

NETWORK OF AFRICAN PARLIAMENTARY COMMITTEES OF HEALTH (NEAPACOH) MEETING 2018.



A report on the meeting proceedings, 30th -31st November 2018



Partners in Population and Development (PPD)
Africa Regional Office
An Inter-Governmental Organization
Promoting South-South Cooperation



AFIDEP
African Institute for
Development Policy
Bridging Development Research,
Policy and Practice



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Kampala - Uganda

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List of Acronyms

AAPDP	Addis Ababa Declaration on Population and Development
ACHEST	African Centre for Global Health and Social Transformation
AFIDEP	African Institute for Development Policy
AHBN	African Health Budget Network
ANC	Antenatal Care
APHRC	African Population and Health Research Centre
AU	African Union
AYRH	Adolescent Youth Reproductive Health
CHWs	Community Health Workers
COMMAT	Commonwealth Medical Trust
CPD	Conference on Population and Development
CSOs	Civil Society Organizations
EA	East Africa
EmOC	Emergency Obstetric Care
FP	Family Planning
GBV	Gender Based Violence.
IPPF	International Planned Parenthood Federation
mCPR	Modern Contraceptive Prevalence Rate.
MDAs	Ministries, Departments & Agencies
MDGs	Millennium Development Goals
MMR	Maternal Mortality Ratio
MoH	Ministry of Health
MSU	Marie Stopes Uganda
NEAPACOH	Network of African Parliamentary Committees of Health
NPC	National Population Council
PACE	Program for Accessible Health Communication and Education
PD/RH	Population & Development/Reproductive Health
POAs	Program of Actions
RHU	Reproductive Health Uganda
SDGs	Sustainable Development Goals
SRH	Sexual Reproductive Health
TFR	Total Fertility Rate
UNFPA	United Nations Population Fund
VHTs	Village Health Teams

Find all meeting presentations and other media reports on PPD website at the following link:
<http://www.partners-popdev.org/aro/programs/regional-networks/>

Executive Summary

Partners in Population and Development, Africa Regional Office has been organizing high-level policy meetings for African parliamentary committees of health and their clerks to promote south – south exchange on best practices and identify areas of follow up action to advance the SRHR and FP agenda in the region for the last 10 years. These meetings, organized under the auspices of the Network of Africa Parliamentary Committees of Health (NEAPACOH), focus on implementation of national, parliamentary, regional and international commitments.

PPD ARO in partnership with NEAPACOH organized a two-day high-level policy advocacy meeting with parliamentarians from October 30-31, 2018 at Speke Resort, Munyonyo in Kampala, Uganda; under the theme *“Building the capacity of African policy makers for improved reproductive health and family planning outcomes in the region: challenges and Opportunities”*.

The main objective of the 2018 NEAPACOH Meeting was to build the capacity of African policy makers and ensure sustained political will and leadership for SRH/FP within the context of the SDGs. The specific Objectives were;

- Share progress, lessons learned and remaining challenges on implementation of the RH/FP related country commitments that were made during the December 2017 NEAPACOH meeting.
- Share parliamentary experiences and good practices that enhance the achievement of Sustainable Development Goals (SDGs), FP2020 and SRH related commitments
- Build the capacity of policy makers to contribute to enhanced accountability, leadership and stewardship for the implementation of RH/FP commitments in the region; and
- Develop country-specific commitments in the context of producing better reproductive health and family planning outcomes for implementation over the coming 12 months.

The meeting was opened by the Speaker of Uganda’s Parliament, Rt. Hon. Rebecca Kadaga. It drew participants from the Parliaments and National Assemblies of Burundi, Gambia, Ghana, Kenya, Malawi, Senegal, Swaziland, Tanzania, Tunisia, Uganda, Lesotho, Namibia, Nigeria, Seychelles, and Zimbabwe. Others were from United Kingdom, United States of America, Bangladesh, Niger, Benin, Burkina Faso, Morocco and Mozambique. In total, 191 participants attended the meeting.

During the meeting, participants raised a number of issues and recommendations regarding RH/FP, including follow-up mechanisms on NEAPACOH commitments and other protocols, capacities for MPs to perform their roles in addressing health issues, achieving universal health coverage, population age structure and harnessing the DD, high incidences of unsafe abortion in Africa, achieving the Abuja declaration health financing target, high maternal mortality ratio, non-communicable diseases among others.

Participants shared progress in implementation of the commitments made in December 2017 and made specific country commitments towards addressing Reproductive Health/ Family Planning during the year 2018/19. Notable achievements in 2017 were; raising Zimbabwe's and Uganda's health budgets from 6.5% to 8.5 % and from 7.5% to 7.8% respectively.

A resolution (The Kampala Call to Action 2018) was presented and adopted by participants, committing to address RH/FP issues in their countries. The resolution covered a number of areas as follows;

Country Leadership to:

1. Continue providing leadership and stewardship on policy, legislation and budgetary oversight for reproductive health and family planning
2. Accord highest priority to integration of reproductive health and family into national development plans and strategies across sectors
3. Promote and support general awareness on reproductive health, family planning, emerging killer diseases e.g. Tuberculosis, Malaria, HIV/AIDS, in the constituencies and at all levels in the country

Effective legislation to:

1. Support a policy environment that ensures greater accountability and oversight of the implementation of reproductive health and family planning programmes.
2. Support initiatives for recruiting and skilling human resources for health
3. Support universal access to health, and health care services including RH and FP services
4. Initiate and support a conducive and facilitative policy and legal framework for community health workers to contribute to the health of our populations.

On Advocacy

1. Regularly issue public statements supportive of RH/FP to mobilize both political and popular support;
2. Lobby for inclusion of reproductive health and family planning activities in government priorities and keep them high on the agenda
3. Advocate for investments in the young people with a focus on education, health, skilling, job creation to enhance the harnessing of the demographic dividend.

On Financing

1. Advocate for increased government resource allocation and other domestic spending towards reproductive health and family planning programmes.
2. Ensure accountability in public expenditures and track RH/FP resources;
3. Ensure the full engagement of our political leadership, national and local governments to ensure that our RH/FP programmes are adequately funded by domestic resources, and continuous engagement of donors.
4. Advocate for increasing funding and technical support for promoting South – South cooperation in Africa for improvement of maternal, new-born, child and adolescent health and sexual reproductive health services

On Strategies and Programmes

1. Collaborate with political and other leaders to optimize and/or strengthen their capacity to advocate for FP and population health issues;
2. Ensure the monitoring and evaluation of reproductive health and family planning programmes
3. Promote south – south sharing of innovative good practices for promoting as well as maternal, new born, child health including reproductive health, family planning, population and development.
4. Support the drive against early marriages and teenage pregnancy and advocate for initiatives to keep the girl child in schools.
5. Promote and strengthen partnerships, including public-private partnerships in promoting RH/FP , population and development
6. Support the implementation of a comprehensive mechanism for monitoring commitments made at NEAPACOH and other regional and international fora.
7. Deepen partnerships for south – south cooperation for improvement in SRH outcomes and harnessing the Demographic Dividend

On Strengthening NEAPACOH

1. Support a sustained a sustained capacity building programme for parliamentarians and parliamentary committees to increase their knowledge of the linkages between RH/FP and development
2. Expand opportunities for increasing evidence use by parliamentarians.
3. Undertake South-South study tours to different regions for best practices sharing and learning lessons for replication in country contexts.

All the Partners in their respective niche areas and areas of strength committed to support NEAPACOH in the implementation of this call.

The meeting was closed by Hon. David Bahati, Minister of State for Finance, Planning and Economic Development (Planning) who called upon MPs to influence their countries to prioritise family planning for better service delivery and to ensure that the Kampala Call to Action is implemented.

1.0 Introduction

Every year, Partners in Population and Development, Africa Regional Office (PPD ARO) organizes high-level policy meetings for African parliamentary committees of health and their clerks to promote south – south information exchange on best practices and identify areas of follow up action to advance the SRHR including FP agenda in the region. These meetings, organized under the auspices of the Network of Africa Parliamentary Committees of Health (NEAPACOH), focus on implementation of regional and international commitments. The meetings provide a platform for building capacity and raising awareness of MPs on the interrelationships between SRHR and sustainable development, among others.

PPD ARO in partnership with NEAPACOH organized a two-day high-level policy advocacy meeting with parliamentarians from October 30-31, 2018 at Speke Resort, Munyonyo in Kampala, Uganda. The meeting was the tenth in a series organized under the auspices of NEAPACOH. The theme of the meeting was “Building the capacity of African policy makers for improved reproductive health and family planning outcomes in the region: challenges and Opportunities”. It provided space for discussions between and among members of the parliamentary committees of health and develop concrete policy actions aimed at building and sustaining momentum for political will for reproductive health and family planning (RH/FP) in the context of achieving Sustainable Development Goals (SDGs).

2.0 Objective of the meeting

The main objective of the 2018 NEAPACOH Meeting was to build the capacity of African policy makers and ensure sustained political will and leadership for SRH/FP within the context of the SDGs.

The specific Objectives were;

- Share progress, lessons learned and remaining challenges on implementation of the RH/FP related country commitments that were made during the December 2017 NEAPACOH meeting.
- Share parliamentary experiences and good practices that enhance the achievement of Sustainable Development Goals (SDGs), FP2020 and SRH related commitments
- Build the capacity of policy makers to contribute to enhanced accountability, leadership and stewardship for the implementation of RH/FP commitments in the region; and
- Develop country-specific commitments in the context of producing better reproductive health and family planning outcomes for implementation over the coming 12 months.

3.0 Participation

The Speaker of Uganda’s Parliament, Rt. Hon. Rebecca Kadaga officiated at the 2-day meeting. The meeting participants were African countries’ Parliamentarians who are members of the Committees of Health and their Committee Clerks, as well as representatives of Development Partners, Civil Society Organisations and other important stakeholders engaged in Family Planning, Reproductive Health and Maternal and Child Health programs.

Network of African Parliamentary Committees of Health (NEAPACOH) Meeting, 2018

The participants were from the Parliaments and National Assemblies of Burundi, Gambia, Ghana, Kenya, Malawi, Senegal, Swaziland, Tanzania, Tunisia, Uganda, Lesotho, Namibia, Nigeria, Seychelles, and Zimbabwe. Other participants were from United Kingdom, United States of America, Bangladesh, Niger, Benin, Burkina Faso, Morocco and Mozambique. In total, 191 participants attended the meeting.

DAY ONE

4.0 Session One: Opening ceremony

Session chair: Hon. Dr. Michael Kenya, Chairperson Health Committee, Parliament of Uganda:



Group Photograph with:

The guest of honour: Rt. Hon. Rebecca Kadaga, Speaker of Parliament of Uganda

4.1 Remarks by Mr. Adnene Ben Haj Aissa, Executive Director, PPD



“Through the South-South Cooperation, there has been improvements in Maternal and Child Health and average life expectancy has improved in member countries”, Mr. Adnene

with deep commitment to improving the Reproductive Health and Rights, to promoting development agenda and to collaborating with partner countries and in strategic partnerships with NGOs.

Mr. Adnene shared the mission and vision of PPD. He said PPD collects and publishes a number of best practices in FP and RH in PPD member countries. He said PPD had expanded its membership to 26 countries, representing 59% of the world population. He said PPD had a permanent observer position with the UN. He noted that PPD has been organizing inter-ministerial conferences on population and development for 14 years in a row and undertakes to ensure that RH rights are observed both nationally and internationally. He said PPD carries out advocacy for increased funding for RH commodities and supplies and has also been training professionals from member countries, with support from International Organisations, including UNFPA.

Mr. Adnene applauded China, for supporting supported 1300 senior government officials, programme managers and medical service providers from other developing countries in the previous 10 years. He said Indonesia, Thailand and Tunisia had also trained more than 1000 health professionals. He informed participants that each year, around 40 long-term scholarships are provided by Egypt, South Africa and India to PPD member countries, noting that all these had improved the capacity of PPD countries to address RH and population and development issues.

Mr. Adnene informed delegates that PPD had made remarkable contribution in the promotion of technology transfer and noted that China donated 1million USD worth of contraceptives and 6000 USD worth equipment for RH to PPD member countries. He said India contributed 1.2m USD towards the construction of 36 community clinics in rural Bangladesh and observed that through the South-South Cooperation, there has been improvements in Maternal and child health and average life expectancy has improved in member countries. He said this had led to improvement in the quality of life of the people. He said the completion of the PPD house in Bangladesh was a huge milestone and thanked all countries that contributed to its construction.

Mr. Adnene pledged PPD's commitment to cooperating with other partners like UNFPA to fulfil its mandate. He said PPD would continue to explore innovations and formulate strategic plans for cooperation in the area of population and development. He pledged PPD's hard work towards achieving the 2030 sustainable agenda. He thanked all participants for finding time to attend the meeting and wished them a fruitful one.



4.2 Remarks by Hon. Ruth Labode, Chairperson, NEAPACOH

Hon. Labode acknowledged the presence of a number of officials and thanked them for attending the meeting. She said their attending was a sign of prioritizing issues of the girl child, amidst their busy schedules, since the period was a planning and budgeting period. She thanked the organisers and funders of the meeting.

“Advocacy for the provision of safe abortion is gaining moment and a movement of pro-choice activists has been galvanized, access to post abortion care is almost becoming a universal health care component”, Hon. Labode

Hon. Labode noted that not all Parliamentarians were health workers and emphasized the importance of defining indicators. She said the health indicators of most African countries are still

poor, pointing out maternal mortality ratio and said that opportunities for reducing MMR were available for Parliamentarians and other policy makers, including; high antenatal services coverage, increased number of waiting mothers' shelters, increased number of women delivering in health institutions and government subsidy on blood products among others. Until recently, a unit of blood in Zimbabwe was costing 180 USD, which was very expensive but blood is now free said Hon. Labode.

Hon. Labode pointed out that advocacy for the provision of safe abortion is gaining moment and a movement of pro-choice activists had been galvanized. She noted that access to post abortion care was almost becoming a universal health care component. Hon. Labode noted some challenges to reducing MMR, including lack of political will, donor dependency and hypocrisy, legal frameworks not supportive of SRHR, low uptake of contraceptives among the youth increasing teenage pregnancies and increase in the number of youth sex workers leading to an increase in illegal abortion, STDs and HIV incidences. She said inefficient use of existing funding and religious and cultural beliefs including poverty remain a huge obstacle to countries achieving their Sustainable Development Goals. She called upon all delegates to work towards reduced Maternal Mortality.

Hon. Labode ended her remarks with a quotation by a female University student from Zimbabwe.

“Please understand that my life is trapped in a circle of poverty. I have to do what I must do to pay my school fees including unsafe sex and unsafe abortions. If all these things do not kill me, then poverty will kill me. Either way I am a dead person”

She wished all participants a successful meeting.

4.3 Remarks by Mr. Alain Sibenaler, UNFPA Representative

Mr. Sibenaler thanked PPDARO for consistently organizing the annual event that brings together members of Parliament from Eastern and Northern Africa. He said the meeting of members of the Parliamentary Health Committees was important because it gives Parliamentarians an opportunity to share experiences, learn from each other and make commitments for the subsequent year about SRH/FP, GBV Population and Development concerns. He noted that the meeting enables Parliamentarians to be accountable to the people they serve.



“When people lack choice, especially the young girls, it can have a long-term impact on the desire to fulfil their potential through education, good health and participation in the labour-market”, Mr. Sibenaler

The Representative informed the meeting that 2018 was an important year because UNFPA marked 50 years when the world proclaimed family planning as a basic human right at the first International Conference on Human Rights under the theme “Family Planning is a Human Right”. He said UNFPA launched the State of the World Population Report with the theme “The Power of Choice”. He noted that Choice can change the world and rapidly improve the wellbeing of women and girls, transform families and societies and accelerate global development. All that could only be possible when couples or individuals have the right to decide freely and responsibly on the number and spacing of their children and to have the information and means to do so said Mr. Sibenaler. When people lack choice, especially the young girls, it can have a long-term impact on the desire to fulfil their potential through education, good health and participation in the labour-market. He said it also drives gender inequalities and iniquities, which are still common in most of Africa said Mr. Sibenaler.

Referring to the recent ICPD @25 review, Mr. Sibenaler said a lot of progress has been realized to-date but there are still major inequality gaps that make categories of the population vulnerable and therefore limiting their access to services including family planning information and services. He believed that access to affordable and acceptable SRH services could change a woman or girls’ world, which would mean no unmet need for family planning, preventable maternal death and no GBV. He noted that there was good policy environment in Uganda, although with a few misunderstandings about sexuality education especially among religious leaders, though implementation of these policies has been the major challenge said Mr. Sibenaler.

Mr. Sibenaler applauded Members of Parliament for being instrumental in advocating for domestic budget allocation for family planning/SRH, prevention of teenage pregnancy and FGM, advocacy for better maternal child health; leading to notable progress especially for the case of Uganda. He challenged Parliamentarians to play their oversight responsibility to hold the gatekeepers accountable to deliver an integrated package of SRH that ensures rights and choices for everyone. This would ensure a wide choice for women and couples in relation to opportunities including a choice of contraceptive use through a method mix at all levels and reduce FP discontinuation (estimated at 45% in Uganda). It would also reduce teenage pregnancy that is high in almost all sub-Saharan African countries and address gender imbalances and regional inequalities that still keep majority of the populations especially in the rural areas, ensure that indeed no one is left behind said Mr. Sibenaler.

Mr. Sibenaler commended the Hon. Speaker of the Parliament of Uganda for her leadership on population issues in the country and leading on efforts to ensure that no one is left behind and strengthening service delivery in Uganda. He reiterated her message to the Hon. Minister for Planning in Uganda delivered during the launch of the State of the Uganda and World Population reports the previous week that he should consult her so that as Parliament they plan together and come up with sustainable ways of addressing the population challenges the country is facing.

Mr. Sibenaler pledged UNFPA's commitment to continue supporting the Government of Uganda and all partners to explore, innovate and implement an effective integrated package of rights in order to ensure that no one is left behind. He called upon members to give hope to the young generation to live their dream and wished them fruitful deliberations.

4.4 Remarks by Hon. Dr. Chris Baryomunsi, Minister of State for Housing and Urban Development

Hon. Dr. Baryomunsi welcomed all participants from various parts of the world and thanked them for taking part in discussing an important subject of population, sexual reproductive health& rights and family planning and their interlinkage with development. Hon. Baryomunsi introduced the chief guest, Rt. Hon. Rebecca Kadaga, the Speaker of the Parliament of Uganda, thanked her for being a champion of population issues and invited her to make her remarks and officially open the NEAPACOH 2018 meeting.

4.5 Remarks by Rt. Hon. Rebecca Kadaga, Speaker of Parliament of Uganda



Hon. Kadaga thanked delegates for honouring the invitation and welcomed members of parliament from different African countries to Uganda. She emphasized the importance of building capacities for parliamentarians to address SRH/FP issues. Africa is still anchored in its traditions, it is important for members of parliament to address social cultural issues negatively affecting Sexual and Reproductive Health, said Hon. Kadaga.

“Africa is still anchored in its traditions, it is important for Members of Parliament to address social cultural issues negatively affecting Sexual and Reproductive Health”, Rt. Hon. Kadaga

content and the theme for the meeting: *“Building the capacity of African policy makers for improved reproductive health and family planning outcomes in the region: Challenges and Opportunities”*. It could not have been timelier, happening at a time when real capacity building for policy makers is needed so that they play their rightful roles of leadership and stewardship for reproductive health and family planning programmes in their countries said Hon. Kadaga.

She thanked PPD and NEAPACOH leadership for having thought of such a theme and noted that capacity building was a challenge that cuts across other health service delivery mechanisms on the African continent. She called upon delegates to use the meeting for constructive discussions among themselves on behalf of the people they represent from their respective countries and constituencies. She said she trusted that they would situate their deliberations on priority policy interventions, with the view of building and sustaining momentum for political will to act on RH issues within the context of the SDGs.

Rt. Hon. Kadaga emphasized the importance of building and maintaining strong political will, national ownership and support in order to consolidate the gains made, complete the unfinished Millennium Development Goals (MDGs) business and sustain momentum for the success of the Sustainable Development Goals (SDGs).

She believed African countries were not short of policy environment to facilitate their work in bringing higher up to scale issues of RH including FP, population and development. She noted frameworks like Maputo Plan of Action whose main objective is universal access to RH services. She said the Abuja Declaration was still as valid as it were. She pointed out the commitments under the ICPD and the Addis Ababa Declaration for Population and Development (AADPD+5), Accra Agenda for Action, London Summit on FP and the Sustainable Development Goals (SDGs), and called on parliamentarians to play their oversight functions and ensure that their governments fulfil the commitments they make. She noted that all frameworks she mentioned were about delivering a better Africa, a better world for the benefit of the people they served. She said implementation of those good policies remains a big challenge for most countries, calling on members to make good use of the time to interact and share best practices for the good of the people they represent.

The Rt. Hon. Speaker said Parliamentarians are key players who can remove legal and administrative barriers to accessing quality health services through their roles. She called upon them to influence resource allocation and ensure clear budget lines and expenditures on health; and ensure that funds from both the national budgets and donors are efficiently spent. She said answers to addressing health issues including sexual and reproductive health problems that confront Africans were not far-fetched and within Parliamentarians' reach.

She was delighted that the objectives of the meeting would address the four pillars of maternal mortality including; antenatal care, emergency obstetric care, skilled attendance at birth and family planning, was also glad that members would discuss topics anchored on ensuring greater accountability and oversight of the implementation of global, regional and national development strategies in the context of the 2030 Agenda for Sustainable Development.

Hon. Kadaga concluded her remarks by requested Members of Parliament to take on ideas that will be shared at the meeting in order to improve the welfare of Africa, she wished delegates a pleasant stay in Uganda and, declared the meeting open.

5.0 Session Two: Two years to the end of the FP2020 commitments: Ensuring greater accountability and oversight for implementation of the FP2020 commitments, challenges and opportunities.



5.1 Keynote address by Hon. Dr. Chris Baryomunsi, MP, Parliament of Uganda and Minister of State for Housing and Urban Development.



“Every year, the world loses about US \$15 Billion due to maternal morbidity and mortality, Investment in \$1 in family planning saves expenditure of \$2-4 on maternal and new born health”, Hon. Baryomunsi

Dr. Chris Baryomunsi said that the world’s population was about 7.6 billion people and it continues to increase, projected to reach 8 billion in 2028. He said demographic indicators were getting better but in Africa the progress was still slow, and one of the reasons why Members of Parliament were in the NEAPACOH meeting was to challenge themselves on what they can do to change these indicators.

The population continues to rise due to high fertility rate, and women in Africa continue to die while giving birth, no woman should die while giving birth, Members of Parliament should ensure that this stops, said Hon. Baryomunsi. Asia and Africa account for more than 85 % of maternal deaths globally, this should be a concern for all delegates. While in Abuja, governments committed to increase the health budget to at least 15%, but most African countries have not honoured that commitment, including Uganda.

Hon. Dr. Chris Baryomunsi summarized the major factors contributing to high maternal mortality in Africa in the 3 delays. These include; delay to seek care at household level due to lack of power to take decisions, and lack of money; delay to access the health facility due to transport challenges; and delay to receive care at the health facilities where a pregnant woman may need EmOC but services are not available including blood and ambulances. Hon. Baryomunsi therefore urged MPs to prioritize family planning in order to reduce maternal deaths.

Members of Parliament should champion family planning, given the fact that African countries are pro-natalists. Most Africans believe in big populations and MPs therefore have a big role to play to sensitize communities and leaders to ensure that family planning is embraced in Africa said Hon. Baryomunsi. Demographers advise that the economic growth should be 3 times the population growth if countries are to realise development. Africa's population growth has translated into a high dependency burden and if African countries do not take the right decisions and put in place the right policies, they may miss on turning this high youth population into a demographic window of opportunity said Hon. Baryomunsi.

5.2 Improving Reproductive health in Africa: By Dr. Boniface Ushie, APHRC



***“There is evidence that sexuality education does not increase young people’s engagement in sexual activities”,
Dr. Ushie.***

RH issues have remained poor in Africa despite several policies, guidelines and commitments in place, mainly because reproductive health issues are complex to deal with. There is also low investments in these issues. However, MPs can do something by harmonizing conflicting legal systems, allocating funds for Sexual Reproductive Health services, including male involvement said Dr. Boniface Ushie. There is evidence though that family planning can help space births there by improving the health of mothers but its usage in Africa is still very low due to high unmet need, limited funding and over dependence on short term methods, yet we all know that family planning is cost effective and reduces maternal and child deaths said Dr. Boniface Ushie.

Evidence shows that adolescents are already engaging in sexual activities though sexuality education has been controversial in Africa yet sexuality education is very critical in addressing gender relations, the girl child can be prepared to handle SRH challenges if educated said Dr. Boniface Ushie.

Dr. Ushie highlighted abortion as a key SRH issue affecting Africa and said that much as abortion is high in developed counties, most unsafe abortions take place in Africa (76 percent). In Zimbabwe abortion is even higher, one in every 4 unintended pregnancies ends in abortion. However, Parliamentarians can do something to address these issues by; harmonizing conflicting legal systems in religious, cultural and constitutional affairs, using power of appropriation to allocate funds for family planning and other RH services, and, writing men into reproductive health policies.

5.3 Learning from Successful Reproductive Health and Family Planning Advocacy Programmes: the contribution of Parliamentarians: By Ms. Irene Muhunzu, Senior Population Programme Donor Coordinator, Kenya NCPD

Ms. Muhunzu informed delegates that reproductive health indicators for Kenya have improved because of the key interventions that have been put in place including among others; a campaign by the first lady of Kenya to ensure that women in all counties access SRH services and establishment of a network of parliamentarians to champion population and reproductive health issues in Kenya.



Capacities of Members of Parliament have been built to advocate for increased resources for RH care services including family planning, and as a result, family planning has been integrated in the county budgets, political will has been galvanized which has raised RH/FP champions said Ms. Muhunzu.

Ms. Muhunzu informed delegates that advocacy instruments have been developed to enhance advocacy for RH issues in Kenya including demographic dividend roadmap and multimedia presentations. Despite improvements at national level, there are still challenges in addressing county, rural/urban socio-economic and educational disparities. These need to be addressed to accelerate harnessing the demographic dividend. Therefore, effective partnerships are critical for success and political commitment at both national and county level which are key to improved RH/FP outcomes said Ms. Margret.

5.4 Sustained Accountability, Leadership/Stewardship for RH/FP: By Prof. Francis Omaswa.



Parliamentarians' leadership is very critical in achievement of SDGs and Universal Health Coverage in Africa, Prof. Omaswa

Though there is a lot of improvement in the socio-economic and health indicators, Africa still lags behind in most indicators, “We should be ashamed” said Prof. Omaswa.

A lot of commitments have been made. Each country has a health sector plan, all constitutions address essential health services, we are making commitments and resolutions all the time, but Africa still lags behind said Prof. Omaswa.

Health for all should be ensured through primary health care. Health promotion should be an integral part of all health plans, and Africa needs to create societies that respect the agreements that have been made in countries. Reproductive Health and Family Planning will not improve if we

don't have cohesive societies said Prof. Omaswa. Members of parliament should know about the people and what is happening to them, “if everyone is for themselves and no one is for community, countries are not going to develop” said Prof. Omaswa.

Let us invest in education because if we have an educated community, everything else will follow. Quality health care is very important if Africa is to develop. More people are dying from poor health care than no care. Integrated people centred programmes with people participation should be promoted said Prof. Omaswa.

Prof. Omaswa urged Members of Parliament not to push for the Abuja declaration, which calls for governments to allocate not less than 15% of national budgets to the health sector, but instead convince governments to raise the per capita expenditure on health to at least 61 United States dollars, which is attainable. Members of Parliament should work with researchers to get data for evidence-based advocacy. Strong partnerships, amongst evidence generators, communities and politicians are very critical to change the situation said Prof. Omaswa.

5.5 Shape of Things to Come: New advocacy opportunities for SRH/FP in the context of the 2030 Agenda for Sustainable Development: By Ms. Marianne Haslegrave

Ms. Haslegrave informed participants that the Parliamentary Committees of Health are extremely important and there are a number of global agendas that bring all MPs together. She said that 2019 was central, since it will be 25 years since the ICPD in Cairo that happened in 1994 and UNFPA will be celebrating 50 years. She said the 1994 ICPD was followed by reviews after every 5 years to establish progress made in implementation of the Programme of Action, with ICPD Beyond 2014 being the latest review. She called upon all leaders to ensure that ICPD agenda continues to move forward.



“Not providing sexuality education to young people is a not good for the country”, Ms. Haslegrave

Considering the ICPD, she pointed out critical issues that need to be addressed, including Comprehensive Sexuality Education, Sexual Reproductive Health and Sexual rights. She said they may be controversial in some countries but they exist. She pointed out that the 2013 Addis Ababa Declaration on Population and Development (AADPD) emphasises harnessing Demographic Dividend.

Ms. Haslegrave highlighted the opportunity offered by the 2030 Agenda for Sustainable Development and emphasized its importance given the fact that it was agreed upon at a summit by heads of state.

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Furthermore on the 2030 Agenda, she noted ensuring no one is left behind and the process for monitoring progress through voluntary national reviews as key elements, and outlined the 2019 voluntary national reviews countries are to undertake. She said the Global indicator framework, developed by IAEG-SDGs Group would be used to measure progress at a high-level Political Forum that meets annually. Ms. Haslegrave said that there are regional processes for implementation and monitoring of 2030 Agenda in addition to the country specific processes.

6.0 Session Three: Moving from research evidence to policy development and programming for MNCH including FP in Africa

Session Chair: Hon. Licka BA, Parliament of Senegal



6.1 Increasing availability and quality of deliveries in rural areas: a Tanzanian model: By Dr. Angelo Nyamtema



“Mothers and new- borne in Tanzania should not die of complications of pregnancy and childbirth for lack of services” Dr Nyamtema

In Tanzania each year, 8,000 women die and every hour a woman dies from pregnancy related complications and child birth while 21 babies per 1,000 die before one month. The major challenge is the poor health services in that, only 12 percent of health facilities provide Comprehensive Emergency Obstetric Care (CEmOC) services according to Dr. Nyamtema.

It was against this that a project on maternal and new born emergency care services including surgeries in health centres was introduced in July 2016 in Morogoro region to equip existing health workers with skills. Health care providers from 5 supported Health Centres were trained in teams in CEmOC and anaesthesia for 3 months and e- learning technologies mobile systems have been used

for consultations in emergency situations. Subsequently clinical audits and monitoring were done to assess the impact this training in Morogoro region said Dr Nyamtema.

The following project results were highlighted by Dr. Nyamtema;

- Increase health facility deliveries.
- Justifiable caesarean section rates increased, maternal deaths were not met during the operations.
- Trends in the referral rates in the health centres increased.
- Maternal deaths reduced in terms of proportions, MMR reduced from 164 to 106 per 100,000.

6.2 Enhancing quality of maternal and child health care in rural Tanzania through hands on situation practices: By Dr. Dismas Matovelo.



Many women and babies die from pregnancy-related complications said Dr. Dismas Matovelo. Most deaths are easily preventable by health care providers if they had appropriate skills but the problem is that emergencies happen frequently, and actions must be quick and yet most health workers lack required skills to take actions. Most health workers are taught emergency skills through theory but also providers in rural areas have limited on- job training and lack mentorship, more so, not all health workers were exposed to adequate practical skills during their training Dr. Dismas Matovelo.

The solution therefore was to do hands on simulation, where health workers were trained through hands on role plays on common emergency scenarios. The Initial pilot training involved 20 health workers and assessed their skills in real life scenarios before and after the training. Subsequently, more than 200 additional rural health providers were trained and reassess after 6 - 12 months Dr. Dismas Matovelo.

Dr. Dismas Matovelo asserted that after the training, skills for health workers improved. He therefore recommended the following;

- ✓ Simulation training for MNCH practical skills and emergencies should be included for every health worker who will conduct deliveries.
- ✓ Hands on training is an effective form of refresher training—consider replacing expensive and long theoretical training.
- ✓ Need to find and prove scalable innovative approaches like simulation sites, mentorship and peer practice to maintain skills over time.

6.3 Community engagement in Health: An innovative intervention for maternal and child health in Nampula, Mozambique: By Jaibo Rassul Mucufo



Mr. Mucufo highlighted SRH challenges faced by Mozambique including; high rate of maternal and neonatal mortality, shortage of qualified health workers, lack of equipment and materials at HC facilities, deficient referral system, lack of transportation system and gender and cultural issues.

A study that was done in 2007 found out that women were travelling long distances, low participation of men in maternal and neonatal care, lack of transportation, providers were soliciting payments and bribes at HFs. Other findings included, long waits, home births and inadequate skills of

some health personnel said Mr. Mucufo.

He said it was against the above issues that a 4 year project was developed and implemented, with goals to increase access to and use of Family Planning and prenatal and antenatal deliveries; establish a functioning and sustainable community based transport system for pregnant women; and promote male involvement in the PNC/PPC.

According to Mr. Mucufo, the project set up co-management committees to feed communities with information. Moto ambulance system was established to address transport challenges, the system which was managed by the community employed local drivers who were empowered with driving skills. Teenager champions from the beneficiary communities were selected to educate communities on SRH. Traditional birth attendants were trained and integrated in health facility deliveries to mobilize women for ANC and delivery. Multi -media outreaches, using theatre, listening groups, singing and dancing, radio broadcasting were also employed to spread the messages.

The key benefits from the project according to Mr. Mucufo were community empowerment and ownership.

7.0 Session Four: Role of family planning in harnessing the DD in Africa

Session chair: Hon. Muhammad Usman, Nigeria Federal House



7.1 To What Extent Can Family Planning Boost Achievement of the Sustainable Development Goals? By Kaja Jurczynska



Ms. Jurczynska informed delegates that there are 17 Sustainable Development Goals, with 169 targets and 232 indicators and Family planning is imbedded in goal 3 under 3.7.1. She was happy to note that Family Planning is included in the SDGs because it is the most cost-effective intervention, in that every dollar injected in FP, the benefit is 129 dollars in return.

Ms. Jurczynska presented the Family Planning Sustainable Development Goals (FP-SDG) model which quantifies the effects of FP in realizing the SDGs in a specific country. The model focuses on two scenarios, i.e. business as usual and FP goals. Data for 9 West Africa countries including; Benin, Burkina Faso, Mali, Mauritania, Togo, Ivory Coast, Guinea, Niger and Senegal was modelled basing on the two scenarios and results showed that if these countries met their FP goals, food insecurity can be reduced by 21 percent, reduce maternal mortality by an additional 25% on average, increase safely managed sanitation service use by an additional 15%, substantial increase the growth rate of income per capita by an additional 0.6 percentage points on average. Results can encourage greater prioritization of family planning within health, and increased cross-sectoral buy-in and collaboration at policy, funding, programmatic, and community levels said Ms. Jurczynska.

Ms. Jurczynska however noted that achieving these gains is not automatic, it requires increased domestic resource mobilization efforts, and African countries need to allocate domestic funding to realizing the FP goals.

While socioeconomic reforms contribute to the achievement of SDGs, combining such reforms with family planning investments will provide the greatest impact, countries can reap a lot of benefits by just realizing the FP 2020 commitment said Ms. Jurczynska.

7.2 Enhancing the Demographic Dividend for socio-economic transformation in Africa: Key lessons from successful countries: By Dr Bernard Onyango: AFIDEP



Dr Onyango stressed that countries can only harness the Demographic Dividend if there are more people in the working age population, these people though should be productive. People should be invested in, in-terms of skills to enable them contribute meaningfully to the economy by saving and investing said Dr. Onyango.

In 2015, the population below 20 years in Africa was more than half the population. Young people should be involved in decision making processes because the decisions made now affect their future said Dr. Onyango.

With right investments, East African Countries can harness the DD basing on the DemDiv model results. The population momentum of EAC is already in built, even if fertility reduced to replacement level. If fertility of EA Countries does not reduce, population of school going age will increase, number of youth who are not in education and not employed will grow 3 fold said Dr. Onyango.

National transfer accounts study in Botswana, showed that the country has very high unemployment rate, implying that it has a short window of opportunity for harnessing the Demographic Dividend and the contribution of women to development is undervalued, because a big proportion of them are engaged in house work said Dr. Onyango.

Dr. Onyango urged countries to operationalize the African Union Demographic Dividend roadmap which can be done by; profiling the DD, developing the national DD roadmap including identification of the game changers and, integration of DD in planning and implementation.

DAY TWO

8.0 Session Five: Country achievements and lessons learnt in implementation of the June 2017 NEAPACOH commitments and Country Commitments for 2019.

Session Chair: Hon. Juliana Lunguzi, Parliament of Malawi



Ugandan delegation of Parliamentarians, CSOs, Government officials and other Partners discuss Ugandan NEAPACOH Commitments at a meeting break-out session.

8.1 Tracking implementation of regional and national commitments on Family Planning and reproductive health in Africa: Ms. Anne Alan Sizomu, IPPFAR



“The Maputo Declaration is legally binding and state parties have an obligation to ensure that any practice that hinders or endangers the normal growth and psychological development of women is eliminated in order for women to enjoy their human rights”, Ms. Sizomu

Ms. Sizomu noted that several commitments have been made globally, regionally and nationally, including FP 2020 commitments, ICPD, AADPD, SDGs and the Maputo Declaration.

The Maputo Declaration whose main objective was to enhance enjoyment, protection and promotion of women’s human rights at national level was the first treaty to explicitly obligate State parties to legalize abortion. The declaration that contains 32 Articles, acknowledges that women’s rights have been recognized and guaranteed in international rights instruments as inalienable, interdependent and indivisible human rights. It is legally binding and state parties have obligation to ensure that

any practice that hinders or endangers the normal growth and psychological development of women is eliminated in order for women to enjoy their human rights said Ms. Sizomu. Some countries ratified the Maputo protocol with reservations on abortion and child marriage and she called upon MPs whose governments have ratified the protocol to monitor progress of implementation.

Ms. Sizomu said the Addis Ababa Declaration on Population and Development (AADPD) was adopted by African Ministers at the Africa Regional Conference on Population and Development held in Addis Ababa from October 3-4, 2013, and endorsed by African Heads of State at the African Union Executive Council in 2014. It provides region-specific guidance on population and development in Africa, and guidelines for the full implementation of ICPD beyond 2014 in Africa. AADPD comprises a total of 88 priority measures (commitments) grouped under six pillars including; dignity and equality; health; place and mobility; governance; data and statistics; partnership and International cooperation. All these are linked to the SDGs said Ms. Sizomu.

Ms. Sizomu concluded her presentation by emphasizing the importance of political will in achieving country goals because they come with financial allocations, good governance and accountability. CSOs too should be accountable, said Ms. Sizomu.

8.2 Key building blocks of monitoring and accountability framework for NEAPACOH commitments: By Ms. Lynette Kamau, APHRC



Members of Parliament are looked at as change makers said Ms. Kamau. Much as commitments are made every year, there is no tracking and accountability mechanisms of these commitments. We can track if we get feedback from our countries said Ms. Kamau.

Ms. Kamau informed delegates that APHRC started an initiative to support implementation, research in maternal and child health in eleven African countries and the evidence generated helps NEAPACOH to track progress in implementation of commitments. She emphasized the need to be results-oriented during implementation and the roles of different actors should be clear, said Ms. Kamau. Transparency, is also

important, if implementation is not going on well, interrogate further and re-strategize said Ms. Kamau.

She highlighted different accountability components that will ensure improvement in RMNCAH including; research, political, financial and social accountabilities, which calls for transparent reporting and sharing of information.

Ms. Kamau emphasised the need for clear and achievable commitments and reporting on their progress but also involving other health committee members and key stakeholders at country levels and, institutionalizing commitments in country parliaments to address the challenge of high turnover of MPs and parliamentary staff.




8.3 Tracking the RH/FP budget performance at country level: Mr. Salisu Muhammad, AHBN



Mr. Muhammad informed delegates that in July 2017, Nigeria renewed the FP commitments, pledged to achieve mCPR of 27 % among all women by 2020, but also pledged to increase its annual allocation for contraceptives to \$4m, and to ensure total disbursement of \$56M to the states through its global financing facility. (GFF). Budget tracking therefore is very key in this regard said Mr. Muhammad.

Mr. Muhammad highlighted some of the key Health and Family Planning Indicators to support tracking of FP budget and commitments including;

- ✚ Total health budget
- ✚ Health budget as a percent of total national budget.
- ✚ Total health capital budget.
- ✚ Health capital budget as a percent of Total Health Budget
- ✚ Family Planning budget

-  FP as a percent of health capital budget.
-  Amount of FP budget disbursed and,
-  FP budget disbursed as a percent of annual budget allocated for FP.

Mr. Muhammad called upon Civil Society Organizations to engage key stakeholders to ensure accountability, and MPs to know the total FP budget expended as a percent of total FP budget allocated.

Mr. Muhammad highlighted some of the tools that can be used to track the FP commitments including; the scorecard and motion tracker. He said that Nigeria's scorecard which reports FP data twice a year has simplified the FP budget and thus catalyzes actions related to disbursement. It promotes accountability and transparency and generates interest among Parliamentarians which strengthens oversight functions said Mr. Muhammad.

8.4 Key emerging issues from the discussions and recommendations

Issue	Action point/ recommendation	Responsible Institution
Lack of clear follow-up mechanisms on NEAPACOH commitments and other protocols	<ul style="list-style-type: none"> ✓ Need for follow up mechanisms to track progress on implementation of NEAPACOH commitments and other protocols including FP2020, SDGs, Maputo and Abuja declarations. ✓ Work with parliamentary clerks to follow-up on commitments ✓ Enhance collaborations with CSOs and member associations in terms of delivering on these commitments ✓ PPD to ensure there is a visual summary with all commitments to enhance information sharing 	NEAPACOH Secretariat, PPDARO IPPFARO
Inadequate capacities for MPs to perform their roles in addressing health issues	<ul style="list-style-type: none"> ✓ Build capacity of MPs in tracking the commitments ✓ Enhance skills of MPs in doing their oversight roles ✓ Strengthen existing networks to push for SRH agenda in Africa ✓ Need for continuous experience sharing 	NEAPACOH Secretariat, PPDARO, Partners
Achieving universal health coverage	<ul style="list-style-type: none"> ✓ Health promotion and people participation is key to ensure universal health coverage ✓ Need to create a human link between MPs and the populations ✓ Need to mobilize more resources for PHC 	MPs, Partners
Unfavourable population age structures for harnessing the	<ul style="list-style-type: none"> ✓ Economically empower the people in addition to keeping girls in school in order to reduce fertility 	MPs, Partners

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demographic dividend	<ul style="list-style-type: none"> ✓ Provide FP services to young people, to change the population age structure including sexuality education ✓ Need to work more closely with young people to address their RH concerns ✓ Prioritise FP 	
Challenges of meeting the Abuja declaration commitments	<ul style="list-style-type: none"> ✓ In Africa, many MPs have been forcing their countries to implement the Abuja declaration, which may not be possible. Need to focus on per capita expenditure on health than health budget as a percentage of the total budget ✓ Abuja target can be reversed at a UN heads of state meeting 	NEAPACOH Secretariat, MPs, Partners
High incidences of unsafe abortion in Africa	<ul style="list-style-type: none"> ✓ There is need to legalize abortion to address challenges of unsafe abortion ✓ Invest in evidence-based advocacy with religious and other leaders to push for legalization of abortion ✓ Develop model laws at continental level, which can be domesticated in all African countries 	NEAPACOH Secretariat, MPs, Partners
Addressing Non-Communicable Diseases (NCDs) which are on the rise in Africa	<ul style="list-style-type: none"> ✓ Integrated PHC is important. It will handle NCDs along FP, RH and other health issues ✓ MPs should push for strong health systems spearheaded by people themselves 	NEAPACOH Secretariat, MPs, Partners
Persistent high fertility rates in Africa	<ul style="list-style-type: none"> ✓ There is need for sustained sensitization of communities on family planning ✓ There is need for free universal family planning services in all government health facilities ✓ There is need for a law about returning girls to school after pregnancy ✓ Need to address the FP commodity stock outs in health facilities ✓ Need to use advocacy and persuasion to change the attitude of political, cultural and religious leaders ✓ Need to strengthen existing networks to push for SRH agenda in Africa ✓ There is need for political will to address fertility 	NEAPACOH Secretariat, MPs, Partners
High maternal mortality and linking maternal mortality to poor quality services	<ul style="list-style-type: none"> ✓ Need to invest in capacity development. Need for continuous capacity building for health workers. New and innovative training 	NEAPACOH Secretariat, MPs, Partners

	<p>systems should be adopted including on-job training</p> <ul style="list-style-type: none"> ✓ Need for concerted efforts to address maternal and child health. Community involvement is key. ✓ Advocate for free MCH services to address affordability challenges. ✓ MPs should do onsite monitoring of health systems to help them take decisions on fund allocations ✓ Need to equip public health facilities with essential equipment, supplies and drugs to gain public trust and seek services ✓ Need to design community level interventions to address MMR since these lead to ownership 	
Lack of sustainability mechanisms for SRH programmes contributing to poor indicators	<ul style="list-style-type: none"> ✓ Need to involve communities for sustainability of the projects ✓ Need to devise sustainability mechanisms of SRH programs in African countries ✓ Governments should finance the health sector 	NEAPACOH Secretariat, MPs, Partners
Realizing the FP 2020 and SDGs targets	<ul style="list-style-type: none"> ✓ African countries need to allocate domestic funds to realizing the FP goals ✓ African Parliaments should form substantive parliamentary committees on SDGs to push for the sustainable development agenda ✓ Start on SDG implementation early enough to avoid a repeat of what happened with MDGs 	NEAPACOH Secretariat, MPs, Partners
Inadequate data for evidence-based advocacy. It is not easy to access the information about budgets for FP/RH to be included in the score cards.	<ul style="list-style-type: none"> ✓ Research is key for evidence-based advocacy. Researchers should engage governments to get the required data 	NEAPACOH Secretariat, MPs, Partners
Inadequate involvement of MPs in SRH issues	<ul style="list-style-type: none"> ✓ Package research results and share them with MPs to be used for advocacy. ✓ Commitments made by MPs during NEAPACOH meetings should be institutionalised. ✓ MPs should give reports to their Parliaments and ensure ownership of commitments made 	NEAPACOH Secretariat, MPs, CSOs, Research Institutions

Loss of the already trained RH champions due to high turn-over in parliaments.	<ul style="list-style-type: none"> ✓ Continuous capacity building since committee members change every year ✓ Use of networks (forums) which accommodate former Parliamentarians ✓ Institutionalize NEAPACOH Commitments. 	NEAPACOH Secretariat, MPs, Partners
Limited impact of programmes targeting the youth.	<ul style="list-style-type: none"> ✓ Need to put in place performance management measures for projects for the youth ✓ Need for a holistic approach to youth issues ✓ Investing in youth requires a long term perspective 	MPs, Partners
Limited knowledge of the health budget.	<ul style="list-style-type: none"> ✓ Put in place mechanisms of tracking the health budget ✓ Establish measures to ensure specific issues are tracked ✓ Partner with CSOs for support in capacity building in budget analysis and advocacy ✓ MPs should make use of the Ministry of Finance websites. In Uganda, there is a budget website and it has all information on the budget. 	NEAPACOH Secretariat, CSOs

Other recommendations

1. Need to translate and project all presentations in both English and French for the benefit of all delegates.
2. Key presentations should be repackaged and shared with MPs.
3. Members of Parliament who attend NEAPACOH should endeavour to give a report to their respective parliaments to institutionalize NEAPACOH commitments.

8.5 Country Progress and Lessons Learned in Implementation of the 2017 NEAPACOH commitments

1. Burundi Commitments in 2017

At the NEAPACOH 2017 meeting, the Burundi Parliament committed to achieve the following:

- Propose a bill and adopt a law on reproductive health / family planning
- Raise awareness among young people for the welfare of Reproductive Health and family planning by including sex education in educational programs
- Follow-up of Government Policy on Basic Education, which included vocational training to reduce youth unemployment.

Progress towards achieving commitments

- Parliamentarians sensitized high school youth on sexual health using musical caravans
- The Ministry of Public Health has introduced sexual health education programs at the University to train the trainers of these secondary schools in order to enhance its long-term effectiveness.
- The drop in pregnancy in schools was significant in 2017.

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- At the health center level, Burundi has set up "youth friendly health centres" which provide advice on family planning, contraceptive distribution and all other health-related services to adolescents.
- The Government in partnership with private actors continues to build schools of technical and vocational education in all municipalities.
- The government allocates a budget of 500 MIO FBU to each municipality that chooses a project to implement according to priorities

Challenges

- Long process of preparation of bills that took much longer because of slow administration to reach a final document.
- Lack of effective technical partners to move quickly.
- Contradictory messages about modern RH / FP methods such as by church leaders
- Myths and misconceptions about modern methods of family planning
- Few private partners to support the Government in developing the policy to achieve the SDGs.

2. Ghana Commitments in 2017

Ghana committed to:

- Advocate for investments in the young people with focus on the following:
 - Education
 - Health
 - Skills development
 - Job Creation, to enhance the demographic dividend.
- Legislation on access to safe abortion in Ghana.

Progress towards achieving commitments

- The Free Senior High School education is being sustained and continued for the second academic year, with an increase in student enrolment.
- The Wa Regional Hospital in the Upper West region will be due for operation before the end of the year 2018
- Bolgatanga Regional Hospital in the Upper East Region has been rehabilitated.
- The One-District One-Factory agenda by Government to create employment for the youth has been officially inaugurated by the Government and factory infrastructures are being built.
- Six (6) Polytechnics have been converted to Technical Universities and the remaining four (4) are yet to be done. This conversion is aimed at producing graduates with practical skills and intellect.

Challenges

- Increase in enrolment creating a high demand on the Senior High School system.
- Delay in procuring equipment
- Lack of Medical Practitioners
- Difficulty in the flow of funds to fast track implementation
- Upgrading Polytechnics to the standard of Universities

Lessons learnt

- The Senior High School system needs to be upgraded or managed to assimilate the increase in enrolment.
- The bureaucracy in procurement delays the process
- Medical Practitioners need to be motivated to offer services in less developed regions / areas.
- All two hundred and sixteen (216) factories for the two hundred and sixteen (216) districts cannot be completed at once but in categories, starting with about eighty (80) districts.
- Quality of education has improved because of the change in organizational structure, improved infrastructure and the employment of senior lecturers and professors.

3. Malawi Commitments in 2017

The Malawi delegation made commitments at the 2017 NEAPACOH meeting.

- Improved Availability of Contraceptives at all the three levels of health care
- Lobby for increased funding towards budget line for RH
- To continue with a robust campaign on matters of family planning
- Lobby Government on Construction of Girls Hostels.

Progress towards achieving Commitment

- Contraceptives are freely available in all the health centers around the country in all public health centers. In cases where there are no public health centers, government has partnered with Christian Health Centers and private hospitals to provide family planning services for free.
- Second, the Parliamentary Committee on Health continues to engage the Ministry of Health Officials at Tertiary, Secondary and Primary levels to ensure health facilities stock contraceptives.
- Third, the Committee has engaged the Central Medical Stores Trust (CMST), which is a public trust to make sure that it stocks enough contraceptives.
- Relatedly, the Committee has visited the newly constructed warehouse at Central Medical Stores Trust to appreciate how drugs are stored and the whole process of drug supply chain by CMST. The warehouses are a recent development that will boost the storage and distribution of family planning commodities.
- In Parliament, when the budget was being presented, figures for the budget line on contraceptives were missing until members made noise at cluster level and the figures were given.
- Members of the Committee on health have in the august House spoken of the need for Government to improve its funding allocation towards RH Commodities
- The Committee has continued to engage donors on the need for increased funding.
- Partnered with some NGOs like Results Based Financing and PSI on field visits to health centers around the country to appreciate the intake of family planning services especially for the rural masses through public hearings.
- With Government funding, the Committee visited a number of Health institutions to appreciate the delivery of RH services.

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- Formation of a Population and Development Caucus for Members of Parliament to take the campaign beyond the Committee of Health
- Committees such as the Social and Community Affairs and the Women Caucus have continued to request the Government to increase the number of girls' hostels in schools.
- In the 2018/19 budget, Government allocated K5, BILLION for construction of 12 girls' hostels.

Challenges

- Almost 90% of the budget on Contraceptives is from donors and this is not good for a country.
- With huge amounts of financial support from donors towards RH activities government is still napping, hence the need to revisit the strategy
- Lack of financial resources to extend the campaign to all parts of the country
- Construction of girls' hostels is expensive as it requires a lot of money

Lessons learned

- This is not good especially once donors decide to pull out
- Whilst donor support is appreciated, government should start thinking of increasing its financing in this area
- It is always good to visit the grassroots to appreciate how they are faring on family planning
- Partnership in this area is essential for the future of the country

4. Uganda Commitments in 2017

In December 2017, the Parliamentarians from Uganda made four commitments.

- Push for the enactment of the national health insurance bill
- Push for the enactment of the national school health policy
- Support the finalization of the demographic dividend road map
- Increase the health budget to 10% from 7.5 %

Push for the enactment of the National Health Insurance Bill: Progress towards achieving the commitment

- Held a consultative meeting with MOH, informed that the Bill is with the first parliamentary counsel (Ministry of Justice)
- money allocated to fast track the process of tabling bill on floor of parliament
- Raised a question for oral answer on the floor of parliament to get an update on how far the bill is.
- Raised the issue with the minister

Challenges

- Bill has not been given priority by Cabinet, not yet presented for hearing
- Minister of health lacks consistence in personnel to handle the bill
- Lack of political will to address the issue
- Lack of coordination, collaboration and commitment with other relevant stakeholders and CSOs

Lessons Learned

- Strengthening follow up mechanism is critical for realizing our commitments
- Commitments need to be action oriented
- Not passing the budget if the bills is not presented on the floor by cabinet by December 2018

Push for enactment of the national school Health Policy: Progress towards achieving the commitment

- Held consultative meetings with MoES Technical Review team and Updated the Draft National School Health Policy with the recent health emerging issues, commitments, legal frameworks and statistics
- Technical Review Team presented the updated version to Top Management ,Heads of Departments, Undersecretary ,which agreed its submission to Minister of Education
- Followed up on fully incorporation of Draft School Health Policy into Education Sector Strategic and Investment Plan-2016/17-2021/2022
- We have a FINAL Draft of the School Health Policy in Uganda in place waiting for passing and launching
- Pushed for launching and passing of National Framework on Sexuality Education in Uganda, a subset of SCHOOL health policy on 21st May 2018.

Challenges

- Bill has not been given priority by Cabinet, not yet presented for hearing , need for a member to seek for absence of leave to present it as a private members bill
- Media reporting out of context of the SRHR policies, SHP inclusive which jeopardizes progress
- Some Religious leaders interferences in the progressive strides reached
- Tight schedules of MPs to follow up on certain commitments hinder follow ups.
- Ministry of Finance is taking long to issue a certificate of financial implication.

Lessons Learned

- Working with CSOs. Alliances in partnerships enables pushing forward our commitments.
- Not passing the budget if the school health policy is not presented on the floor by cabinet by December 2018
- Emphasizing timeliness of presenting policies is critical for realization of policies.

Support the finalization of the demographic dividend road map: Progress towards achieving the commitment

- 90% of the document has been drafted

Increase the health budget to 10% from 7.5 %: Progress towards achieving the commitment

- The health budget increased by 25% from 1.8 trillion UGX to 2.3 Trillion UGX (7.5% to 7.8%) in the financial year 2018/19.

5. Zimbabwe Commitments in 2017

- Influence inclusion of SRHR/Family Planning issues in the Public Health Bill.
- Lobby for the progressive realization of 15% of the total Budget to the MoHCC in line with the Abuja Declaration.
- Lobby for the establishment of the National Health Insurance Scheme.
- Lobby for the reduction of the cost of blood and blood products (from us\$120 per pint)

Progress towards achieving Commitments

- The Committee Conducted public hearings in the ten provinces of Zimbabwe to gather people's views and opinions on issues to be included in the Public Health Bill
- People expressed their opinions among them the inclusion of provision for access to SRHR/Family Planning services by adolescents. The Committee considered these issues as important and included them in the report that was tabled in Parliament in the presence of the Minister of Health and Child Care
- The Committee held post-budget analysis meetings with the MoHCC and stakeholders to get their views regarding the 2018 budgetary allocation for the MoHCC. The Committee presented a report to the Minister of Finance and Economic Development during the budget debate in Parliament
- After Members of the Committee exerted much pressure on to the Minister of Finance and Economic Development, the Health budget was raised from 408 million that the Minister of Finance had settled for to 520 million, translating to 8.5% of the 2018 national budget. This was a steady improvement from the 6.5% allocated to the MoHCC in 2017.
- The Committee, during the budget debate urged the government to consider seriously the establishment of the National Health Insurance
- This proposal was taken as a noble idea towards achieving universal health coverage. However, wider consultations on the establishment of the scheme and mechanisms of revenue collection are yet to be undertaken.
- During the budget debate, the Committee declared that "No Woman must die while giving birth due to lack of blood" and urged government to reduce the cost of blood for its citizens.
- With effect from 1 July 2018, the government of Zimbabwe scrapped user fees for blood in all the public health institutions and mission hospitals. Meaning that citizens have free access to blood. This move brings relieve to pregnant women and those injured in road traffic accidents.

Challenges

- It was indicated that the issues related to access to SRHR/Family Planning services by adolescents that were raised in the report were very pertinent. However, it was stated that they could only be considered when other subordinate Acts such as Health Services Act are reviewed.
- Limited fiscal space with many competing national demands.
- Limited fiscal space to finance the scheme and the absence of mechanisms to raise the revenue that can sustain the scheme
- The policy was put in place when the 8th Parliament had adjourned business in preparation for the July 30 harmonized elections. Hence, Parliamentarians did not

have the opportunity to undertake verification visits or public consultations to confirm whether this “free blood for all” policy is being implemented to its fullest.

Lessons Learned

- During the public hearings there was great demand for a law that improves uptake of SRHR/Family planning services by adolescents. Thus, existing policies need clarification or review to ensure SRHR/Family Planning services are provided to adolescents in need of such.
- Continuous and rigorous persuasion for the allocation of 15% of the national budget to the Ministry of Health and Child Care is key for the achievement of the progressive realization of the Abuja Declaration
- Every citizen in Zimbabwe needs health safety nets. The enactment of the National Health Insurance Scheme and employment of appropriate revenue collection mechanisms and management would improve access to health services for the general population.
- Adequate and accessible supplies of blood can only be ensured through sustainable funding from government for blood safety programmes



Zimbabwe delegation at a break out session.

5. Senegal Commitments in 2017

- Adopt the law on safe abortion
- Ensure the implementation and proper supervision of the law on safe abortion
- Ensure a good understanding of the texts and projects by parliamentarians in order to better defend them and carry advocacy.
- Ensure the effective application of the texts, in particular of the law SR, through the commission in charge of the effective application of the laws, and the respect of the international agreements.

Progress towards achieving Commitments

Establishment of a National Taskforce bringing together the different key actors taking into account the multi-sectorial.

- Health Plan Reproduction, Mother, Newborn, Child and Adolescent (SRMNEA) 2018-2022 of the Ministry of Health which is accompanied by an investment file through the mechanism of Global Financing Facility (GFF)

Challenges

- Destruction of plans put in place by the government at the level of other key actors and their involvement.
- The electoral context in Senegal that is in a few months.

Lessons learned

- The commitments made last year were very ambitious to be achieved within the deadlines
- Organization of 5 advocacy and sensitization activities for parliamentarians of the 13th legislature (health commission, law commission, education commission)

Progress made in fulfilling the commitment

- The state has taken this year in its parallel report of the Universal Periodic Examination the question of medical Abortion, he says he will take action on that.

Challenges

- Socio-cultural and religious thinkers in Senegal

Lessons learned

- The need to involve the commission finances in the process because of the financial implications of implementing

Progress made in fulfilling the commitment

Presentation of activity reports and peer review sessions involving other committees.

- Adoption of the National Strategic Framework for Family Planning 2016-2020

Challenges

- The delays noted in the reforms of the national legislation

Lessons learned

- The adoption of the law on medical abortion is a very long process in a Muslim Majority country. It requires a change of mentality and behavior

Progress made in fulfilling the commitment

Co-organization of a workshop with PPD on the monitoring of Senegal's commitment during NEAPACOH 2017 (institutionalization of NEAPACOH in Senegal)

- Appropriation by the members of the health commission and the law commission of the commitments made by Senegal during NEAPACOH 2017.
- Preparation of a decree for the application of the SR law by the Civil Society and submitted to the Ministry of Health.

Challenges

- Reticence of some parliamentarians to decide on certain issues related to RH (medical abortion)
- Capacity building of parliamentarians on SR / PF issues.

Lessons learned

- The commitment of all parties is necessary for the implementation of SR / PF programs.

8.6 Country Commitments for 2018

Each country represented made a commitment during the 2018 NEAPACOH meeting, which would be implemented in 2018/19. The following are the 2018 country specific commitments:

1. Burundi Commitments for 2018

- Sensitization of the National Assembly for the implementation of the law on reproductive health / family planning (RH / FP)
- Encourage and popularize the use of reusable sanitary pads among girls and women and advocate for the abolition of taxes on these products
- Advocate for a dialogue between parents and children on family planning using a practical handbook designed for this purpose and set up a monitoring-evaluation procedure
- Initiate a project to distribute injectable contraceptives to reduce the discontinuation of contraceptive methods that are currently being used causing severe side effects

2. Gambia Commitments for 2018

- Engagement with the UNFPA supported country program to build the capacity of National Assembly Members on population, gender and reproductive health
- As a select committee on health, women, children, disaster, refugees and humanitarian relief, we will undertake a campaign on Family Planning at community and regional level in The Gambia.
- Continue on the advocacy on fulfilling the government commitments on the budgetary allocation to health including family planning services to commensurate with the Abuja declaration.

Network of African Parliamentary Committees of Health (NEAPACOH) Meeting, 2018

- Popularize in collaboration with the National Population Commission Secretariat NEAPACOH ideals and principles both at the national assembly and constituency level
- Table the NEAPACOH 2018 report at the National Assembly for consideration and adoption by the National Assembly.

3. Ghana Commitments for 2018

- Continue with the push for a more liberal law on safe abortion.

4. Kenya Commitments for 2018

- Universal National Health Coverage Integrating MCH and FP
- Tracking NEAPACOH commitment.
- Amendment of the Kenya Commodities Act to ensure commodity security.

5. Lesotho Commitments for 2018

- Lobby to legalize abortion,
- Advocate for Universal Social and Health Insurance

6. Malawi Commitments for 2018

- Develop standard guidelines for operating the health committee to effectively conduct its oversight role
- Develop a Comprehensive Primary Health Care Planning and Monitoring tool for Parliamentarians to effectively monitor health and Population issues
- To push for Increased Government funding towards the Family Planning Programme

7. Namibia Commitments for 2018

- Consult stakeholders on SRH policies for young people

8. Nigeria Commitments for 2018

- Increase health budget allocation to 5% in 2019 from 3.90% in 2018
- Provide legislation for CHIPs- Community Health Influencers Providers Services.
- Ensure inclusion of \$4M for family planning commitment made at London FP summit 2017 by the Nigerian Government in 2019 budget.
- Ensure implementation of UHC through the 1% consolidated revenue (NHA) and Global Financing Fund.

9. Senegal Commitments for 2018

- Legalize and pass the law on abortion, bring on board all religious, cultural, CSOs and other leaders.

10. Seychelles Commitments for 2018

- Increase our HIV/AIDS awareness and prevention programmes as well as SRHR interventions and parliamentary support.
- Keep a good link between the National Assembly and other stakeholders and consolidate efforts on progress made on Maternal Care and family planning through budgetary allocation support and oversight.
- Initiate relevant Bills and Motions, especially on the disparity in existing legislation governing SRHR issues.

11. Swaziland Commitments for 2018

- Establishing youth friendly services

12. Tanzania Commitments for 2018

- Follow-up on the implementation of Government Policy to increase modern contraceptive methods use from 30% - 60% by 2020.
- Follow-up on the disbursement of the budget allocated for family planning in FY 2018/19 which is 22.5 TSH. The budget for 2017/18 was 14. Billion.
- Follow-up on the commitment of the Government to upgrade and construct new health centres to provide comprehensive emergency obstetric and neonatal care services from 12% to 50% of the 535 facilities by 2020.

13. Uganda Commitments for 2018

- Push for the enactment of the national health insurance bill
- Push for the enactment of the national school health policy
- Support the finalization of the demographic dividend road map
- Increase the health budget to 10% from 7.8 %
- Advocate to ring fence the funds allocated to family planning on the national budget to procure FP commodities

14. Zimbabwe Commitments for 2018

- Continue to lobby for the progressive realization of the 15% Abuja Declaration
- Continue to lobby for comprehensive access to ASRHR/FP services
- Lobby for the review of the Termination of Pregnancy Act
 - procedural barriers for the 3 grounds on which ToP is permissible
 - Consideration of other conditions on which ToP can be permissible
- Establish the Zimbabwe Parliamentary Caucus on SRHR
- Operationalization of the Demographic Dividend Report for Zimbabwe

15. Senegal Commitments for 2018

- Increase budget line for RH / FP including SRAJ
- Lead Decision Makers to Sign the 2005 SR Implementation Order
- Encourage the government to respect its regional and international commitments and the effective implementation of the texts at the national level.
- to ensure that parliamentarians have a good understanding of texts and plans so that they can better defend them and advocate;
- Strengthen the partnership between civil society and parliamentarians.

9.0 Session six: Adoption of the Kampala Call to Action

Session Chair: Hon. John Hoareau, National Assembly of Seychelles

The Kampala Call to Action 2018 was presented by Prof.Yoswa Dambisya, Director General, and ECSA Health Community.

A Member of Parliament from Ghana moved the motion to adopt the call to action, which was seconded by a Member of Parliament from Gambia. The Kampala Call to Action 2018 was adopted with some amendments. *The Call to Action is attached as an annex.*

10.0 Session seven: Closing Session

Session Chair: Hon. Na Diahanco SANE: Parliament of Senegal

10.1 Remarks by Jotham Musinguzi, Director General, NPC, Uganda



Dr. Musinguzi thanked Hon. David Bahati for accepting to officiate at the closure of NEAPACOH 2018 meeting. He noted that the PPD ARO organized the meeting with support from other partners and thanked them for the effort and support.

Dr. Musinguzi informed the chief guest that the Rt. Hon. Rebecca Kadaga, Speaker of Parliament of Uganda opened the meeting and spoke with passion about the reproductive health/family planning issues in particular and population and development issues in general. He said Hon. Dr. Chris Baryomunsi delivered a powerful keynote address and the meeting had strong presentations by distinguished officers, including Prof. Francis Omaswa and Dr Bernard Onyango among others.

Dr. Musinguzi pointed out that the meeting benefited from strong partnerships and said the Hon. Parliamentarians from different countries had reported on commitments they made last year, and made new commitments for the next one year. He also noted that the meeting had come up with the Kampala Call to Action 2019, which all delegates had agreed to. He observed that the meeting was a success, and called upon delegates to ensure they put into practice the knowledge they had acquired.

11.2 Remarks by Mr. Ben Adnene Haj Aissa, Executive Director, PPD



Mr. Adnene thanked participants and all presenters for their contribution to making the two day meeting a success. He said NEAPACOH meetings offer delegates an opportunity to initiate changes to improve the quality of life, something PPD stands for.

He noted that it was not easy to change policy, but RH must be a national priority, Parliamentarians should make sure they work towards that. Changing policy requires political will first then resources follow said Mr. Adnene. He called upon members to emulate examples in the PPD member countries.

Mr. Adnene wished to see NEAPACOH 2019 attended by Parliamentarians from Asian countries. He believed the 26 PPD member countries could bring solutions to the meeting. He informed participant of the 16th Inter-ministerial Conference on Population and Development 2019 in Tunis-Tunisia, organized by PPD and UNFPA and wished even non-PPD member countries would attend the International conference.

Mr. Adnene appreciated the Government of Uganda for the hospitality. He thanked the organisers-NEAPACOH and PPD ARO for the meeting well organized. He also thanked all the partners for supporting the meeting. He thanked the Francophone countries for participating in the meeting in large numbers and hoped to meet them in Tunisia in 2019.

11.3 Remarks by Hon. Dr. Chris Baryomunsi, Minister of State for Lands, Housing and Urban Development (Housing)



“What are you prepared to do to improve the quality of life of the people of Africa?” Hon. Baryomunsi

Hon. Dr. Baryomunsi thanked the delegates for engaging in the 2 days meeting and believed they were not returning the way they came. He was worried that the population of Uganda was increasing rapidly and investments in Africa did not correspond to the population growth rate. He noted that addressing Population issues started in Rome in 1956, and later in 1974 at a conference in Bucharest in Romania, in 1984, there was a conference in Mexico and 1994, ICPD Cairo, Egypt. In most of these conferences, African leaders had not embraced Family Planning until 1994, the reason why Africa still lags behind, said Hon. Baryomunsi. There is hope though because Africa has now adopted FP as indicators show. Africa now needed to know how to seize

the opportunity and harness the Demographic Dividend.

Dr. Baryomunsi thanked the organisers of the meeting that provided an opportunity for different policy makers to share ideas on how to improve the lives of the people they serve. He called upon leaders to go with energy and enthusiasm to translate the acquired knowledge into action. Dr. Baryomunsi then invited the guest of honour to give the closing remarks.

11.4 Remarks by Hon. David Bahati, Minister of State for Finance, Planning and Economic Development (Planning)



“Uganda is projected to add 1.2 million people to her population every year which is a big challenge because these people need social services, and family planning comes in handy”, Hon. Bahati

Hon. Bahati welcomed the delegates to Uganda and thanked them for participating in the 2018 NEAPACOH meeting. He recognized the chair of NEAPACOH, Hon. Ruth Labode from the Parliament of Zimbabwe. He informed delegates from other countries that Uganda was a beautiful and attractive country with many tourist attractions. He called upon them to find time and tour around before they returned to their respective countries.

Hon. Bahati commended PPD ARO for the support and for organizing a successful meeting. He believed that the deliberations and lessons learnt would help delegates when they go back to their home countries. He noted that in order to improve the lives of the people, leadership and stewardship in SDGs are

key. He said parliament is the final decision maker in matters of resource allocation and challenged MPs to provide enough resources for RH/FP.

The Ugandan legislator and Minister of State for Finance (Planning) informed participants that Uganda's per capita expenditure on health was at 61 USD and Uganda was projected to add 1.2 million people to her population every year which is a big challenge because these people need social services, and family planning comes in handy said Hon. Bahati..

He called upon MPs to influence their countries to prioritise family planning, for better service delivery and to ensure that the Kampala Call to Action is implemented. Regarding health financing, he observed that there are many people obsessed with the Abuja declaration of 15% of the country's total budget to be allocated to health. He said in Uganda, funding for health is looked at in an integral manner. The health budget was at 7.8% but when you improve the road network, you are improving accessibility to the health facility said Hon. Bahati.

Hon. Bahati challenged Parliamentarians to influence their Parliaments to cause change in the lives of the people they serve. He once again thanked organizers of the meeting and declared the NEAPACOH meeting 2018 officially closed.

11.5 Vote of Thanks

Hon. Adolphe Banyikwa from the Parliament of Burundi delivered the vote of thanks. He, on behalf of the Network of African Parliamentary Committees of Health (NEAPACOH) thanked the President and the Government of Uganda for the warm welcome and the special attention accorded to the delegates during the two-day meeting. He expresses deepest gratitude to His Excellency the President of the Republic of Uganda, for the great support for NEAPACOH and for his profound dedication to the promotion of reproductive health/family planning and population and development issues in general.



He thanked the Speaker of Parliament of Uganda, the Rt. Hon. Rebecca Kadaga and all the Ugandan Parliamentarians for the fraternal welcome and hospitality they accorded the delegates during their stay in Uganda. He thanked the chief guest; Hon. David Bahati for the great support of population issues. Hon. Banyikwa expresses deep gratitude to the Ugandan Members of NEAPACOH for their exemplary commitment and for the valuable contribution made in organizing the meeting.

He commended the Africa Regional Office of Partners in Population and Development (PPD ARO) for understanding the importance of Parliamentarians' strategic involvement in making reproductive health and family planning more effective and sustainable and organizing the meeting in collaboration with NEAPACOH Secretariat. He thanked the technical and financial partners who made the meeting a great success.

Hon. Banyikwa thanked all the delegations from the 25 countries that travelled to attend the meeting amidst their busy schedule. He noted that it was an indication of the value they

attach to NEAPACOH meetings. He wished member countries to benefit in the near future from the demographic dividend. He looked forward to meeting all delegates and others who could not make it in the 2019 NEAPACOH meeting, and, appreciated the organizing committee, the secretarial staff, the interpreters and the staff of Speke Resort, Munyonyo who facilitated the smooth running of the meeting and made the sessions and their stay more enjoyable. He wished all delegates safety as they returned to their home countries.

Detailed presentations can be accessed on: <http://www.partners-popdev.org/aro/>

11.0 Annexes

11.1 Kampala Call to Action 2018

11.2 List of Participants
