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

Speke Resort Munyonyo, Kampala-Uganda, 30th -31st October 2019

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

UNFPA

NETWORK OF AFRICAN PARLIAMENTARY COMMITTEES OF HEALTH
NEAPACOH

European Union

PPD 25
1994 - 2019

IPPF International Planned Parenthood Federation
Africa Region

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

RIGHT WHERE
BY DO
HER YOU
STAND?

Table of Contents

List of acronyms

NEAPACOH	Network of African Parliamentary Committees of Health
SDGs	Sustainable Development Goals
PHC	Primary Health Care
UHC	Universal Health Care
mCPR	Modern Contraceptive Prevalence Rate
AFIDEP	Africa Institute for Development Policy
MDAs	Ministries, Departments and Agencies
SRHR	Sexual Reproductive Health& Rights
NDPs	National Development Plans
DD	Demographic Dividend
AU	African Union
GNI	Gross National Income
COMMAT	Common Wealth Medical Trust
PPD ARO	Partners in Population and Development- Africa Region Office
ISC	Inter-sectoral collaboration
ACHEST	African Centre for Global Health and Social Transformation
IPPF ARO	International Planned Parenthood Federation- Africa Region Office
COMMAT	Commonwealth Medical Trust
DMPA-SC	Subcutaneous Depo-Medroxyprogesterone Acetate
AFIDEP	African Institute for Development Policy
APHRC	African Population and Health Research Centre
ICPD	International Conference on Population and Development
AU	African Union
CHWs	Community Health Workers
UNFPA	United Nations Population Fund
ICPD PoA	International Conference on Population and Development- Plan of Action
NPC	National Population Council
NCPD	National Council for Population & Development
MNCH	Maternal Neo natal & Child Health
DPs	Development Plans
MoES	Ministry of Education and Sports
MDAs	Ministries, Departments and Agencies
ASRH	Adolescent Sexual and Reproductive Health
FP	Family Planning
RH	Reproductive Health
OPM	Office of the Prime Minister
NPA	National Planning Authority

Executive Summary

Partners in Population and Development Africa Regional Office (PPD ARO), in conjunction with the Network of African Parliamentary Committees of Health **(**NEAPACOH) and in close collaboration with the International Planned Parenthood Federation Africa Regional Office (IPPF ARO) and other partners, organized the 2019 NEAPACOH meeting under the theme of "*Building the capacity of African policy makers for enhanced implementation of ICPD PoA and improved reproductive health outcomes: Challenges and Opportunities*".

The objectives of the meeting were to share progress, lessons learned and challenges in the implementation of the RH/FP commitments that were made during the October 2018 NEAPACOH meeting, share experiences and good practices that enhance the implementation of FP/RH related commitments, the ICPD Programme of Action and the achievement of the Sustainable Development Goals (SDGs), build the capacity of policy makers to contribute to enhanced accountability, leadership and stewardship for the implementation of the ICPD Programme of Action and meet the SDGs by 2030 in the region and, to elicit commitments to improve RH/FP outcomes including ending preventable maternal deaths, eliminating unmet need for family planning and ending child marriages and teenage pregnancies, among others.

The meeting took place from 30th to 31st October 2019 at Speke Resort, Kampala- Uganda. Participating Members of parliament were from the following countries; Kenya, Lesotho, Malawi, Namibia, Zimbabwe, Benin, Niger, Gambia, Ghana, South Sudan, Senegal, Tanzania, Togo, Uganda, Zambia and Seychelles. Other participants were from United Kingdom, United States of America, Bangladesh, Nigeria and South Africa who included; Development Partners, Civil Society Organizations, and other stakeholders engaged in FP, RH &MCH. In total, 173 participants attended the meeting.

Participants raised a number of issues regarding health and RH in particular including; negative attitude of health workers towards young people seeking health services, high maternal mortality in Africa, inadequate demand for RH services, inadequate implementation of population policies, limited resources for implementation of the developed population &RH policies, high teenage pregnancies, slow fertility decline in Africa likely to affect harnessing the Demographic Dividend, negative cultural influence on ASRH, political instability, poor governance and corruption affecting policy implementation in African, tracking the NEAPACOH commitments/ performance and achievements, lack of information on FP methods and, addressing the boy-child SRH issues among others.

The following recommendations were made;

1. Build capacity of health workers in offering youth friendly services and recruitment of youthful health workers to specifically offer services to young people.
2. Strengthen health systems by increasing funding for health specifically MCH.
3. Strengthen community leadership and ownership of Health/RH services.
4. Build capacity of MPs to mobilize& engage communities on key health/RH issues.
5. Intensify advocacy for implementation of existing policies.
6. Need for Inter-sector collaboration for effective utilization of resources.
7. MPs should ensure that funds allocated to MCH are put to the right use, the need to strengthen their oversight role.

8. Need for mass sensitization of communities on teenage pregnancy and, intensify age-appropriate sexuality education.
9. Bring on board religious and cultural leaders to address ASRH issues
10. Need to address governance issues to harness the DD.
11. Need to establish high level political forum that monitors the 2030 agenda and the 2019 Nairobi commitments

Participants shared progress in implementation of the commitments made in November 2018 and made specific country commitments towards addressing Reproductive Health/ Family Planning during the year 2019/20. Notable achievements in 2018 were; raising Zimbabwe's health budget to 8.9%, increasing Senegal's RH/FP budget by 3%, increasing Malawi's budgetary allocation to FP by 46%, Tanzania increased the health budget from Tsh. 14 billion in 2018 to 22 billion in 2020, while Uganda's health budget increased from Ug shs. 2.2 trillion to 2.5 trillion.

A resolution (The Kampala Call to Action 2019) was presented and adopted by participants, committing to address RH/FP issues in their countries. The detailed Call to Action in both English and French is annexed.

1.0: Introduction

Every year, Partners in Population and Development Africa Regional Office (PPD ARO), in conjunction with the Network of African Parliamentary Committees of Health **(**NEAPACOH) and partners, organizes meetings of the NEAPACOH. The meeting participants are drawn from Parliamentarians who chair or are members of the parliamentary committees of health and their Committee Clerks, Development Partners, Civil Society Organizations, and other stakeholders engaged in Family Planning, Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) programmes.

This year, the NEAPACOH meeting took place from 30th to 31st October 2019 at Speke Resort Munyonyo, Kampala-Uganda and was the eleventh meeting, in a series organized under the auspices of NEAPACOH. The meeting was organized under the theme of **"Building the capacity of African policy makers for enhanced implementation of ICPD PoA and improved reproductive health outcomes: Challenges and Opportunities",** and was timely, occurring around the time when the Governments of Kenya, Denmark and UNFPA were to convene the ICPD+25 Summit, which took place on November 12 – 14, 2019 in Nairobi, Kenya.

The NEAPACOH meeting provided space for discussions between and among policy and decision makers and implementers and, developed actions and commitments aimed at improving reproductive health and family planning (RH/FP) outcomes in the context of implementation of ICPD PoA and achievement of the Sustainable Development Goals (SDGs).

2.0: Meeting objectives

- Share progress, lessons learned and remaining challenges on implementation of the RH/FP related commitments that were made during the October 2018 NEAPACOH meeting;

- Share experiences and good practices that enhance the implementation of FP/RH related commitments, the ICPD Programme of Action and the achievement of the Sustainable Development Goals (SDGs);

- Build the capacity of policy makers to contribute to enhanced accountability, leadership and stewardship for the implementation of the ICPD Programme of Action and meet the SDGs by 2030 in the region; and

- Elicit commitments to improve RH/FP outcomes including ending preventable maternal deaths, eliminating unmet need for family planning and ending child marriages and teenage pregnancies, among others.

3.0: Participation

The meeting participants included 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.

Participants were from the Parliaments and National Assemblies of Kenya, Lesotho, Malawi, Namibia, Zimbabwe, Benin, Niger, Gambia, Ghana, South Sudan, Senegal, Tanzania, Togo, Uganda, Zambia and Seychelles. Other participants were from United Kingdom, United States of America, Bangladesh, Nigeria and South Africa. In total, 173 participants attended the meeting.

Day One

4.0 Session I: Opening Ceremony

Session Chair: Dr. Jotham Musinguzi, Director General, National Population Council

4.1: Remarks by Hon. PERSVIARANCE ZHOU PZHOU, for Chairperson NEAPACOH

Hon. Perseviarance, on behalf of the Chairperson, NEAPACOH, welcomed all delegates to the meeting. She in a special way welcomed those who were attending the NEAPACOH meeting for the first time. She noted that NEAPACOH annual meetings had proved to be an important platform that provided good opportunities for sharing insights and lessons emerging from the various diverse national and international experiences in addressing issues of FP and reproductive health and health in general.

She appreciated PPDARO and partners for consistently convening the NEAPACOH meetings since 2008. She said this had strengthened the cause for which NEAPACOH was founded. She informed delegates what NEAPACOH is, how it began and what it stands for.

She emphasized that NEAPACOH is an endeavor to enable the legislature to be actively involved in addressing the critical issues of health from the context of the legislative, representative, budget appropriation and oversight roles that they play.

She said NEAPACOH acknowledges the critical role the Parliament plays in the creation of enabling policy environment for good health systems for the respective countries, and continent. She noted that there are similarities of health challenges across African nations that call for similar and uniform actions. She stressed that the committees responsible for health are the implementing organs of the legislature on health matters. She said NEAPACOH works towards combining collective efforts, and collaborating with CSO for health, development partners, and professionals to effectively contribute towards addressing the health challenges of Africa.

Referring to the theme of the meeting, she said implementation of the ICPD Programme of Action in our countries had remained slow since 1994 when it was adopted in Cairo, Egypt. She called upon members to do whatever is in their means to ensure accelerated implementation of the ICPD PoA as well as achievement of the SDGs. She believed the

outcome document of the meeting would express delegates' resolve and commitment to implementation of the ICPD PoA in preparation for the Nairobi Summit on ICPD25.

She said NEAPACOH was tremendously impressed with the valuable, and professional work of PPD-ARO and other partners in assisting NEAPACOH and its member Committees. She believed without this assistance, the network's efforts could not be realized. She hoped that the deliberations of the meeting would go a long way in contributing to the national, regional and continental responses towards accelerated implementation of the ICPD PoA and achievement of the SDGs by 2030 in Africa.

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

Mr. Adnene welcomed delegates to the NEAPACOH meeting organized by Partners in Population and Development in collaboration with the Government of Uganda. He conveyed very warm greetings of PPD Board Members and Ministers from 27 Member States. He thanked Hon. David Bahati, Minister of State for Finance in charge of Planning of Government of Uganda and also the PPD Board Member, for his support to PPD ARO. He thanked NEAPACOH Secretariat, and other partners, including the Director General and staff of Uganda's National Population Council for their support and assistance in organizing the meeting. He congratulated staff at PPD ARO for having spearheaded the NEAPACOH meeting with such fervor and enthusiasm that it deserves. He also thanked the people of Uganda for their kindness and warm hospitality.

He said it was an honor and privilege to be with parliamentarians and wished the meeting addresses delegates' concerns on salient and burning issues that are likely to impinge on the attainment of ICPD goals and the SDGs, but also come up with commitments for concrete actions that would accelerate the achievement of the ICPD goals and SDGs to improve lives of millions of people in the developing world.

He opined that Africa is the most afflicted and also the most vulnerable population on planet earth. He said more than 90% of all increase in world population happens in Africa and the quality of life as reflected by per capita income is lowest in Africa. He said every year, more than half a million women die during childbirth, with more than 95 per cent of them in Africa and Asia. Every minute, 10 people are newly infected with HIV and 3 million people die of AIDS each year with 90% in Africa. He pointed to the structural imbalance between the haves and the have-nots that needs to be corrected urgently and said the solution lies in empowering countries of the south. He noted that while there is some progress in some parts of Africa, the situation remains precarious and the ICPD and SDGs are likely to remain unfinished agendas in most parts of Africa.

He said the Cairo Agenda had not remained a blueprint. It has ushered important changes in many parts of the world and applauded ICPD for having been the turning point that has reshaped policies and programs to Women's Reproductive Health, Adolescent Sexual Health and many other culturally sensitive issues. He noted that for the past 25 years since ICPD in 1994, the broad concept of reproductive health which was adopted at Cairo has been incorporated in increasing number of government policies. Substantial progress has been made in increasing Contraceptive Prevalence Rate, reducing Total Fertility Rate and Population Growth Rate. He, however, noted that in some parts of Africa, like in Uganda, Total Fertility Rate was still high.
He called upon leaders to reposition reproductive health and Family Planning into the development agenda for a more concerted effort and positive result. He said while there is need to find new champions for Family Planning and promote greater resource mobilization for Reproductive Health programs, there is more need to reinforce political commitments.

He urged policy-makers to understand the urgency of the situation, the need to look global and act local. He said there was capacity and capability, the know-how and expertise to make "change" happen. He said this is possible if members can adopt a vision that recognizes and values these potentials.

He recommended that countries of the South which have all similar background to join around each other, utilize their respective comparative advantages, consider the specificities of each and act with one spirit to promote the health of all. He said South-South collaboration for the attainment of ICPD and SDGs targets is one of the most viable strategies; one that recognizes potentials in the South and urges nations in the developing world to join hands together to address a common goal. He said it is based on the spirit of solidarity among nations with common interest.

Mr. Adnene called upon African countries to reunite their efforts and create a new synergy to address FP/RH and Population concerns and adopt a comprehensive approach that would encompass knowledge sharing, exchange of best practices, promotion of access to RH information and services, networking and partnership building. He was convinced that the political will was already in place and called on leaders to translate commitment into concrete action to make reproductive health and rights a reality.

On behalf of PPD, Mr. Adnene pledged continued engagement and providing opportunities like NEAPACOH meeting which provide a forum for sharing, learning, networking and building capacities to contribute to enhanced accountability, leadership and stewardship for the implementation of the ICPD Programme of Action and meeting the SDGs by 2030 in the region. He expressed confidence in the Parliamentarians and trusted their continued support to push the agenda forward. He said their effort today would shape the destiny of their children, their mothers and generations to come.

4.3: Remarks by Mr. Alain Sibenaler, UNFPA Representative

Mr. Sibenaler appreciated the opportunity to speak on behalf of the United Nations Population Fund (UNFPA) at the meeting of the Network of African Parliamentary Committees on Health (NEAPACOH) 2019.

He commended the partnership and the work of NEAPACOH on the ICPD - PoA and SDGs using different platforms to advocate for reproductive health and rights, including family planning; maternal and child health; elimination of gender based violence and harmful practices; and empowerment of young people to fulfill their potential to harness the demographic dividend for Africa.

He reminded members of the celebrations to mark 25 years of implementation of ICPD, saying a global summit under the theme "Accelerating the Promise" would be held in Nairobi, Kenya from 12th to 14th November, 2019. He said the summit will be a springboard for governments and other organizations to announce voluntary, global commitments—including financial ones—that will accelerate progress of the ICPD agenda. We are relying on Parliamentarians, to galvanize and mobilize political and financial commitments needed to urgently complete the unfinished business of the ICPD PoA.

He noted that the theme for the 2019 NEAPACOH meeting: *"Building the capacity of African policy makers for enhanced implementation of ICPD PoA and improved reproductive health outcomes: Challenges and Opportunities"* was more pertinent as the world accelerates the promise made 25 years ago.

He said commitments were expected to end preventable maternal deaths, eliminate unmet need for modern contraceptives, and end gender-based violence, child marriage and female genital mutilation, among others. He said these commitments should be made at the global, national and local levels and may be made by governments, businesses, foundations or other organizations.

Mr. Sibenaler observed that there was progress in many countries but a lot more needed to be done. He enumerated some of the progress registered by Uganda in the areas of fertility rates, maternal mortality, teenage pregnancy, family planning, GBV and education, pointing out the different challenges still faced, including teenage pregnancy, early marriages and FGM all of which impede development.He believed members can make a difference and challenged them to accelerate their efforts. He said it is time to be bold and vocal and do what is right. He commended the innovative and strategic partnership with Members of Parliament. He asked them to re-commit towards the ICPD agenda to ensure legislation and policy advocacy, budget appropriation, oversight and ensuring to leave no one behind. He implored them to be a part of the unique opportunity to help lift up women and girls, their families and communities, and create a better world with rights and choices for all.

Mr. Sibenaler thanked PPD ARO and NEAPACOH for organizing the meeting. He recommitted to work with the Members of Parliament and other partners to achieve Zero preventable maternal deaths; Zero unmet need for family planning; and Zero GBV and harmful practices.

4.4: Opening remarks by Hon. Dr Michael Bukenya, Chairperson, Committee of Health, Parliament of Uganda

Hon. Dr Michael Bukenya, Chairperson, Health Committee of Parliament, Uganda delivered the Rt. Hon. Speaker's remarks.

The Rt. Hon. Speaker welcomed all foreign delegates to Uganda. She extended special welcome to those visiting Uganda for the first time. She informed the delegates that Uganda had recently hosted the Commonwealth Parliamentary Conference and welcomed again those who attended the conference. She asked delegates to have time off the meeting to visit the rest of Kampala.

She said the NEAPACOH meeting whose theme was: *"Building the capacity of African policy makers for enhanced implementation of ICPD PoA and improved reproductive health outcomes: Challenges and Opportunities",* was timely, happening around the time when the Governments of Kenya and Denmark as well as UNFPA will convene the ICPD+25 conference to be held on November 12 – 14, 2019 in Nairobi, Kenya.

She observed that the International Conference on Population and Development (ICPD) that was held in Cairo, Egypt, in 1994, and the accompanying Programme of Action that was adopted by 179 countries was a landmark occasion that placed reproductive health, population and development agendas that relate, speak, and act with and towards one another as critical for sustainable development. She said twenty five years after the ICPD, countries need to account for their actions.

She emphasized the need to take stock of achievements, lessons learned and remaining challenges, as well as develop concrete actions for accelerated implementation of the remaining ICPD agenda. She said the NEAPACOH meeting should provide space for discussions between and among policy makers and implementers to develop concrete actions and commitments aimed at improving reproductive health and family planning (RH/FP) outcomes in the context of implementation of ICPD PoA. She thanked organisers of the meeting for thinking of such a theme.

Rt. Hon. Kadaga opined that members are not short of conducive policy environment to facilitate their work in bringing higher up to scale issues of reproductive health including family planning, population and development. She said the ICPD PoA was still very useful and relevant. She enumerated other frameworks like the Maputo Plan of Action, the Abuja Declaration, the Addis Ababa Declarations adopted at the Africa Union, the Sustainable Development Goals (SDGs) that were adopted by countries at the UN in September 2015 and the NEAPACOH commitments that have been adopted NEAPACOH meetings are convened.

She said what was needed was action and called for accelerated implementation of the so many frameworks in place.

She informed participants that she officiated at the previous year's NEAPACOH meeting and hoped that different country delegations, especially those that attended previous years' NEAPACOH meeting had progressive reports and feedback regarding the implementation of the recommendations and commitments developed.

She said Uganda, had been committing to do a number of things to improve access to reproductive health, and especially having in place a National Health Insurance Scheme. She had promised to support a Private Member to move the National Health Insurance Bill if government did not present the Bill before Parliament by September 2019. She reported that Government presented the Bill for the first reading on August 22, 2019.

She said as much as delegates were going to make commitments, it's their work as parliamentarians to play their oversight functions and ensure that their governments fulfil the commitments they make. She opined that all those engagements they get involved in are about delivering a better Africa, a better world for the benefit of the people they serve. She said African countries share similar reproductive health problems, ranging from high incidences of Sexually Transmitted Infections (STIs), including HIV/AIDS, high maternal mortality rates, high infant mortality rates, low contraceptive use, unmet reproductive health needs among many others. She believed a forum like NEAPACOH meeting should provide an opportunity to discuss the problems, exchange the rich experiences existing within member countries, and search for common solutions to the many problems. She called on delegates to make good use of time to interact and share best practices for the good of the people they serve and represent.

Referring to the **"Kampala Call to Action"** for accelerated implementation of the ICPD Programme of Action for improved reproductive health and family planning outcomes that the delegates would adopt, the Rt. Hon. Speaker of Parliament urged Parliamentarians to remember their responsibilities of ensuring accountability, political leadership and stewardship for the implementation of the Kampala Call to Action. She believed they would benefit from the expositions by the experts present as well as from the experiences and good and innovative practices from the different countries that would be shared in the two days of the meeting.

She wished participants a pleasant stay in Uganda and hoped they would have time to visit some other parts of Uganda, the Pearl of Africa.

5.0 Session II: Improving Universal Access to Reproductive Health and Family Planning for Achieving the ICPD PoA and the SDGs.

5.1 Key Note address by Dr. Christine Kirunga Tashobya, Makerere University School of Public Health, Uganda.

Dr. Tashobya informed the meeting that at the 1994 International Conference on Population and Development in Cairo which was attended by 179 states, a consensus was reached that a big population can be an opportunity for economic growth. Emphasis therefore was put on the linkages between population and development and special focus on meeting women's reproductive health and rights, said Dr. Tashobya. There has been progress in addressing Reproductive Health issues globally with a decline of nearly 44 percent of maternal mortality ratio, such progress however greatly differs across the regions, said Dr. Tashobya. Maternal Mortality is still a challenge for most sub Saharan African countries. It is therefore important for legislators to intensify advocacy to push forward the Reproductive Health agenda in Africa especially use of contraceptives. If we want the poor people to access Family Planning, there is need to address cost issues and the need to intensify community based distribution said Dr. Tashobya.

"Universal Access to RH and FP services is NOT just a health sector issue, there is need to advocate for and facilitate Multi-sectoral Collaboration" Dr. Christine *Tashobya*

Uganda has had a stagnation in teenage pregnancy which has contributed to high maternal mortality, however, research shows that education can contribute to addressing this issue. When girls are kept in school, you delay the onset to child birth said Dr. Tashobya.

The presenter quoted President of Lesotho H.E Pakalitha Mosisili, who said that Africa will never achieve real development if some sectors of society continue to be marginalized including women and children. Dr. Tashobya therefore called upon delegates to ensure improved access to reproductive health including family planning, which can only be achieved if there is good governance, integrated service delivery, community ownership and demand for RH and FP services and strengthened health systems. In all this, Members of parliament have a big role to pray to ensure enactment of explicit supportive policies, mobilization of resources, monitoring and accountability said Dr. Tashobya.

Universal access to Reproductive Health services is not a health sector issue, these issues have to be holistically addressed if countries are to realize the Sustainable Development Goals especially goal 3, said Dr. Tashobya.

5.2: Inter-sectoral Collaboration for SDGs and Health: Status of Domestication in 7 Countries: By Dr. David Okello, ACHEST

Dr. Okello highlighted the seventeen SDGs and informed the meeting that HPTT carried out a scoping study in seven African countries in 2017 including; Ethiopia, Kenya, Rwanda, Tanzania, Uganda, Zambia and Zimbabwe to assess the level of preparedness in implementation and domestication of the SDGs.

"There are key central government policies and strategies such as SDGs and NDPs that do not reach District and Sub-district levels: OPM and NPA should develop advocacy strategies to popularize government programmes in the country NDPs" Dr. David Okello

The study found out that all 7 countries have integrated SDGs in national development plans but the level of implementation of health related SDGs in these countries is slow due to over reliance on donors and low domestic funding said Dr. Okello.

SDGs are interconnected and integrated and call for Inter-sectoral Collaboration for their achievement, but current planning and budgets are in silos, there is **n**eed for Policy Research Institutions and Think Tanks in each country to support governments on cross sectoral implementation of SDGs and, timely, disaggregated data for planning, budgeting and tracking progress is lacking in most countries said Dr. Okello.

The study highlighted a number of challenges including; high poverty levels, high dependency ratios - due to large young dependent population, inadequate funding from domestic resources and declining FDA, high debt burden among others.

Dr. Okello further informed delegates that an in-depth Uganda Study on Inter Sectoral Collaboration was undertaken by ACHEST in 2018 to establish the current arrangements for inter-sectoral collaboration and partnerships for Health but also to understand the roles of stakeholders including MDAs, Parliament, Districts and Sub-districts, DPs, CSOs in ISC.

The study found out that there are four different SDGs committees in Uganda each playing a different role. The committees included; Policy Coordination Committee, Implementation Steering Committee, National Task Force and Technical Working Groups. Much as these committees call for multi sectoral collaboration, findings showed that Budgets and financial flows at national level are sector based, conditional grants to Districts are sector based and there is limited collaboration between sectors, said Dr. Okello.

Uganda's Auditor General's Report for 2016 on Financing of Local Government through Central Government grant shows that sectors retain the biggest allocations despite devolved responsibility for service delivery, some central policies and strategies are not reaching the District, there is no visible national strategy to market SDGs and NDPs said Dr. Okello.

5.3: Delivering cost effective, quality PHC services for UHC: The Living Goods Uganda Experience: By Dr. Diana Nambatya Nsubuga, Living Goods Deputy Representative & UHC Co-Chair Africa

"Community Health is paramount for Primary Health Care & Universal Health Coverage and, leadership is a critical and great catalyst for Universal Health Coverage" Dr. Diana Nambatya

Dr. Nambatya pointed out that a country is said to have attained Universal Health Coverage (UHC) when the whole population has access to needed good quality health services – promotion, prevention, treatment and rehabilitation – without the risk of financial hardship as a result of having to pay in order to access these services.

Dr. Nambatya said that households out of pocket expenditure counts for more than 40 percent, according to WHO, 150M people suffer catastrophic expenditure each year, out-of-pocket expenditure is high in relation to total health expenditure, there is nneed to reduce co-sharing, governments should increase health funding to ensure communities access health services said Dr. Nambatya.

Dr. Nambatya highlighted the four policy implications to attain universal health coverage including; increasing proportion of costs covered by domestic/ public funds; increasing the services of good quality; expanding the population groups benefiting from the services and, building resilient community systems to sustain coverage.

Dr. Nambatya shared with delegates the Living goods approach to empowers communities for universal access. Living Goods support 4,000 government CHWs in 19 districts in Uganda to deliver PHC services to improve health outcomes and cut health care costs. CHWs are delivering PHC services to address the leading causes of neonatal, maternal & child deaths, including pregnancy care, family planning, newborn care, nutrition, childhood diseases and immunization said Dr. Nambatya. Using digital technology (smart phones) to reports on stocks and other MCH cases and, to deliver quality PHC services. This has improved performance over time and has resulted into 27 percent reduction in under-five mortality and 28 percent reduction in neonatal mortality for less than $2 per person annually said Dr. Nambatya.

5.4: Advancing Contraceptive Options; Innovations for sexual and reproductive health: By Dr. Emmanuel Mugisha, Country Director, PATH- Uganda.

Dr. Mugisha informed delegates that PATH's approach has been moving new products from innovation, piloting to scale up through all service delivery channels, for instance subcutaneous DMPA SC Brand name Sayana press; HPV Vaccine for cervical cancer prevention, among others.

"Self-injectables could prevent 11,000 additional pregnancies and save $1.1 million per year in Uganda. Expanding method mix is key in meeting Global family planning goals" Dr. Emmanuel Mugisha

Uganda is making substantial progress toward meeting our FP2020 commitments. We set a goal of reducing unmet need to 10% by 2020, and as of the most recent PMA2020 survey, 26% of married women have unmet need. With respect to contraceptive prevalence, the modern method CPR has increased by about 10% points since the 2011 DHS. We are well on our way toward the goal of 50% CPR. Part of that story involves DMPA-SC (Sayana press), an alternative option for injectable contraception. Data show that when a new option is introduced, it tends to help increase mCPR and reduce unmet need said Dr. Mugisha.

Dr. Mugisha informed delegates that DMPA (Sayana Press) is a new, progestin-only self-injectable contraceptive product and most widely available. The FP2020's most recent progress report shows that injectable are the most common method in several African countries, as demonstrated by the red blocks and of the 41 countries shown, injectables are the most common method, Injectables represent more than 60% of the method mix in Ethiopia, Liberia, and Madagascar. A new injectable contraceptive expands the options available to women, and may help increase use and continuation of modern contraceptive methods said Dr. Mugisha.

A study that was done in Uganda by FHI 360 in 2012 showed that all VHTs and 84% of women preferred DMPA-SC over DMPA-IM if both products were available. Reaching new users of family planning can help achieve FP2020 goals, and realize ICPD commitments. When the product is newly introduced, data from many countries (e.g., Mozambique, Niger, Nigeria, Senegal, and Uganda) show that about one-third of doses are to first-time users of family planning. Recent and forthcoming evidence from Malawi, Senegal, and Uganda suggests that self-injection enables significantly more women to continue using the method at 12 months. In Uganda, this was especially true for women between the ages of 18 and 25; self-injection seems especially promising for younger women in our setting who face particular challenges to contraceptive continuation said Dr. Mugisha.

Dr. Mugisha concluded by saying that self-administered contraception can be an essential part of a country's family planning method mix, providing women and adolescent girls access to a wider range of contraceptive options that work best for them; self-injection presents alternatives to those women/girls who prefer injectables, facilitating their right to exercise choice in their reproductive health decision-making. Using innovative delivery approaches through existing public and private sector channels is central to improving access, availability and utilization of family planning services and broadly SRH services

Dr. Mugisha concluded by saying that self-injectables could prevent 11,000 additional pregnancies and save $1.1 million per year in Uganda. Expanding method mix is key in

meeting Global family planning goals especially the FP 2020 targets. When a greater range of methods are available, more women will use modern contraception.

5.5: What women want: By Ms. Angela Nguku, Executive Director, White Ribbon Alliance, Kenya

"We make commitments in Africa, do we follow them up? "Ms. Rose Nguku

Ms. Angela informed delegates that maternal mortality ratio has remained very high in African countries. Women die as a result of poor quality of care and political leaders think that infrastructure is the number one priority for women which is not true said Ms. Nguku. A campaign done by White Ribbon alliance in April 2018, in 114 counties showed that women want dignity and respect in addition to proper hygiene, medicines and supplies, policies therefore should address these key issues if counties are to improve RH indicators said Ms. Nguku.

In addition to the top three responses, women reported that they need increased, competent and better supported midwives and nurses, increased fully functional and better health facilities, increased competent and better supported doctors, free and affordable services and supplies, antenatal information, labor and delivery information and, timely and attentive care said Ms. Nguku.

Pregnancy is not a disease, and no woman should die while giving birth, being attended to by a skilled worker is not quality of care, said Ms. Nguku.

6.0: Session III: Accelerating progress for Universal Access to Sexual, Reproductive Health and Rights of the Young People to end Teenage Pregnancies

6.1: Ending teenage pregnancies and child marriages: By Dr. Rose Oronje, Director-Public Policy & Communications; AFIDEP

Dr. Oronje informed delegates that ending teen pregnancies is critical for development because teen pregnancy puts the health of young girls at risk; and that of their babies. Complications during pregnancy & childbirth account for most deaths among the 15-19 years-olds but also a big proportion of unsafe abortion occurs among the 15-19 years-olds and, babies born to teen mothers have higher risk of low birth-weight, pre-term delivery, severe neonatal conditions. Teenage pregnancy Accounts for huge proportions of school drop outs for girls, limits girls' & women's contribution to development and exposes girls to domestic violence said Dr. Oronje.

"Education is the best contraception" Dr. Rose Oronje

Dr. Oronje highlighted ASRH indicators in 15 selected African countries which showed that teenage pregnancy is highest in Niger with 40.4 percent followed by Nigeria with 31.5 percent and Ivory Coast with 29.6 percent, the least was Ghana with teenage pregnancy of 14 percent.

Dr. Oronje pointed out that though the Demographic Health Surveys show that a big proportion of girls aged 15-19 years in Arica have already engaged in sexual activities and married, access to contraceptives is still a challenge to this age group. Barriers to contraceptive use by young people include; social norms, policy restrictions, concern about side effects/health risks, lack of partner/family support to using contraception, provider bias, myths and misconceptions and, affordability and accessibility challenges.

Dr. Oronje highlighted some of the reasons why most African countries have not been able to address teenage pregnancy as; contention around teen sexuality because of beliefs &values and lack of enforcement/ implementation of laws and policies. He pointed out that Africa has continued to implement interventions that have been shown to be ineffective in ending teenage pregnancy including; youth centres which are mainly used by a small proportion of young people who live nearby and are male, Peer education to encourage safe sexual behavior which result into information sharing, but on their own, peers have very limited effects in promoting healthy behaviours & improving health outcomes among target groups, meetings to inform communities about harmful practices & to urge them to abandon these practices are not effective as well publicized one-off public sessions.

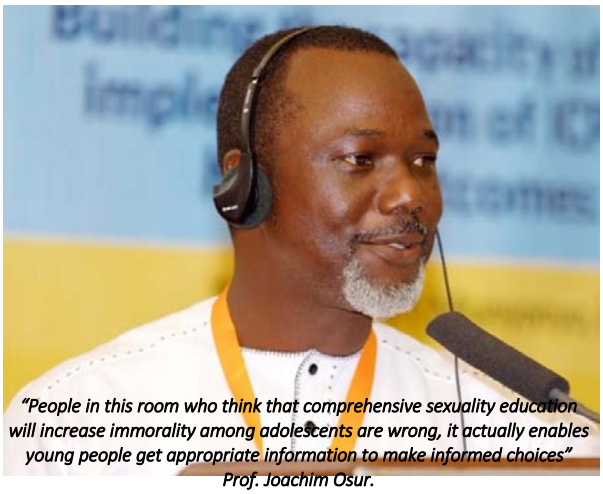
Dr. Oronje suggested the following interventions that have been shown to work in other countries in reducing teenage pregnancy:

- ✓ Ccomprehensive school-based sexual education programmes.
- ✓ Facility-based programmes with outreach components, provide information & services to most-at-risk teens

- ✓ Long-term mass media interventions with messages delivered through radio, TV, social media
- ✓ Conditional cash transfer programmes
- ✓ Programmes that prevent child marriages
- ✓ Longer-term approaches including ongoing dialogues with community leaders and members.

Dr. Oronje called upon Members of Parliament to **a**dvocate for understanding & support for teen sexuality programmes, including comprehensive sexuality education in schools, legislate & monitor enforcement of laws, advocate for increased resources to teen sexuality programming, track budgets, support laws, policies, & programmes that enable more & more girls to stay in school, to attain the highest levels of education and, to champion eradication of teenage pregnancies and marriages in their constituencies.

6.2: Accelerating progress for Universal Access to Sexual, Reproductive Health and Rights of the Young People to end Teenage Pregnancies: By Prof. Joachim Osur, Director Regional Projects, Amref Health Africa and Dean, School of Medical Sciences at Amref International University.



"People in this room who think that comprehensive sexuality education will increase immorality among adolescents are wrong, it actually enables young people get appropriate information to make informed choices" Prof. Joachim Osur.

Prof. Osur defined an aadolescence as those young adults aged 10 to 19 year and a youth as those young people aged between 15– 24 years. One in every five people in the world is an adolescent and developing countries are a home to 85 percent of world adolescents said Prof. Osur.

Adolescence and Youth is a transition period to adulthood, a transition that is never easy, said Prof. Osur. Nearly 70 percent of premature deaths in adults are a result of risk exposure during adolescence, about percent of the total disease burden in adults are associated with risk exposure in adolescence. Examples of those risk exposures that begin in adolescence include among others; tobacco use, lack of physical activity, unprotected sex and exposure to violence.

Prof. Osur further said that 16 million girls aged 15 to 19 years and 2.5 million girls under 15 years give birth each year in developing countries and, complications during pregnancy and childbirth are the leading cause of death for 15 to 19 year-old girls globally. Every year, 3.9 million girls aged 15 to 19 years undergo unsafe abortions, unsafe abortions lead to severe morbidity and mortality and Africa has a way of normalizing tragedy. It is immoral to allow people die from causes that we can prevent, causes like unsafe abortion, said Prof. Osur.

Girls face social pressure to marry and to have children early in life, each year 15 million children are married off before the age of 18 years. In fact 90 percent of births to adolescents occur among those who are already married. Adolescent pregnancies are driven by poverty, unemployment and lack of education opportunities, said Prof. Osur.

Prof. Osur further said that many adolescents face sexual violence, it is estimated that 20 percent of girls globally have experienced sexual abuse as children or as adolescents. 200 million women and girls living with FGM and 3 million girls at risk annually. Adolescents face legal/policy barriers to accessing contraceptive services, restrictions may be based on age or marital status and, adolescents lack knowledge, transportation, and financial means to access FP and healthcare.

What can Members of Parliament do?

Prof. Osur highlighted the following issues that Members of Parliament can address to curb down teenage pregnancy;

- Implement laws to abolish child marriage
- Resist tendency to lower age of marriage to below 18 years
- Ensure affirmative action to retain girls in school and to transition them to post-secondary education
- Gender equity in employment
- Enforce laws that prohibit SGBV
- Abolish cultural tendencies to pay ransom and marry off rape survivors
- Outlaw socially sanctioned SGBV such as FGM
- Have/enforce policies and laws that allow sexually active adolescents to access FP
- Re-write UHC core principles to incorporate young people's access to SRH
- Finance SRH services for young people using UHC health financing goals
- Apply UHC governance goals to adolescent SRH services

6.3 Accelerating progress for Universal Access to Sexual, Reproductive Health and Rights of the Young People to end Teenage Pregnancies: By Nhlanhla Moyo, DOT Youth-Zimbabwe

"Involve us, to make sure there is an HIV free generation" Mr. Nhlanhla Mloyo.

Mr. Nhlanhla pointed out that teenage pregnancy is evidence that young people are having unprotected sex, this also comes with the risk of acquiring in HIV. Teenage pregnancies in Africa are contributing to 50 percent of the global proportion of births and the engagement of young people by most governments on SRHR is still tokenistic. Comprehensive Sexuality Education is still mostly a taboo in Africa and the unmet need for contraception is still very high said Mr. Nhlanhla.

Mr. Nhlanhla called upon Members of Parliament to Improve access to life skills/ sexuality education. Install youth friendly health services and provide appropriate training to the service providers handling adolescents in their diversity. There is need to involve young people in policy making processes up to the grass root. Young people should be brought on

board when planning for them, have them on the table and use their language, repackage the sexuality education to a more acceptable language by young people, said Mr. Nhlanhla.

There is need to develop enabling policies and making them practical by resourcing for implementation of the policies and, enhance a social and cultural environment that upholds the SRHR of young people, said Mr. Nhlanhla.

6.4 Universal access to SRHR for young people Anne Alan Sizomu- Technical Advisor-Advocacy, IPPF ARO

"Legislators need to understand their roles but also be bold as regards to ASRH" Ms. Anne Sizomu

Ms. Sizomu highlighted key issues for Members of Parliament to consider to address sexual and reproductive health & rights of young people as; data, evidence is very crucial for advocacy. She pointed out that low funding is affecting implementation in most African countries but also young people are not consulted during programming. Involve and consult young people. Lack of appropriate laws/policies to address ASRH is also another key challenge affecting SRHR programs in Africa, said Ms. Sizomu.

However, legislators need to understand their roles but also be bold as regards to ASRH, I believe that you can influence the change by influencing and aligning the laws, things may be hard but the momentum is to be kept, said Ms. Sizomu.

Young people are unique and diverse, the trend of HIV infections is increasing among this age group, there is a lot to be done to fast track, evidence is available what Members of Parliament need to do is to play their role of legislation, oversight and budgeting, this requires boldness , but Parliamentarians can make that change happen, said Ms. Sizomu.

7.0 Session IV: Harnessing the AU's DD Agenda for accelerated implementation of the ICPD PoA and achieving the SDGs at country level

7.1 Issues for policy prioritization and agenda setting: By Dr. Bernard Onyango, AFIDEP

"Reducing fertility, total dependency ratios and increasing schooling are the main drivers of national wealth" Dr. Bernard Onyango

Dr. Onyango informed the meeting that Africa has a young population with 60 percent below 25 years compared with 41 percent globally for the same age group. Such youthful population, if healthy, skilled, and gainfully employed can be a catalyst for accelerated social and economic development, a phenomenon referred to as a demographic dividend, said Dr. Onyango**.**

Dr. Onyango defined the demographic dividend as the economic benefit that arises directly from the increase in the proportion of the working age population relative to dependent children as a result of fertility and mortality decline coupled with long-term economic benefits from increased investments in children; increased savings and investments by the working age population; and improved wellbeing and life expectancy (which enables people work longer) as the population becomes increasingly aged.
He highlighted the four African Union Demographic Dividend priority investment pillars as; employment & entrepreneurship, education & skills development, Health& well-being, Rights, governance and youth empowerment.

Dr. Onyango called upon governments to operationalize the AU's DD priorities by profiling the national DD priorities, developing national strategies and roadmaps towards harnessing the DD, planning, ensure that DD actions are embedded in the national development frameworks, plans and M&E frame works. Successful implementation will depend on the following; research translated into knowledge, capacity building for all players, effective coordination and oversight and, advocacy & awareness creation, said Dr. Onyango. There are a number of challenges to overcome including; In-depth policy prioritisation and performance analysis, systems thinking and integrated planning capacity, sustainable funding for demographic dividend interventions and reinforcing the role of the private sector and other stakeholders, said Dr. Onyango.

To adequately capture the nuanced variations in demographic transition and economic well-being of African countries and to explore the factors associated with national wealth as measured by Gross National Income (GNI) per capita, African countries were characterized according to pillars of the DD (Education, health, economy, TFR) using a cluster analysis approach, said Dr. Onyango.
The analysis showed that countries with the highest GNI/ those with the higher and higher-middle income status have the lowest fertility but also the highest numbers of average years of schooling Countries in this category include; Tunisia, South Africa, Mauritius, Botswana Libya, Algeria, Seychelles, Egypt, Morocco, Gabon, Cap Verde and Namibia. According to the analysis, there was a correlation between high fertility, years of schooling and the GNI Counties with the lowest GNI have the highest fertility and the lowest average years of schooling.

Dr. Onyango concluded by saying that for all countries, reducing fertility, total dependency ratios and increasing schooling are the main drivers of national wealth and, policy options recommended to decision makers should be nuanced to take account of the different stages (demographic and development) that the countries are in. These will then be more effective in guiding the countries to capture and maximize their potential demographic dividends, said Dr. Onyango.

7.2 Harnessing DD-agenda for accelerating implementation of ICPD PoA: By Ms. Beatrice Okundi, NCPD, Kenya

Ms. Okundi informed delegates that though Kenya has made progress in addressing reproductive health issues, there is a challenge of teenage pregnancy which stands at 18 percent. Maternal Mortality reduced to 362/100,000 in 2014, while Total Fertility Rate stood at 3.9 children per woman. HIV prevalence stands at 5.9 percent for females (15-24) and 2.2 percent for males in the same age group. The Constitution of Kenya recognizes that Reproductive Health is a right, so deliberate effort should be made to addressing key issues including unmet need for family planning, the need to invest in the county's population to reduce the dependency burden to harness the Demograph

"Demographic Dividend window of opportunity for Kenya opens in 2038, the country therefore needs to strategically invest in health, skills development, economic and entrepreneurship, good governance in order to harness the dividend" Ms. Beatrice Okundi

Ms. Okundi pointed out that the Demographic Dividend window of opportunity for Kenya opens in 2038, the country therefore needs to strategically invest in health, skills development, economic and entrepreneurship, good governance in order to harness the dividend.

Ms. Okundi pointed out key issues affecting the you in Kenya including; drugs and substance abuse, HIV/STI, teenage Pregnancy, SGBV and unsafe abortion, school drop outs/Transition, DSA and Unsafe sex, lack of Infrastructure in education system, lack of skills and experience, unemployment, lack of capital and corruption.

Ms. Okundi called upon delegates to eensure Universal access to quality healthcare including reproductive health, curriculum reform – competence based, expand vocational training opportunities, foster sustainable investments in health, education, economic empowerment, ensure sufficient and efficient Resource allocation for reproductive health, promote policies and programmes to improve health, education and training, favorable policy environment.

7.3 Harnessing the Demographic Dividend in Uganda: By Dr. Ssekamate John, National Planning Authority, Uganda

Uganda has a predominantly young population, which forms a broad base of the country's population structure. About 47.9 percent of the population is aged 0-14 years, while 49.2 percent is aged 15-64 years, constituting the economically productive age group said Dr. Ssekamate. Having a predominantly young population creates a high dependency burden, which remains unfavourably high at 103, indicating a heavy burden on the economically productive population as well as

Harnessing the Demographic Dividend though is not automatic, it requires massive investments in changing the population age structure, health, education, and job creation as well as human capital development said Dr. John Ssekamate

impacting government's efforts to provide adequate and quality social services.

Uganda has been implementing the population responsive policies aimed at reducing fertility and mortality and there has been noted progress in health, education and other areas but progress has been slow said Dr. Ssekamate. The new Uganda's population policy is moving towards a population driven goal and investments in human capacity development including Early Childhood Development, life-cycle health care and skilling are key focus areas, said Dr. Ssekamate.

Uganda aspires to become an upper middle income country by 2040 by transforming from a predominantly peasant to a competitive science and technology-driven economy. The rapid Population growth of 3.0 percent, coupled with a burgeoning youthful population and a high Childhood dependency in a largely consumptive, rather than a productive population presents demographic burden which may hinder Uganda's potential to reap the demographic Dividend (DD) said Dr. Ssekamate. As Uganda invests in the realization of upper middle-income status by 2040, it is imperative that it prioritizes human capital development that can adequately contribute to the realization of these goals. Achieving a faster socio-economic transformation will depend on the country's capacity to strengthen the fundamentals for exploiting the youthful population and thus harnessing the Demographic Dividend by turning the young population into a productive and innovative human capital that will contribute to the economic growth of the country for decades to come hence harnessing the demographic Dividend and this been bended in the overarching vision 2040 and the National Development Plan, said Dr. Ssekamate.

Harnessing the Demographic Dividend though is not automatic, it requires massive investments in changing the population age structure, health, education, and job creation as well as human capital development said Dr. Ssekamate.

8.0 Emerging issues from the discussions

Issue	**Action point/ recommendation**	**Responsible Institution**
Negative attitude of health workers towards young people seeking health services	✓ Build capacity of health workers in offering youth friendly services. ✓ Recruit youthful health workers to specifically offer services to young people.	Ministries of Health Partners
Limited information about DMPA SC (Sayana press)	✓ Sensitise communities on DMPA SC and other methods. ✓ Build capacity of policy makers in offering correct information on Sayana press.	Ministries of Health Partners

	✓ Develop use friendly fact sheet to provide key information on all methods.	
High Maternal Mortality in Africa	✓ Strengthen health systems ✓ Increase funding for MCH. ✓ Recruit, motivate& retain health workers. ✓ Employ new innovations.	MPs Ministries of Health Partners
Inadequate demand for RH services.	✓ Sensitization of communities. ✓ Make health systems functional. ✓ Strengthen community leadership and ownership. ✓ Build capacity of MPs to mobilize& engage communities on key health issues.	MPs Ministries of Health Partners
Lack of implementation of population policies	✓ Intensify advocacy for implementation of existing policies. ✓ Oversite on implementation of policies.	MPs CSOs MDAs
Facilitation for volunteers working in the communities	✓ Incentivize Community Health Workers. ✓ Build capacity for the CHEWs.	Ministries of Health Partners CSOs
Limited resources for implementation of the developed Population &RH policies	✓ Inter-sector collaboration for effective utilization of resources. ✓ Need to prioritise interventions to address population issues. ✓ MPs should ensure that funds allocated to MCH are put to the right use.	MDAs MPs Partners
High teenage pregnancies. The role of MPs in addressing teenage pregnancy.	✓ Monitor of programs to ensure that workable interventions are implemented. ✓ Mass sensitization of communities on teenage pregnancy. ✓ Champion elimination of teenage pregnancy. ✓ Intensify age-appropriate sexuality education ✓ Increase funding for ASRH	MPs Partners CSOs MDAs
Slow fertility decline in Africa likely to affect harnessing the DD	✓ Need to stop politicising the issue of fertility and start promoting smaller family sizes.	MPs

Negative cultural influence on ASRH	✓ Design culture specific interventions. ✓ Bring on board religious and cultural leaders to address ASRH issues.	Partners CSOs MDAs
Political instability, poor governance and corruption affecting policy implementation in African countries	✓ Need to address governance issues since governance is a core component for us to harness the DD ✓ Play oversight role to ensure that resources are used for the right cause.	MPs
Tracking the NEAPACOH commitments/ performance and achievements	✓ The commitments made should be in line with country commitments/regional frameworks. ✓ Need to develop clear indicators to track	PPD-ARO Partners
Lack of reporting mechanism for the ICPD@25 Nairobi commitments	✓ Ensure the high level political forum that monitors the 2030 agenda and the 2019 Nairobi commitments	Partners PPD-ARO
Addressing SRH issues of the boy-child	✓ Develop strategies to address SRH needs of the boy-child	

Day Two

9.0 Session V: Country achievements and lessons in implementation of the 2018 NEAPACOH commitments and developing country commitments for 2019/2020

9.1 SRHR on the road from ICPD in Cairo to the Nairobi Summit and beyond: By Marianne Haslegrave, COMMAT

Ms. Haslegrave informed delegates that the 1994 ICPD in Cairo moved from discussing population issues to looking at a broad agenda, including women empowerment, SRHR, gender equality. The rights issues were clearly spelt out including the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health, said Ms. Haslegrave.

Ms. Haslegrave pointed out that ICPD PoA has had five yearly reviews including the 1999 review which came up with the Key Actions, the 2004 & 2009 reviews, 2014 ICPD Beyond 2014 review and the 2019 ICPD25 with the Nairobi Summit.

Ms. Haslegrave differentiated between the ICPD PoA and the 2030 Agenda saying that ICPD PoA is a document with very broad objectives and with few targets and indicators whereas, 2030 Agenda is a concise document comprising the declaration , sustainable development goals and targets, means of implementation and, follow up and review mechanisms.

Ms. Heslegrave shared what will happen at the Nairobi Summit on November 12, 2019, saying the outcome will be the Nairobi statement and commitment to Intensify the efforts for the full, effective and accelerated implementation and funding for the ICPD PoA, Key Actions, outcomes of its reviews and Agenda 2030 but also, achieve universal access to sexual and reproductive health and rights as part of UHC. Address gender-based violence and harmful practices, in particular CEFM and FGM, Mobilize the required financing to finish the ICPD PoA and sustain the gains already made, Draw on demographic diversity to drive economic growth and achieve sustainable development, Building peaceful, just and inclusive societies where No One is Left Behind and, Uphold the right to SRH services in humanitarian and fragile contexts, said Ms. Heslegrave.

9.2 Monitoring and Accountability for Reproductive, Maternal Child and Adolescent Health: By Eva Nakimuli, Programme Officer, PPD ARO

On behalf of the IMCHA EAHPRO, Ms. Nakimuli informed participants that the East, Central and Southern Africa (ECSA) Health Community (ECSA-HC) did a rapid review of the implementation of commitments passed through the Health Ministers Conference from 2012-2016. The assessment aimed at identifying the resolutions related to RMNCH passed in the Health Minister's conference and the actions taken to implement them and, to assess the accountability mechanisms of the RMNCH commitments in the selected countries.

Ms. Nakimuli informed participants that the assessment that was done in three countries of Uganda, Tanzania and Malawi showed impact and progress in the implementation of the resolutions. The assessment found out that key activities had been implemented and policy alignment linked to commitments/resolutions has been passed, said Ms. Nakimuli.

Ms. Nakimuli highlighted challenges met during the assessment as limited resources, poor communication, and lack of effective accountability mechanism and high turn-over of government focal points.

Ms. Nakimuli presented the 5 key components of the accountability frame work and these are; research; performance, social, financial and political accountability. She stressed that data is a key component of research, indicating that you cannot track progress of implementation of commitments that are generated from the global, regional, national and subnational levels. She added that tracking commitments ensures accountability, assesses progress, resource allocation and brings out cost effective and workable solutions.

Whereas performance accountability focusses on services, outputs and results of governments and agencies, social accountability involves holding politicians, policy makers and providers responsible for their performance. Financial accountability involves tracking and reporting on resource allocations, disbursements and utilization as political accountability focuses on institutions and procedures that represent citizens' interests and responds to societal needs. Enhanced accountability therefore can ensure that investments in RMNCAH programs and services lead to better health outcomes said Ms. Nakimuli.

It is on that note that Ms. Nakimuli requested country teams to utilise the tool and use its tenets as they give feedback on the prior commitments made. She informed members that the secretariat would share the tool with the different country teams.

9.2.1 Discussion

In the discussion that ensued, members wanted to know whether there is any role of dashboards in the framework developed and also asked if the accountability framework speaks to the AU caucus scorecard. Ms. Nakimuli informed members that the framework

takes cognisance of the other frameworks in place and she clarified that it's a tool that helps to follow and keep track of the country's progress on commitments, without affecting other frameworks in place. It also recognises the different milestones reached as the countries move towards achieving the commitments.

9.3 Country Progress Lessons Learned in Implementation of the 2018 NEAPACOH commitments

Kenya Commitments for 2018

- Enactment of Health Bill into ACT - to make UHC a reality
- Amend the NHIF Act to provide for universal health care
- Support the finalization of the demographic dividend road map

Progress towards achieving commitments

- The NHIF ACT has been amended to provide UHC
- UHC has been piloted in 4 counties of Kisumu, Machakos, Nyeri and Isiolo and there are plans to scale up to other counties
- Kenya has established an operational framework for UHC
- Defined Health Benefit Package to include FP/RH
- Expanded health packages for civil servants, general public, special groups (elderly, PWDs, OVCs, Secondary students)
- Kenya Medical Supplies Authority (KEMSA) ACT amended to improve commodity security and logistics on supply chain
- KEMSA working with a private sector to establish logistics and tracking system
- Launched Kenya National Demographic Dividend Road Map 2017
- Integrated DD in MTP III
- Mainstreamed DD in County Integrated Development Plans

Challenges

- Disease burden - Increasing prevalence of non-communicable diseases (NCDs)
- Membership is still low in some areas
- Cultural barriers and practices that inhibit provision of healthcare
- Poor health seeking behavior by conservative communities
- Delays experienced in seeking care – facilities have to get confirmations from NHIF
- Access is limited to public health facilities faced with inadequate medicines and supplies
- Readiness of facilities in provision of adequate quality healthcare (infrastructure, health systems)
- Restrictions to receive care from a registered facility
- Availability of resources for investment
- Prioritization of DD initiatives
- Monitoring and Evaluation Mechanism is lacking

Lessons Learned

- Generation of evidence provides basis for decision making
- Broadening access and choice to hard-to-reach areas address inequalities
- Multi-sectoral approach in developing DD Road Map
- Political good will is key
- Contribution of evidence for policy decision

Recommendations

- Strengthen NHIF to provide UHC – remove restrictions for particular facilities
- Expand Access (immediate approval, all levels)
- Evaluation of UHC across counties

Lesotho Commitments for 2018

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

Progress towards achieving commitments

- Conducted oversight tour to rural health facilities in Lesotho (district hospitals and health centres) to assess health services delivery.
- Assessed the achievements and identified gaps since the ICPD Programme of Action was put into place for the past 25 years
- The Social Cluster Committee has ensured that the health sector gets a substantive budget to enable universal health access and get to zero new HIV infections by 2030.
- The MPs have through consultations with Civil Society Organizations observed and inspected the quality and provision of integrated sexual and reproductive health (SRH), HIV, sexual and gender-based violence (SGBV) services including other health services facilities and Correctional Services.
- To date more schools are implementing Comprehensive Sexuality Education in Primary and Secondary level.
- MPs, UNICEF,UNAIDS and the Ministry of Health have made a resolution on Domestic Financing for Children from National Budget to be at 5% every year.
- A key activity that MPs have been advocating for is improvement in availing SRH services to adolescents
- To date most health facilities now have adolescent-friendly health corners that offer SRHR services dedicated to young people

Advocacy on Legal Frameworks

- Through debates in the House, Members of the Social Cluster: HIV and AIDS and SDGs Committees have pushed for Fast tracking of the following Legislation:
- The Domestic Violence Bill which is yet to be presented before
- Parliament but is in the final Stages of drafting
- The Amendment to the Children's Welfare and Protection Act
- 2011 to include the issue of Child Marriage
- The Committee has also pushed for inclusion of issues of Key
- Populations in the Gender and Development Policy and those have been included in the final validated policy.
- LGBTI Community are now fully recognized in the Policy
- 2motions
- **(i)** Universal HIV and TB test and treat.
- **(ii)**Members of Parliament to provide Support and Advocacy for TB survey and social Mobilization.(This motion has been passed in the National Assembly of Lesotho)
- The Social Cluster Committee has opened platform to discuss issues of the LGBTI Community and other Key Populations
- The Committee has joined International Cooperating Partners and Civil Society Organizations to advocate for rollout of PREP for key populations.

Challenges

- Unfortunately we fall far below the 15% as per Abuja Declaration
- Public Private Partnership has consumed large amounts of money from Health Budget and does not offer quality care
- The Social Cluster Committee has therefore advocated for termination of that partnership.

Lessons learnt

- Partnerships can go a long way- More of our MPs now exposed to different forums and in media to discuss SRHR, HIV and TB issues
- Parliament is continuing its partnership with International Cooperating Partners,
- Civil Society Organizations and Media through a Parliamentary Working Group on SRHR, HIV and Governance
- Through this partnerships, resource mobilization for the work of Parliament has improved

Malawi commitments for 2018

- To Continue lobbying for Universal Access to Reproductive Health products for all women of child bearing age group;
- To lobby for increased Government funding towards the Health Sector; and
- To make sure that there is Continued Donor Support towards RH services.

Progress towards achieving commitments

- **To Continue lobbying for Universal Access to Reproductive Health products for all women of child bearing age group**
- Parliament through Health Committee has continued to lobby Government for increased allocation of funding towards the Health Sector and in Particular towards family planning budget line.
- *The Budgetary allocation towards FP has increased by 46% from 2018.*
- The Health Committee has continued engaging Government to consider recruiting more skilled health personnel and allocate them in hard to reach areas where their services are needed most
- **To lobby for increased Government funding towards the Health Sector**
  - The Health Sector has continued to remain among the priority areas for Government**.**
- **To make sure that there is Continued Donor Support towards RH services**
  - The existing partnership between the Donor Community and the Government looks promising and therefore both sides believe it has been nurtured.

Challenges

- Still falling short of the Abuja declaration (15% of the national budget to be allocated to Health). The budget to the Health Sector is now at around 12% because of resource constraints.
- Inadequate funding for recruitment and retention of skilled health workers.
- Competing demands make it difficult to fully meet some of the unmet needs

Lessons learnt

- The Lobbying exercise is an on-going thing and that it cannot be concluded at once.

- The persistence of the committee in tabling the matters of shortage of health personnel with the Ministry of Health is helping as each year the Ministry continues to recruit more and more members of the health personnel.
- Though continuous engagement with private and donor partners the committee has motivated the availability of F/P commodities in the country.
- Budget cluster meetings have aided the Health Committee in lobbying for increased funding for the Health Sector.
- With a proper mechanism for research, Monitoring & Evaluation, the Committee will have proper, forecasting, quantification, budgeting and allocation for FP products and services.

Recommendations

- There is need for strengthening health system on research, M&E so that provision of F/P services are evidence based.

Namibia commitments for 2018

- Compel concerned government Ministries and agencies to implement health reports adopted in Parliament
- Consult all stakeholders on the harmonization of various policies related to young people
- Compel Ministries and agencies to abide to a cabinet resolution on gender responsive budgeting
- Committee on Health to enquire about remuneration and better condition of service for health extension workers

Progress towards achieving commitments

- Compel concerned government Ministries and agencies to implement health reports adopted in Parliament
- Moved a motion on implementation of the National Medical and Pension Benefit Fund
- The Motion was tabled before Parliament on 18 September 2019. Motion is aimed at promoting and improving access to health services for the majority poor who rely on the underfunded and inefficient public health service. The motion has been referred to the Standing Committee on Gender Equality, Social Development and Family Affairs for further enquiry before it can be adopted.
- Consult all stakeholders on the harmonization of various policies related to young people
- The youth group, Ombetja Yehinga Organization (OYO), aimed at empowering young people on issues of HIV, Teenage pregnancy and gender based violence especially in schools, was consulted to seek for ways on how to collaborate.
- MPs attended the 9th AIDS international conference from 11 – 14 June 2019 in South Africa on invitation by the Ministry of Health and social services as a stakeholder. The meeting was intended to heighten up efforts and collaborate in tackling the scourge of HIV and AIDS.
- Compel Ministries and agencies to abide to a cabinet resolution on gender responsive budgeting

- A training on Gender Responsive Budgeting for MPs was held in two sessions from 16 – 18 July and from 23 – 25 July 2019. The training was organized by the Ministry of Gender Equality and Child Welfare.

Challenges

- Due to limited time and only referred to the Committee two weeks ago, Public hearings have not yet been conducted.
- Limited time and busy schedule of Parliamentarians
- Limited time, due to election year has prevented the committee to consult many stakeholders with regard to harmonization of policies.
- Gender inequality and lack of gender sensitive budgets still exists in the National Budget

Lessons learnt

- The committee should make follow ups on reports adopted in order to effect their implementation
- Lack of harmonization has continued to affect the provision of SRHR services and at times leads to duplication of efforts.
- More oversight is needed to identify specific agencies still failing to comply with this directive.

Seychelles commitments for 2018

- Increase our HIV/AIDS awareness and prevention programmes as well as SRHR interventions and parliamentary support.
- Keep a good rapport 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.

Progress towards achieving commitments

- **Change of name and TOR.**
  - **‘**Communicable diseases’ was added to the name of the committee so that the committee could extend its mandate to cover issues related to other communicable diseases such as Tuberculosis. This was a due to a request from SADC PF.
- **The Committee's term of reference stipulates that the Committee examines issues relating to HIV/AIDS and SRHR such as;**
  - Advise and disseminate information to Members of the National Assembly for possible legislative enactment in a manner that human rights and dignity of all citizens are safe guarded
  - Establish effective communication with local and international stake holders
  - And ensure that legislation on HIV/AIDS and SRHR are in conformity to other Southern African Development countries
- **Termly meeting with Ministry of Health and CSOs** to address adolescent sexual and reproductive health issues as well as to edit the health policy on the matter.

  - Discussion on several United Nation Conventions and Protocols which have been ratified by the National Assembly,

- E.g UN inter' convention on the Rights of the Child 1989,
- UN inter' conference on population and Development 1994.
- UN World Programme for Youth 2000,
- Abuja Declaration,
- Maputo plan of action 2006 and NEAPACOH Kampala resolutions (2018.)

➢ These UN conventions and other protocols have been domesticated to recognize the right of adolescents and youths to enjoy a high quality health care and well-being. They also formed the basis framework for discussions which lead/guide the edition of the National Policy on SRHR issues.

➢ Work on **National policy** engulfed the following ;-

a) Revisiting stats/data / demographic distribution to ascertain the status of sexual and reproductive health care.

Eg. Data on proportion of woman receiving prenatal care, maternal mortality ratio per capita, birth by age groups (focus on challenges such as teenage pregnancies, heroin dependent mothers, ante-natal clinic non-attenders), condom distributions/risk reduction and contraceptive use.

b) Discussion on adolescent sexual and reproductive health clinics (focus on screening tests for adolescents/ mobile clinics/ public hearing/ Family planning education, roles of peer educators in addressing their own needs).

c) Carry out cost-analysis to address the reproductive health needs as oppose to non-action to serve as indicators for budgetary requirements and youth investments.

d) Discussion and public hearings on barriers to reproductive health services accessed by adolescents and youths.

e) Include Family Planning and Personal and Sexual Education (PSE) in the National Curriculum. Continuity of schooling after given birth

❖ Appointment of Focal Point for SRHR and HIV/AIDS Project.
❖ Technical Working Group Constituted in Seychelles.
❖ Capacity Building for Technical Working Group.
❖ Establishment of Parliamentary Committee on SRHR and HIV/AIDS.
❖ Communication and Consultation with Stakeholders.
❖ Strategic Session by the Technical Working Group.
❖ Technical Working Group - Urgent Questions and Motions to assist Members of parliament in their oversight of HIVAIDS and SRHR issues at the National Level.
❖ Strategic Session for women Parliamentarians on HIV/AIDS and SRHR.
❖ Sensitization workshop on the HIV/AIDS and SRHR and Governance Project to members of the National Assembly.
❖ Participation in the presentation of a study by the Ministry of Health based on pregnant women's satisfaction and Expectation of Maternity Health Services in Seychelles.
❖ Women Parliamentarians discussion with the President and the designated minister about issues affecting women and young girls.
❖ National Action Plan - Seychelles HIV/AIDS and SRHR removing Legal Barriers and stigmatization.
❖ Regional Consultative meetings.
❖ Dialogue on Sex Workers in Seychelles

- ❖ Public Herrings and Sexual Reproductive Health Awareness Campaign
- ❖ Advocacy on SRHR issues with key populations including the prison.
- ❖ Awareness and education on SRHR issues for students/ adolescents.
- ❖ This platform has enabled us to take into account the challenges parliamentarians face in reference to resources, capacity building, political will, cultural and religious beliefs and their impacts on Family Planning programmes and Sexual Reproductive Health.
- ❖ Seychelles shares some similarly issues in programme implementation as other member states present.
- ❖ We participated in forums where the existing Adolescents sexual and reproductive Health policy was re-edited.
- Increase our HIV/AIDS awareness and prevention programmes as well as SRHR interventions and parliamentary support.
- Maintain and consolidate the good rapport between the National Assembly and other stakeholders/ CSOs/ Ministry of Health as well as improved collaboration on Maternal Care and Family Planning through budgetary allocation (gearing towards Abuja Declaration), support and oversight.
- Initiate relevant Bills and champion Motions, especially on the disparity in existing legislation governing SRHR issues and harm reduction especially among key population.

Challenges

- ➢ **C**onvention of the **E**limination of all forms of **D**iscrimination **A**gainst **W**oman (CEDAW) country report claims that Adolescent reproductive health remains an issue requiring urgent attention.
- ➢ Early sexual debut indicated by the result in Child Well-being Survey (CWS) showed that 46% of boys and girls aged 12 to 19 have had sexual intercourse.
- ➢ 3. Increase in Teenage pregnancies/ unprotected sex among teenagers
- ➢ 4. Non-compliance to early antenatal registration.
- ➢ 5. Increase in approved cases of TOPs (Termination of Pregnancies)/ CEDAW reported on persistent growth in number of unsafe abortions/backstreet abortion.
- ➢ 6. Increase in heroin dependent mothers as a key population.
- ➢ 7. Increase in STIs although low prevalence in the general population
- ➢ 8. Increase in school 'drop outs' despite young mothers can return to school.
- ➢ 9. Increase in Sexual abuse indicated by (CWS) 26% of girls have had reported having sex with someone older than them and majority reported that it was unprotected sex.
- ➢ 10. Transmission of HIV by sharing infected drug needles among drug users and prison inmates. / No harm reduction programme for inmates.
- ➢ 11. Unprotected sex among inmates.
- ➢ 12. Full implementation of Children's Act/ legal provision for universal access to health care.
- ➢ 13. Full adherence to the Abuja Declaration not yet reached. (15% of GDP into Health Bud.)

Zimbabwe commitments for 2018

- ➢ Continue to lobby for the progressive realisation of the 15% Abuja Declaration;

- Continue to lobby for comprehensive access to Adolescent Sexual Reproductive Health and Rights (ASRHR)/Family Planning (FP) services;
- Lobby for the review of the Termination of Pregnancy Act;
- Establish the Zimbabwe Parliamentary Forum on Population and Development; and
- Tracking the operationalisation of the Demographic Dividend Report for Zimbabwe

Progress towards achieving commitments

- **Continue to lobby for the progressive realization of the 15% Abuja Declaration**
- The Committee presented a pre- budget report to the Minister of Finance and Economic Development during the 2019 Pre-Budget Seminar.
- -The Committee also held a post-budget analysis meeting with the stakeholders and the MoHCC and presented a report in the National Assembly during budget debate.
- After Members of the Committee with the support from other Members of Parliament exerted much pressure on to the Minister of Finance and Economic Development, the Health budget was raised from US$520 million in 2018 to US$695 million, translating to 8.9% of the 2019 national budget.
- **Continue to lobby for comprehensive access to Adolescent Sexual Reproductive Health and Rights (ASRHR)/Family Planning (FP) services;**
- The Committee also raised concern over lack of access to SRH care and services by adolescents and proposed that the Age of Consent to access SRH care and services be reviewed downwards in order to increases access by young people.
- The Committee engaged the Minister of Health and Child Care over the matter and the Minister indicated his willingness to consider the access to SRH care and services by adolescents and young people though wider consultations. He added that these issues can be discussed when reviewing the Health Services Act
- Consequently, the Committee had to respond to a letter of complaint from a citizen by way of giving her the opportunity to appear before the Committee and have the issue clarified. The citizen was convinced by the Committee's
- Clarifications.
- The Committee engaged the Minister of Health and Child Care over the matter and the Minister indicated his willingness to consider the access to SRH care and services by adolescents and young people though wider consultations. He added that these issues can be discussed when reviewing the Health Services Act.
- **Lobby for the review of the Termination of Pregnancy Act;**
- Debate or discussions on the review of the current Termination of Pregnancy Act have begun although a lot still needs to be done in order to break the silence.
- In April 2019, the Committee also conducted Community Dialogues on Termination of Pregnancy Act with the support of Right Here Right Now Consortium. These were conducted in Mapanzure Rural (Masvingo) and Chiredzi areas
- The dialogues created a platform for open discussions on the issue of safe abortions at community level. This enabled MPs to gather primary evidence on the magnitude of the challenges being experienced by the people in the communities in relation to this matter. This also led to the debate on the matter in the National Assembly during the tabling of the ICPD report of Ottawa and Rwanda Conferences
- Furthermore, during the PAN-African High-Level Summit on HIV and Health Financing held in July 2019, in Congo Brazzaville, the President of the Senate House encouraged MPs to start conversation on such issues. This was a result of debate that took place in the National Assembly

- **Establish the Zimbabwe Parliamentary Forum on Population and Development**;
  - The report on the 2018 NEAPACOH Conference was presented before the Committee and a recommendation to establish the Zimbabwe Parliamentary Forum on Population (ZPFPD) and Development was made in the report. The report was adopted by the Committee for tabling in the National Assembly.
  - Following the presentation of the 2018 NEAPACOH report and the Ottawa and Rwanda ICPD reports, most of the Committee Members had a better understanding of topical issues on SRH/FP. This made it easy to get a buy-in from all Committee Members to formulate the ZPFPD which is yet to be launched.
- **Tracking the operationalisation of the Demographic Dividend Report for Zimbabwe**
  - Plans were made between the Committee and the Zimbabwe National Family Planning Council to hold a sensitization workshop to unpack the Demographic Dividend Report to Members of Parliament in the third quarter of the year. However, due to the busy schedule of Parliament, the workshop did not take place as planned.
  - Since the third quarter of 2019 has elapsed, efforts are being made to hold the sensitization workshop before year end or in the first quarter of 2020.

Challenges

- Limited fiscal space with many competing national demands.
- Inflationary environment that impacted negatively on service delivery.
- Conflicting legislation:-The Age of Consent to sexual intercourse in Zimbabwe is 16 years while the Age of consent to marriage is 18 years. Plans are in place to align the two pieces of legislation to raise the Age of Consent to Sexual Intercourse to 18 years
- Currently, there is no legislation that specifies the age limit below which parental consent is required to receive SRH services in general. Because a child under the age of 16 years cannot consent to sexual intercourse at law, it is then presumed that a child does not need contraceptives or other SRH services
- The subject is considered taboo to discuss in public domain due to traditional and religious beliefs.
- -In Zimbabwe, 4 out of 10 pregnancies are unintended or unplanned; and 25% of those unintended pregnancies end in abortions. In 2016 alone, more than 65, 000 induced unsafe abortions occurred in Zimbabwe.
- Although it is generally agreed that SRH/FP issues need to be attended to, there still remains some issues considered as taboo to talk about (safe abortion, age of consent to access SRH/FP services) mainly due to lack of adequate and necessary information and knowledge.
- Members of the Committee lack appreciation of issues contained in the Demographic Dividend Report for Zimbabwe, hence, carrying out oversight function the operationalization of such a report becomes difficult.
- -The busy sitting calendar of Parliament made it difficult to conduct the much needed sensitization workshop

Lessons learnt

- 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

- There is greater need to sensitize the public through public education programmes on issues of Age of Consent, Sexual Intercourse with Young Persons and access to Sexual and Reproductive Health Care and Services in Zimbabwe.
- Existing policies need clarification or review to ensure SRHR/Family
- Planning services are provided to adolescents in need of such
- Even though the topic of abortion may seem taboo in Zimbabwe, it is a conversation we need to have because this silence is killing our women and girls.
- Continuous capacity building for MPs on emerging issues on SRH/FP is vital as this equips them with the necessary and latest information and knowledge which they can use when pushing for reforms in such areas
- Oversight function or monitoring of implantation of government programmes and activity is only possible and meaningful if Members know what they are tracking.

Benin commitments for 2018

- Revise the 2003 Reproductive Health Act to promote the capture of the demographic dividend through family planning and child rearing
- advocate for the effective implementation of universal health coverage through the ARCH program
- advocate for national awareness of religious leaders and mayors on the notion of "demographic dividend
- strengthen the control of government action for the successful implementation of the national plan of action on family planning and education policy

Progress towards achieving commitments

- Capacity building of parliamentarians on the capture of the demographic dividend through the organization of several impregnation seminars both nationally and internationally
- Parliamentarians knowledgeable and aware of the challenges of law reform for a good demographic transition
- Several awareness sessions organized for the benefit of the population on education in family planning and reproductive health
- Launch of the ARCH pilot phase
- Beneficiary identification (around 120 000 people for the pilot phase
- Distribution of health insurance cards
- Organization of several workshops by the Ministry of Planning for the benefit of local elected officials, religious leaders and others on the demographic dividend
- Appropriation by local elected officials of the stakes of a good demographic transition
- Stability of the total fertility rate for several years (5.7 children / women since 2006
- Effective implementation of the national budgeted plan for the repositioning of family planning 2014-2018 in Benin
- Increase in modern contraceptive prevalence (8% in 2012 to 12% in 2018)

Challenges

- Train new MPs because the Beninese parliament has just been renewed at almost 60%
- Socio-cultural and religious thinkers on limiting the number of children per couple
- Comprehensive care (100% health care) of the entire population of the extremely poor population
- Plan the formation of new local elected representatives
- Work to increase the literacy rate of the population

- Work for the revision of the 2003 Reproductive Health Act to include the pillars of family planning and child education
- Intensify parliamentary capacity building actions on SR / PF issues

Lessons learnt

- There is a need to inform and raise awareness
- This project requires the mobilization of important resources
- We must invest in education to bring about a change of mentality and behaviour
- The commitment of all stakeholders is needed for the effective implementation of family planning in Benin

Gambia commitments for 2018

1. Engagement with the UNFPA supported country program to build the capacity of National Assembly Members on population, gender and reproductive health
2. 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.
3. 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
4. Popularize in collaboration with the National Population Commission Secretariat NEAPACOH ideals and principles both at the national assembly and constituency level
5. Table the NEAPACOH 2018 report at the National Assembly for consideration and adoption by the National Assembly

Progress towards achieving commitments

- The delegation drafted the report of NEAPACOH meeting of 2018 for submission and consideration by the National Assembly;
- The draft report was then processed by the Assembly Business unit and included in the Order Paper for debate and adoption by the National Assembly during its First Meeting in March 2019;
- The National Assembly of The Gambia considered and adopted the report without reservation;
- Afterwards the Clerk of the National Assembly communicated the adopted report to the Office of the Vice President, for information and implementation of the recommendations therein by the National Population Commission Secretariat (NPCS).
- NPCS in partnership with the Ministry of Health and UNFPA through the Office of the Clerk of the National Assembly, engages the National Assembly Members in training workshops on population matters, gender and reproductive health issues;
- The key objective was to increase the awareness and understanding of NAMs on demographic trend, maternal and reproductive health elements;
- Another objective was to support for advocacy and sensitize their electorates on issues of sexual reproductive health and rights for teenagers, in order to effectively contribute to the socio-economic development of their community and The Gambia at large
- MPs are good advocators in their constituencies as their electorate listen to them more than any other person;

- Therefore, they have played good role in sensitization and education campaign at their constituencies on SRHR and family planning in collaboration with relevant stakeholders;
- Participation of the people on board (i.e. leaving no one behind) would make us achieve SRH rights and other fundamental needs.
- The National Assembly Select Committee on Health, Women, Children, as a member of NEAPACOH, continued promoting the ideals and principles of the network at both the National Assembly and constituency level;
- In collaboration with NPCS engaged relevant MDAs to increase their awareness and understanding of the concept and ideals of NEAPACOH

Challenges

- Insufficient funding to conduct review of the National Population Policy and Programme for the integration of emerging population issues including environmental challenges and climate change
- Insufficient funding for the re-establishment and training of Network of Parliamentarian on Population and Development
- High attrition rate of parliamentarians where most of them are voted out at the end of their parliamentary term (5 years) and replaced with new ones

Success stories

- The Government of The Gambia through UNFPA support provided more than 90% of contraceptive commodities and maternal lifesaving drugs to public health facilities across the country
- NPCS re-established 70 advocacy groups mainly comprising of traditional communicators and members of religious groups to sensitise their communities on Family planning, FGM and SRHR.
- In addition, GoTG through the support from UNFPA supported 7 secondary public health facilities across the country in provision of basic emergency and neonatal care services

Ghana commitments for 2018

- Continue with the push for a more liberal law on safe abortion.
- Continuation of the efforts started in 2017
- Advocate for investment in young people with focus on the following issues:
    - Education
    - Health
    - Skill
    - Job creation to enhance the demographic dividend

Progress towards achieving commitments

- Complete review of criminal code on going not yet completed
- Loans have been approved for expansion of educational infrastructure at all levels (Basic, Secondary, Technical and Tertiary)
- Clinical Methods of Family Planning has been included into the benefit package of Ghana's National Health Insurance
- Parliament has approved loans for the following
- To complete the 1000 bed Maternal and Child Health Centre at Komfo Anokye Teaching Hospital in Kumasi

- To fund the phase two of University of Ghana Medical Centre
- construction of a new hospital at Eastern Region
- Upper East Regional Hospital Phase 2
- 4 District Hospitals
- Inaugurated the Nation Builders' Corps (NaBCo) programme and about a hundred thousand graduates have been employed through this system. It is a temporal employment of 3years

Challenges

- Inclusion of Abortion law into the larger criminal code make it difficult to review
- Timely release of funds by finance ministry
- Pilot in only 6+1 districts in the Country
- Timely Release of funds to complete the project
- Difficulty in the flow of funds to fast track implementation
-

Lessons learnt

- Have a separate law on abortion outside the broad criminal code make easy for review
- More flexible financial terms for future loans
- Parliament to play more over sight on these projects
- Scaling up the programme across the country
- Flexible terms for future loans
- Parliament to play more over sight on these projects
- It has minimized youth unemployment although it can't be completely eradicated.

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.

Progress towards achieving commitments

- Acquired 3% increase in the budget line for RH/FP
- Development of a program budget to focus on young people's SRH
- Draft Ministry of Application is already developed and submitted to the Ministry of Health for adoption
- Follow-up of the law-making process for the fight against unsafe / clandestine abortion

Challenges

- Limited resources
- Validation of draft texts by the Ministry of Health
- Limited knowledge of commitments by parliamentarians
- Presidential elections with post-campaign and campaign
- Socio-cultural and religious issues

Lessons learnt

- Political will at the highest level to increase the budget for youth RH /FP
- Administrative slowness for the signing of the implementing decree
- Capacity building of parliamentarians is needed
- The will of the highest level

Togo commitments for 2018

- Advocate for an increase in funds allocated to the purchase of contraceptive products to 175 million FCFA in 2018 against 125 million in 2017
- Advocate for the development and development of a national program to accelerate family planning to increase the prevalence rate of modern contraception among married women by 30 percent in 2018, up from 27 percent in 2017
- Advocate for an increase in the coverage of FP services for the benefit of isolated and marginalized group

Progress towards achieving commitments

- Nothing much has been achieved so far.

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.

Progress towards achieving commitments

Follow-up on the implementation of Government Policy to increase modern contraceptive methods use from 30% - 60% by 2020.

- There is an increase of using modern contraceptive methods as in Financial budget year 2018/2019 from 35% -39% as well as mothers who are attending clinic, increased from 48% in Financial year 2018 to 70.6% in financial year 2019

Follow-up on the disbursement of the budget allocated for family planning in FY 2018/19 which is 17 TSH. The budget for 2017/18 was 14. Billion TSH

- Tanzania increased its allocation for Family Planning commodities from Tsh. 14 billion in 2018 to Tsh. 22 Billion by 2020.

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.

- Health Centers, which provide comprehensive emergency obstetric, and neonatal care services have increased from 7,678 in July 2018-to 8,119 in March 2019, an increase of 5.74%. However, this is for both public and private sector out of which the public sector has 5756 centers, which is about 59%.

Challenges

- Lack of a standalone policy on Family Planning or use of contraceptives

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

Progress towards achieving commitments

- **Push for the enactment of the national health insurance bill**
- Tabled motion for leave of parliament to come up with a private members bill on the NHI
- Constituted a team to Draft the Private members bill on the NHI
- Leave was granted, but MOH tabled the NHI Bill for first reading on 22nd August 2019. The Bill is now at committee level (Committee on Health).
- Motion has been drafted and presented to the speaker.
- **Push for the enactment of the national school health policy**
- A draft report on the National School Health Policy is in place(indicates a functional road map)
- Draft Regulatory Impact Assessment(RIA) is in place(meetings ongoing even today to validate it after which the report will be adopted)
- On- going consultations with the religious leaders
- **Support the finalization of the demographic dividend road map**
  - Demographic Dividend was finalized and launched.
- **Increase the health budget to 10% from 7.8 %**
- There was no percentage increase in the health budget but an increment in the amounts from 2.2 Trillion to 2.5 trillion UGX.
- **Advocate to ring fence the funds allocated to family planning on the national budget to procure FP commodities**
- Government allocated 16 billion (more than half goes to mama kits)
- Advocating to ring fence the funds allocated to family planning on the national budget to procure FP commodities

Challenges

- Ministry of Education and Sports has been silent on the status of the school health policy.
- Dropping of the health budget as a percentage of the national budget from 7.8% to 6.4%

9.4: Country Commitments for 2019

Each country represented made a commitment during the 2018 NEAPACOH meeting, which would be implemented in 2019/20. The following are the 2019 country specific commitments:

Kenya

- Increased domestic financing for SRH/FP services, commodities and supply
- Introduce age appropriate sexuality education in learning institutions to reduce teenage pregnancy

- Establish a National Coordination and Monitoring Mechanism for Harnessing Demographic Dividend
- Analysis on SGBV response mechanism in Kenya

Lesotho

- Advocate for enactment of legal abortion
- Advocate for Abuja Declaration

Malawi

- Lobby for continued increase in Government funding towards the Sector;
- To ensure that our Central Medical Stores Trust includes essential FP products in its Must – Have lists;
- Advocate for alternate health financing e.g. National Health Insurance and user fees in public referral hospitals;
- Advocate for Strengthening of the Health Systems in research and Monitoring and Evaluation.
- To ensure that adolescents and youths especially girls have access to comprehensive as well as context and age responsive SRHR information, education and timely services.

Namibia

- Conduct consultative meetings with government ministries and agencies to hear progress on cabinet resolution on gender responsive budgeting
- Continue to consult stakeholders on the harmonization of various policies related to young people
- Committee on Health still to enquire about remuneration and better condition of service for health extension workers
- Conduct hearings on the establishment of a national medical and pension fund that would enable low income earners and the majority poor to have access to quality and affordable health care.

Zimbabwe

- Continue to lobby for the progressive realization of the 15% Abuja Declaration;
- Continue to lobby for comprehensive access to ASRHR/FP services;
- Continue to lobby for the review of the Termination of Pregnancy Act: Breaking the Silence;
- Establish the Zimbabwe Parliamentary Caucus on Population and
- Development; and
- Track the operationalization of the Demographic Dividend Report for

Zimbabwe.

Benin

- Strengthen control over government action in the area of family planning and reproductive health policies
- Renewal of the commitment N ° 2 of the year 2017 relative to the revision of the law on the health in reproduction
- advocate for the gradual increase (at least 2% / year) of the budget allocated to the health sector, with the prospect of achieving the 15% minimum target of the Abuja Declaration
- Strengthen MPs' leadership in relaying SR / FP information to grassroots populations

Niger

- Increase budget line for RH / FP including SRAJ
- Bring decision-makers to revise and sign the decree of application of the law SR of 2005 and to submit the draft regulatory texts on the delegation of the tasks
- Submit a law on innovative financing
- Bring the government to respect its regional and international commitments and the effective implementation of the texts at the national level to ensure a good understanding of the texts and projects by parliamentarians so that they can better defend them and advocate
- Strengthen the partnership between civil society and parliamentarians
- Accelerate the establishment of universal access to care by the CSU through: Creation of a National Agency for Social Mutuality, Adoption of a CSU architecture, etc.

The Gambia

- Refresher capacity building of National Assembly Members on population, gender and reproductive health in collaboration with NPCS and UNFPA
- As a select committee on health, women, children, disaster, refugees and humanitarian relief, we will 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
- Table the NEAPACOH 2019 report at the National Assembly for consideration and adoption.

Ghana

- Complete the review of abortion law
- Scaling up of FP inclusion into Ghana's National Health Insurance which is now being piloted

South Sudan

- Building the capacity for South Sudan policy makers for RH / FP
- Holding a National conference on RP/FP, maternal and child health.
- Undertake a rapid survey to assess RH / FP services in the country
- Mobilization Resources for RH/FP programme

Senegal

- Report of NEAPACOH 2019 meeting (Commission Chair / Members)
- Strengthen advocacy and follow-up for the signing of the SR Implementation Order
- Bringing Parliamentarians into the process of domestication of regional and international political instruments ratified by Senegal
- Engage parliamentarians to appropriate texts and projects to advocate for their effective implementation
- Strengthen the partnership between Parliamentarians and the Civil Society
- Reinforce advocacy for an increase in the budget line for RH / FP with a focus on youth
- Follow-up of Senegal's recommendations at NEAPACOH 2018 meeting

Togo

- Accelerate the policy of universal coverage of care in Togo
- Raise awareness of the National Assembly to resume the law on reproductive health

Tanzania

- To make a follow up on commitments made in year 2018 which have not yet achieved by 2020
- Follow up budget allocation and disbursement for Family planning at national level

Uganda

- To push for enactment of the NHI Bill into law by January 2020
- To engage MOES/cabinet for the passing of the National School Health Policy
- To advocate and popularise for the implementation of the D.D roadmap
- To increase the health budget from 6.4% to 15%
- Advocate to ring fence 16bn Uganda Shillings allocated to FP to procure FP commodities.

Zambia

- Ensure that SRHR activities are included in its Programmes of Work
- Follow up on the issues raised in the report through the Action Taken Report and push for required action from the Government
- Push for total adherence to the Abuja declaration aspirations of ensuring that at least 15 % of the National Budget goes to the Health Sector.
- Follow up budgetary allocations to ensure that the disbursements to the Health Sector are as budgeted.
- Involve other Parliamentarians to promote advocacy on SRHR in their Constituencies.
- Engage the CSOs that promote SRHR activities to provide distributable literature on the subject in local languages
- Provide oversight on the implementation of the National Health Insurance

10.0: Session VI: Kampala Call to Action and Closing Ceremony

10.1: Adoption of the Kampala Call to Action

The Kampala Call to Action 2019 was presented by Mr. Moses Dombo, the country Director, Oxfam International Uganda. The Call to Action was discussed and adopted with some amendments and is annexed.

10.2: Vote of thanks: By Hon. Adheha Assoupui, MP Togo

The Hon. Member of Parliament , on behalf of the delegates of the NEAPACOH meeting, appreciated the warm welcome and special attention received during the their stay in Uganda, saying it was proof of legendary hospitality of Ugandans.

Hon. Assoupui expressed deep gratitude and respect to His Excellency Yoweri Kaguta Museveni, President of the Republic of Uganda, for his support to NEAPACOH and for all he has done for the promotion of the welfare of the population through reproductive health and family planning. He noted that these commitments are key for the achievement of the SDGs in Africa.

She thanked the Rt. Hon. Rebecca Kadaga, the Speaker of the Parliament of Uganda, Hon. Dr. Michael Bukenya and all Parliamentarians from Uganda for the friendly welcome and the special attention accorded to the delegates during their stay in Ugandan.

She appreciated the Ugandan Members of NEAPACOH for their exemplary commitment and for the valuable contribution to organizing a successful NEAPACOH meeting.

The Honourable MP thanked and congratulated Africa Regional Office of Partners in Population and Development (PPD ARO), for supporting NEAPACOH in organizing the meeting. He thanked them for understanding the importance of the involvement of Parliamentarians in the implementation of reproductive health programs including family planning. He called for support to ensure that the commitments made by respective countries are actualized. He thanked all the partners for their technical and financial support that made the meeting a success.

She thanked all the delegations of the 22 countries that traveled to participate in the high-level meeting of vital importance for the socio-economic development of their respective countries. He wished all NEAPACOH member countries could benefit in the near future from the Demographic Dividend.

She looked forward to the 2020 NEAPACOH meeting and called for participation of all countries represented at the 2019 NEAPACOH meeting.

Hon. Assoupui once thanked the organizing committee, the secretarial staff, the interpreters and the staff of the hotel who facilitated the meeting and made the stay of delegates more enjoyable. He wished all participants journey mercies as they return to their homes.

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

Mr. Adnene thanked the delegates for the commitment to the meeting through the two days of intense deliberations. He congratulated the organisers of the meeting for its success. He was glad that different countries had implemented the commitments made in the previous NEAPACOH meeting, saying it is worthless to come up with commitments which remain on paper.

Mr. Adnene shared the commitments of the Board of PPD that took place on 3-4 of September in Tunis. He said they would be shared with participants and he pledged to ensure they are implemented. As the world works towards zero maternal death, zero unmet need for FP and zero GBV, Mr. Adnene called upon delegates to develop appropriate laws and policies and support initiatives of supporting the three zeros. He committed to ensure SRHR in hard to reach areas and humanitarian areas. He called upon donors, governments, civil society and private sector to commit more investments in ensuring access to sexual reproductive health and rights.

Mr. Adnene thanked the Government of Uganda for the support to the meeting. He also thanked all partners and staff of PPD ARO for the job well done.

10.4: Remarks by Dr Jotham Musinguzi, Director General, NPC, Uganda

Dr Musinguzi thanked the organisers of the meeting, beginning with Mr. Adnene and the Programme Manager, PPD ARO for the good work. Appreciated the National Population Council for the role in organizing the meeting. Thanked MPs from Uganda for the good work in supporting the work that NPC does in ensuring harnessing the demographic dividend.

He thanked the delegates from different countries for the commitment to transforming their societies. He opined that continuous engagement would yield results. He noted that the health indicators though still not very good were improving and called upon different Parliamentarians to work towards accelerated improvement. Dr Musinguzi looked forward to listening to delegates presenting their achievements in the next NEAPACOH meeting. He wished all participants a safe journey to their homes.

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

"We need to take health very seriously for the development of Africa" Hon. David Bahati.

Hon. Bahati thanked the organizers of the meeting for inviting him to close the eleventh Network of African Parliamentary Committees of Health (NEAPACOH) meeting.

He welcomed delegates from different countries to attend the meeting. He enumerated the countries as Benin, Burkina Faso, Cote D' Ivoire, Gambia, Ghana, Kenya, Lesotho, Malawi, Namibia, Niger, Nigeria, Senegal, Seychelles, South Sudan, Swaziland, Tanzania, Togo, Zambia and Zimbabwe. He also welcomed other distinguished participants for finding time to attend the meeting.

He said organising meetings of that magnitude, requires determination, commitment, and a lot of resources, expertise and experiences. He thanked the Africa Regional Office of Partners

in Population and Development (PPD ARO) and partners for the commitment to regularly and consistently organize NEAPACOH meetings.

He believed that in the two days of the meeting, delegates shared knowledge, exchanged new information, debated programmes and learnt lessons. He appreciated the programme that had important topics on implementation of ICPD Programme of Action for improved reproductive health outcomes. He took particular interest on topics on improving Universal Access to Reproductive Health and Family Planning Services for achieving the Sustainable Development Goals (SDGs); accelerating Universal Access to Sexual, Reproductive Health of the young People to end teenage pregnancies; and harnessing the Demographic Dividend agenda for accelerated achievement of the SDGs at country level. He said these were very important topics that address the wellbeing of humanity and society.

Hon. Bahati hoped the delegates were going to leave the meeting with a better understanding and appreciation of innovative and cost effective policy and programme practices for accelerated implementation of the ICPD Programme of Action and achievement of the SDGs. He said the experiences from different countries should give a sense of shared and common challenges. He said the participation from many countries and organisations must be interpreted as an invitation to join efforts in addressing the undesirable reproductive health and family planning indicators that continue to plague the region. He called on participants to build on what they had learnt to identify, develop and implement joint programmes to address shared problems.

He was happy that participants are aware of their roles in ensuring accelerated implementation of programmes for improved reproductive health and family planning outcomes. He said delegates knew the challenges that confront them, but also the opportunities laying ahead of them that can be harnessed. He said they also know what it takes to provide accountability, leadership and stewardship for achieving the SDGs by 2030 in their countries, including the roles of parliamentarians in achieving the SDGs. He said with new information and experiences that had been shared during the meeting, he asked Members of Parliament whether they were satisfied with the different roles they had been playing to position reproductive health and family planning as central pillars for social economic development and transformation. He called upon all delegates to leave the meeting with a better understanding of how better they can play their roles, and of the challenges at hand in their next round of tasks.

He said the “Kampala Call to Action” and country commitments, which delegates had come up with, should be binding to all who participated in their framing, discussion and adoption.

He thanked all those who worked together to have the meeting successful. He recognized the successful partnership by PPD ARO, National Population Council, Uganda, UNFPA, IPPF Africa Region, African Institute for Development Policy (AFIDEP) and African Population and Health Research Centre (APHRC) in organising the meeting. He said such partnership should be the answer to avoid duplication of efforts and resources especially when partners are addressing common interests, objectives and agendas. He encouraged similar partnerships to be forged in other programmes. The Hon. Minister congratulated the staff of PPD ARO and NPC who worked tirelessly to ensure a successful meeting.

He hoped that the organizers of the meeting had made adequate arrangements for delegates to have time outside Munyonyo so that they can visit and see for themselves what Uganda can offer outside the conference facilities. He officially closed the meeting and wished everybody safe journeys back home.

11.0: Annex

11.1: Kampala Call to Action 2019

The 2019 Network of African Parliamentary Committees of Health (NEAPACOH) meeting held on October 30 – 31, 2019 at Speke Resort Hotel Munyonyo, Kampala, Uganda.

KAMPALA COMMITMENT

We the delegates representing Parliaments from 22 African countries[1], as well as representatives of development partners, Civil Society and other stakeholders representing various countries from Africa and beyond[2]; who gathered at Speke Resort Munyonyo, Kampala, Uganda, from 30-31 October 2019, at the Meeting of the Network of African Parliamentary Committees of Health (NEAPACOH) under the theme of **"Building the capacity of African policy makers for enhanced implementation of ICPD PoA and improved reproductive health outcomes: Challenges and Opportunities**"

Appreciated the Parliament of Uganda and Partners in Population and Development (PPD), through its Africa Regional Office, (PPD ARO) and all the partners,[3] for hosting the 2019 NEAPACOH meeting which enabled Parliamentarians to interface with experts, researchers, civil society, young people and development partners;

Acknowledged the strategic value of NEAPACOH to promote knowledge sharing, through the exchange of best practices, facilitation of policy dialogue and identification of innovative practices to the attainment of national, regional and global goals on reproductive health, population and sustainable development in the context of ICPD PoA and the SDGs;

Cognisant that the African Union (AU) has adopted several health and health-related policies aimed at improving the health status of the African people. The policy instruments include Sexual and Reproductive Health and Rights Continental Policy Framework and the Maputo

[1] Benin, Burkina Faso, Ghana, Kenya, Lesotho, Malawi, Namibia, Niger, Nigeria, Senegal, Seychelles, South Sudan, Swaziland, Tanzania, The Gambia, Togo, Zambia, Zimbabwe and Uganda.

[2] United Kingdom, Tunisia

[3] Support was received from organizations including National Population Council (NPC) of Uganda; United Nations Population Fund (UNFPA); African Institute for Development Policy (AFIDEP); International Planned Parenthood Africa Regional Office (IPPFARO); Population Action International, Population and Health Research Center (APHRC).

Plan of Action for its implementation, Abuja Call, Pharmaceutical Manufacturing Plan for Africa, African Regional Nutrition Strategy, and African Health Strategy among others (hereafter AU Policy instruments on health)

Recalled the commitments made at the ICPD and the Plan of Action adopted in Cairo, Egypt in 1994, the Sustainable Development Goals (SDGs) adopted at the UN in September 2015, and at several NEAPACOH meetings in the area of reproductive health, family planning, population and development;

Recognized that the ICPD PoA is an unfinished agenda and African Union instruments on health are unfinished agendas there is still a wide gap in achieving universal access to sexual and reproductive health, especially that for adolescents, high unmet need for family planning and low modern contraception. Maternal and child mortality remain high, gender equality, the empowerment of women, and the elimination of all forms of violence against women, GBV, including harmful social practices are still a big challenge.

Recognized, however, the remarkable progress made by countries since ICPD and subsequent AU policy instruments on health in promoting sound coordination between population dynamics and socio-economic development, ensuring the universal access to sexual and reproductive health and family planning services, reducing maternal and child mortality, promoting women empowerment and youth development, and accelerating poverty alleviation using different instruments and modalities including south-south cooperation

Recognized the importance of continuous capacity building of policy makers, policy dialogue, technical cooperation, sharing of and exchange of knowledge, experiences, expertise, lessons learned and best practices, and the adoption of such practices in expediting the implementation of the ICPD PoA and achievement of the SDGs.

Emphasized the importance of harnessing the Demographic Dividend as a critical window of opportunity for accelerated growth and transformation if focus is put on investing in adolescents and youth as engines of growth; as well as alignment of national legislation, policies and resource allocation for SRHR and Education;

Recalled the critical role of parliamentarians in facilitative, representation, legislation, budget appropriation and oversight for all national processes towards the achievement of national, regional and global development goals and targets, including the SDGs;

Appreciated the contributions of development partners, Civil Society Organizations, youths and faith based organizations, the private sector and other key stakeholders to support reproductive health, family planning, population and development programmes;

We, the delegates of the 2019 NEAPACOH meeting therefore,

Commit to accelerate the implementation of the ICPD PoA and the achievement of the 2030 Agenda for sustainable development – the SDGs.

Commit to adopt and strengthen South-South and Triangular Cooperation to facilitate the sharing of knowledge, lessons and good practices; and technical cooperation in the field of population and development

Commit to accord highest priority to integration of reproductive health and family planning into national development plans and strategies across sectors.

Commit to develop appropriate laws, policies, investments and innovative approaches that ensure universal access to reproductive health and family planning and the wider sexual and reproductive health agenda to support the initiatives for achieving zero unmet need for family planning, zero preventable maternal deaths, and zero gender-based violence and harmful practices, such as child marriages and female genital mutilations.

Seek the adoption and strengthening of legislation to establish effective and robust mechanisms for the investigation of crimes and infractions related to sexual violence especially among our adolescent, sexual violence and medical malpractices related to sexual and reproductive health.

Commit to ensure increased financial resources, including domestic, bilateral and multilateral funding, to increase transformational and effective programs contributing to accelerated implementation of the ICPD PoA and achievement of the SDGs in our countries in line with the Abuja declaration.

Commit to continue providing leadership and stewardship on policy, legislation and perform budgetary oversight for reproductive health and family planning. We further commit to promote and support general awareness on reproductive health and family planning in addition to the emerging killer and non-communicable diseases.

Commit to fast track the establishment and finalization of all pending and overstayed policies and strategies.

Commit to support the implementation of a comprehensive mechanism and multi sectoral and shared approach for monitoring the implementation of commitments made at NEAPACOH and at other regional and international fora.

Commit to initiate, support and enact laws that lead to the realization of Universal Health Coverage (UHC) and Primary Health Care (PHC) for all.

Commit to support and monitor implementation of ICPD PoA, the Addis Ababa Declaration on Population and development, SDGs, Maputo Protocol, Maputo Plan of Action as well as other regional and international commitments that address issues of gender equality, population, and harmful practices such as FGM and child marriages.

Commit to advocate for investments in young people with a focus on education especially for the girl-child, health, participation in decision making, diversity, mainstreaming, skilling, job creation in view of harnessing the Demographic Dividend.

Call upon Governments, UN agencies and international organizations, donors, the private sector and other relevant stakeholders to commit more investments to meet the needs of young people by scaling up programs for reaping the opportunity inherent in demographic dividend.

Welcome the upcoming Nairobi Summit on ICPD25 to be held in Kenya from 12-14 November 2019 and encourage the integration of the Kampala Commitment with the Nairobi Summit outcome document.

We convey our sincere appreciation and gratitude to the Parliament of Uganda for the successful organization and hosting of the NEAPACOH meeting and the warm welcome and hospitality extended to all delegates in the beautiful country of Uganda.

@@@@@@@@@@**END**-@@@@@@@@@@@

11.2: Reporting format for the NEAPACOH Commitments

Meeting Date	Commitments Made (List commitments for the previous year)	Actions taken	Fully Implemented	Partially Implemented	Not Implemented	Comments (May include reasons for failure to implement and challenges faced)