policy and providing leadership for achieving goals of equity in health and effective responses to HIV/AIDS, TB, malaria and other diseases important to the region.

Since its inception in 2005, SEAPACOH has networked through various interactions and has held several regional meetings to update members on new developments in health and to review

the collaboration of Parliamentary Committees on Health in the region. In 2008, PPD ARO, EQUINET, APHRC and SEAPACOH organized a regional meeting during which Members of parliament from twelve (12) countries made important resolutions and commitments geared at improving health equity and reproductive health situation in the region. During this meeting, the parliamentarians pledged to advance health equity and sexual and reproductive health in the region. This meeting took place in Kampala between September 16 and 18, 2008.

PPD ARO supported a workshop for the steering committee members of the Southern and East African Parliamentary Alliance of Committees of Health (SEAPACOH) to develop and adopt its Strategic Plan (2009 – 2013) from April 6 to 9, 2009. This strategic plan articulated the Alliance's priority areas of business focus and strategic interventions during the period 2009-2013. The three main areas of focus identified include: ensuring needs-based resourcing of the health sector; ensuring effective domestication, implementation and compliance with agreed upon commitments in the health sector by governments; and ensuring sustainability of the alliance.

A follow up meeting was organized in Kampala on September 21, 2009 which provided an opportunity to review progress, share experiences and lessons learnt over the past one year on the implementation of the resolutions of the September 2008 SEAPACOH meeting as well as the strategic plan. This meeting not only provided an opportunity to report back on progress made over the past year, but also an opportunity 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.

PPD ARO, UNFPA and DSW under the auspices of SEAPACOH jointly supported another follow up meeting in Kampala, Uganda from September 28 to 29, 2010 under the theme "Repositioning Family Planning and Reproductive Health in the Eastern and Southern Africa Region: Challenges and Opportunities". The meeting was attended by parliamentarians drawn from parliamentary committees responsible for health as well as representatives from technical, civil society and regional partners.

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 18 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."

Online Resources

A number of key documents from the 2011 meeting are available online. All documents are in English, unless noted.

The following documents are all linked from: http://seapacoh.org/annual-meetings/2011meeting/

Recommendations and Country Action Items, as agreed on 29 September 2011: http://seapacoh.org/docs/2011/recommendations.pdf

Recommendations (in French): http://seapacoh.org/docs/2011/recommendations-f.pdf

List of Country Action Items, sorted by topic: http://seapacoh.org/docs/2011/CAI.pdf

Programme (in English): http://seapacoh.org/docs/2011/programme.pdf

Programme (in French): http://seapacoh.org/docs/2011/programme-f.pdf

Media Brief for Journalists: http://seapacoh.org/docs/2011/media-brief.pdf

Photographs: http://seapacoh.org/resources/photos/

List of Participants: http://seapacoh.org/docs/2011/px.pdf

Results from SEAPACOH Survey on Future Follow-Up and Communications: http://seapacoh.org/docs/2011/follow-up.pdf

Report: http://seapacoh.org/docs/2011/report.pdf

Watch the TV news reports on the 2011 SEAPACOH Meeting that were feature stories on Uganda's NBS and UBC TV stations: http://seapacoh.org/resources/videos/

Day One: Tuesday, September 27, 2011

Session One: Opening Ceremony

Opening Remarks

Dr. Jotham Musinguzi, Regional Director, PPD ARO: http://seapacoh.org/docs/2011/musinguzi.pdf

Dr. Wilfred Ochan, Assistant Representative, UNFPA, Uganda: http://seapacoh.org/docs/2011/ochan.pdf

Dr. Harry Jooseery, Executive Director, PPD: http://seapacoh.org/docs/2011/jooseery-opening.pdf

Hon. Blessing Chebundo, Chair, SEAPACOH: http://seapacoh.org/docs/2011/chebundo.pdf

Dr. Janet Byaruhanga, African Union Commission

Mr. Jerry P. Lanier, U.S. Ambassador, Uganda: http://seapacoh.org/docs/2011/lanier.pdf

Official Opening
Rt. Hon. Rebecca Kadaga, Speaker, Parliament of Uganda

Session Two: Reproductive Health, Population and Development: Global and Regional Challenges
The Contribution of Family Planning to the Achievement of the ICPD and MDGs
Dr. Jean Christophe Fotso, African Population and Health Research Centre (APHRC):
http://seapacoh.org/docs/2011/fosto.pdf

Maputo Plan of Action and CARMMA: Reflections on the Performance of African Countries on FP/RH
Dr. Janet Byaruhanga, African Union Commission:
http://seapacoh.org/docs/2011/byaruhanga2.pdf

Drivers of Progress Towards Universal Access to Family Planning in Eastern and Southern Africa
Dr. Eliya Zulu, Executive Director, African Institute for Development Policy (AFIDEP) and Nyokabi Musila, African Institute for Development Policy (AFIDEP):
http://seapacoh.org/docs/2011/zulu-musila.pdf

Gender and Sexual Reproductive Health and Rights as a Key Factor to FP/RH Programming
Prof. Grace Bantebya Kyomuhendo, Makerere University:
http://seapacoh.org/docs/2011/kyomuhendo.pdf

Session Three: Repositioning Family Planning and Reproductive Health in the Region: Challenges and Opportunities for Policies, Programmes and Commodities
GAP Tool Analysis for Ethiopia
Ms. Priya Emmart, Senior Policy Advisor, Futures Group:
http://seapacoh.org/docs/2011/emmart.pdf

Film Presentation: Empty Handed: Responding to the Demand for Contraceptives (Available in English, French, Spanish and Portuguese): http://www.empty-handed.org/

Day Two: Wednesday, September 28, 2011
Session Four: Effective Programming, Innovations, Best Practices and Financing for Repositioning FP/RH
National FP Policy & Advocacy: Best Practices and Lessons Learnt from Parliament of Uganda
Hon. Mathias Kasamba, Member of Parliament, Uganda:
http://seapacoh.org/docs/2011/kasamba.pdf

Ethiopia's Health Extension Programme (HEP): Expanding Access to Family Planning
Sr. Sossena Belayneh, Ministry of Health, Ethiopia: http://seapacoh.org/docs/2011/belayneh.pdf

Malawi's Rising FP Programme: Lessons from Integrating FP and Maternal and Child Health
Dr. Chisale Mhango, Consultant, Malawi: http://seapacoh.org/docs/2011/mhango.pdf

Civil Society Experiences of Working with Parliaments: The Case of Zimbabwe
Mr. Itai Rusike, Executive Director, Community Working Group on Health (CWGH):
http://seapacoh.org/docs/2011/rusike.pdf

Human Resources for Health Systems Strengthening: Policy and Programme Implications to FP/RH
Dr. Vincent Oketcho, Country Director, IntraHealth Uganda:
http://seapacoh.org/docs/2011/oketcho.pdf

Financing for Family Planning: Options and Challenges
Dr. Paulin Basinga, Professor, School of Public Health, National University of Rwanda:
http://seapacoh.org/docs/2011/basinga.pdf

Session Five: Country Achievements and Challenges in Repositioning FP/RH, Including the Implementation of the SEAPACOH Strategic Plan
Review of the Implementation of the SEAPACOH Strategic Plan: Achievements, Challenges and the Way Forward
Hon. Blessing Chebundo, Chairperson, SEAPACOH: http://seapacoh.org/docs/2011/chebundo-review.pdf

Country Progress, Achievements and Challenges Regarding the Implementation of the September 2010 Munyonyo Parliamentary Meeting Resolutions and Reporting on Parliamentary Work to Advance FP/RH (countries who have not attended previous SEAPACOH meetings will present on parliamentary work to advance FP/RH)

- Parliament of Kenya: http://seapacoh.org/docs/2011/kenya.pdf
- Parliament of Swaziland: http://seapacoh.org/docs/2011/swaziland.pdf
- Parliament of Botswana: http://seapacoh.org/docs/2011/botswana.pdf
- Parliament of Zimbabwe
- Parliament of Burundi
- Parliament of Ethiopia: http://seapacoh.org/docs/2011/ethiopia.pdf
- Parliament of Ghana
- Parliament of Lesotho
- Parliament of Malawi: http://seapacoh.org/docs/2011/malawi.pdf
- Parliament of Mozambique
- Parliament of Mali (in French): http://seapacoh.org/docs/2011/mali.pdf
- Parliament of Namibia: http://seapacoh.org/docs/2011/namibia.pdf

Day Three: Thursday, September 29, 2011
Session Six: Country Achievements and Challenges in Repositioning FP/RH
Country Progress, Achievements and Challenges (continued)

- Parliament of Uganda: http://seapacoh.org/docs/2011/uganda.pdf
- Parliament of Nigeria
- Parliament of Rwanda: http://seapacoh.org/docs/2011/rwanda.pdf

- Parliament of Tanzania: http://seapacoh.org/docs/2011/tanzania.pdf
- Parliament of Zimbabwe

Session Seven: Resolutions
Presentation, Discussion and Adoption of Kampala 2011 Resolutions and Recommendations
Hon. Munji Habeenzu, Executive Member, SEAPACOH

Session Eight: Closing Ceremony
Closing Remarks
Dr. Jotham Musinguzi, Regional Director, PPD ARO

Dr. Harry Jooseery, Executive Director, PPD: http://seapacoh.org/docs/2011/jooseery-closing.pdf

Dr. Blessing Chibundo, Chair, SEAPACOH
Official Closing

Remarks on behalf of Hon. Matia Kasaija, Minister of State for Finance, Planning and Economic Development (Planning) and PPD Board Member: http://seapacoh.org/docs/2011/kasaija.pdf

Vote of Thanks
Hon. Member of Parliament, Ghana

Day One: Tuesday, 27 September 2011
Session One: Opening Session

This session was chaired by Hon. Sylvia Ssinabulya-Member of Parliament, Uganda. She welcomed participants to Uganda and recognized all of the MPs present from the different countries.

Remarks by Dr. Jotham Musinguzi, Regional Director, PPD ARO

On behalf of Partners in Population and Development Africa Regional Office, Dr. Musinguzi started by extending a warm welcome to all participants to this important meeting especially the members of SEAPACOH who were in Kampala for the fourth time. He thanked them for having been able to spare their precious time to participate in this important meeting.

He reminded them of the year's theme "Repositioning Family Planning and Reproductive Health in Africa: Lessons Learnt, Challenges and Opportunities". He said that PPD believes that increasing investment in family planning and reproductive health is very important for the socio-economic development of the region.

In context of the meeting, he told participants that the main objective of the meeting was to bring together Parliamentarians who sit on Committees of Health in the various Parliaments of the countries of Southern and Eastern Africa so that they could discuss strategies to improve the funding and policy environment for reproductive health and family planning collectively. In addition, they would like to strengthen policymakers' appreciation of the important and vital linkages between RH, family planning, population and development as well as increase the visibility and contribution of reproductive health and family planning to sustainable development in the region. He hoped that as they deliberated, they would be able to increase their commitment and also to show leadership and stewardship in the context of seeing it as part of their responsibility to support family planning in the region.

Dr. Musinguzi said that PPD is convinced that bringing together Parliamentarians who have representative, legislative, budget appropriation and oversight roles is a unique opportunity to achieve the twin objectives of increasing resources and improving the policy environment for reproductive health and family planning in the region.

As elected representatives, parliamentarians can speak on behalf of the people who are affected by and who benefit from the health system. As legislators, they can champion economic and social reforms and promote good governance in all sectors including legislative matters on reproductive health and family planning. In terms of budget appropriation, MPs have the tremendous responsibility of allocating necessary resources. Regarding oversight, MPs hold the executive accountable on ensuring proper and enabling policies and programmes and their timely implementation. PPD hopes that Parliamentarians will continue to hold governments accountable not only on their national commitments but also on regional and international obligations like the ones contained in ICPD PoA, MDGs, the Maputo Plan of Action, Abuja Declaration and other regional and international financing and policy frameworks.

Furthermore, as PPD is a Southern-led, Southern-run, South-South inter-governmental organization, it looked forward to the sharing of information, experiences and good practices an idea that encourages transfer of best practices as well as their replication, where appropriate.

He continued by stating that as the 2015 deadline for achieving the MDGs approaches, PPD recognises that there has been some progress and successes. However, current trends suggest that many African countries will not reach the MDG targets for maternal health. This is why, like never before, the region needs strong leadership to make progress in these areas where it is lagging behind and is unlikely to achieve the MDG targets.

Dr. Musinguzi told participants that the goals of the two day and a half days meeting were to focus on these important development issues and to strengthen political commitment on the continent. He was hopeful that this meeting would provide an opportunity for all members to have a critical look at their own strengths and opportunities as well as areas where they can learn from each other in their future advocacy work, networking and sharing of experiences. He was also hopeful that this meeting would further provide an opportunity to lay a strong foundation for long lasting and mutually beneficial partnerships and collaborative arrangements among countries and regional networks in addressing FP/RH, population and development issues.

On behalf of PPD ARO, he assured participants that PPD ARO greatly appreciated the valuable time they took off their busy schedules and travelled all the way to Kampala to be part of the meeting. In a very special way, Dr. Musinguzi recognised the Chief Guest, Rt. Hon. Rebecca Kadaga, the Speaker of the Parliament of Uganda. He thanked her for her unwavering support and commitment to reproductive health and family planning, both in Uganda and in the region. He told her that PPD was very much looking forward to working with her as she hosts the up-coming important International Parliamentary Union (IPU) meeting, in March or April of 2012, with the theme of maternal health.

In a special way, he thanked the US Ambassador to Uganda, H.E. Mr. Jerry P. Lanier, for the support that US continues to give to the important area of family planning and reproductive health. He added that US leadership in this field is very well known and remains important. He thanked the ambassador for being part of the meeting. He urged him and through him to the US government to remain steadfast and on course in their support to FP/RH. He also thanked Mr. Harry Jooseery, the Executive Director, PPD for having come all the way from Bangladesh and for his strong commitment to RH, FP, population and sustainable development.

As he concluded his remarks, he recognised USAID through the Health Policy Project, UNFPA, Capacity Plus, the Hewlett Foundation, the Packard and Gates Foundations through Advance Family Planning Project for the financial support forwarded towards the organisation of the meeting. He wished participants a very productive and fruitful meeting and happy stay in Kampala.

Remarks by Dr. Wilfred Ochan on behalf of Ms. Janet Jackson, UNFPA Representative, Uganda

Dr. Wilfred Ochan extended the apologies of the UNFPA representative, Ms. Janet Jackson, who was not present at the meeting, as she had travelled to Jordan with MPs from Uganda on an

important mission. He said that it was with great honour for him to address this very important meeting of SEAPACOH. He told participants that among their functions as Members of Parliament, their respective constituencies have entrusted them to play very important roles in shaping a better future for not only their individual countries but also for the region, by using evidence-based legislative and oversight functions, and in mobilizing their constituents for development.

Dr. Ochan said that UNFPA applauds SEAPACOH and PPD ARO for organizing such an event that makes members re-examine their commitments and assess progress made in achieving them. It is an accountability mechanism that does not only review performance, but also sends a strong message to others to honour commitments and be in all that they do. He added that UNFPA and other health partners call on SEAPACOH and national parliaments to champion debate, legislation and policy on the right to health, making sure that health services are made accessible, available, affordable, acceptable and are of high quality. He noted that every maternal or child death is a tragic and unacceptable occurrence.

Many times, very good legislation and policies that promote, respect and protect the right to health are put in place, but never implemented. Most times the execution gap is in institutional and technical capacities and inadequacy of the resources needed to translate the good laws and policies into concrete programmes and actions. Parliaments and parliamentary committees need to honour commitments they make through legislations by allocating resources to implement such laws and policies. They need to move beyond needs-based to rights-based resource allocation. They also need to follow through with oversight functions, to make sure that what was allocated was used for the right purpose. Only this way can the gap between the policies and laws be bridged and execution to bring about their benefits to the population.

Without going into the details of MDG performance of each country and the region in general, Dr. Ochan noted that as a region, SSA has made good progress in some areas. If consolidated, these can be used as basis for even greater actions. However, in other countries, including Uganda, more work needs to be done in MDGs 4 (reduce child mortality), MD5 (improve maternal health), MDG 6 (combat HIV/AIDS) and MDG 6 (ensure environmental sustainability). Dr. Ochan said that it is heartening to note that some countries within the region such as Malawi have already achieved their MDG4 target and other countries could draw lessons for replication. The MDGs and ICPD Plan of Acton represent commitments made by countries, and are closely linked in focus, targets and timelines. Therefore, achievement of MDGs will lead to achievement of the ICPD Plan of Action. He said that UNFPA was glad to hear that in Uganda, the MDGs are fully embraced and there are on-going initiatives to set up a MDG Acceleration Fund to support under-performing areas.

One of the SEAPACOH resolutions of 2008 was to increase resources allocation to family planning. He added that family planning will remain the most effective and strategic intervention that impacts directly on all the MDG targets. He stressed that if well implemented, it would reduce household poverty, lead to higher enrolment with quality education, reduce maternal and child death significantly and impact on new HIV infections, all of which would bring huge cost savings from expenditures that would have otherwise been incurred in care for pregnancy and

related complications. He hence urged the SEAPACOH to keep their commitment on family planning and reproductive health commodity security in general.

He called on SEAPACOH to focus on the bulging youthful population in each of the countries and the region in general as they represent continuity. Investing in them now will enhance reaping the demographic bonus and experience a demographic transition marked by reduction in mortality and fertility

Remarks by Dr. Harry Jooseery, Executive Director, PPD

Dr. Jooseery welcomed participants and expressed gratitude to Honourable Rebecca Kadaga, Speaker of Parliament of the Republic of Uganda, for sparing her precious time to officiate at the meeting. He also thanked SEAPACOH, the PPD Africa Regional Office and all stakeholders who in one way or another, contributed to organization of the meeting. To him, their participation was yet another endorsement of their support of the ICPD and MDGs Declaration.

He said that the meeting aimed at coming up with better ways of supporting women and girls and couples to fulfil their RH aspirations for a better quality of life. Poor sexual and reproductive health is a leading cause of death and disability in the developing world, which limits life expectancy, hinders educational attainment, diminishes personal capability and productivity, and thus directly affects economic growth and poverty reduction. Every year, more than half a million women die during childbirth, with more than 95 per cent of them in Africa and Asia. Every minute, 10 people are newly infected with HIV and 3 million people die of AIDS each year.

Since it is the poor people who have the least access to education and health care, including reproductive health information and services, this keeps them trapped in a vicious cycle of poverty that runs from one generation to the next. This hampers the achievement of MDGs and investing in family planning and reproductive health is one of the cost effective interventions to achieve the MDGs targets. Without investing in health and particularly in sexual and reproductive health and rights over the next decade, the majority of African countries will not escape the trap of precariousness including deplorable living conditions, with poor socio-cultural capital and low productivity.

He said that the quality of life in general has improved substantially in the world. He added that the ICPD agenda has not remained a blueprint as it has ushered important changes in many parts of the world that has reshaped policies and programmes addressing women's reproductive health, adolescent sexual health and many other culturally sensitive issues. Although RH was not included into MDGs in 2000, he noted that it had been added as an additional target in the Millennium + 5 document adopted in 2005.

However, there are more daunting challenges that need to be addressed. The growing population of the world is emerging once again as a threat especially in the developing world. It seems to have reached a stage where complacency kills and the cost of apathy could be staggering, thus the need to reposition family planning into the development agenda, and to integrate HIV/AIDS and family planning for a more concerted effort and positive result. He emphasized the importance of political commitment and good governance in creating a new synergy and

adopting a comprehensive approach to address FP/RH and population concerns. He concluded by wishing participants fruitful deliberations.

Remarks by Hon. Blessing Chebundo, Chair, SEAPACOH

On behalf of SEAPACOH, Hon. Chebundo thanked the Hon. Speaker for joining SEAPACOH yet again and said that this is very important to the MPs when they have one of their own around. Her presence encourages them and he hoped that as she meets with her colleagues. He thanked the session chairperson. He noted that the fact that they came from far away is a sign of commitment. He welcomed members to this 4th consecutive SEAPACOH regional meeting hosted by PPD ARO.

He reminded participants of the meeting's theme and echoed that Sexual and Reproductive health is key feature on the agenda of SEAPACOH which is committed to a strong advocacy agenda for a health system that is responsive to the needs of mothers, newborns and children. SEAPACOH will thus continue to advocate for the full implementation by of the Maputo Plan of Action on sexual and reproductive health and rights, and other policies. He pledged that SEAPACOH's commitment to undertake and advocate for policies that facilitate for effective live-saving health services available and accessible to Africa's women and children as a matter of urgency.

Hon. Chebundo noted that the deterioration and potential collapse of health sectors remains one of the greatest challenges facing the nations of Africa in general, and sub-Sahara Africa in particular, which continues 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 improved health systems 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.

As Parliamentary Committees responsible for health, there is need for them to continue reminding themselves that governments (Executive, Legislature) 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. One of the 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. He noted that 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 mandate 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 civil 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.

He reiterated that Parliamentary Committees for health 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, Parliaments sought to strengthen the role and functions of its committees and to increase public participation in parliamentary processes and in other related governance processes.

He told participants that 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, South Africa and organized jointly by EQUINET, GEGA, IDASA and SADC Parliamentary Forum 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:

- Inadequate commitment 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; and
- Financial constraints for SEAPACOH as a network.

He expressed gratitude to PPD ARO, EQUINET and other partners that had played a pivotal role in assisting SEAPACOH through the various activities; capacity building meetings, profiling through participation by SEAPACOH in events at national, regional and international levels. He wished participants a productive meeting and encouraged them to share their experiences citing that the meeting’s theme was very important as FP is a key feature on the agenda of SEAPACOH. On behalf of SEAPACOH, he pledged to undertake policies that facilitate saving the lives of mothers and children.

Remarks by Dr. Janet Byaruhanga, Africa Union Commission

On behalf of the AUC, Dr. Byaruhanga said that she was honoured to represent AUC. She expressed gratitude to PPD ARO for inviting them to be part and the different development partners for the support. She presented the commitment and progress of AUC towards health.

Remarks by H.E. Jerry P. Lanier, U.S. Ambassador, Uganda

H.E. Jerry P. Lanier thanked PPD for organizing this important meeting and for having invited him to address the esteemed body of parliamentarians gathered on this day. He said that the Government of the United States, through the United States Agency for International Development (USAID), was a proud sponsor of the meeting, which brought together influential policy leaders from across the region to discuss family planning and reproductive health.

He thanked the leadership and participation of Honourable Blessing Chebundo of Zimbabwe, the Chair of this Alliance, and the Right Honourable Rebecca Kadaga, Uganda's Speaker of Parliament. He applauded the commitment of African Parliamentarians to improve access to reproductive health and voluntary family planning. He reminded them that, every day, women and girls die from complications in pregnancy or child birth that could be easily prevented. Uganda has one of the highest maternal mortality rates in the world, with about 435 deaths per hundred thousand live births each year. He reiterated that as humane and compassionate people, they cannot accept this injustice and allow women to needlessly die when there are affordable tools to save them.

Family planning represents one of the most cost-effective public health initiatives available today. It prevents both maternal and child deaths by helping women space their births and bear children during their healthiest years. And it reduces the deaths of women from unintended pregnancies, not to mention on the unintended pregnancies themselves, which have given Uganda one the world's highest birth rates.

H.E Jerry P. Lanier said that the U.S Secretary of State Hillary Clinton has been a long time supporter of the rights of women—especially the right for women to plan their pregnancies. By empowering women to make decisions about how many children they want to have, and when, you can dramatically reduce the risks to their health. When women lead healthy, productive lives, their partners, families and communities are able to care for their children. On this note, he decried the high unmet need for FP in Uganda, which translates into women having more children than they desire.

He said that President Obama has established family planning as a priority under the Global Health Initiative, which seeks to build strong partnerships both at the country and international levels. In Uganda, the American people provide 21 million dollars to support family planning programs each year. The programs focus on contraceptive security, improved access, affordability, and quality of voluntary family planning services. The Governments of the United States and Uganda work in partnership with the private sector to increase family planning access for women and families through all available channels. The health sector is the largest recipient of U.S. assistance in Uganda and as members of SEAPACOH, the health of the people of East and Southern Africa is of paramount concern to all members. He urged them to ensure that strong government leadership in health and family planning is a top priority. He told participants

that the Government of the United States remains committed to improving the health of the people in the region, but there is need to work together to enable host countries to accept more of the burden of support for ensuring the well-being of their citizens.

As Parliamentarians with influence over policy, budget, national dialogue, and development priorities, their role is critical in advancing family planning and reproductive health in the region. Meeting Millennium Development Goal 5b and the Maputo and Abuja plans of action will require collective action from the Governments of East and Southern Africa, donors, researchers, community and non-governmental organizations. He looked forward to the outcome of the meeting, and hoped that it would bring renewed energy and commitment by all governments in the region to safeguard the lives of millions of women and families.

Official Opening by Rt. Hon. Rebecca Kadaga, Speaker, Parliament of Uganda

Hon. Kadaga began by welcoming all members to the beautiful country, Uganda, and her special welcome went to those members who were visiting Uganda for the first time.

As an-action oriented person, she observed that 8 speeches were too many, yet discussion was for only 30 minutes. She hoped to have the Prime Minister, MoFPED, MoH, and the Attorney General sit in as participants in future meetings. She told parliamentarians that although policies are often designed by other people, parliamentarians can still follow up on these policies.

She informed participants that during the 8th Parliament, she "abused" her position as a speaker and led the rejection of five loans that did not include maternal health as a key funding area. In the 9th parliament, 11 years later, the funds including allocations to maternal health finally came. The bureaucrats had budgeted for workshops but the committee on social services had to battle to get back the money allocated from workshops to reproductive health services. During this period, a lot of time was lost, as well as lives.

The Speaker pledged that one of her issues in this parliament is to separate the committee of health from education so that there is enough time to address health properly. She informed participants that Next March, Parliament of Uganda will be celebrating the gold jubilee of the country after the IPU. She accepted Hon. Chebundo's request of supporting parliaments and said that the African group did a lot in influencing maternal health during the inter parliamentary meeting in Panama. Hon. Kadaga wished members fruitful deliberations and declared the meeting officially opened.

Session Two: Reproductive Health, Population and Development: Global and Regional Challenges

This session was chaired by Hon. Nyirarukundo, Member of Parliament, Rwanda.

The Contribution of Family Planning to the Achievement of the ICPD and MDGs by Dr. Jean Christophe Fotso, African Population and Health Research Centre (APHRC)

Dr. Fotso said that it is important to discuss the contribution of family planning (FP) as FP is one of the most cost effective interventions for development. His presentation showed that there is slow progress towards achieving the MDGs as the unmet need to FP was still too high, slowing progress towards the goal of universal access to FP. The consequence of low use of contraception and high unmet need for FP are unintended pregnancies and births, early pregnancies and child bearing and large family sizes. His presentation further showed that investing in FP will bring bigger returns to many African countries that are slow in achieving the MDGs.

Maputo Plan of Action and CARMMA: Reflections on the Performance of African Countries on FP/RH by Dr. Janet Byaruhanga, African Union Commission

Dr. Byaruhanga presented the AUC's actions towards improving maternal health in Africa. She particularly elaborated on the progress towards Maputo PoA and CARMMA. In 2010, the AUC and partners undertook a 5-year review of the implementation of the MPoA. The methodology involved sending Progress Assessment Tool to Members States, whose results were compiled and later validated in an experts meeting (in April 2010). She shared that plans for integration of HIV/STI, Malaria and SRH services into PHC are in place in 79.4% countries, with some being implemented. Only 8% of African countries have a budget for FP according to the survey. 94.1% of countries have roadmaps for access to safe motherhood & child survival services and 79.4% have operation plans. Resources for SRHR come mostly from the general health budget, a few with allocation for RH and FP, and all need more mobilisation. The MPoA was extended for 5 years, to 2015.

CARMMA is a campaign to promote and advocate for renewed and intensified implementation of the Maputo Plan of Action for Reduction of Maternal Mortality in the Africa Region. In 2011, the CAMH5 expanded CARMMA to include new-born and children. So far 34 countries have launched CARMMA. 54% of countries who have launched CARMMA have developed national road maps for implementation and 92% of countries had carried out activities that have fostered political commitment.

Drivers of Progress Towards Universal Access to Family Planning in Eastern and Southern Africa by Dr. Eliya Zulu, Executive Director, African Institute for Development Policy (AFIDEP) and Nyokabi Musila, African Institute for Development Policy (AFIDEP)

Dr. Zulu told participants that what he was presenting was part of a broader study that was conducted with IPPF to assess where various countries are in achieving MDG 5. The project covered East, West and Southern Africa. ECOWAS has called them to share the report, a sign that shows that there is energy in certain countries to do things differently. He noted that key messages from the study showed that:

- There is reasonable progress;

- A slump has been experienced; and
- It is important to put in local resources if the African countries appreciate FP as priorities for the US may change.

From his presentation, it was important to highlight that Rwanda has achieved a significant change in the CPR to 45%, the highest in the region. It increased by an average of 4% every year. He said that there is need to learn from them and see what they have done.

He pointed out that in many countries, the unmet need is higher than the CPR. This can be changed if the unmet need is addressed. He presented the key barriers to contraceptive use as; lack of access, limited method choice, medical and legal restrictions, among others. The consequences of unintended pregnancies include unsafe abortions and the study showed that for every woman, 2-3 births in EAC and SADC were mistimed. This may mean that women are not getting the services that they want to time the births. Dr. Zulu told participants that the African population is growing at a very high rate and asked them to discuss if this rapid rate is helpful for the country to achieve the development goals or if it undermines development efforts.

He said that RH is looked down upon even within the MoH. It is important to track how much of the health budget goes to RH and what percentage goes to FP. Dr. Zulu said that the study showed that the countries that are getting good RH outcomes put in a lot to health, and particularly have strong financial investment in family planning and reproductive health. He however observed that 71% of the RH budget in Rwanda comes from donors.

Dr. Mokabi presented the drivers of progress in FP uptake in Eastern and Southern Africa. She gave the drivers as:

1. Political will and commitment;
2. Adequate and sustained financial investments in FP services;
3. Strengthened health care system, quality of care;
4. Strong community-based initiatives with particular focus on men, youth and other underserved populations;
5. Sustained IEC/promotional campaigns such as in Namibia and Kenya; and
6. Increased socio-economic investments including for female education.

Gender and Sexual Reproductive Health and Rights as a Key Factor to FP/RH Programming by Prof. Grace Bantebya, Makerere University

Prof. Bantebya started her presentation by giving a summary of ARH in sub-Saharan Africa. She gave the gender barriers and stressed that the issues of gender are relational and she relayed three basic elements that are very core in discussing gender issues: gender gap, knowledge gap and gender discrimination. She presented gender barriers/drivers-RH and FP in three arenas; home setting, community and health facility levels and told the parliamentarians that they have a role to play in overcoming these barriers.

Discussion, Session Wrap-up and Key Points for Country Action Planning

The session chair wrapped up the presentations, and stated that it is clear that political will is important in the improvement of maternal health.

Participants made the following comments, observations, and questions (Q) and answers (A):

1. There was a time constraint as presenters were not given enough time.
2. **Q:** A Francophone participant noted that the SEAPACOH questionnaire is in English and requested that it be translated.
   A: On behalf of the SEAPACOH leadership, the chairperson apologized and promised that note was taken for future reference.
3. It was noted that there seems to be contradictions within the implementation and among the consumers of the policies within the MDGs. For example, for MDG 3—in Uganda, there has been implementation of universal primary education and universal secondary education has led some parents to prefer producing more children since the responsibility of education is given to the government.
4. **Q:** Regarding the topics presented by Dr. Byaruhanga's and Dr. Fotso, there seems to be a gap between the regional and international instruments and what happens at the country level. The participant asked about the law governing the Maputo PoA and noted that the EALA are working on two model laws on HIV/AIDS in respect to health service access under a common market.
   A: AUC does not have such frameworks to trickle down to the lower level. Given its mandate, that is not allowed. However, member states are expected to draw from the continental frameworks and the issues presented at regional and domestic level. Countries can draw from them and the heads of states are expected to represent their countries. When the instruments are developed, they are sent back to countries for adoption. They are not prescriptions, but they highlight the areas, where countries should put their effort in addressing the issues.
5. **Q:** Dr. Zulu's presentation showed that political will is among the key drivers to FP uptake. This is a forum of MPs and policy makers. What can they do from here to ensure that FP is a priority?
   A: The top 3 performing countries on reproductive health showcased political will; the answers are not conclusive because the ranking was disaggregated. There is need support mobilization at all levels and funding for the services.
6. It was noted that many of the policies are funded by development partners.
7. It was stated that there is need to look at the role of the media critically, as it is the biggest inculcator of stereotypes in the community.
8. **Q:** Dr. Fotso used older data. Isn't it possible to use current data?
   A: It is a limitation of the data that is available. Dr. Fosto and collaborators used the latest DHSs which are supposed to give the national representation. The latest Ethiopian DHS available at the time of preparing the presentation was 2005. (There is now a 2011 Ethiopian DHS that gives updated data.)
9. **Q:** It is a taboo to talk about abortion, yet many girls procure unsafe abortions. Ghana declared that they were going to give contraceptives in school. How far have they gone? Also, Dr. Zulu referred to Maputo PoA- Article 14 (Abortion). Uganda has reservations on that protocol. How can this meeting help countries that have not domesticated the

Maputo PoA and those with reservation to put in place measures to ensure that girls do not die because of unsafe abortions. Why give PAC when you cannot legalize abortion?
A: Abortion is a sensitive issue, but a number of countries are rethinking about it. 10-16% maternal deaths are due to unsafe abortions. There are also a large number of women who end up with maternal disability. Researchers do not give the policy position, but they give the advice. Only South Africa and Cape Verde give unrestricted access to abortion in their laws. You can look at the statistics and take action in the interest of the people. Post-abortion care is important to protect the health of the women. The agreed position at the UN level is that abortion cannot be used as a method of FP. Countries need to recognize that abortion is a public health issue. The legislators need to take action according to their national laws in the interest of the people.

10. **Q:** What exactly is done by the men/youth in Namibia regarding male involvement?
    A: There is an IEC program and radio programs in addition to YFS and policies geared towards the interests of young people.
11. **Q:** Is it possible to invest in traditional methods?
    A: There is need to invest massively in all methods of FP.
12. **Q:** The use of FP in West Africa seemed very low and the fertility is equally low. But the unmet need is also very low meaning that they wanted more children. Can you juxtapose the use of FP and whether they really need to use FP in West Africa?
    A: Fertility in West Africa is almost the same as that of East Africa. Ghana's case is different and it has been thought that may be the answer is that there are more abortions procured. Malawi is the opposite of Ghana. CPR is high at 46%, yet fertility is also still high at 6 children.
13. It was stated by a participant that Africa does not have a problem with population, but rather the quality of the population. People should not give the impression that many children are a problem.

Session Three: Repositioning Family Planning and Reproductive Health in the Region: Challenges and Opportunities for Policies, Programmes and Commodities

The session was chaired by Hon. David Parirenyatwa, Member of Parliament, Zimbabwe. He said that a lot of issues came up; funding, policy environment, MDGs, South-South cooperation, streamlining donor funding, health systems strengthening, addressing the impact of CARMMA, familiarization with the Maputo PoA, and issues of the family size. He noted that the issue of abortion is very sensitive but those present need to address it.

GAP Tool Analysis for Ethiopia by Ms. Priya Emmart, Senior Policy Advisor, Futures Group

Ms. Emmart informed participants that GAP was developed to address gaps in the financing for FP. It's a strategic planning tool that analyzes the needs of the country and plans how to address them. Gather the data, analyze it and plan collectively. The tool makes it relatively easy to establish the needs of FP in the country and who will provide it.

She presented the GAP in the Ethiopian context where there are policies and plans for population, health, RH, adolescents, growth and transformation plan. The funding gap in Ethiopia will rise in 2012 with many funding partners falling off. This will require increased government commitment. She concluded that urgent need for data on family planning costs beyond commodities at the country level. Commitments need to be linked to country-specific strategic goals.

Film Presentation: Empty Handed: Responding to the Demand for Contraceptives

This film (available in English, French, Spanish and Portuguese) is available to watch online at: http://www.empty-handed.org/

Discussion, Session Wrap-up and Key Points for Country Action Planning

1. It was stated that MPs need to speak on the same page about unpacking the health budget. A lot of advocacy has been made but the results are not visible as indicators remain poor. Therefore it is important to unpack and see the different budget lines in the health sector. It is very easy for the government contribution to go to other sectors as they believe that the contraceptives are paid for by donors. Unpacking the health budget is very important because it will help the government to know how much resources they need for FP.
2. It was noted that there is need to know when the money is released and when it goes to procurement. There are cases of women who attempt to do all that is required such as antenatal care (ANC), male involvement, etc. and they go to deliver from health facilities but die because of the weak health system.
3. The MPs applauded the Speaker's pledge to vie for the separation of health from the education in the social services committee
4. A participant noted that the involvement of men in the community is still lacking. Adolescents are mostly in secondary school and most of them in Uganda, especially Catholics, are not very friendly to FP and abortion, apart from natural methods. For Uganda to succeed in FP use, just like the HIV fight, it is important to target religions. So as to be pro-people, you don't have to talk about abortion. The best thing to do is to avoid conceiving and this is by taking contraceptives. Addressing the prominence of the religious sector is important. Rwanda is a very Catholic country but there was high political commitment and dialogue with religious leaders.
5. A participant stated that there are myths and misconceptions about these FP methods such as weight gain and asked if some of these myths are true.
6. Another participant noted that not all leaders are exemplary. And thus, there should be sensitization about what to and not to say in public.
7. It was noted that the MDG model village project provided sanitary pads to the girls and the retention in school has greatly improved. Such provisions should be advocated for so as to promote retention.
8. In regards to the *Empty Handed* video, one woman said if she "escapes from home," it should not be a long distance. This calls for the services to be taken closer to the people. Men do not seem to understand. They should be brought on board with the information and the male leaders should take lead.

9. It was noted that the bureaucracy in National Medical Stores in Uganda has caused difficulties. Contraceptives are not in the essential kit in Uganda, yet there are some areas where they are needed but are not accessible. However, contraceptives may also be sent where they are not as needed. There needs to be better efforts to match the demand and supply.
10. It was asked how youth can access FP services when they are not married yet they are told to abstain? Who is targeted in this FP use? Parents should be brought on board.
11. A participant said that field visits by MPs are important because when get to know what is on the ground, they help government to come up with appropriate programs.

Day Two: Wednesday, September 28, 2011

Session Four: Effective Programming, Innovations, Best Practices and Financing for Repositioning FP/RH

This session was chaired by Hon. Ethuro Ekwe, Member of Parliament, Kenya.

National FP Policy & Advocacy: Best Practices and Lessons Learnt from Parliament of Uganda by Hon. Mathias Kasamba, Member of Parliament, Uganda

Hon. Kasamba presented Uganda's status quo. He noted that population growth is at 3.2%, the third highest in the world and showed the trend that shows that Uganda's population doubles every twenty years. Also notable in his presentation was the age structure where about 50% of Uganda's population are dependants, i.e. under the age of 15. This has critical implications for development and social service provisioning.

Ethiopia's Health Extension Programme (HEP): Expanding Access to Family Planning by Sr. Sossena Belayneh, Ministry of Health, Ethiopia

Sr. Sossena Belayneh gave a background to Health Extension Programme (HEP) and showed how it has been able to promote the health of the people of Ethiopia, both in the rural and urban settings. She began by defining the health extension program (HEP), the discussed the role of health policy and the HSDP. The Health Extension Program is a package of promotive, preventive and basic curative services. It targets households particularly women/mothers and children at the kebele/community level and is a mechanism to shift health care resources to the rural majority people. She continued by explaining the rationale, principles, objectives, strategies, components, and opportunities. The four components of HEP are family health service, disease prevention and control, hygiene and environmental sanitation, and health education and communication. She concluded by discussing how the HEP has expanded access to FP and RH before giving her observations on the program.

Malawi's Rising FP Programme: Lessons from Integrating FP and Maternal and Child Health by Dr. Chisale Mhango, Consultant, Malawi

In Malawi's recent past, women wanted to have four children but ended up having six because they always thought that there was a chance of some of them dying. However, child health was improved in Malawi and the chance of child mortality became lower. He presented the trends of modern contraceptives prevalence; it showed that in 2002, CPR was 41% with 24% modern. The facilitating factors for Malawi's progress were the revised strategy adopted in 2004, which shifted population department from MoH to MoF and the Malawi Growth Development Strategy.

He noted that in Malawi, there is a need to change strategy. If Malawi wants to reduce the maternal mortality rate, it has to reduce its fertility from 4 to 3 children per woman. Maternal mortality has increased from 180 to 625 in SA because they didn't tackle HIV properly. In addition, death rates overall have steadily gone down, yet the crude births are still the same, leading to a higher population growth rate.

Civil Society Experiences of Working with Parliaments: The Case of Zimbabwe by Mr. Itai Rusike-Executive Director, Community Working Group on Health

Mr. Rusike presented how the Community Working Group on Health (CWGH) works with parliamentarians. CWGH was formed in 1998 with a main role of being the voice in the health sector and to built community power, organising involvement of communities in health actions within their communities and around primary health care.

Often, pregnant women are not supposed to be pay fees for primary health care, but they are made to pay. CSOs are therefore advocating for the inclusion of this into the national constitution. He told participants that more can be achieved if CSOs and parliamentarians work together since they serve the same constituencies. He said that the difference is in the language that they use.

Human Resources for Health Systems Strengthening: Policy and Programme Implications to FP/RH by Dr. Vincent Oketcho, Country Director, Intra Health Uganda

Dr. Oketcho's presentation focused on the magnitude of the health work crisis and its impact on FP. He started his presentation by playing a video clip – "Imagine" that showed how health workers leave rural areas to towns in pursuance of bigger dreams. It also showed that if there is investment in health workers, they will be available even in rural areas.

Dr. Oketcho emphasized to participants that absence of skilled health workers puts the lives of the babies and mothers in danger. He said that globally 1,000,000,000 have no access to a health worker during their lives. He added that people have better access to mobile phones than they do to health workers. In 2006, the World Health Organization identified 57 countries with a health

workforce crisis and five years later, the situation has not improved at all. The irony is that although Sub-Saharan Africa has 25% of the global burden of disease, it has only a tiny fraction of the world's health workers.

Uganda's health workers are beleaguered because they are few and inequitably distributed on top of being inadequately educated to handle all the cases that the patients come with. To make matters worse, they are poorly supported; they have almost no supplies, the leadership is not good, and they have low pay and are ill-equipped. There is evidence that the more the health workers, the better the health outcomes, but the rural areas where the majority of the population live have fewer health workers. Uganda's rural health workers attraction and retention efforts are looking at improving salary, the quality of the health unit and limited stay in the rural area.

Dr. Oketcho suggested solutions to health worker crisis which included; mobilizing leaders, expanding education, deploying the health workers where they are needed and strengthening management. All these solutions were backed with experiences and lessons from other countries where they had really worked well. He called on the participants to push for the agenda for health workers, which includes; advocating for them for favourable conditions, facilitating them and accountability.

Financing for Family Planning: Options and Challenges by Dr. Paulin Basinga, Professor, School of Public Health, National University of Rwanda

Dr. Basinga said that family planning programming requires money, yet this level of funding is not available. With only 12 % of the global population, Africa accounts for 57% of the world's maternal deaths, 49% of child deaths, 85% of malaria cases, 67% of people with HIV, and 26% of underweight children.

SSA still has low per capita spending on health, although not the lowest in the world. FP should not be looked at as a vertical problem, but as a component of the larger health sector. He showed that more than half of health expenditure is private.

He gave the financing options as: donor money, charging user fees, and community-based insurance schemes. For example, Ubutehe is where the better off pay for the poor ones, and there is also integration of services.

Regarding innovation in health financing, Rwanda has a program to use different indicators to be paid based on the quality of services. They are free to use the money as they wish. Most of them use it to top up their health workers' salaries. These are incentives to community health workers as they can use the money as they wish.

Discussion, Session Wrap-up and Key Points for Country Action Planning

The following issues were highlighted from the session:

1. **Q:** Human resource supply versus demand. How can this be balanced?
   A: Health workers should be paid enough to keep them in rural areas, as well as enough for the social amenities for them and their children. They should be mentored, supervised

and also moved to other areas, as well as supported for further studies. There should be job satisfaction and they should be provided with well organised, equipped facilities and community support is key to this.

2. It was noted that the country's RH cannot be left in the hands of volunteers, and so, governments have a major role to play.
3. **Q:** How can medical workers be maintained and retained in the hard areas?
   A: Dr. Oketcho recommended that political leaders be mobilized to support the health workers. In Uganda however, even the few health workers available are endangered. There is a need to take a critical look at the approach. No need to persecute them, but rather improve the health system.
4. **Q:** How did Rwanda manage to reach the 15% of the budget for health?
   A: It all takes political commitment.
5. **Q:** How does Rwanda manage to classify the poor?
   A: There are indicators that were given; the poor are people who cannot do anything, cannot afford to take care of themselves. They have developed a national data base which gives the national ID and Ubudehe classification. They also have Umuganda (Community work) every last Saturday of the month after which they sensitize the people on different issues affecting the country.
6. Accountability and zero tolerance to corruption were noted as important factors for success. The government has decentralised the resources and if charged with corruption, the culprit is sent to jail.
7. Rwanda succeeded in increasing FP uptake in only 10 years due to a combination of so many things: strong leadership, a vision and sector-related policies that are clearly defined. The country has good donor coordination. The government determines where donors operate before they start any implementation. Donor support must match the country priorities.
8. **Q:** It was noted that the rate of turnover of MPs in African countries is much higher than in Western countries, thus there is need to support MPs to remain in the house. Workshops take their time, including time for recess.
   A: There is tenure of parliamentary seats; if elections are free and fair, MPs go back at the end of the 5 years to give accountability to the people after all the promises during the campaigns. It is important to make the government systems deliver the services promised. The functions and expectations of the people should be served.
9. **Q:** What strategies can be put in place to assure politicians that it is not about numbers but rather the quality?
   A: Political engagement is important so that all work is done in a supportive way.
10. A summary of the action points from this session is as follows:
    a. Need to generate and disseminate data
    b. Generate political will
    c. Learn from each other for reform (e.g. look at the budget law)
    d. Ensure specific budget lines
    e. Provide the necessary leadership
    f. Help ensure the retention of health workers in rural areas
    g. Improve partnerships between CSOs and Parliaments

Session Five: Country Achievements and Challenges in Repositioning FP/RH, Including the Implementation of the SEAPACOH Strategic Plan

This session was chaired by Hon. Lydia Wanyoto, East Africa Legislative Assembly.

Review of the Implementation of the SEAPACOH Strategic Plan: Achievements, Challenges and the Way Forward by Hon. Blessing Chebundo, Chairperson, SEAPACOH

Hon. Chebundo informed participants that together with PPD ARO, they are developing a SEAPACOH website (now available at www.seapacoh.org) and thanked PPD ARO for the support. He gave participants 2 reasons why SEAPACOH was formed: inequity of resources to the health sector and HIV/AIDS and to look at their legislative mandate to budget oversights. As mentioned earlier, he reiterated that the strategic plan was developed in 2009 courtesy of PPD ARO and EQUINET. The strategic plan focuses on three key areas;

1. To ensure the needs based resourcing to the health sector;
2. Domestication of international instruments; and
3. Sustainability of SEAPACOH which requires consistent collaboration of the different committees.

He then gave the vision, mandate, mission and core values for SEAPACOH. As he presented the strategic framework implementation, Hon. Chebundo presented the 3 different priority areas together with their objectives, strategies and key activities. In terms of framework plan implementation, he reported that the capacity of MPs has been continuously built by the different partners mainly PPD ARO and EQUINET as well as individual country CSO partners such as CWGH, APHRC, and DSW. He gave a summary of the challenges and suggested a way forward. He concluded that the development of nation-specific actionable commitments is important in helping members focus on what they can do back in their countries.

Country Progress, Achievements and Challenges Regarding the Implementation of the September 2010 Munyonyo Parliamentary Meeting Resolutions

Members were given an opportunity to share and report on parliamentary work to advance FP/RH since the last meeting. Countries that had not attended the previous SEAPACOH meetings presented on parliamentary work towards advancing FP/RH. Participants were expected to report actionable areas they had done since the 2010 meeting and what they intend to do in the following year. However, most of them presented what their countries were doing, rather than parliament-specific actions.

Parliament of Kenya by Hon. Dr. Victor Munyaka

The biggest challenge faced in Kenya according to Hon. Dr. Munyaka is the still too low budget provision for health which is about 6% of the national budget, way below the 15% Abuja declaration. The new standing orders in parliament has now empowered the parliamentary committees to be involved in the budget making process a step which may now improve the

situations. In the past 2 years the government, through a programmed known as economic stimulus, funded development of model health facilities in all 210 constituencies as well as employed extra nurses in all the constituencies.

Parliament of Swaziland by Hon. Bongani Mdluli

Hon. Mdluli reported that the government of Swaziland has implemented the National Condom Strategy to ensure adequate supply and access to male and female condom, coupled with public education and advocacy. The parliamentary committee has asked Ministry about the availability of a Reproductive Health Policy. The Ministry has a final draft that still needs to be taken to stakeholders.

Parliament of Burundi by Hon. Ndihokubwayo Norbert

Parliament of Ethiopia by Hon. Wana Wake Gelesu

Hon. Wana Wake Gelesu reported that the parliament oversees plans of the health sector, the implementation procedure, and ensures better utilization of resources allocated for policy implementation. Hon. Gelesu reported that the Ethiopian parliament is playing roles in promoting FP as essential to the achievement of MDGs (especially Goal 4 and 5). All MPs have been taken the responsibility of mobilizing their respective constituencies on CARMMA in the 2009/10 annual campaign. The parliament has been playing a remarkable role by investigating whether the HIV/AIDs issues are addressed in the plans of each public body every year and monitoring its implementation process as well as the results gained.

Parliament of Ghana by Hon. Muntaka Mubarak

Hon. Muntaka presented what they intend to do as advocacy for increasing RHCS and to include contraceptives in the medical insurance plan. Hon. Mubarak noted that the challenge the committee is facing is that they need to know how much it will cost, where they are going to get the resources and thus, they need to justify why they need additional funds and show where they can get the funds from. That is why they have tasked the NCPD to provide the data which they intend to get before 25 October 2011. The data is needed to show how much the interventions are going to contribute.

Parliament of Lesotho by Hon. S.P Maphalla

Although they were not part of the meeting that drew the 2010 SEAPACOH resolutions, the Lesotho parliament has been working on FP/RH issues. They are working hard towards improving the different areas; HIV, gender imbalances, cervical cancer and anaemia. He presented the legal frameworks they have embarked on: Married Persons Act, Sex Offences Act, HIV/AIDS Bill, and bills on child care and human trafficking, all of which aimed at protecting vulnerable groups, including women.

Parliament of Malawi by Hon. Ronnie Romeo Bwanali

Hon. Bwanali reported that in Malawi, budgetary allocation to the health sector are high, accounting for about 15% of the national budget. The leadership of the Malawian Parliament is giving adequate support to the Committee on Health and Population, in particular on the furtherance of its activities. Family Planning and Reproductive Health are part of the agenda for

the Committee on Health and Population. With adequate funding, more can be done in as far as oversight of government is concerned.

Parliament of Mozambique by Hon. Leopoldo Alfredo Ernesto

Hon. Ernesto informed participants that the issues for RH including HIV are taken seriously in the Parliament of Mozambique. In 2009, they adopted and are implementing the strategy of Traditional Birth Attendants (TBAs). In 2010, the national partnership embarked on a national program of cervical cancer screening in five provinces. The pilot was done in 17 facilities that integrate services. He also acknowledged budgetary constraints citing that it is not easy to mobilise resources. In 2010, the FP strategy was developed and in 2011, Mozambique produced an elaborated HIV/AIDS policy. However, community distribution by agents at community level was suspended.

Parliament of Mali by Hon. Fanta Mantchini Diarra

Hon. Diarra told participants that although they were not around during the September 2010 meeting, the Mali Parliament has done the following in 2010-2011: training session for the parliamentarians, field visits, RAPID tool training and advocacy for mobilizing resources. They also undertook sensitization of the population and religious leaders on the ground. Since 90% are Muslims, there is a need to have a stronger impact on the communities. In all, 1,363 elected leaders were trained. Parliament tasked the MoH to present the FP budget to parliament because there were no laws in place. It is the government's responsibility to purchase contraceptives.

Hon. Diarra shared the following lessons learnt:

1. Advocacy with women at the lower levels is key;
2. Parliamentary dialogue to ensure that women receive quality services;
3. Involvement of religious leaders brought about the enthusiasm of the communities because the imams helped to speak to the communities;
4. Study tours to Morocco helped the religious leaders to tell the difference between the rumours and thus, they moved from silence to action. Today, they are openly talking about FP in mosques and radios.
5. The training of the leaders will multiply the champions of FP.

In order to multiply champions, Parliament is working to ensure that they maintain what has been done by the previous parliament, promote gender equity, remove all the social barriers and rumours, promote income generating activities to reduce poverty, increase availability of suitable personnel. They also want to strengthen the competency of health workers and put in place efficient systems of monitoring and evaluation of all players to facilitate the analysis of results. She shared the opportunities to explore which include: the involvement of free radio, integration of training module in schools, use RAPID, and work to promote favourable regional and sub-regional environments. The following constraints however, still impede their efforts: weak involvement of men, cultural reasons, poor road access, financial constraints, lack of communication between parents and children, inadequate qualified health workers and competition among women to have more children.

Parliament of Namibia by Hon. Festus Ueitele

Hon. Ueitele reported that the SEAPACOH September 2010 report was discussed by the Namibia Health Committee and was tabled in Parliament during November 2010. According to Hon. Ueitele, the budget for health stands at 13% of the overall budget of the country.

Dr. Musinguzi then presented the general government expenditure on health as the percentage of total government expenditure as per WHO 2011. More information on this data is available at: http://www.who.int/whosis/whostat/ENWHS2011full.pdf

Day Three: Thursday, September 29, 2011

Session Six: Country Achievements and Challenges in Repositioning FP/RH

This session was chaired by Hon. Member of Parliament, Hon. David Parirenyatwa, Zimbabwe. Dr. Musinguzi asked presenters to focus on the way forward, rather than what they have done in the past. They were asked to concentrate on the three major themes: Generate and Reinforce Political Will Within and Outside Parliament, Demonstrate Financial Commitment and Strengthen the Health System.

Country Progress, Achievements and Challenges (continued)

Parliament of Botswana by Hon. Prince Maele

Although they were not here last year, Hon. Maele shared Botswana's statistics and the different programmes in place in the country. Hon. Maele said that the way forward was to create stronger commitment by governments, create outreach programs, promote social marketing of contraceptives, increase men's participation, expand women empowerment, and promote youth programs. The role of MPs is to do advocacy to create social, cultural, spiritual and political will and dispel myths and misconceptions. Do resource mobilisation to improve FP services, act as role models in terms of sexuality and against sexual harassment. Empower communities to improve their health seeking behaviour. Improve stewardship and ownership of FP and SRH services, and to strengthen linkages between health sector and stakeholders.

Parliament of Rwanda by Hon. Theobald Mporanyi

He presented country statistics and showed that the trend on FP is improving steadily to 45% CPR now and they hope to move to 70% in 2012. He testified that there is very high commitment from the political leaders starting with the president, first lady, ministers and parliamentarians. The advocacy efforts of parliamentarians are strong. They use the Umuganda opportunities to tell communities about FP.

Parliament of Uganda by Hon. Sylvia Ssinabulya

Hon. Sylvia gave a brief on what Uganda parliamentarians have been able to do since 2010. She presented the following as the next action points to pursue:

1. Follow up on the speaker's pledge to separate the health committee from education in the Social Services Committee;
2. Push for the system of performance contracts in the health sector;

3. Develop capacity of other MPs so that they have a common message on FP/RH;
4. Increase linkages with health committee and Ministry of Finance, Planning and Economic Development;
5. Establishing a parliamentary forum on SRH;
6. Increasing the health budget to at least 12%, from the current 10.8%;
7. Budget tracking activities up to the lower levels;
8. Move a resolution to ensure that donor support is directed towards the needs of the country;
9. Advocate and promote revitalization of VHTs to offer FP; and
10. Promote YFS, role models and pursue the policy of establishing YCs in HCs and village level.

Parliament of Nigeria

Most communities in Nigeria breastfeed children up to two years and this has helped to reduce unwanted pregnancies in Nigeria. However, there are some cultures that still believe that they cannot use condoms. Parliament in Nigeria is committed to strengthen the linkage between the health committees and the different line ministries as well as to play an effective oversight role on all funds allocated to primary health care (PHC). They will strengthen the structure by increasing the FP knowledge capacities of members in the over 60 committees that they have in parliament.

Parliament of Tanzania by Hon. Dr. Hamisi Andrea Kigwangallaa

In Tanzania, the parliament will regenerate and reinforce the political will within and outside the parliament, demonstrate financial commitment and strengthen the health system. Previously, the Tanzanian parliamentary standing committee on social services and other stakeholders established a club of FP/RH champions among parliamentarians which has a goal to push forward the FP/RH agenda. The parliamentary committee also have forged strong partnerships with civil society organizations.

Parliament of Zimbabwe by Hon. David Parinyanyetwa

Hon. Parinyanyetwa gave the background statistics and action points that include reinforcing the political will from the top, highlight the MDGs in policy framework, youth advocacy, youth strategy in the SRH policy, strengthen CARMMA in an intense way, promote programs to integrate HIV/malaria, make an allocation from the parliamentary budget towards the capacity building of SEAPACOH, as well as promote a resource allocation strategy. He said that it is important to track the budget, strengthen South-South partnership, and ensure equity in the allocation of resources in all regions. He informed participants that the portfolio committees in Zimbabwe are already separated. There are 23 portfolio committees to represent the different ministries.

Parliament of Burundi by Hon. Ndihokubwayo Norbert

He presented the following action points towards increasing political commitment:

1. Strengthen the linkages between the committee and line ministries;
2. Capacity building of MPs;
3. Unite the parliamentary committees;
4. Partnerships with CSOs;

5. Increase access of the youth to FP and RH systems;
6. Policy of retaining girls in school;
7. Will multiply public declarations;
8. Strengthen their declarations to government and parliament and their communities;
9. Increase budget to health for FP; and
10. Performance-based financing (PBF).

Towards health system strengthening, they will pursue the following:

1. Policy on community involvement;
2. Explore options of integrating FP into other services;
3. Build capacity of SEAPACOH- exchange visits; need at least 2 meetings in a year; and
4. MPs also will make field visits to see what is done on the ground.

Parliament of Lesotho

Parliament of Mozambique by Hon. Fanta Mantchini Diarra

Parliament of Namibia

The presenter said that they will lobby the Ministry of Health for a policy with incentives to enable nationals work in rural areas since they have only foreign nationals working there. He said they would push for bush allowances for health care workers like they have for teachers. He also recommended that they go to the field as teams.

Parliament of Kenya

The presenter told participants that the country has two executives, the president and prime minister. In Kenya, health issues are handled by three ministries (medical services which handles level 3 to level 5; ministry for public health and sanitation for dispensaries and health centres; and ministry of special calamities). The Kenya Parliamentarians will focus on the key issues in the meeting recommendations and ensure are done before the next SEAPACOH meeting.

Session Seven: Resolutions

Presentation, Discussion and Adoption of Kampala 2011 Resolutions and Recommendations by Hon. Munji Habeenzu, Executive Member, SEAPACOH

Participants agreed on the resolutions and recommendations that were adopted. They committed themselves to the realization of the MDGs, the Maputo Plan of Action and the Accra Agenda for Aid Effectiveness. This will be done by:

1. Generating and Reinforcing Political Will Within and Outside Parliament
2. Demonstrating Financial Commitment
3. Strengthening the Health Care System
4. Strengthening SEAPACOH's Capacity (this issue was discussed in further detail during SEAPCOH's business meeting)

Session Eight: Closing Ceremony

This session was chaired by Hon. Margaret Nantongo Zziwa, Member of Parliament, EALA. Hon. Ziwa sent regards from the speaker of EALA and invited members from the neighbouring EAC countries that have interest to join the commission as per the treaty. She made an introduction to the Chief Guest on behalf of the participants from Kenya, Swaziland, Zimbabwe, Burundi, Ethiopia, Ghana, Lesotho, Malawi, Mozambique, Mali, Namibia, Nigeria, Rwanda, Tanzania, Botswana, Zambia and Uganda. She briefed the Chief Guest that the Hon. Speaker had graced the meeting and opened it. She introduced the EALA team and all the different dignitaries who had graced the opening ceremony. She concluded by telling participants that Uganda is well endowed with tourism sites.

Closing Remarks

Remarks by Dr. Jotham Musinguzi, Regional Director, PPD ARO

Dr. Musinguzi welcomed the Chief Guest and gave him a highlight of what had transpired during the two and a half days. He told him that MPs had come out with a number of commitments and resolutions for which they will be accountable next year. He introduced and thanked the team of facilitators who presented different papers on FP in the region and how they can move the agenda in the region. He recognized all the development partners: USAID, Futures Group, Health Policy Project, Hewlett, Capacity Plus-Intra health. He also introduced the Executive Director from PPD and his staff from PPD ARO, as well as the team from POPSEC who contributed greatly to the organizing of the meeting and its success.

Remarks by Dr. Harry Jooseery, Executive Director, PPD

Dr. Jooseery also welcomed the Chief Guest to this important meeting. He told him it was a real success and he applauded all the participants for their deliberations. He cited a number of challenges that had been discussed. He noted that MPs shared their experiences regarding the implementation of the SEAPACOH strategic plan and acknowledged that the challenges are still strong and the unmet need for FP is very high.

He noted that participants resolved to solve the challenges by generating and reinforcing political will within and outside parliament, demonstrating financial commitment, strengthening the health care system and strengthening SEAPACOH's capacity. Dr. Jooseery pledged that PPD will continue to offer its support to the MPs in the South to help ensure that the MDGs, ICPD PoA are met.

He informed participants that PPD was organising a conference in South Africa and he extended an invitation to the Chief Guest. The meeting had provided a wealth of information; FP and RH need to be repositioned as a development agenda. He thanked them for having shared good experiences which will be documented and shared as best practices. He thanked the different MPs for their contribution and also the Government of Uganda for housing PPD ARO. He concluded by expressing his gratitude to the different partners who supported the meeting and the organisers.

Remarks by Hon. Blessing Chebundo, Chair, SEAPACOH

Hon. Chebundo congratulated PPD ARO for successfully organising the meeting and the participants for having contributed. SEAPACOH and PPD are hosting the 4th consecutive meeting and they have recognised that SEAPACOH is growing as a network. The theme of this meeting is energizing to the MPs and Hon. Chebundo is confident that if the resolutions are pursued, they will be able to achieve the objectives of SEAPACOH. He said that participants should be able to pursue them effectively. Key issues include increasing their advocacy to address RH and FP issues. He noted that they discussed intensively about the need to strengthen systems and ensure that the mothers and children's health are improved for the betterment of the people. With regards to political will, he told them that when the top leadership put a face to the fight against the challenges that surround RH, then the challenges can be overcome. If they demonstrate commitment, become role models and avail the resources, "walk the talk and don't only talk the walk," then things can change.

He used the opportunity and asked the Chief Guest to take the requests of SEAPACOH to the ministerial forum so that the ministers are the first to advocate for the resources to the health sector. Hon. Chebundo said that Parliamentarians also appreciated the presence of the speaker. The Chief Guest's presence at the closing ceremony also demonstrates political will and he requested him to urge his colleagues to assist the MPs in the fight.

He thanked the PPD Secretariat and PPD ARO for the continuous support. He also noted the important role of the development partners that have worked with PPD ARO: UNFPA, HPP, and the Hewlett, Packard, and Gates Foundations. Their assistance to SEAPACOH is not only benefiting PPD but the communities, Africa, as well as the world as a whole as these challenges have no boundaries.

He noted that currently SEAPACOH is being helped by PPD ARO to establish a website. A draft website has been produced and the steering committee will agreed on how to move forward. He promised that they will continue to work closely with all partners.

He urged all MPs to remember the efforts of all the resolutions they have developed and to implement them over the next year. He implored them to share the resolutions with their colleagues and to report to the presiding officers. He hoped that the next time SEAPACOH meets, all will report positively about the implementation. He concluded by thanking the chief guest and all the participants.

Official Closing by Prof. Dr. Kisamba Mugerwa, Chairman of National Planning Authority on behalf of Hon. Matia Kasaija, Minister of State for Finance, Planning and Economic Development (Planning) and PPD Board Member

Prof. Dr. Kisamba Mugerwa, the Chairman of Uganda's National Planning Authority (NPA), sent apologies on behalf of Hon. Matia Kasaija, who was called by the President to attend to other duties. Prof. Dr. Kisamba Mugerwa announced that he was therefore representing Hon. Matia Kasaija in closing this meeting. Prof. Kisamba Mugerwa congratulated the MPs for having been in the meeting for three consecutive days. As an economist, he said he was glad to hear that the participants acknowledged that the issue of sustainable development is no longer an issue of

economics alone, but involves other sectors and issues such as environment, health, population issues, and other social sectors. He thanked Dr. Musinguzi for the leadership he has given in the promotion of population issues. He credited Dr. Musinguzi for having introduced him to the issues of population which he started to understand from the planning perspective. He noted that it is important that the MPs who pass the budgets understand these issues. He concluded by conveying the minister's message and thanked all participants.

Vote of Thanks by Hon. Fanta M. Diarra Member of Parliament, Mali

Hon. Diarra passed a motion of thanks to the Chief Guest on behalf of the participants. She said that they enjoyed their stay in Uganda, from the meeting deliberations to the dinner, cultural entertainment and the cocktail. She addressed their thanks and congratulations to the organizers of the meeting. She applauded PPD ARO for having mobilised the resources for the meeting. She thanked all who had contributed to the success of the meeting. She thanked the experts who made very brilliant presentations that helped the participants to understand the issues of FP and RH. She expressed gratitude to the madam speaker, the interpreters, the workers and staff of the hotel for their availability as well as the hosts for their hospitality. She said that they will leave Uganda with a good image. She thanked the media and all key personalities who despite their duties accepted to come and attend the meeting. Specifically, she gave special thanks to the speaker of Uganda, Dr. Kisamba Mugerwa and the MoH who came for the dinner despite having returned from recent travels.

She thanked PPD ARO for the good organisation and hoped that all participants will be available next year in order to share what they will do in the next year. She assured them that the commitments made will be pursued God-willing. She said that it is not good for them to put the executive to task when they fail to deliver, yet they also do not respect their commitments. She prayed that they manage to get the resources so as to be able to implement what they have agreed on, so as to report positively on the commitments next year. She concluded by wishing fellow participants safe journeys back home.