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

"Building the Capacity of African Policy Makers for Achieving UHC and SDGs: The Role of Parliamentarians"

Speke Resort Munyonyo, Kampala-Uganda, 22nd -23rd February 2023

PARLIAMENT OF UGANDA

NEAPACOH

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

Programme

AFIDEP
African Institute for Development Policy

CEHURD
social justice in health

FAITH TO ACTION NETWORK

PATH

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List of acronyms

ACHEST	African Centre for Global Health and Social Transformation
AFIDEP	Africa Institute for Development Policy

ASRH	Adolescent Sexual and Reproductive Health
AU	African Union
CHWs	Community Health Workers
COMMAT	Common Wealth Medical Trust
DD	Demographic Dividend
DPs	Development Plans
FP	Family Planning
ICPD	International Conference on Population and Development
mCPR	Modern Contraceptive Prevalence Rate
MDAs	Ministries, Departments and Agencies
MoES	Ministry of Education and Sports
MoH	Ministry of Health
MNCAH	Maternal Neonatal Child and Adolescent Health
NCPD	National Council for Population & Development
NDP	National Development Plan
NEAPACOH	Network of African Parliamentary Committees of Health
NHI	National Health Insurance
NPA	National Planning Authority
NPC	National Population Council
PHC	Primary Health Care
PPD ARO	Partners in Population and Development- Africa Region Office
RH	Reproductive Health
SDGs	Sustainable Development Goals
SRHR	Sexual Reproductive Health& Rights
UHC	Universal Health Care
UNFPA	United Nations Population Fund

Executive Summary

Partners in Population and Development Africa Regional Office (PPD ARO), in partnership with AFIDEP, PATH, CEHURD, Faith to Action Network and the Network of African Parliamentary Committees on Health (NEAPACOH) organized the 2023 NEAPACOH meeting under the theme

"Building the Capacity of African Policy Makers for Achieving UHC and SDGs: The Role of Parliamentarians".

The 14th NEAPACOH meeting was organized to;

- Provide space for capacity building and constructive discussions between and among African parliamentarians, including technocrats, researchers and civil society;
- Deliberate on priority policy interventions, build and sustain the momentum for political will, national ownership and support in order to consolidate the gains made towards achieving Universal Health Coverage and the Sustainable Development Goals;
- Devise means for increasing domestic investments in health and for fostering effective utilization of resources for health with a focus on PHC and MNCAH in African countries;
- Provide opportunity for sharing good practices and lessons learned in advancing achievement of UHC and SDGs including progress registered by countries on implementation of past NEAPACOH commitments; and
- Provide space for facilitating networking with other regional implementers; and convening country, regional and international stakeholders and champions for advocacy, accountability and collaborative learning.

The meeting took place from February 22-23, 2023 at Speke Resort, Kampala- Uganda. The meeting drew participation of Parliamentarians from Benin, Burundi, Chad, Eswatini, the Gambia, Ghana, Kenya, Lesotho, Malawi, Mali, Namibia, Niger, Senegal, Tanzania, Uganda, Zambia and Zimbabwe. The Civil Society Organisations and development partners in attendance were PATH, MSUG and MSI, CEHURD, AMREF Health Africa, ACHEST, UNFPA, ECSA Health Community, Samasha, Africa Network for SDGs, EAC Secretariat, EQUINET, UNFPA and COMMAT. In attendance also were Partner Country Coordinators (PCCs) and Government departments like NPC and MoH.

The meeting was organised under 5 sub themes of:

- Towards achieving UHC and SDGs: The key imperatives;
- Accelerating Access to Sexual Reproductive Health Information and Services for Young People and Adolescents;
- Accelerating Domestic Health Financing for achieving UHC and SDGs in Africa;
- Integrating Population, Health and Environment for sustainable development; and
- Strengthening African leadership, stewardship and accountability for achieving UHC and the SDGs.

Presenters at the meeting included Minister of Health; Minister for ICT and National Guidance; and Minister of Finance, Planning and Economic Development (Planning) from Uganda. Others were from AFIDEP, PATH, Faith to Action Network, COMMAT, Makerere University, Marie Stopes Uganda, AfriYAN, African Parliamentary Network on Sustainable Development Goals, Afya na Haki, Uganda, Amref Health Africa, ACHEST, East Africa Community (EAC) Secretariat, National Population Commission Secretariat of the Gambia, TARSC/EQUINET among others.

During the meeting, a number of issues affecting attainment of UHC and SDGs came up, including slow progress towards achieving commitments made, high Total Fertility Rate and Population Growth Rates slowing down gains towards harnessing the Demographic Divident, Limited resources for PHC interventions, Low uptake of FP services especially by the youth, Limited access to SRH information by young people, Low funding for UHC and SDGs, Role of CSOs in policy implementation, Low involvement of young people in decision making, Inability to meet the Abuja Declaration target of 15% to health and low uptake of new technologies, among others.

The meeting generated recommendations which included the following;

- ✓ Design interventions that address Africa's population challenges of high TFR and high PGR
- ✓ Steer reforms in Public Finance Management (PFM) to improve health sector spending
- ✓ Conduct budget tracking for health sector to help reduce wastages and inefficiencies
- ✓ Sustain advocacy for more money for health and more health for the money invested
- ✓ Replace CHW programs with remote consulting. Develop policies that support remote consulting
- ✓ Set up and ensure a functional NHI for African countries to achieve UHC
- ✓ Drive better and localized investments toward health systems based on primary health care, allocating funds according to each community's and country's needs and priorities.
- ✓ More public financing is key in countries that receive donor support, to lessen dependence on priorities that may not align with national strategic plans.
- ✓ Instead of diverting resources from one crisis to the next, ensure that every program for pandemic prevention, preparedness, and response includes specific investments for improving primary health care as the foundation of resilient health systems that can adapt to new threats and sustain comprehensive health services, no matter what.
- ✓ Establish policies and systems of mutual accountability to uphold people's fundamental right to health, sustain PHC investments, and keep improving population health and well-being.
- ✓ Earmark financing to strengthen health data, surveillance, information systems and community engagement in PHC, and use comprehensive assessments to drive better decision-making. Everyone must be counted and included to leave no one behind.

Delegates shared progress in implementation of the commitments made at the 2019 NEAPACOH meeting and made new commitments towards accelerating attainment of UHC and SDGs. The achievements included 138% increase towards Government allocation for family planning commodities in Malawi from MK200 Million in the previous year to MK475 Million in 2022/2023 Financial Year and the Gambia enacting a National Health Insurance Bill in November 2021, in pursuance of Universal Health Coverage.

A resolution (The Kampala Call to Action 2023) was presented and adopted by participants. The Call to Action is annexed.

1.0: Introduction

Partners in Population and Development Africa Regional Office (PPD ARO), together with the Network of African Parliamentary Committees of Health **(**NEAPACOH) and other partners have been organizing the annual NEAPACOH meeting since 2008. The meeting provides an opportunity to policy makers across Africa to share experiences and lessons in implementation of policies and commitments made by their respective Governments towards advancing access to quality reproductive health information and services for women, girls, young people and adolescents.

The 2023 NEAPACOH meeting was the 14th, organised under the theme: **"Building the Capacity of African Policy Makers for Achieving UHC and SDGs: The Role of Parliamentarians".** The two-day meeting was held at Speke Resort Munyonyo, Kampala-Uganda from February 22-23, 2023, and was attended by Parliamentarians and technical officers from Benin, Burundi, Chad, Eswatini, the Gambia, Ghana, Kenya, Lesotho, Malawi, Mali, Namibia, Niger, Senegal, Tanzania, Uganda, Zambia and Zimbabwe. The Civil Society Organisations and Development Partners in attendance were PATH, MSUG and MSI, CEHURD, AMREF Health Africa, ACHEST, UNFPA, ECSA Health Community, Samasha, Africa Network for SDGs, EAC Secretariat, EQUINET, UNFPA and COMMAT. In attendance also were Partner Country Coordinators (PCCs) and Government departments like NPC and MoH.

2.0: Meeting objectives

- Provide space for capacity building and constructive discussions between and among African parliamentarians, including technocrats, researchers and civil society;
- Deliberate on priority policy interventions, build and sustain the momentum for political will, national ownership and support in order to consolidate the gains made towards achieving Universal Health Coverage and the Sustainable Development Goals;
- Devise means for increasing domestic investments in health and for fostering effective utilization of resources for health with a focus on PHC and MNCAH in African countries;
- Provide opportunity for sharing good practices and lessons learned in advancing achievement of UHC and SDGs including progress registered by countries on implementation of past NEAPACOH commitments; and
- Provide space for facilitating networking with other regional implementers; and convening country, regional and international stakeholders and champions for advocacy, accountability and collaborative learning.

Day One

3.0 Session I: Opening Ceremony

Session Chair: Hon. Joel Ssebikaali, Vice Chairperson, Health Committee, Parliament of Uganda

3.1: Remarks by Hon. Mokhothu Joseph Makhalanyane, Chairperson Committee of Health, Parliament of Lesotho and Chairperson of NEAPACOH

Hon. Makhalanyane welcomed delegates to the 14th consecutive NEAPACOH annual meeting, organized by Partners in Population and Development in collaboration with the Parliament of the Republic of Uganda and partners, especially those attending NEAPACOH meeting for the very first time. He congratulated the Government of Uganda, through its Parliament, for successfully organizing the meeting and expressed gratitude and thanks for the warm welcome and hospitality extended to all participants since they arrived in Uganda.

He appreciated the guest of honour Hon. Dr. Jane Ruth Aceng, who was representing the Rt. Honourable Anita Annet Among, Speaker of Parliament of the Republic of Uganda for sparing her precious time to attend the meeting. He thanked the Hon. Dr. Chris Baryomunsi, Minister of ICT and National Guidance of the Republic of Uganda for his unwavering support to NEAPACOH and physically and consistently attending all the NEAPACOH meetings since their inception in 2008.

He appreciated all donors, development partners, researchers, academicians, Members of Parliament, advocates, health champions; and the Government of Uganda for the strong support towards the 2023 NEAPACOH meeting. He said the Parliament of Lesotho was highly represented in the meeting and would pay close attention to the discussions and consider, with interest, the recommendations of the meeting. He said NEAPACOH meetings have proved to be important platforms that provide good opportunities for sharing insights and lessons emerging from the various diverse national and international experiences in addressing issues of health. He believed participants would benefit from the meeting through sharing lessons, information and experiences and how they can turn around the information they shall be exposed to during the meeting to improve their countries' movement towards attaining UHC and SDGs. He appreciated PPD ARO for the tremendous support to NEAPACOH since 2008.

He said through NEAPACOH meetings, delegates are reminded of the critical role the institution of parliament plays in the creation of enabling policy environment for good health systems for their respective countries, and continent. He said there are similarities in health challenges across African nations that call for similar and uniform actions. He said the committees responsible for health are the implementing organs of the legislature on health

matters. He called upon all delegates to combine their efforts, to effectively contribute towards addressing the health challenges of Africa.

Referring to the theme of the meeting, he said implementation of programmes that deliver UHC and SDGs in African countries has remained slow. He said good policies and strategies have been made, but the problem is with effective implementation. He called on members to do whatever they can to ensure accelerated implementation of such programmes. He called for commitment through the Call to Action, to accelerate efforts geared towards attainment of UHC and SDGs. He once again appreciated PPD-ARO and other partners for the support offered to NEAPACOH and its member Committees.

3.2: Remarks by Mr. Patrick Mugirwa, Programme Manager, PPD ARO

Mr. Mugirwa welcomed the delegates to the meeting. He appreciated the Chief Guest, Hon. Dr. Jane Ruth Aceng for finding time to be part of the NEAPACOH meeting. He also appreciated Hon. Dr. Chris Baryomunsi for finding time all through since 2008 when the first NEAPACOH meeting was held.

Mr. Mugirwa introduced the theme for the meeting, which was "Building the Capacity of African Policy Makers for Achieving UHC and SDGs: The Role of Parliamentarians". He said the theme was based on the need to follow up commitments made by respective countries to achieve UHC and SDGs. He informed the meeting that presentations would be made by experts on different sub-themes, including;

- Towards achieving UHC and SDGs: The key imperatives;
- Accelerating Access to Sexual Reproductive Health Information and Services for Young People and Adolescents;
- Accelerating African Leadership, Stewardship and Accountability for Increased Domestic Investments in Health for Achieving UHC and the SDGs;
- Imperatives for sustaining achievement of UHC and the SDGs: What are the Game Changers; and

- Good Practices and Lessons Learned in Achieving UHC and SDGs as well as Progress on Implementation of NEAPACOH Commitments.

He said the meeting would discuss how to transition from ICPD@25 to ICPD@30 and would have a Kampala Call to Action in the context of attaining UHC and SDGs. He said each country would develop commitments, whose progress would be presented at the next NEAPACOH meeting in 2024. He took the meeting through some statistics, saying MMR is high in Africa, and so are poverty levels, saying the precarious situation in Africa was a good reason for action to be taken.

He said the meeting would be one that addresses impediments to attaining UHC and SDGs. He said the political will gives optimism that the discussion will be fruitful. He pledged PPD ARO's continued capacity building and evidence generation for Parliamentary Commitments and forum to discuss achievement of the commitments made. Mr. Mugirwa appreciated all delegates for finding time to be part of the meeting.

3.3: Remarks by Dr. Jotham Musinguzi, Director General, National Population Council-Uganda

Dr. Musinguzi welcomed delegates to the meeting. He briefly gave the background of NEAPACOH meetings, saying it was started in 2008, after borrowing the idea from Zimbabwe where an NGO was bringing members together to talk about health issues affecting the country.

Dr. Musinguzi said the idea was to bring Parliamentarians together to share experience and make commitments towards improving the health situations of the people they represent. He hoped the idea would continue. Dr. Musinguzi appreciated PPD ARO for the support to NEAPACOH since 2008.

Dr. Musinguzi recognized the role played by Hon. Dr. Chris Baryomunsi and for attending all NEAPACOH meetings and articulating issues all through. He appreciated Mr. Adnene Ben Haj Aissa for the support to the PPD ARO during his term as Executive Director of PPD. He also appreciated UNFPA for the support to NEAPACOH since its inception and all partners.

3.4: Remarks by Ms. Celine Bankumuhari, Head External Relations and Advocacy, Faith to Action Network

Ms. Bankumuhari welcomed all delegates and appreciated all organisers of the meeting. She informed the meeting that Faith to Action Network is a global interfaith network, with over 110 members around the world. She said the network supports and mobilizes faith actors for interfaith dialogue and collaborations to advance family health and wellbeing, women's rights and gender justice, peaceful, just and inclusive communities, consistent with one's faith.

She appreciated the opportunity to participate in the 14th NEAPACOH meeting, which brings together policy makers, academia, researchers and implementers to lay strategies for accelerated attainment of UHC and SDGs.

Ms. Bankumuhari said Faith to Action Network acknowledges the critical role that health plays in communities which in turn contributes to the social and economic stability of the communities. She acknowledged delegates for faith-based institutions and religious communities present in the meeting, saying as a network, they recognize that all faiths call upon all people to uphold human dignity for all.

She said the Network recognizes that although the faith communities have traditionally been involved the expanding health services, alongside the governments, the space for their engagement in policy making space has not widened enough for them. She called upon policy makers to address this gap.

She recognized the positive progress in different communities, calling upon delegates to position themselves as beneficiaries of Demographic Dividend which if well utilized, would lead to socio-economic development. She said for this to happen, the youth, and in particular the adolescent youth are the key resource. She called for securing their health needs, especially those that enable them to make informed decisions and set them up to live a dignified life.

She called upon all participants to;

- Increase understanding of the role of faith actors in advancing holistic health in the communities.
- Expand the space for religious community to participate in their decision-making spaces.

- Invest in strategic partnerships with faith actors to challenge destructive social norms.
- Review, invite and consult the adolescent youths and promote localised communitarian solidarity initiatives and engage in legislative reform.
- Prioritise access to social protection systems/lifesaving services.

3.5: Remarks by Ms. Rosemarie Muganda, Regional Advocacy Director, PATH

Ms. Muganda joined the previous speakers to welcome all delegates to the meeting and to appreciate all those who worked tirelessly to ensure the meeting becomes a success. She underscored the importance of the theme of the meeting, saying there are a number of good practices that need to be taken on. She acknowledged that there is a lot of new knowledge generated and innovations that would help accelerate attainment of UHC and SDGs. She called upon delegates to focus on innovative approaches, vaccines, equipment, etc. for improving the lives of the people they represent.

She said a lot has been done by African countries, and called on delegates to rethink their approaches to address challenges their countries face. She said there is no arm of government that is as powerful as Legislature. She told Parliamentarians that they have an oversight role, they confirm who ministers should be and appropriate resources. She said countries represented in the meeting have committed to achieve UHC by 2030 and the way to achieve this is through PHC.

She reminded participants that all countries represented have agreed to achieve UHC by 2030 and the means to achieve this is through strong health systems and reducing Out of Pocket Expenditure. She called on Parliamentarians to ensure their constituents are not poor.

She said if services are in place, clients may pay to access them but they will be available. She sadly noted that PHC is the most over looked and underfunded part of the health system. She presented three scenarios of African countries regarding UHC as;

- Willing and able: -to mean countries that have developed policies and put in place costed plans on how to achieve UHC. These are allocating resources for UHC.
- Willing and unable: -to mean countries that have policies in place but have no resources.
- Unwilling and unable: -to mean countries that neither have resources nor policies to achieve UHC. She said such countries need support.

Ms. Muganda said the benefits of PHC to achieve UHC are clear and NEAPACOH meeting provides opportunities to legislators.

3.6: Remarks by Hon. Dr. Chris Baryomunsi, Member of Parliament, Parliament of Uganda and Minister of ICT and National Guidance

Hon. Dr. Baryomunsi welcomed the delegates to the meeting. He said NEAPACOH brings together Parliamentarians on the health committees of Parliament and provides an opportunity for Parliamentarians to meet and compare notes, and learn from each other.

He said the theme of the meeting is about building capacity. He said capacity building is important since there is no school you learn how to be a good Parliamentarian from.

He appreciated PPD and UNFPA and other partners for providing an opportunity for Parliamentarian to learn how to address issues affecting the health of the people they represent. He challenged Parliamentarians to reflect on the status of the quality of life of the people they represent in Parliament. He said being a Parliamentarian is a privileged position and asked Parliamentarians to use the positions to improve the health of the people they represent.

Dr. Baryomunsi said in the 1950s, 1960s and 1970s, at the time African countries struggled for independence, they were better off compared to some countries in Asia and Latin America. He said the trend had reversed and African countries are lagging behind. He asked Parliamentarian to think about what went wrong. He reminded delegates that every year, there are commitments made, but no change in people's health is seen. Asian countries embraced new measures like health and economic reforms and these have progressed well. He said African leaders rejected such reforms until 1994 ICPD in Cairo when they started appreciating population issues. All these agendas and protocols define where all countries should be going. He said reviews have shown some progress but a lot still has to be done, a reason to meet and reflect.

He challenged Parliamentarians to reflect on the role of Parliament and how Parliament can accelerate the achievement of these protocols and commitments. He said Parliamentarians have a cardinal role. They offer oversight and appropriate the budget. He asked them to reflect whether they are allocating resources sufficiently to address the needs of young people; and called for proper use of the available resources.

Dr. Baryomunsi said there are regional parliaments like the Pan African Parliament, EALA, ECSA, among others that Parliamentarians can take advantage of to advance the UHC agenda. He called for sharing lessons and supporting each other. He challenged Parliamentarians to work together and ensure they make an impact. He called on Parliamentarian to use the power they have to change the situation. He thanked delegates for attending the meeting and the organisers for the excellent arrangement.

3.7: Official opening remarks by Rt. Hon. Anita Annet Among, Speaker, Parliament of Uganda; delivered by Hon. Dr. Jane Ruth Aceng Acero, Minister of Health; Uganda.

Hon. Dr. Jane Ruth Aceng, who represented the Rt. Hon. Speaker of Parliament of Uganda appreciated the delegates who sit on the Parliamentary committees of health for the great work they do. She said health is wealth but also politics because if people are healthy, they will participate in elections. She called upon Parliamentarians to focus on the health of their people since most of the decisions taken are health embedded.

Dr. Aceng said COVID 19 taught Africans a lesson-you either had to fend for yourself or die. She said there were challenges getting commodities but Africans survived and Africa will always survive. She however said survival by chance must be left behind, and Africans must intentionally survive.

She called for system strengthening. She called for manufacturing of African commodities and stop the attitude of begging. She called for a focus on ending preventable diseases that keep Africans in poverty. She sadly noted that neglected diseases were only in Africa because Africans don't allocate resources to address them.

She called for interventions to address the high TFR to reduce the PGR and harness the DD. She called upon Parliamentarians to rise up to the challenge of a healthy Africa, an Africa that can show the rest of the world that epidemics and pandemics can be addressed in record time.

Hon. Dr. Aceng then read the Rt. Hon. Speaker's speech verbatim. In her speech, the Rt. Hon. Anita Annet Among welcomed all delegates to Uganda, especially those visiting Uganda for the first time.

She said the meeting was timely because it was the first physical NEAPACOH meeting since the COVID 19 pandemic and the theme called for action towards achieving UHC and SDGs. She noted that all countries represented were not short of the conducive policy environment to facilitate consolidation of the gains made towards achieving Universal Health Coverage and Sustainable Development Goals.

She called upon Parliamentarians to play their oversight functions and ensure their governments fulfil the commitments they make in order to deliver a better Africa, a better world for the benefit of the people they serve. She noted that all countries gathered share similar reproductive health problems, ranging from high incidences of Sexually Transmitted Infections (STIs), including HIV/AIDS, high maternal mortality ratios, high infant mortality

rates, low contraceptive use, unmet reproductive health needs, among many others. She said such a forum should provide an opportunity to discuss the problems, exchange the rich experiences existing within countries, and search for common solutions to the many problems countries face. She called upon delegates to make good use of the meeting to interact and share best practices for the good of the people that they serve and represent.

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

She called upon delegates to remember their responsibilities of ensuring accountability, political leadership, and stewardship for the implementation of the Kampala Call to Action that would be prepared by the end of the meeting. She believed delegates would benefit from the expositions by the experts during the meeting and from the experiences and good and innovative practices from the different countries that will be shared in the two days.

She wished all participants a pleasant stay in Uganda and called upon them to have time to visit some other parts of the country to appreciate the beauty of Uganda, the Pearl of Africa, and officially opened the 14th NEAPACOH meeting.

4.0 Session II: Towards Achievement of Universal Health Coverage (UHC) and Sustainable Development Goals (SDGs): What are the Key Imperatives

The session was chaired by Hon. Faustine Engelbert Ndugulile, Vice-Chairperson Parliamentary Committee on Health and HIV AIDS, Parliament of the United Republic of Tanzania. He welcomed the panellists to the session and shared the objective of the session.

4.1 Keynote address on: Achieving UHC: A reality or simply a dream? By Prof. Freddie Ssengooba, Makerere University School of Public Health, Uganda

Prof. Freddie Ssengooba informed the meeting that different countries have made commitments to achieve UHC and SDGs. He said UHC is aimed at making services affordable to users and Governments. He said interventions start with those who are available and called

on delegates to ensure for equity purposes, governments always bring on board even the poor.

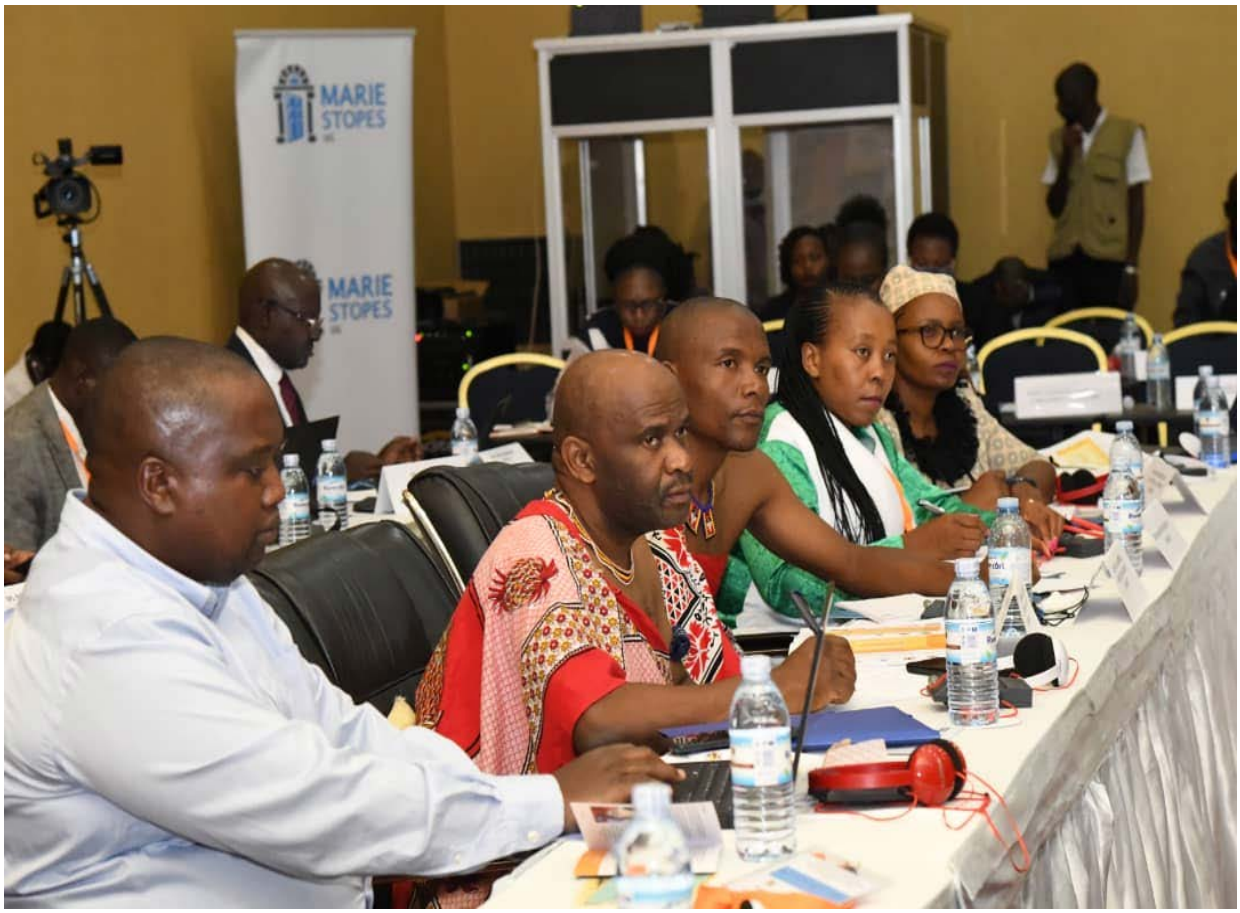
He presented the Health Sector Performance in the SDG Era, showing that most African countries are still lagging behind the set targets. He noted slow UHC growth across the African continent and presented the main policy problems for UHC in Africa. These included;

- Fast growing population not matched by investments
- Persistence of high disease burden
- Deficits in access and quality of services
- Inadequate financing for health programs and
- Capacity gaps in community and decentralized service delivery system

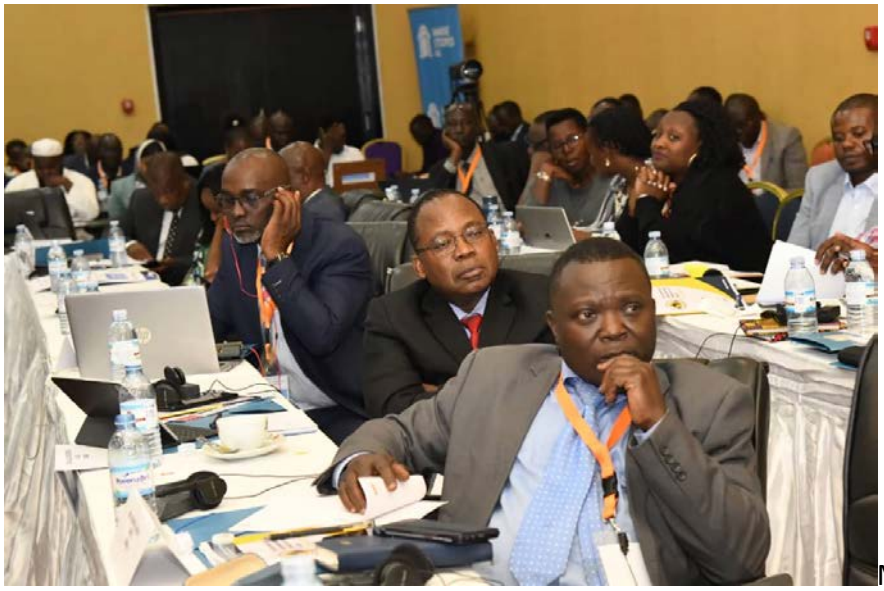
He discussed each of the policy problems in detail, giving the status, identifying gaps and proposing strategies to address the policy problem.

He discussed the challenges of a fast-growing population and related it with persistence of high disease burden in Uganda. Using the population pyramids, he called for a change in the population age structure to harness the Demographic Dividend.

Prof. Ssengooba concluded that achieving UHC calls for policy solutions aimed at addressing the UHC challenges African countries still struggle with.



4.2: Looking beyond financing curative care to increasing financing for PHC for attainment of UHC and SDGs by Ms. Rosemarie Muganda, Regional Advocacy Director, PATH



Ms. Muganda informed participants that PATH is a global nonprofit organisation dedicated to achieving health equity for all people and communities to thrive. She said PATH works to transform bold ideas into sustainable solutions that improve health and wellbeing for all, and does that through partnerships. She said PATH develops, introduces, and advances vaccines, drugs, devices, diagnostics, digital tools, and innovative approaches to strengthen health systems worldwide. PATH shapes conversations about health and technology, advises ministries of health, trains providers, scales teams of health care workers, and works on other fronts to break down barriers to good health. PATH also advises and partners with governments, multilateral organizations, businesses, and social investors to solve the world's most pressing health challenges and their team includes scientists, clinicians, business leaders, engineers, advocates, and experts from dozens of other specialties.

Ms. Muganda presented PATH's PHC strategy 2025. She said PATH brings together end-to-end system innovation, transformative partnerships, and evidence-based decision-making to help countries and multisectoral partners reimagine primary health care—through a people-centered approach that gives everyone a fair chance at health and protects them against health threats. The strategy shows PATH promotes UHC in three ways;

- **Drive fit-for-purpose innovation** in PHC products, services and systems through science, technology and human-centered design
- **Broker transformative partnerships** across governments, private sector and civil society to build sustainable PHC ecosystems
- **Champion evidence-based decision-making** through optimizing subnational level data capture and use for improved PHC care and financing

She shared strategies to accelerate people-centered PHC. These include;

- Advancing tailored PHC services that meet community needs
- Catalyzing optimally resourced PHC systems
- Strengthening capacity to respond to health threats

She said health systems built on the foundation of PHC are essential to achieve UHC. She said Universal Health Coverage means that all people have access to the health services they need, when and where they need them, without financial hardship: service coverage and financial protection while Primary Health Care (PHC) is the most effective, equitable and efficient approach to health system strengthening, with a focus on the principles of human rights, equity and solidarity. She concluded that PHC is the approach, health systems are the means and UHC and the other health related SDGs are our goals.

She noted that PHC was still the most overlooked and under-resourced part of a country's health system, with the biggest gaps affecting the poorest and most marginalized communities. She said 100 million people fall into poverty annually because of health-related expenses, disproportionally affecting disadvantaged, vulnerable and remote populations.

She said focus should be on mobilizing local resources. She said Parliamentarians play critical roles in policy making, oversight and resource appropriation. She called on delegates to advocate for 1% of their GDP to be added to UHC. She said transition from GAVI has started, but some countries are still lobbying for delayed transition. She said most of the people struggle with high out of pocket expenditure. She proposed the national health insurance mechanisms to ensure all citizens have access to health services. She called for strengthening local accountability mechanisms to ensure resource allocation and efficient use of resources. She said when commitments are made, they should be followed up to ensure they are honored. She gave Uganda as an example that has consistently invested in child immunization.

She presented results from the PHC policy tracker- which is a new virtual public tracker dashboard tool built by PATH that maps and analyzes data about national-level health policy documents relevant to PHC. She said the tracker was built for policymakers, implementers, and advocates – provides information about PHC policies to help identify opportunities for impact and enable users to champion solutions for strengthening PHC systems through policy.

- She said on average, countries' policies for PHC were fairly well aligned with recommendations laid out in key global guidance documents (e.g., conceptual frameworks for robust PHC policies by WHO).
- Strong priority-setting in policies (important statements of support for key elements enabling PHC), but policies often lack detail around implementation

She discussed the disconnect between policy and practice calling for more research to determine the link between policies and implementation.

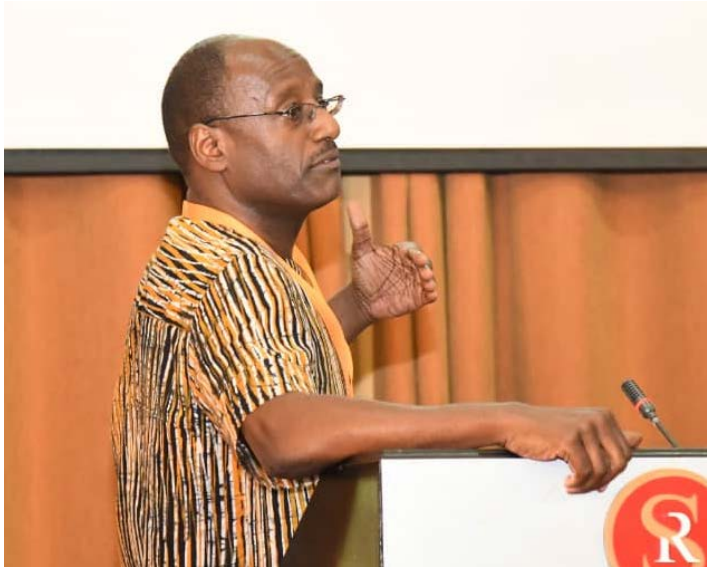
Ms. Muganda shared the role PATH was playing in order to support Parliamentarians prioritize PHC towards achievement of UHC and SDGs. These included generating evidence to influence

PHC resourcing decisions in Uganda where PATH partnered with the Ugandan Ministry of Health to assess utilization of PHC financing at national and sub-national level between 2016-2020, ultimately contributing to a 7% increase in PHC national budget in 2020; and catalyzing political and technical policy maker alignment in Kenya where PATH collaborated with civil society partners to strengthen parliamentarians' knowledge on PHC - catalyzing dialogues and alignment with technical MoH decision makers for prioritization of PHC financing and policy, among others.

She called on national, regional and global actors to prioritize primary health care as a 3-for-1 investment in universal health coverage, health security and better health and well-being, saying three of these goals depend on the same health systems, and primary health care is their common foundation.

4.3: Family planning access and uptake for attainment of UHC and SDGs. Dr. Peter Ddungu, Deputy Country Director, Marie Stopes Uganda

Dr. Ddungu started his presentation by making reference to goal 3 of the SDGs, looking at two targets; 3.1 and 3.7; and SDG goal 5, target 5.6.



He presented the status from the African Union platform which tracks SDG indicators. He used data for 2017 which shows high MMR in Sub Saharan Africa.

He presented the unmet need for contraception, showing that demand for contraception is not usually met. Dr. Ddungu presented the intersection between UHC and Reproductive Health/FP, using the 6 pillars of safe motherhood as FP, ANC, obstetric care, PNC, post abortion care and STD/HIV control.

Dr. Ddungu said Sub-Saharan Africa shoulders over half (56%) of the global maternal mortality burden. He said safe motherhood was established in 1987 when health experts realized that not much attention was being given to maternal and child health programmes.

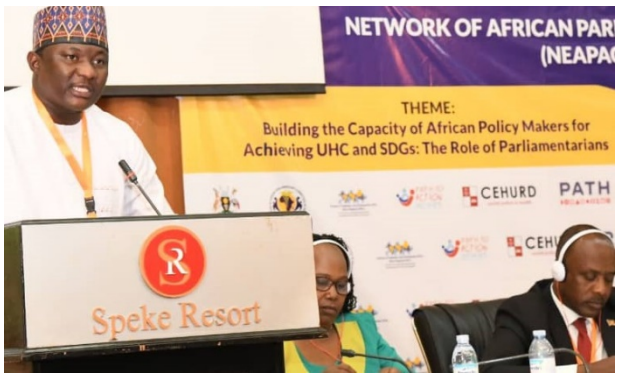
He concluded his presentation with practical considerations for improved Family Planning access and uptake for attainment of UHC. These included;

- A change in mindset – saying this is urgent, it can be done, and it provides a return of $8.4 for every $1 invested in FP.
- National Health Insurance Schemes (NHIS) that provides for FP services.

- Strengthen contraceptive provision across the health system (clinical competency, infrastructure, provider willingness to offer).
- A Total Market Approach as the most sustainable way to attain universal coverage for FP services.

4.4: Dr. AWAL ISSA Rachid, Executive Secretary, AfriYAN- WEST & CENTRAL Africa, Niger

Dr. Awal underscored the fact that African continent is a young continent. He said adolescents and young people are the driving force to development and these need to be invested in. He indicated that adolescents have limited access to FP services. He said there is need for adolescent friendly service providers.



Dr. Awal sadly noted that many parents who would be the primary source of information for their adolescents have no information themselves. He emphasized the need for appropriate information for parents. He also pointed out the misconceptions about FP for young people and the opposition from political, religious and cultural leaders as factors responsible for the limited access to FP services by the adolescents and youths.

He said different partners have innovated different platforms where the youth can access the services but the youth have no phones, and no access to internet. He said access to these platforms is key, and called for investing in youth especially in rural areas since they have no access to internet and are the majority.

He said many times youth are not involved in decision making. Using the words of Thomas Sankara, he said “All decisions taken for me without me are against me” and called for youth involvement in decision making.

Using the example of Niger where he comes from, he said there are gaps in laws. He said even where the laws are in place, they are not effectively implemented, partly due to limited funding. He said funds should be made available for youth to implement activities in urban and rural areas. He emphasized the peer-to-peer approach and called for inclusion of youth with disabilities to ensure equitable access to information and services.

He challenged Parliamentarians to believe in the youth, their commitment and be honest that they can’t succeed in addressing issues of the youth without involving the youth. He informed Parliamentarians that they have a crucial role to play to address these obstacles and challenges.

4.5: Hon. Henry Banyenzaki and Dr Daisy Owomugasho, African Parliamentary Network on Sustainable Development Goals

Hon. Henry Banyenzaki emphasized the need for Parliamentarians to be honest with themselves. He challenged them to tell the executive to appropriate enough resources to the health sector. He gave an example of the Ugandan Parliament that refused to approve the World Bank loan until resources are allocated for maternal health.

He called upon delegates to take positions in favour of their constituents and ensure more resources are allocated to maternal health. He said countries are being told to fast-track progress, which calls for doing the unusual.

He emphasized policy implementation, saying Africans are poor at policy implementation. SDGs won't be achieved if things are done as usual.

He called upon all stakeholders to speak with one voice, challenging leaders and even International Organisations to open up. He said when MDGs were made, Africans were not involved. Since SDGs involved Africans, they need to have a combined force as African Parliamentarians at African and International level.

Hon. Banyenzaki asked Parliamentarians to make commitments made by their Governments a debate in Parliament. He said the NEAPACOH meeting would end with a Call to Action. He challenged Parliamentarians to discuss the Kampala Call to Action in their Parliaments.

He called upon Parliamentarians to harmonize policies and set priorities right. He warned them against being arm-twisted by the Executive and encouraged them to enact people-centred policies. He called for continuous collaboration as Parliaments and Networks.

Dr. Daisy Owomugasho, Chief Technical Director at African Parliamentary Network on Sustainable Development Goals called upon Parliamentarians to consider leaving no one behind. She said policies should be aimed at benefiting the most vulnerable. She emphasized the multisectoral nature of health, saying PHC is not isolated. Health is linked to so many aspects, including education, food and nutrition, among others.

On harmonization and having one voice, she said major concerns were that developed countries got covid vaccination first. She emphasized the need for African countries to reduce dependency and work for themselves.

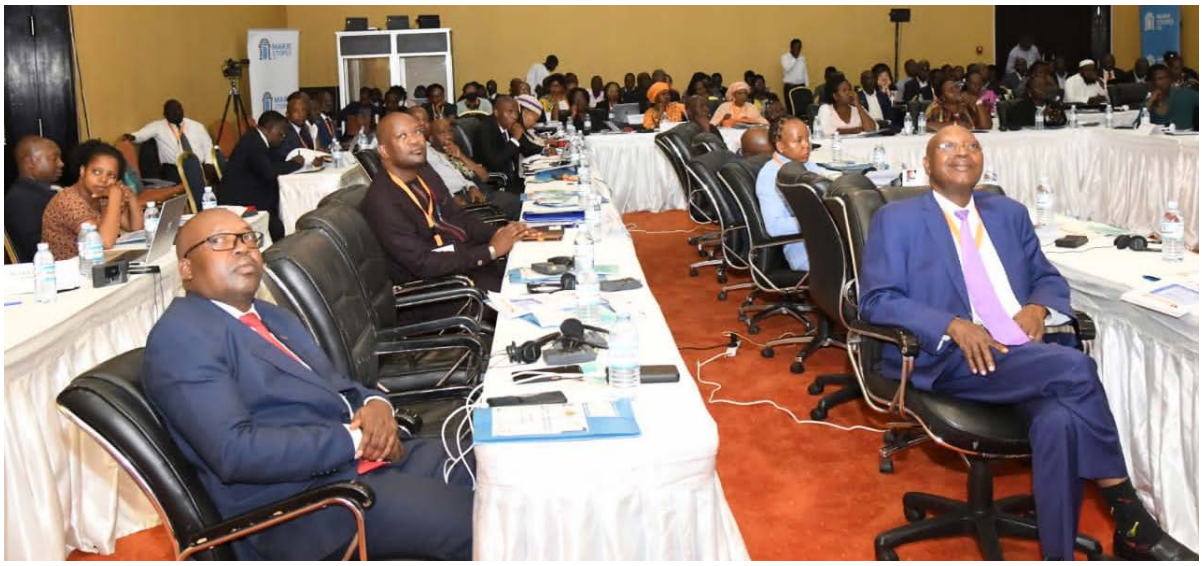
She emphasized partnership as in SDG 17, saying it helps in learning from each other and together develop beneficial solutions. She recommended working with the private sector by improving legislation to support small scale innovations and improve PHC. She underscored the need for one voice as Africa.

Key recommendations

- ✓ Design interventions that address Africa's population challenges including high TFR and PGR
- ✓ Drive better and localized investments toward health systems based on primary health care, allocating funds according to each community's and country's needs and priorities.
- ✓ More public financing is key in countries that receive donor support, to lessen dependence on priorities that may not align with national strategic plans.
- ✓ Instead of diverting resources from one crisis to the next, ensure that every program for pandemic prevention, preparedness, and response includes specific investments for improving primary health care as the foundation of resilient health systems that can adapt to new threats and sustain comprehensive health services, no matter what.
- ✓ Establish policies and systems of mutual accountability to uphold people's fundamental right to health, sustain PHC investments, and keep improving population health and well-being even as administrations come and go.
- ✓ Earmark financing to strengthen health data, surveillance, information systems and community engagement in PHC, and use comprehensive assessments to drive better decision-making.

5.0 SESSION III: Accelerating Access to Sexual Reproductive Health Information & Services for Adolescents and Young People for attainment of UHC and SDGs

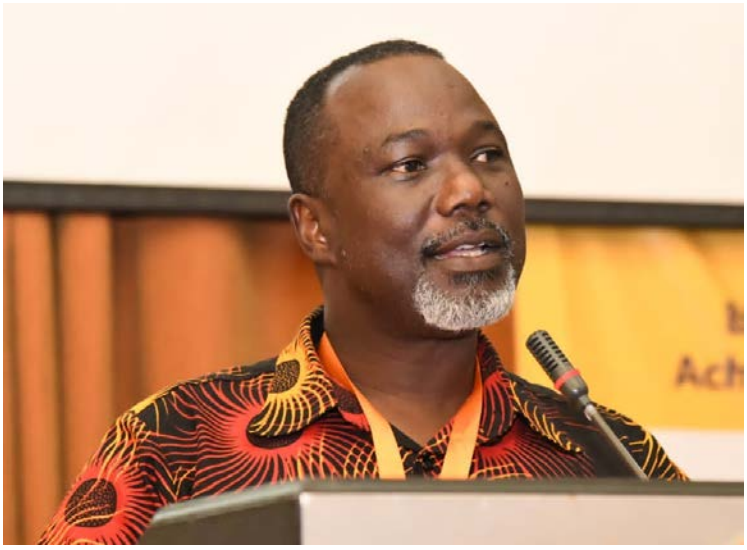
The session was chaired by Hon. Dr. Christopher K. Kalila, Chairperson Committee on Health, National Assembly of Zambia. He presented the session objective and invited the presenters.



Some of the participants during the session

5.1 Keynote address by Prof Joachim Osur, Vice Chancellor, Amref International University.

Prof. Osur defined what adolescence is, emphasizing that it is a social and biological developmental stage with its unique strengths and shortfalls – just like any other stage of life.



He said older people find it a challenge to allow adolescents transition into adults. He called upon delegates to ensure children are allowed to transition into adults.

Prof. Osur said adult expectations of adolescents are influenced by generational experiences. He explained the concept of adolescent brain remodeling, saying it is characterized by specific behaviors. He said inability to let go, cross-generational expectations and brain remodeling in adolescents results in conflict between adolescents and older generations.

He talked about intergenerational discordancy, saying each generation is defined by its unique experiences. He said generations have different ways of viewing life, which brings conflicts and affects the growth of the children. Adolescent brain remodeling is characterized by specific behaviors.

He presented some of the experiences from his interactions with adolescents in the clinic. He also presented some of the experiences with parents of adolescents.

He said the tragedy of adolescent health is that the narrative, service delivery and policies are developed by a coalition of older people conspiring to fit adolescents into a space that they have defined as good for them. He said it was wrong to design policies for children without having the views of young people in mind. He shared some of the quotes about this, including;

- *We will not allow our children to be given contraceptives by anyone*
- *Sexuality education is a ploy to give condoms to children*
- *Cervical cancer vaccine is a trick to introduce sex education and encourage children to have sex*

He said there is need to ensure that current programs and policies are not skewed towards caring for the fears of older people towards adolescents but that they meet needs of adolescents. He called upon Parliamentarians to ensure policies protect the adolescents.

He emphasized the need for intergenerational dialogues and create opportunities for adolescents and adults to sit together and resolve conflicts. He asked participants to prepare young people for the adolescent experience and provide age-appropriate sexuality education.

He recommended co-creation of health programs that meet needs of adolescents like self-care.

5.2: The role of knowledge management in increasing access to SRH information and uptake of Services for Adolescents and Young People by Ms. Irene Alenga, Amref Health Africa and Ms. Aissatou Thioye, West Africa Knowledge Management and Partnership Officer, FHI360/Knowledge Success Project, Dakar, Senegal

Ms. Alenga said Amref Health Africa was implementing a project called "Knowledge Success" from February 2019 to February 2025. The project is led by Johns Hopkins CCP, in partnership with Amref Health Africa, Busara and FHI 360, covering East Africa, West Africa, Asia and North America. The main objective of the project is to ensure high-quality health information, knowledge, and expertise is exchanged, accessed, and used, and capacity in knowledge sharing, collaboration, and learning is built. She shared the significance of the project focus on youth, saying by 2030, young Africans are expected to make up 42 percent of the world's youth and account for 75 percent of those under age 35 in Africa.

Ms. Irene Alenga, Amref Health Africa

Ms. Alenga discussed the three Knowledge Management Components of people, process and technology and explained the importance of each in knowledge management. She then invited Ms. Assatou Thioye to share the experience from West Africa.

Ms. Assatou Thioye informed participants that in East Africa, Knowledge Management champions contribute to three main areas of family planning and reproductive health program delivery which are advocacy, support and knowledge brokering.

She shared the West Africa youth focused intervention, where in relation with the Ouagadougou Partnership Youth Think Tank, youth help document and share information on FP/RH at the national and regional level, and also have the capacity to conduct advocacy on their needs and amplify their voices.

She said youth were offered customized training and ongoing mentoring sessions on FP/RH content creation and mentoring systems in which mentor organizations support youth leaders and their associations/organizations established. She said this intervention was targeting all young ambassadors of FP/RH and youth organizations committed to FP/RH in the 9 countries of the Ouagadougou Partnership (Benin, Burkina Faso, Côte d'Ivoire, Guinea, Mali, Mauritania, Niger, Senegal and Togo). She invited Ms. Alenga to proceed with the presentation.

Ms. Aissatou Thioye, West Africa Knowledge Management and Partnership Officer, FHI360/Knowledge Success Project, Dakar, Senegal

Ms. Alenga discussed some of the results of the project, including increased engagement with youth resulting in better access to FP/RH information and services. She gave examples from Uganda, Rwanda, Tanzania and Kenya, showing youth engagements through virtual and online dialogues on Family Planning and Reproductive Health.

She shared lessons and policy recommendations for engaging young people better, which included;

- Involve youth in FP/RH initiatives since they are best positioned to understand their obstacles and preferred consumption patterns, especially during times of crisis as evident in the pandemic.
- Integrate FP/RH within emergency response and access to reproductive health care by the youth should be recognized as an essential service.
- Budgetary allocation and technical assistance should be considered to scale-up innovations that led to the best results in reaching adolescents and young people, as well as supporting them during lockdowns.

Ms. Alenga invited two young people to share their experiences. They said the platform helped them interact with young people during Covid-19 and participation in the program has helped them broaden knowledge and engage other young people. They said experience sharing helped improve their efforts while collaboration helped them learn from one another. They enumerated challenges of young people's access to information including lack of the means to correct age-appropriate information.

5.3: Dr. Moses Mulumba, Director General, Afya na Haki, Uganda

Dr. Mulumba opened his presentation with a question. Must the information to the adolescents be comprehensive? He shared Uganda's experiences in 2018 where Uganda's parliament had a role to play on whether sexuality information offered was right. He reminded participants that in 2006, a circular was issued to district Chief Administrative Officers to be mindful of CSOs distributing materials on sexuality education.

Dr. Mulumba said Ugandan Parliamentarians passed a motion and tasked government to ban sexuality education in all schools with immediate effect and the Ministry of Gender issued a ban on sexuality education in Uganda on ground that it was poisoning the mind of children and was never African.

Dr. Mulumba faulted the Uganda government institutions for banning what they had never regulated.

He said an NGO took government to court on three grounds.

- Violation of rights
- Order banning Sexuality Education was illegal because they were banning what they had never regulated.
- MoES should come with a policy regulating Sexuality Education within one month.

He presented the responses by the Attorney General and the decision was delivered in December 2020. He said the presiding Justice found no justification in the delay of passing the CSE policy in consultation with concerned stakeholders.

Dr. Mulumba noted that Parliaments do not make policies but develop laws. He noted that policies are very slow, pointing out the Adolescent Health Policy. He called upon Parliament to take interest in relevant policies that are controversial. He said there was need for frameworks to answer what is appropriate sexuality education.

5.4: Mr. Lioka Lioka, SHARP project of Zambia

Mr. Lioka informed the meeting that SHARP was a programme dedicated to improving the SRHR of adolescents and addressing their unmet need for FP. He said it was being implemented in Kenya, Burundi, DRC, Zambia, Rwanda and Tanzania.

He said the main objective of the programme is to ensure adolescent, especially girls have increased access to ASRH information and services. This can only be possible if the information and services are available, accessible, acceptable and of good quality.

He said this calls for addressing socio-cultural and religious barriers to access to information and services by adolescents.

He said SHARP was working hard to produce evidence, which would support formulation of supportive policies for provision of FP services to adolescents. He quoted high teenage pregnancy rates in countries like Zambia at 29%. He said the programme had brought religious leaders together and discussed issues. He enumerated some of the challenges of young people including HIV. He said Zambia approved CSE and had a policy on CSE. He underscored the importance of multi-stakeholder engagements to address issues of adolescents and emphasized the need for evidence to guide planning and decision making.

Key recommendations

- ✓ Prepare young people for the adolescent experience
- ✓ Co-create health programs that meet needs of adolescents
- ✓ Involve youth in FP/RH initiatives since they are best positioned to understand their obstacles and preferred consumption patterns, especially during times of crisis as evident in the pandemic.
- ✓ Integrate FP/RH within emergency response and access to reproductive health care by the youth should be recognized as an essential service.
- ✓ Budgetary allocation and technical assistance should be considered to scale-up innovations that led to the best results in reaching adolescents and young people, as well as supporting them during lockdowns.

6.0 SESSION IV: The African Leadership Meeting: Accelerating African Leadership, Stewardship and Accountability for Increased Domestic Investments in Health for Achieving UHC and the SDGs

The session chair was Hon. Dr. Matthews Ngwale, Chairperson Committee on Health, Parliament of Malawi.

6.1: Keynote Speaker: Dr. Patrick Kadama, Director, Policy and Strategy, African Centre for Global Health and Social Transformation (ACHEST).

Dr. Kadama said healthcare leaders must be visionaries who see the big picture and set ambitious goals. He said they should be able to responsibly allocate, manage and oversee capital to create long-term value for clients and beneficiaries, leading to sustainable benefits for the economy, the environment and society.

He said leaders should be accountable and there should be an accountability framework that drives behaviour, for better or for worse, and hence impacts on quality and value for money.

He said governance involves ensuring leadership so that strategic policy frameworks exist and are combined with stewardship for effective oversight, coalition-building, regulation, attention to system-design and accountability.

Dr. Kadama presented three main categories of stakeholders who interact with each other to determine the health system and its governance. These are the;

- State (government organizations and agencies at central and sub-national level);
- Health service providers (different public and private for and not for profit clinical, para-medical and non-clinical health services providers; unions and other professional associations; networks of care or of services);
- Citizens (population representatives, patients' associations, CSOs/NGOs, citizens associations protecting the poor, etc.) who become service users when they interact with health service providers.

He said analysis is required to determine the key aspects to control in order to make or implement health system governance decisions. He then presented an analysis conducted to determine principal elements that affect which policies are chosen and how well they work.

Dr. Kadama discussed the elements of *a framework for analyzing and improving health system governance by Scott L. Greer et al. (2016)* which he called the "TAPIC" Framework. He said the elements are Transparency, Accountability, Participation, Integrity and Capacity. He discussed each of the elements in detail, giving mechanisms for engagement.

He said TAPIC functions alone are insufficient to cause change and called for increased financing for health. He tasked leaders to devise means of increasing government resources. He shared some mechanisms for consideration to enhance domestic revenue for health including;

- Contribution and collection
- Pooling of money *(i.e. Funds collected or contributed)*
- Purchasing of services *(i.e. using pooled funds)*

He outlined key domestic revenue instruments and strategies as*;* direct taxes; innovative indirect taxes; mandatory contributory payments (shi); and private voluntary health insurance.

Dr. Kadama said revenue collection measures should be accompanied by measures to strengthen strategic purchasing and access to effective, quality care. He called on governments to prioritise health within the existing allocation of government expenditure and generate additional government revenue through innovative sources of funding and efficiency spending and equitable investments within the health sector.

6.2: Hon. Regina Ombam, East Africa Community (EAC) Secretariat (Online)

Hon. Ombam informed the meeting that leadership accountability is key for sustainable health financing. She said at the EAC Secretariat, they had taken the steps to address the health financing gaps by ensuring partner states are engaged.

She said the Secretariat had conducted trainings looking at applicability of tracking resources allocated to the health sector, and information from the tracker would be used in addressing funding gaps.

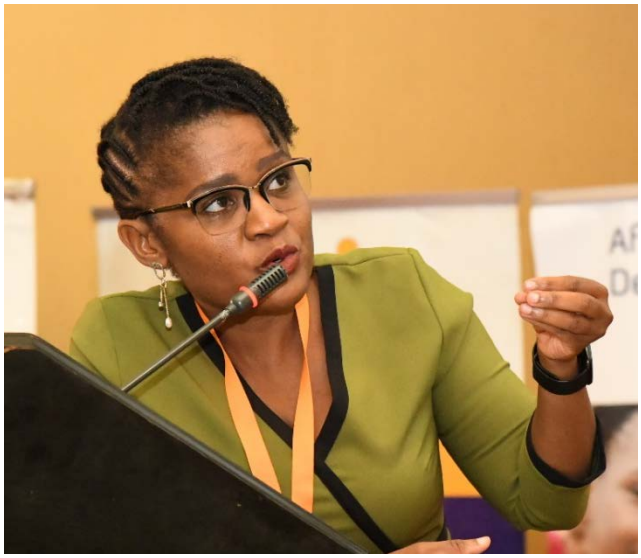
She said EAC was engaging in health financing dialogues with key stakeholders including Parliamentarians to ensure they understand health financing, and resource allocation, including value for money and accountability.

She said dialogues are ongoing, and introductory engagements were held in Kenya, Rwanda and Burundi. She said these were used as pilot countries and EAC Secretariat would later scale to other partner states.

6.3: Dr. Rose Oronje, Director, Public Policy & Knowledge Translation, & Head of Kenya Office, AFIDEP, Nairobi, Kenya

Dr. Oronje started her presentation by enumerating the various commitments to healthcare financing, including the 2001 Abuja Declaration, the 2019 African Leadership Meeting (ALM),

the SDGs, 2030 Agenda and Universal Health Coverage (UHC). She noted that progress has been slow and, the current economic situation could further erode the little progress made. She called upon Parliamentarians and all delegates to keep health on the agenda amid shrinking fiscal space because health affects all aspects of the economy.



Dr. Oronje noted that UHC in Sub Saharan Africa is low, with only about half of the population covered. She said for Africa to achieve UHC, there is need to strengthen health systems.

Dr. Oronje said African countries rely on unsustainable funding mechanisms. High Out Of Pocket expenditure and donor funding which are the main sources of health financing in Africa are unsustainable. She called on expansion of the tax base and advised policy makers to tax health influencing sectors like sugary products, alcohol, gambling, etc. into a sin-tax. She said expanding health coverage means governments have to put in money. She called for alternative ways of looking for more resources, including engaging in public finance mechanisms, addressing delays in spending, data provision and budget tracking; saying countries in Asia have expanded health financing through multiple health insurance schemes.

She said most African governments allocation and expenditure on preventive health care is still low and more resources are spent in health facilities. She called for a shift to preventive care.

She sadly noted the challenge of persistent low expenditure of the little resources allocated to health. She said most of the funds remain at the centre and Local Governments that provide health services are poorly funded.

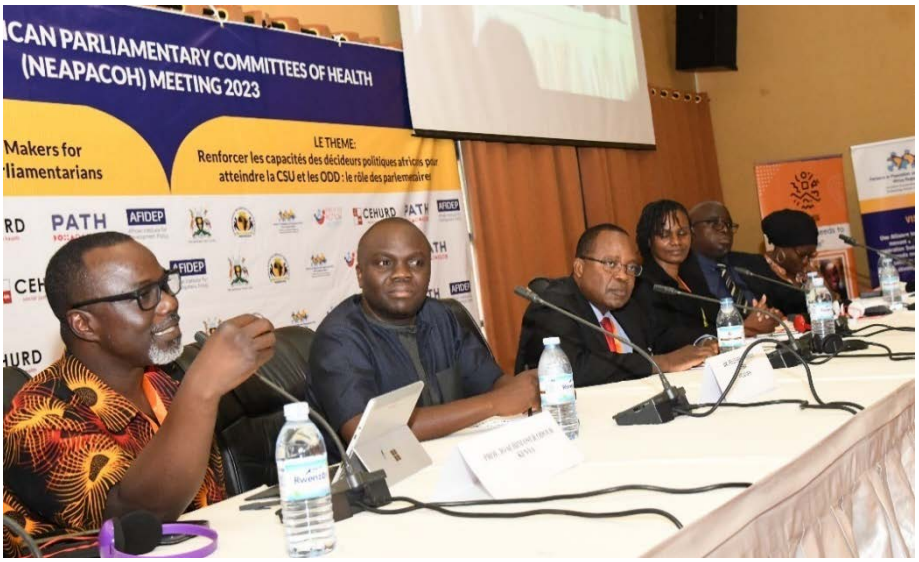
She called for sustainable health financing strategies, including tax-based health financing systems, expanding health insurance coverage and innovative public-private partnerships in financing health.

Dr. Oronje presented some recommendations to increase domestic health financing and enhance health spending. These include;

- Implementing strategies that increase domestic investments in health
- Making investments in health count;" more health for the money"
- Agreeing on specific actions that parliamentary committees of health could take.

6.4: Prof. Joachim Osur, Vice Chancellor, Amref International University; Innovative Financing for Health: The case of National Health Insurances

Prof. Osur started off with the Universal Declaration of Human Rights, 1948, saying all human beings are born free and equal in dignity and rights. He said though created equal, people are born unequal, pointing out different conditions under which people live, including slum areas.



He said health insurance is not aimed at ensuring equality but equity. He called for strategies to address barriers that lead to unequal access to health services.

He presented what should be equal in health insurance. These included;

- Population coverage –where everyone has access to social/national health insurance
- Should not be based on ability to purchase
- Special groups identified, supported by a fund, e.g. the elderly, unemployed
- Justice should not be tilted in favor of social class

He presented some examples of current coverage in Africa, with Gabon, Ghana, and Rwanda NHI coverage at 40.8%, 57.7%, and 78.7% respectively.

He presented what should be equitable in health insurance including;

- Service coverage – preventive, promotive, treatment and rehabilitation
- Integrated service approach
- Need to go beyond treatment services
- Special attention to chronic diseases – adverse selection taken care of
- Approach – equitable resource allocation

He said any successful health insurance scheme should avoid inappropriate use of NHI/NSI funds, corruption, misuse and misappropriation of resources. He called upon countries to make it dangerous to misappropriate funds.

He said setting up and ensuring a functional NHI is an important step in achieving UHC and Parliaments in Africa have the power to provide a legal and policy framework for NHI.

6.5: Ms. Mariama Fanneh, Director of Population Affairs, National Population Commission Secretariat, Office of the Vice President - The Gambia: The case of Gambia National Health Insurance

Ms. Mariama Fanneh informed the meeting that The Gambia recognizes the importance of Universal Health Coverage (UHC) in achieving the SGDs, and like many other countries is reforming its Health Financing System. She said The Gambia has introduced a National Health Insurance Scheme as a financing mechanism for health.

She said access to quality healthcare should be a basic human right, not a privilege, and healthcare should be accessible to all regardless of age, sex, income level, gender, and place of residence among others.

Using the findings from the National Health Account (NHA) 2020, she said as a percentage of current health expenditure in the Gambia, general government expenditure was 27.20%, external funding was 45.49% and out-of-pocket (OOP) spending was 26.96%. She said the estimates show that The Gambia's health system is heavily dependent on donor funding which is not in line with progress toward achieving Universal Health Coverage. She said that progress toward achieving Universal Health Coverage requires domestic funding to finance health.

She said the Honorable members of the National Assembly enacted a National Health Insurance Bill in November 2021, in pursuance of Universal Health Coverage which requires that all people have access to needed quality healthcare services without being exposed to financial hardship. She said the National Health Insurance ACT establishes a National Health Insurance Authority and a mandatory National Health Insurance Scheme which pays for the Healthcare services of its members. She said the ACT was preceded by the development and launching of the 2019-2024 Health Financing Strategy in 2019 with the goal of ensuring adequate financing.

She said in August 2022, the Government of The Gambia developed and launched a new biometric Civil Registration and Vital Statistics (CRVS) and National Health Insurance Scheme (NHIS**),** replacing the old birth certificates with new ones. Close to half of the Gambian Population has registered with the Health Insurance Scheme, making it a success story in health insurance registration in the continent. She said the Gambia National Health Insurance Scheme will have a premium attached to it which will be fixed in such a way that people will pay the barest minimum and will be provided with the needed quality health services without having to endure financial hardship. She said there is also an exempt category based on the ACT, made up of: the mentally ill, the elderly, those under the age of 5, and maternal health services. Regarding the payment of the premium, for people working in the formal sector, she said it will be deducted from the payroll and for those who are in the informal sector, they will pay either through mobile money or a system that is being developed.

She expressed dismay that Uganda's National Health Insurance Bill did not make it through Parliament. She appealed to Ugandan MPs to take a step ahead to making National Health Insurance a reality in the interest of making healthcare available and accessible to all who need it in Uganda, without having to face financial hardship.

She implored other National Assembly members to follow suit and take the daring steps that have been taken by The Gambian parliamentarians. She said in the interest of South-South and Triangular Corporation, there was no need to reinvent the wheel, but to learn from other countries' best practices.

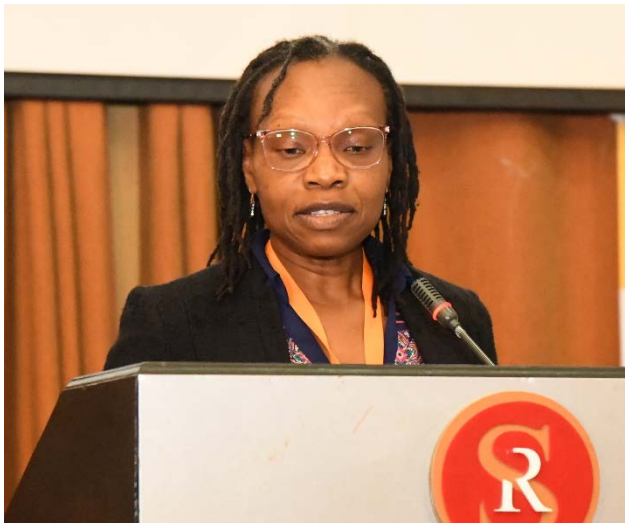
Key recommendations

- ✓ Increase budget allocations to health
- ✓ Steer reforms in Public Finance Management (PFM) to improve health sector spending
- ✓ Conduct budget tracking for health sector to help reduce wastages and inefficiencies
- ✓ Sustain advocacy for more money for health and more health for the money invested

7.0 Launch of the "Advance Domestic Health Financing (ADHF)" Project by AFIDEP and PPDARO

7.1 Advance Domestic Health Financing Project by Violet Murunga, PhD, Research and Policy Analyst, AFIDEP

Dr. Murunga said Countries are not investing enough in health to realize their UHC goals and commitments and are also not spending what they are investing efficiently to realize real improvements in health outcomes. She gave some of the reasons for this situation, including low prioritization of health in public budgets, excessive reliance on user fees (out-of-pocket), inadequate dialogue between the MoH and MoF on the macro-economic criticality of health, among others.



She said countries have made various commitments to improve their budget allocations to health and use them efficiently including the Abuja Declaration, AU's Africa Leadership Meeting (ALM) declaration commitments, regional and global commitments related to PHC, family planning (FP), girls and women's health but only a few countries, such as Kenya in the EAC region, have prioritized health financing and efficient use of health resources.

She said the new project will support countries to increase domestic health financing and improve spending efficiency. She said it will build on ongoing efforts to support Governments to translate their commitments into actions that sustain increments in domestic financing for health and improve efficiency in the use of health budgets and allocations.

In terms of focus, Dr. Murunga said the project will be implemented at the East African and African Union level. She said Kenya and another country yet to be identified will be the focus countries.

She shared the project expected outcomes and said they were engaging NEAPACOH to stimulate discourse and action among NEAPACOH parliamentarians to strengthen their country domestic health financing and efficient utilization initiatives in their lawmaking and oversight roles.

She concluded her presentation by giving a brief about both AFIDEP and PPD ARO, the implementers of the Domestic Health Financing Project.

Dr. Jotham Musinguzi, Director General, National Population Council of Uganda, then launched the project.

Officers from AFIDEP and PPD ARO joined by some partners at the launch of the Domestic Health Financing Project

8.0 Emerging issues from the discussions

Issue	Action point/ recommendation	Responsible Institution
Slow progress towards achieving commitments made	✓ Embrace new measures like health and economic reforms ✓ Appropriate resources for implementation of commitments made ✓ Enact supportive laws	Parliamentarians
High Total Fertility Rate and Population Growth Rates slowing down gains towards harnessing the DD	✓ Need to empower communities to raise manageable family sizes ✓ Invest in changing the population age structure to harness the Demographic Dividend.	Parliamentarians, Development Partners, CSOs
Limited resources for PHC interventions	✓ Generate evidence to influence PHC resourcing decisions ✓ Increase funding for PHC ✓ Provide national health insurance ✓ Strengthen local accountability mechanisms to ensure resource	Parliamentarians, Development Partners, CSOs

	allocation and efficient use of resources	
Disconnect between policy and practice	✓ Conduct research needed to determine the link between policies and implementation. ✓ Use evidence for advocacy	Development Partners, CSOs
Low uptake of FP services especially by the youth	✓ A change in mindset to look at FP as an investment ✓ Promote access to FP services through health insurance ✓ Strengthen contraceptive provision across the health system ✓ Ensure universal coverage for FP services through Total Market Approach	MoH, Parliamentarians, Development Partners, CSOs
Limited access to SRH information by young people	✓ Address misconceptions about FP for young people and the opposition from political, religious and cultural leaders ✓ Build capacity of parents as primary sources of SRH/FP information to adolescents ✓ Avail funds for youth to implement peer to peer activities in urban and rural areas. ✓ Design programs that take care of youth with disabilities to ensure equitable access to services. ✓ Innovatively provide information to young people through peers ✓ Develop and share content using different formats, audio, video, IEC, etc.	Parliamentarians, Development Partners, CSOs, MoH
Limited accessibility, availability and uptake of services	✓ Use human rights based and life cycle approaches ✓ Integrate traditional approaches to health promotion ✓ Engage power structures from the national to local levels. ✓ Engage representatives of Local Government leaders like the	Development Partners, CSOs, MoH

	presidents of Local Government Associations	
Low implementation of policies and honouring commitments made	✓ Play oversight role, hold governments to account ✓ Advocacy for policy implementation ✓ Build capacity of Government institutions	Parliamentarians, Development Partners, CSOs, MoH
Limited funding to health sector	✓ Rationalize the funding in place ✓ Apply all the laws in place ✓ Leverage on partnerships ✓ Enforce the right measures in terms of behaviour change, food security, community assets. ✓ Leverage existing tools and funds to reduce wastage and ensure value for money ✓ Earmark a percentage from sin tax for health financing	Parliamentarians, Development Partners, CSOs, MoH
Low funding for UHC and SDGs	✓ Increase funding for PHC by 1% of GDP ✓ Establish National Health Insurance Schemes	Parliamentarians, Development Partners, CSOs, MoH
Role of CSOs in policy implementation	✓ Support research, analysis, policy advocacy and implementation. ✓ Play an oversight role, fight corruption. ✓ Hold implementers to account. ✓ Collaborate closely with Parliamentarians.	Parliamentarians, Development Partners, CSOs
Low involvement of young people in decision making	✓ Involve young people in making decisions that affect them ✓ Ensure policies address the needs of adolescents ✓ Create opportunities for adolescents and adults to sit together and resolve conflicts.	Parliamentarians, Development Partners, CSOs, MDAs
Inability to meet the Abuja Declaration target of 15% to health	✓ Track all the resources to health-related programmes e.g. education, nutrition, water, etc. ✓ Revise the figure downwards	Parliamentarians, Development Partners, CSOs, MDAs
Negative cultural influence on ASRH	✓ Design culture specific interventions.	Development Partners, CSOs, MDAs

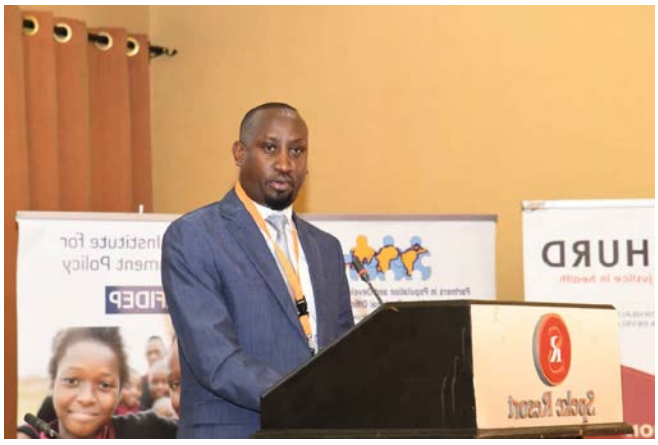
	✓ Bring on board religious and cultural leaders to address ASRH issues.	
Mixed reactions towards Comprehensive Sexuality Education	✓ Need to appreciate different view-points and provide evidence ✓ Address specificities that come with CSE by looking at the cultures of each country. ✓ Offer appropriate information as part of the life cycle. ✓ Need to repackage our information to what is acceptable	Parliamentarians, Development Partners, CSOs, MDAs

DAY TWO: THURSDAY, FEBRUARY 23, 2022

9.0 SESSION V: Imperatives for sustaining achievement of UHC and the SDGs: What are the Game Changers

This session was chaired by Hon. Fortune Daniel Molokela-Tsiye; Ag. Chairperson of the Portfolio Committee on Health and Child Care, Parliament of Zimbabwe.

9.1 Mr. Clive Mutunga, Director, BUILD Project, AFIDEP; Integrating Population, Health and Environment for sustainable development



Mr. Mutunga started his presentation with the three pillars of Sustainable Development; which are society, environment and economy. He said in the framework, health is captured in society but has effects on the other pillars, the reason for multi-sectoral approaches to address health concerns. He said Climate Change will challenge Africa's ability to meet UHC as well as SDGs. He discussed vulnerability factors, exposure pathways and climate sensitive health risks, calling for health system capacity and resilience to mitigate the risks. Mr. Mutunga called for integrating health with environment and climate change. He emphasized PHED as an integrated approach to improving access to health services, including voluntary FP/RH, while helping communities to manage natural resources and conserve the critical ecosystems

on which they depend. He said several PHED projects have been funded in many countries, reaching thousands of men and women living in remote, bio diverse areas, and providing access to FP/RH services and information.

Mr. Mutunga discussed some of the benefits of PHED, including;

- Cross-Sectoral Benefits of PHED Integration through projects like Health of People and the Environment - Lake Victoria Basin (HoPE-LVB) reported 16,944 new family planning clients between a baseline survey in July 2012 and a midterm review in December 2013 and a marine conservation organization in southwestern Madagascar that integrated FP/RH initiatives into their conservation activities. Since adding FP activities, CPR rose from 10 percent before the project began in 2007 to 55 percent by 2011.
- Increased Male Participation in Health where the Guraghe People's Self-Help Development Organization (GPSDO) in Ethiopia dramatically increased the number of men who supported family planning from 7.3 percent to 30.2 percent and male beneficiaries of the Sustaining Partnerships to enhance Rural Enterprise and Agribusiness Development (SPREAD) project in Rwanda reported a "change in mentality" around family planning.
- Increased Community Support and Buy-in for Health with both implementers and beneficiaries of PHE projects reporting the added value of integration of health, environment, and livelihood activities both in time and cost savings.
- Reduction in disease burden through One Health/Planetary Health
- Leveraging funding, platforms, and systems of other sectors for health.

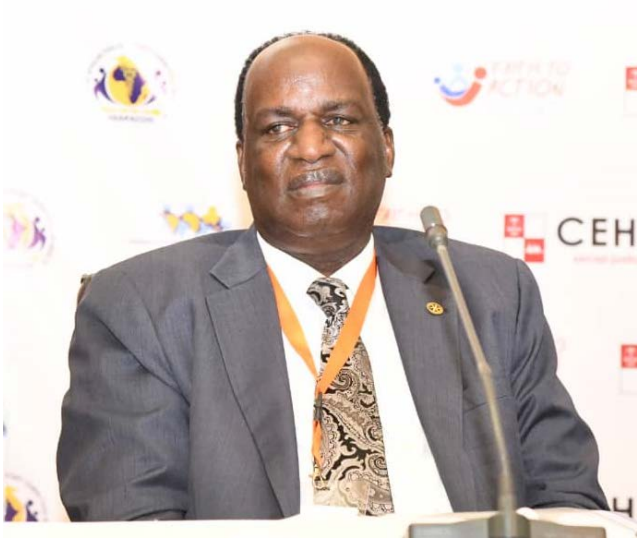
Mr. Mutunga called on all delegates to;

- Support Scale up and Institutionalization of cross sectoral PHED approaches.
- Demonstrate the Health Benefits Across Various Development Sectors.
- Engage with other sectors e.g., environment and climate committees for joint advocacy and legislation.
- Ensure health is central to sub national, national, regional and global climate change action.

9.2 Dr. David Okello, Director for NCDs, Executive Director, ACHEST: Non-Communicable Diseases (NCDs)

Dr. Okello informed the meeting that NCDs were on the increase in Africa and they are taking the big percentage of the health budget. He informed the meeting that these can be avoided, the need to include them in the health priorities. He said the challenge with African health systems is that they are focused to treatment other than prevention, which is a cheaper option.

Dr. Okello defined NCDs a group of conditions that are not mainly caused by an acute infection, result in long-term health consequences and often create a need for long-term treatment and care. He said there are 4 major NCDs; Cardiovascular diseases; chronic respiratory diseases; Cancers; and Diabetes. He informed the meeting that injuries and mental illness are also considered NCDs.



He said NCDs are responsible for 70% of global mortality, and for 67% of deaths in lower- and middle-income countries. He presented the pre-disposing factors as excessive alcohol consumption; tobacco use; physical inactivity; and unhealthy diets. He said trends show an increase in NCDs across African countries.

Dr. Okello presented the cultural dietary trends and NCDs, saying traditional Ugandan food has high fiber, low fat, fresh, organic and cheap and NCDs were uncommon for populations on this diet. Cultural pressures from western influence have led to under-valuation of Ugandan traditional food in favor of fried, salty and oily food, leading to obesity, which is considered to be NCD, and yet it is regarded as cool for those "who are successful and have arrived".

He presented Uganda's response to NCDs, saying Uganda has now put in place a national multi-sectoral strategic plan for the prevention and control of NCDs. He said the goal of the Plan is to reduce the risk factors and mortality associated with NCDs among the Ugandan population.

He, however, enumerated challenges to this plan, which included:

- Inadequate funding of the NCD Programme and other NCD-related activities,
- Poor enforcement of laws linked to the prevention and control of NCDs,
- Lack of awareness and knowledge about NCDs in the general population
- Overstretched health system due to infectious diseases like HIV, TB, Malaria, etc., more attention given to disease outbreaks and pandemics e.g. COVID-19, Ebola, Malaria, etc.

Dr. Okello called for enactment of laws that take care of the health concerns of the people they represent. He concluded with the overview of SDGs and links to NCDs, saying;

- SDG-3: target 3.4, deals with reducing premature NCD mortality by one-third by 2030
- NCDs are a barrier to realization of SDGs 1, 2, 4, 5, and 10

- Productivity gains from prevention and management of NCDs will contribute to SDG 8.
- SDGs 11 and 12 offer clear opportunities to simultaneously achieve NCD reduction, greater sustainability and healthier cities

9.3 Prof. Richard Mukabana, Director of the Health Technologies Platform, AFIDEP. Health Technologies and Tools for the Realization of UHC in Africa, the Opportunities for Changing the Status Quo:

Prof. Mukabana said Africa is home to 1.4 billion people, accounting for 18% of the World population and 25% of the global burden of disease. He said Africa's health woes are based on the fact that Africa;

- Has less than 1% of the world's financial resources
- Has only 3% of the world's health workforce
- Has less than 30% of Africa's population has access to basic healthcare
- Achieving UHC remains a challenge for Africa

He said Africa's health challenges are unique to Africa, and presented the leading causes of death (per 100,000 population) in 2019 in Africa and the world.

He said Africa should locally produce their own health technologies since there are emerging health technologies (EHTs) critical for addressing global health challenges. He said the problem with the field of global health is that it heavily relies on the 'trickle down' model where:

- Products and innovations are made in the Global North, and slowly trickle down to the Global South, getting there after 1 to 2 decades
- Ironically the Global South is where the biggest needs are, and technologies often have the greatest impact.

He presented a number of technologies, including use of drones in healthcare; drones; microgrids; artificial intelligence; gene editing; gene drive mosquitoes; and next-generation medicine.

He discussed the challenges undermining development, testing, and deployment of Emerging Health Technologies (EHTs) in Africa which included the following.

- Limited capacity & knowledge among key stakeholders & the public
- Limited priority & investments in these technologies by African governments
- Challenges in regulation of these technologies
- Limited involvement/participation of Africans in technology development
- Opposition to the development of some of the technologies

He concluded his presentation with recommendations, which included;

- Legislators should embrace scientific evidence in decision-making, NOT myths & unfounded statements against Emerging Technologies
- To Accelerate Africa's Access to Emerging Technologies, Governments must Increase Funding to Health R&D
- African states should harmonize regulation to enable development, testing, & deployment of EHTs in Africa
- Legislators should facilitate public engagement on EHTs to increase communities' awareness & knowledge

9.4 Dr Rene Loewenson, TARSC/EQUINET: Game changers in equitable financing of comprehensive universal health systems (online)

Dr. Loewenson emphasized the need for resources if countries are to achieve UHC and SDGs. EQUINET, as the Regional Network on Equity in Health in East and Southern Africa, is a network of professionals, civil society members, policy makers, state officials and others within the region who have come together as an equity catalyst, to promote and realize shared values of equity and social justice in health. The Network, through the Training and Research Support Centre (TARSC) provides training, research and support services to state and civil society organizations at national and international levels. TARSC is a learning and knowledge organization, with a particular focus on skills building, research and technical support and a commitment to long term capacity building in the public sector and in civil society.

Dr. Loewenson said EQUINET's representation on the NEAPACOH board was vacant and need to be filled. She said EQUINET had supported research in East and Southern Africa on resource mobilization, mechanisms for strengthening cross-subsidies in the overall health system and lessons from application of equity-oriented resource allocation policies.

She said EQUINET had focused in recent years on the public- private mix in health financing and on promoting the equitable allocation of limited government (and donor) funds within countries in the SADC region. She said they had undertaken research in a number of SADC countries (particularly Namibia, South Africa, Tanzania, Zambia and Zimbabwe) to evaluate the equity of existing allocation mechanisms of public sector health care resources and to develop appropriate mechanisms to promote equity in resource allocation. She called for progressive financing for health through mandatory financing systems. She implored delegates to strengthen and implement public health laws, food law, extractive laws, among others. She called for better integrating corporate liabilities for health to avoid harm to public health.

In order to improve financing for UHC, she called for;

- More and better research on financing issues to build a stronger evidence base and propose alternatives for fair financing of health.
- Promotion of the public- private mix in health financing and on promoting the equitable allocation of limited government (and donor) funds.
- Exploration and promotion of equitable resource mobilization strategies, while sustaining the work on equitable resource allocation.
- Monitoring performance towards meeting the Abuja commitment of 15% government spending to health, accompanied by advocacy for debt cancellation.
- Support to implementation of mechanisms for cross subsidies in health financing and for equitable resource allocation within the public health sector.
- Lobbying for progressive, tax-based financing for health systems, for the removal of user fees at primary care level and for financing of community activities in health.
- Propose and support equity-oriented legislation and its implementation in the private-for-profit health sector
- Working with not-for-profit providers where these serve public health goals.
- Reallocate available resources to strengthen preventive and promotive care and those services which focus on addressing the determinants of health

Reactions to the presentations

- ✓ Food has a great bearing on UHC. Development of the food and nutrition policy has dragged on in several countries. Food policy and food safety Bill is important. We need to have proper bills to protect our people.
- ✓ Draw lessons from other regions that have reviewed food laws.
- ✓ Need a nutritionist at every HC III who is not a medical person.
- ✓ Need for African Citizen manifesto on health that will compel all countries to prioritize UHC.
- ✓ Traditional Birth Attendants contribute a lot to healthcare. There is need to look at their best health practices.
- ✓ Regarding climate change, African parliaments must speak with one voice. Africa is not the biggest pollutant, the biggest are developed countries.
- ✓ All presentations have what African countries must do to change. The biggest priority is security. Need to work together and advocate for health issues.
- ✓ Need to enact a law in each country in line with use of new technologies. E.g. malaria is still a big problem but can be controlled through new technologies. This can reduce malaria in our countries by 30-50%. We need to work together and across borders.
- ✓ Meeting organizers to come up with a taskforce to draft the African Citizen manifesto on health for comments with member countries.
- ✓ Need significant innovation funds. MPs need to pay attention to tax laws to generate more resources for health.

- ✓ Create a NEAPACOH whattsApp group for all Parliamentarians to help learn from each other, without waiting for the annual NEAPACOH meetings.
- ✓ Replace CHW programs with remote consulting. Develop policies that support remote consulting
- ✓ Set up and ensure a functional NHI/NSHI for African countries to achieve UHC
- ✓ Support Scale up and Institutionalization of cross sectoral PHED approaches.
- ✓ Demonstrate the Health Benefits Across Various Development Sectors.
- ✓ Engage with other sectors e.g., environment and climate committees for joint advocacy and legislation.
- ✓ Ensure health is central to sub national, national, regional and global climate change action.
- ✓ Legislators should be aware of potential biases linked to the vested interests of industry that manufacture unhealthy diets
- ✓ Legislators are well placed to facilitate a whole-of-government and whole-of society response to NCDs – and help ensure that governments and key stakeholders are held accountable for their actions
- ✓ Legislate appropriate '*sin taxes*' on major NCD risk factors: alcohol, cigarettes, sugar rich beverages, etc.

10.0 SESSION VI: Good Practices and Lessons Learned in Achieving UHC and SDGs as well as Progress on Implementation of NEAPACOH Commitments

Moderator: Hon Amadou Camara, Chairperson Committee on Health Parliament of the Gambia

10.1 Keynote address: Marianne Haslegrave, Director, COMMAT; Looking beyond ICPD 2025 to ICPD 2030: The shape of things to happen, (Online)

Ms. Haslegrave reminded delegates where we are regarding different commitments. She said 2024 will mark ICPD30 but there won't be a Summit like there was in 2019. She said 2025 will mark Beijing at 30 and said it was time of multiple crises – finance, food, war among others. She also noted that 2025 will mark five years to 2030 – deadline for achievement of SDGs. All these call for accelerated action towards achieving these commitments. She noted that many African countries are lagging behind for a number of factors as discussed throughout the meeting, and called for concerted efforts towards addressing these barriers.

She called upon countries to make use of the upcoming events. She said there would be a UN General Assembly Summit on SDGs in 2023 September, the centre-piece moment of 2023 hosted by the UN Secretary-General which would focus on SDG 3 health, including reproductive & sexual health (3.7) and clean, healthy, and sustainable environment (towards Cop 28).

She pointed out that halfway to 2030, most countries are far off track as noted by Mr. Antonio Guterres, UN Secretary-General. She said the opportunity for correction is now.

Regarding ICPD30, she noted that the year 2023 and early 2024 were for regional meetings emphasizing regional priorities.

Ms. Haslegrave said there was the summit of the Future: multilateral solutions for a better tomorrow, 22 - 23 Sept 2024. She said this would adopt a pact for the future. In order for African countries to contribute meaningfully to this pact, there is need for involvement of parliamentarians at all levels and ensuring the inclusion of UHC, including SRHR.

She concluded her presentation with a projection of the World population growth to 9 billion, saying Growth in 8 Africa countries (including DRC; Egypt; Nigeria; and Tanzania) accounting for half increase up to 2050 and majority being young people after the SDGs. This would offer opportunities for harnessing the Demographic Dividend. She called for inclusion of UHC and SRHR in all development programmes.

Reaction to the presentations

1. How can you help MPs to come up with the African manifesto to reach summits like AU and be fed into the September summit of UN?
    - ✓ Ensure your governments agree with what you are saying.
    - ✓ May decide to get it to the SDG summit this year and plan for other summits next year. This will give you more time to work on it.
    - ✓ Let governments include it in their statements to the AU summit.
    - ✓ Common wealth ministers meeting in May is another opportunity.
    - ✓ Use the regional meetings being arranged for ICPD@30.

2. How do we achieve UHC using the SDG agenda?
    - ✓ It's very important to look at a multi-sectoral way of addressing health issues.
    - ✓ As far as UHC is concerned, it is contained in every aspect of SDGs (education, employment opportunities, gender, etc.)
    - ✓ Improving health requires looking at all other areas. E.g., when COMAT wants to improve the health of women in Western Uganda, it considers improving access to water.

10.2 Country Progress and Lessons Learned in Implementation of the 2019 NEAPACOH commitments

The Gambia Commitments for 2019

- Collaborate with the National Population Commission Secretariat and the Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) Unit of The Ministry of Health to support the provision of Basic Emergency Obstetric and Neonatal Care (BEmONC) services in all public health facilities across the country through the national population program
- Continue to advocate for the fulfilment of the government's commitment to increase the budgetary allocation for health to commensurate with the Abuja declaration
- Conduct a refresher capacity building of National Assembly Members on Population, Gender and Reproductive Health in collaboration with National Population Commission Secretariat and UNFPA
- Table the 2019 NEAPACOH report at the next meeting of the National Assembly for consideration and adoption

Progress towards achieving commitments

- Between 2020 to date, 3 health facilities have been upgraded and provided with trained personnel to provide Basic Emergency Obstetric and Neonatal Care (BEmONC) services increasing the number of health facilities providing this service to 24 out of 39.
- An increment of the budget line for health was successfully lobbied by the Health Committee on Health
- Consequently, the Ministry of Health's budget allocation being increased as a result of the enactment of NHIS act. The scheme have special revenue sources as specified in the act.
- A capacity building training was organized by the NPCS with support from UNFPA for members of the National Assembly in 2020.
- The 2019 NEAPACOH report was table and adopted by the Gambia National Assembly.

Challenges

- Competing health priorities and the continued prioritization of the fight against COVID-19 pandemic
- Failed to achieve the 15% target of the Abuja Declaration. Currently at 9.1%.
- Inadequate resources to train all National Assembly Members with the training being limited to the Select Committee on Health

Lessons Learned

- Training of National Assembly Members (NAMs) plays a crucial role in keeping them up to date about the current state of population issues in The Gambia. This enables them to better advocate for legislations and increased allocation of resources to address pressing population issues

Malawi Commitments for 2019

- Continue to advocate for the enactment of the Termination of Pregnancy Bill
- Continue to lobby for increased budgetary allocation to the Health Sector to meet the Abuja Declaration

- Continue to lobby for increased budgetary allocation to the Health Sector to operationalize SRHR policies
- Acceleration of interventions on HIV, SRHR and adolescent Health
- Advocate for Strengthening of the Health Systems in research and Monitoring and Evaluation
- Continue to lobby for increased budgetary allocation to quality and coverage of TB control

Progress towards achieving commitments

- Moved the motion to allow Parliament to debate the long-standing Termination of Pregnancy Bill to expand grounds for safe abortion on 11th March 2021.
- The Health Sector Budget is rising in nominal terms but still falls short of the Abuja Declaration. For the 2022/2023 Financial Year, budgetary allocation to the Health Sector was at 10.5%.
- There has been a 138% increase towards Government allocation for family planning commodities i.e. from MK200 Million in the previous year to MK475 Million in 2022/2023 Financial Year.
- Malawi has met the second and third UNAIDS 95-95-95 target before the 2025 target date.
- Malawi has introduced youth clubs on SRHR at community level across the country
- The Malawi National TB Control program is following up on all ex-miners in South Africa, Zimbabwe and Zambia to look into issues of TB treatment and compensation.
- Malawi is looking into programmes aimed at protecting miners from TB at the work place and also coming up with legislation for the Mining Sector

Challenges

- The topic on TOP Bill remains a sensitive topic to be discussed in the public domain hence opposing views are present on the Bill due to religious and cultural differences.
- Child marriages remains a challenge in communities.
- Competing economic demands

Kenya Commitments 2019

- Increased domestic financing for SRH/FP services, commodities, and supply
- Introduce age-appropriate sexuality education in learning institution to reduce teenage pregnancies
- Establishing a national coordination and monitoring mechanism to harness the demographic dividend
- Analysis of SGBV response mechanism

Progress towards achieving commitments

- Advocated for enabling policy and political environment
- UHC allocations ring fenced
- Expected full FP commodity financing by 2026
- Revised the National FP CIP
- Improved coordination at national and sub national levels. Training of County officials on forecasting health commodities, established FP Technical Working Groups at national and sub national levels

Challenges

- Competing health priorities
- Allocated funds not fully disbursed
- Allocations disbursed not fully utilized during the FY
- Cultural barriers

Lessons Learnt

- Sustained advocacy yields results
- Identification of champions
- Making FP a strategic commodity
- Health service commission to be set up to redistribute health workers for equity
- Abuja Declaration on the way to 15% of GDP – National (6.2%), County commits – Development and recurrent budgets (60% of budgets received)
- Health Insurance – Linda Mama, School children, Indigents funds to be consolidated (12M household qualify for Govt support) towards Universal health care
- Monthly health insurance payments – only updated when they need the service – use technology to ensure continuous payments for sustainability of the covers
- Ring fence facility improvement fund (FIF) –Facility funds to ensure they go back to improve the health facilities

Lesotho Commitments 2019

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

Progress towards achieving commitments

- Addressing schools and community related gender-based violence and engage boys and young men in learning and practicing pregnancy prevention.
- Addressing cultural norms that put girls at risk of EUP and parent-child communication about sexual health.

Challenges

- A Bill on safe abortion was submitted to the National assembly but was rejected in the 10th Parliament, this shows that community Leadership is not ready.
- The last Demographic Health Survey was in 2014 even though it is supposed to be done every 4 years. This is due to lack of domestic funding and human capacity.

Lessons Learnt

- Counter Domestic Act was passed by 10th Parliament of Lesotho.
- The change in cultural and moral beliefs is still a limiting factor especially in the rural areas. Use of local authorities and leaders in advocacy is essential.
- There is a lot of sensitizing to be done at grassroots level in order to make the public understand the consequences of unsafe abortions on health and SRH issues as a whole.
- There is a need for direct involvement of Adolescents on advocacy narrative.
- There is lack of current and relevant information on health issues in our society.

Mali commitments for 2019

- Ensure more than 90% health coverage with zero evacuation outside the country and health at lower cost

Progress towards achieving commitments

- Vote of the 2018 law to be amended in 2022 on the universal health insurance scheme (RAMU)

Challenges

- Lack of effectiveness of the Universal Health Insurance Scheme

Niger commitments for 2019

- Niger is committed to implementing the National Economic and Social Development Policy 2015-2020, which aims to reduce population growth from 3.3% in 2012 to 2.5% in 2020
- Niger undertakes to increase the budget for FP from 55 million FCFA in 2012 to 200 million in 2013, and to increase this budget by 10% each year.

Progress towards achieving commitments

- A budget allocation of 200 million FCFA is granted to the MSP on its line
- The budget allocation was 21% in 2022
- A new PDES 2022-2026 with objectives has been developed, with the aim of increasing the Modern Contraceptive Prevalence Rate from 21.8% in 2020 to 29.3% in 2025, and to 36.8% in 2030.

Challenges

- But the disbursement of funds often remains problematic

Lessons Learnt

- Collaboration with civil society is a very good practice has been reinforced
- Participation in NEAPACOH meetings was a catalyst

Senegal commitments for 2019

- Report on the work of the 2019 NEAPACOH Meeting (President and Members of the Health Commission / President of the National Assembly
- Institutionalize the NEAPACOH in Senegal
- Strengthen advocacy and follow-up for the signing of the decree implementing the RH law
- Bring parliamentarians to engage in the process of domestication of regional and international political instruments ratified by Senegal
- Continue to advocate for an increase in the budget line for RH/FP, particularly that of young people
- Strengthen the partnership between Parliamentarians and Civil Society
- Follow up on Senegal's recommendations at the 2019re NEAPACOH meeting

Progress towards achieving commitments

- The work of NEAPACOH 2021 was returned to the President of the Health Commission
- A workshop to institutionalise NEAPACOH in Senegal was held, and a roadmap and an action plan for the implementation of the commitments made by Senegal at the NEAPACOH meeting were developed.
- Two advocacy committees have been set up (3CAP Health/CHY Project/ACDEV)
- A draft decree was developed by civil society and submitted to the Ministry of Health
- Harmonization of the draft decree for the integration of regulations in favor of the involvement of private pharmacies in the service offer, in particular their authorization to inject injectables such as DMPA-SC in private pharmacies, including counseling for their usage
- A group of self-care pioneers has been set up, in accordance with the WHO International Guidelines on self-care defined as "the capacity of individuals, families and communities to promote health, prevent disease, maintain health, and cope with illness and disability with or without the support of a health care provider"
- A self-care guide has been validated by the Ministry of Health. The drafting process involved all stakeholders, including parliamentarians, with the organization of a series of workshops.
- Creation of the General Directorate of Universal Health Coverage (CMU) whose institutional anchorage is at the level of the Presidency of the Republic
- The budget line for FP has been increased to 500,000 million FCFA, with prospects for an increase to 1 billion in the next 5 years, at the rate of 20% per year.
- Workshops and meetings have been organized with parliamentarians for their engagement in the implementation processes

Challenges

- The commitment of the members of the Commission to the follow-up of the commitments made
- The unavailability of resources
- The impact of municipal and legislative elections on the conduct of parliamentary activities and even at the national level
- Harmonization of the draft implementing decree of the RH law on FP
- The commitment of the ministerial authorities to submit the draft decree to the President of the Republic for the signature of the document
- Institutional instability – the changes that occur in parliaments with elections and government lead to an eternal restart.

Lessons Learnt

- The legislative elections in Senegal in July and the establishment of the Bureau of the Assembly in September did not allow progress to be made in the implementation of the commitments.
- the commitment of civil society to advance the process of adoption of the implementing decree with the establishment of advocacy committees
- The partnership between civil society and the Ministry of Health for the harmonization of the draft decree, with the holding of a sharing and updating workshop.
- Institutional changes slow down the processes to achieve the set objectives

- Need to build the capacity of parliamentarians in self-care to enable them to advocate for its funding;
- Sometimes, some newly elected parliamentarians do not fully understand the issues related to population and development issues and their interaction to enable them to fully play their role within the hemicycle.
- It is necessary to follow up and strengthen advocacy for the respect of commitments made

Tanzania commitments for 2019

- 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

- There has been an increase in modern CPR from 32% in 2015/16 to 38% in 2022
- CEMONC services are offered in 431/683 (61.6%) health facilities by 2022.

Challenges

- On increasing modern contraceptive use, there is low uptake of contraceptive use due to various factors such as side effects and lack of AYGW friendly services
- On Budget increase for FP, there is still reliance on external funding and lack of political will during previous regimes but current regime is doing its best on FP and to increase civic space towards FP
- On the commitment to upgrade and construct new health centres, there is inadequate HRH and lack of medical equipment.

Lessons Learnt

- Political commitments is paramount
- Need for increased FP awareness and education
- More domestic funding is needed

Uganda commitments for 2019

- To Push for the enactment of the NHI Bill 2019 into law by January 2020
- To engage MOES/ Cabinet for the passing of the National School Health policy
- To advocate and popularize the implementation of the Demographic Dividend roadmap
- To Increase the health budget from 6.4 % to 15%
- Advocate to ring fence the 16bn UGX (USD4.3m) allocated to Family planning to procure FP commodities.

Progress towards achieving commitments

- Bill presented to Parliament for debate, was passed by Parliament in 2021 but Parliament dissolved before President accenting.

- Cabinet memo drafted ready for presentation to Cabinet, later Parliament learning visits to Rwanda and Tanzania
- Motion was drafted and presented to the House and debated. A draft report on the National School Health Policy is in place (indicates a functional road map). Leadership of the Health committee and some members oriented on the Regulatory Impact Assessment (RIA) of the NSHP. The certificate of financial implication signed by MOFPED and presented to MoH; awaiting feedback from the Principal policy analyst (21st Feb)
- Integration of the Demographic Dividend in the NDP 3 (National Population Council and National Planning Authority have built capacity and supported Local Governments to integrate DD in district plans and budgets).
- Advocated for prioritization of DD at LG level
- Established DD Multi- Sectoral Working Groups in selected districts to increase awareness and dialogue on the DD.
- Assess LG Compliance to the DD, build capacity for DD integration at national and sub national levels.
- UNFPA, PPDARO and CSBAG have tracked the budgets LG commit to the DD priorities.
- In FY 2020/21, the health sector budget increased by 5.4% from UGX 2595.38 billion, in FY 2019/20 to UGX 2735.96 billion in 2020/21. In FY 2022/23 UGX 3.5 trillion was allocated to the health subprogram to further aspirations in the NDP III and in the National Health Policy II. This allocation was 7% of the total budget. Whereas the nominal allocation increased by 169.9 billion, the percentage allocation as a proportion to the national budget reduced from 8% in FY 2021/22 to 7% in FY 2022/23
- Government allocated 16 billion (UGX) (14.8bn goes to mama kits, and the other 1.2bn is to cater for the rest of the RH commodities). It is now 22bn UGX (USD 6m), of which 25% goes to FP commodities

Challenges

- Proposed timelines affected by the COVID 19 pandemic and the economic challenges
- Speakers ruling that all pending bills had elapsed
- Slow response from Ministry of Education and Sports
- Resistance from the faith community
- The NDPIII Programme Based planning and budgeting not yet
- Conditional grants make it difficult to integrate DD interventions in budgets
- Scanty data and utilization for decision making
- Rationalisation of finances due to COVID 19 effects

Lessons Learnt

- Need to orient the new MPs on the DD roadmap
- Capacitate MPs to provide guidance on implementation of the DD roadmap
- Seek for creation for a separate budget line for mama kits.

Zimbabwe commitments for 2019

- Continue to lobby for the progressive realisation of the 15% Abuja Declaration
- Continue to lobby for comprehensive access to ASRHR/FP services
- Lobby for the review of the Termination of Pregnancy Act

- Establish the Zimbabwe Parliamentary Forum on Population and Development

Progress towards achieving commitments

- The Ministry of Health and Child Care was allocated ZWL117 billion (12.2%) of the 2022 national budget up from ZWL54 billion (13%) allocated in 2021. Although in terms of the amount allocated it seems to be an increase, the Committee expressed concern over its decrease in percentage terms in relation to the 15% Abuja Declaration.
- Parliament of Zimbabwe enacted the Education Amendment Act which allows pregnant girls to stay in school and continue their education and also Marriages Act which outlawed child marriages. In the same year, the Medical Services Amendment Bill and the Children's Amendment Bill were introduced.
- The Chairpersons of Health, Education and Justice Committees and the consortium members of Unlocking Safe Spaces for comprehensive SRHR, Safe and Legal Abortions for Women and Adolescence Girls in Zimbabwe (USSCLAZ) undertook a study visit to Rwanda to learn and share experiences on best practices in enacting safe abortion law.
- Although the Caucus has not been formalised, there is an ad-hoc Caucus comprising of SRHR Champions that always mobilise itself and other Members to influence SRHR related issues through Matters of National Importance, Debate, Motions, Questions, Requesting for Ministerial Statements and proposing amendments to relevant Bills.

Challenges

- Limited fiscal space with many competing national demands as the country's economy has not fully recovered from the shocks of COVID-19.
- There is still some misunderstanding of the intention to give access to SRH services to adolescents and young people and to provide safe abortion as such services are generally perceived to be encouraging moral decadence in society

Lessons Learnt

- Sustainable health financing strategies are essential for continuous access to quality health care and services.
- Evidence-based debates in Parliament can influence progressive legislation for improved health outcomes.
- All- inclusive consultations on proposed legislation results in smooth enactment of progressive laws. Never leave anyone and any place behind!

10.3: Country Commitments for 2023

Each of the countries in attendance made commitments to be reported upon in the next NEAPACOH meeting. The commitments were about policy and practice to accelerate achievement of UHC and SDGs. The country commitments were;

The Gambia

- Continuous Collaboration with the National Population Commission Secretariat and the Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) Unit of The Ministry of Health to advocate for the provision of Basic Emergency Obstetric and Neonatal Care (BEmONC) services in all public health facilities across the country through the national population program
- Continue to advocate for the fulfilment of the government's commitment to increase the budgetary allocation for health to commensurate with the Abuja declaration

- Conduct capacity building of National Assembly Members on Population, Gender and Reproductive Health in collaboration with National Population Commission Secretariat and UNFPA
- Share the 2023 NEAPACOH report with members of the National Assembly for their consideration.

Malawi

- Continue to lobby for increased budgetary allocation to the Health Sector to meet the Abuja Declaration;
- Continue to advocate for the enactment of the Termination of Pregnancy Bill;
- Continue to advocate for the fight against Cholera;
- Continue to advocate for COVID-19 vaccination; and
- Advocate for Health and Climate Change integration among Parliamentarians.

Namibia

- Advocate for the increase in budget allocation for the Ministry of Health and Social Services particularly in the areas of primary health care and universal health care.
- Sensitisation and awareness workshops of MPs on the importance of UHC, PHC, SDGs and SRHR.
- Building and promoting partnerships with CSOs, Development Partners, Ministries of Health, Education and Gender Equality, including traditional and religious leaders.

Kenya

- Facility Improvement Fund (FIF) law to retain revenue raised at the facility level to improve service provision in the facilities
- Specific RMNCAH budgets within health budgets towards improvement of the indicators
- Disbursement and utilization of funds allocated to the Ministry of Health/County Departments of Health

Lesotho

- Advocacy on Safe Abortion and Comprehensive Sexuality education at schools.
- Research Bill –
  a) advocacy for comprehensive Research establishment in the Country
  b) Domestic financing on Research
  C) Contribution of external fund on Research

Chad

- National Assembly of Chad is committed to bringing the government to improve the maternal mortality rate by operationalizing referral maternity wards for emergency obstetric and neonatal care
- National Assembly of Chad undertakes to further reduce the rate of tuberculosis and malaria by requesting an increase in the State budget for the benefit of the Ministry of Health

Niger

- The Parliament of Niger undertakes to work for the operationalization of INAM (The National Institute of Medical Assistance)

- The Parliament of Niger commits to work for the scaling up of the pilot project on UHC in the departments of Gaya and Gothey.
- The parliament of Niger commits to advocate for increase of the budget allocated to health by at least 2%
- The parliament of Niger is committed to improving knowledge on health financing in Niger
- The delegation of Niger undertakes to share the conclusions of the 14th meeting of NEAPACOH with all parliamentarians of Niger

Senegal

- Restitute the work of the NEAPACOH Meeting of February 2023 (President and Members of the Health Commission / President of the National Assembly);
- Relaunch the process of institutionalization of NEAPACOH in Senegal;
- Strengthen advocacy and follow-up for the signing of the implementing decree of the RH law;
- Strengthen the capacities of parliamentarians in advocacy and resource mobilization for their engagement in advocacy for the achievement of the SDGs by Senegal and Universal Health Coverage;
- Get Parliamentarians to commit to advocating for the financing of self-care and Universal Health Coverage;
- Strengthen the partnership between Parliamentarians and Civil Society;
- Follow up on Senegal's recommendations at the 2019 NEAPACOH meeting

Tanzania

- Ensuring access to comprehensive, age-appropriate, quality and timely information, education, and adolescent and youth-friendly SRH services
- Using national budget processes, increasing domestic financing and exploring new and innovative financing mechanisms
- Advocating for Universal health coverage which include FP as essential package by 2025
- Harnessing the demographic dividend through investing in adolescents' and youth's education, employment opportunities and health, including family planning and SRH and services

Uganda

- To push for the enactment of the NHI Bill 2019 into law
- Increase health Budget from 6.4% to 15% to cater for among other things
  - increased financing for primary health care programs (incentivization of community health extension workers)
  - Increase domestic financing for immunization to protect people at all ages from vaccine preventable diseases (focus on HPV, measles, Rota, pneumonia)
- Advocate for multi-sectoral mechanisms to address teenage pregnancy; fast track the approval of pending policies, e.g. the Adolescent health policy and Sexual Reproductive Health Policy
- To advocate and popularize the implementation of the Demographic Dividend roadmap

- Advocate for the integration of health into the national climate change adaptation plan to increase the resilience of health systems and communities

Zimbabwe

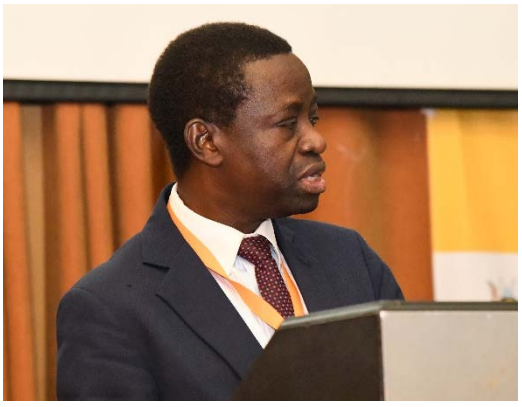
- Continue to lobby for the progressive realisation of the 15% Abuja Declaration
- Continue to lobby for comprehensive access to Adolescent Sexual Reproductive Health and Rights (ASRHR)/Family Planning (FP) services; Lobby for the review of the Termination of Pregnancy Act
- Lobby for decriminalisation of drug and substance abuse
- Establish the Zimbabwe Parliamentary Forum on Population and Development and SRHR

11.0 SESSION VII: Kampala Call to Action and Closing Ceremony

Moderator: Hon. Dr. Robert Pukose, Chairperson Committee on Health, National Assembly of Kenya

11.1 The Kampala Call to Action

The Kampala Call to Action was presented by Prof. Yoswa Dambisya, Director General ECSA Health Community (ECSA-HC). The Call to Action was discussed and adopted with some amendments and is annexed.



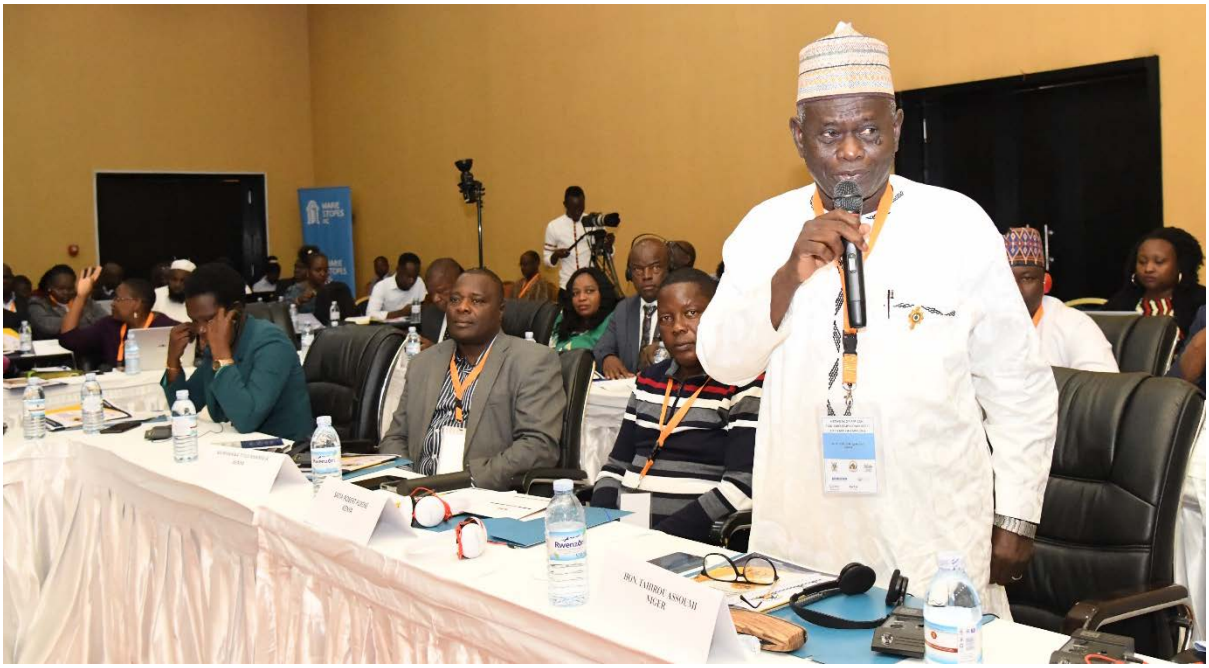
The motion to adopt the Kampala Call to Action was moved by Hon. Dr. Christopher Kalila, a member from the General Assembly of Zambia and seconded by Hon. Omar Darboe, a member from the General Assembly of the Gambia.

11.2: Vote of thanks by Hon. Moussa Souare, Member of the Committee on Health, National Assembly of Niger.

The Hon. Moussa Souare, on behalf of the delegates of the 2023 NEAPACOH meeting, appreciated the warm welcome and hospitality during their stay in Uganda.

He expressed deep gratitude and respect to His Excellency Yoweri Kaguta Museveni, President of the Republic of Uganda, for his support to NEAPACOH and for his deep devotion to the promotion of the RMNCAH for achievement of SDGs and UHC; and reiterated their commitment to the achievement of the Sustainable Development Goals in Africa.

He thanked the Right Hon. Anita Annet Among, and all the Members of the Parliament of



Uganda for the fraternal welcome received and the generous hospitality extended to delegates during their stay in Uganda, and expressed deep gratitude to the Ugandan Parliamentarians who are members of NEAPACOH for their exemplary mobilization and for the valuable contribution made in the organization of this meeting.

The Honorable MP thanked and congratulated Africa Regional Office of Partners in Population and Development (PPD ARO), for supporting NEAPACOH in organizing the meeting after COVID 19. He thanked them for understanding the importance of the strategic involvement of Parliamentarians in the process of achieving UHC and achieving the Sustainable Development Goals and organizing the meeting in collaboration with NEAPACOH. 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 20 countries that traveled to participate in the high-level meeting of vital importance for the socio-economic development of their respective countries. He hoped that the same meeting can be held in 2024 with the participation of more countries added to those already represented.

He congratulated the organizing committee, the secretariat staff, the interpreters and the staff of the Speke Munyonyo hotel who facilitated the program and made the sessions and their stay most enjoyable. He wished all delegates safe travels back to their countries.

11.3: Remarks by Hon. Mokhothu Joseph Makhalanyane, Chair NEAPACOH

Hon. Mokhothu appreciated the delegates for the commitment through the 2 days of the meeting. He said the presentations and discussions were fruitful and believed all delegates had learnt to improve their countries' efforts towards achieving UHC and SDGs.

He called for unity if countries are to change the situation. He challenged delegates to go back to their countries and ensure the commitments made by their countries are honoured and implemented. He said they have a big responsibility and implored them to go back and play their responsibilities. He looked forward to countries having a lot to report on in the next NEAPACOH meeting. He emphasized the need for continued connection as delegates follow up on the activities they are to implement and wished them safety.

11.4: Remarks by Dr. Jotham Musinguzi, Director General, National Population Council, Uganda

Dr. Musinguzi welcomed the Hon. Minister of Finance, Planning and Economic Development in charge of Planning and appreciated him for the guidance to the population issues in the country. He informed him that this was the 14th NEAPACOH meeting, and they have been held religiously since 2008, except during covid years.

He said theme for the meeting was "Building the Capacity of African Policy Makers for Achieving UHC and SDGs: The Role of Parliamentarians" and the meeting was attended by delegates from 20 countries from Africa and beyond.

Dr. Musinguzi said delegates had discussed matters to do with accelerating Access to Sexual Reproductive Health Information and Services for Young People and Adolescents; Accelerating African Leadership, Stewardship and Accountability for Increased Domestic Investments in Health for Achieving UHC and the SDGs; Imperatives for sustaining achievement of UHC and the SDGs: What are the Game Changers; and Good Practices and Lessons Learned in Achieving UHC and SDGs as well as Progress on Implementation of NEAPACOH Commitments.

He said the delegates had made commitments towards accelerating UHC and SDGs in their countries and agreed to the Kampala call to action that binds them together as members of NEAPACOH. He said members report every year on progress to achieving their commitments and introduced the delegates from different countries, before inviting the Hon. Minister to make his remarks and officially close the meeting.

11.5: Remarks by Hon. Amos Lugoloobi, Minister of State for Finance, Planning and Economic Development (Planning)

Hon. Lugoloobi thanked the organizers of the meeting for inviting him to close. He welcomed all delegates from Benin, Burundi, Cote d'Ivoire, Chad, Gambia, Ghana, Kenya, Lesotho, Malawi, Mali, Namibia, Niger, Nigeria, Senegal, Eswatini, Tanzania, Tunisia, Zambia and Zimbabwe and other distinguished participants for finding time out of their busy schedules to attend the meeting.

He appreciated PPD ARO and partners for the support extended to the NEAPACOH Secretariat to organize these meetings regularly and consistently. He appreciated their determination, commitment, resources, expertise, and experiences.

He called upon delegates to go and implement what they had learnt, since knowledge was shared, new information exchanged, programmes debated, and lessons learnt regarding how best African countries can fast track movements towards achieving Universal Health Coverage and Sustainable Development Goals. He called for prioritization of issues to accelerate the movement towards achievement of Universal Health Coverage (UHC) and Sustainable Development Goals (SDGs). He emphasized the need to manage population growth rates which are rapid, increasing domestic funding for health with emphasis on Primary Health Care, increasing access and uptake to quality family planning services and information, integrating population, health and environment in the development nexus and addressing non communicable diseases.

He called for implementation of the "Kampala Call to Action" and country commitments. He appreciated the partnership of PPD ARO, NPC Uganda, AFIDEP, PATH, Faith to Action Network and CEHURD in organizing the meeting and officially closed it.

12.0: Annexes

12.1: Kampala Call to Action 2023

14th NETWORK OF AFRICAN PARLIAMENTARY COMMITTEES OF HEALTH (NEAPACOH) MEETING

"Building the Capacity of African Policy Makers for Achieving UHC and SDGs: The Role of Parliamentarians"

Speke Resort Munyonyo, Kampala, Uganda

KAMPALA CALL TO ACTION

The 14th meeting of the Network of African Parliamentary Committees of Health (NEAPACOH) was held on February 22 – 23, 2023. The meeting convened delegates and members of Parliamentary Committees responsible for health from 20 countries (Benin, Burundi, Chad, Côte d'Ivoire, Eswatini, Ghana, Kenya, Lesotho, Malawi, Mali, Namibia, Niger, Nigeria, Senegal, Tanzania, Tunisia, The Gambia, Uganda, Zambia and Zimbabwe) as well as representatives of international organizations, development and technical partners, health champions, researchers and academics, Civil Society Organizations, and other stakeholders engaged in Reproductive, Maternal, New-Born, Child and Adolescent Health and Nutrition (RMNCAH+N) programmes, under the theme: Building the Capacity of African Policy Makers for Achieving UHC and SDGs: The Role of Parliamentarians

The 2023 NEAPACOH meeting provided a platform for regional leaders for shared learning, and discussion (on) how to consolidate the gains made towards achieving Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs), increasing domestic investments in health and foster effective utilization of resources for health with a focus on Primary Health Care (PHC), maternal, new born, child, and adolescent health (MNCAH) in African countries.

The meeting was hosted by the Parliament of Uganda and Partners in Population and Development Africa Regional Office (PPD ARO) with support from the African Institute for Development Policy (AFIDEP), Centre for Health, Human Rights and Development (CEHURD), Faith to Action Network and PATH. The 14th NEAPACOH Meeting ended with the Kampala Call to Action (2023).

Preamble:

At the conclusion of the 14th NEAPACOH Meeting, we, the participants:

Cognizant that the health status of the people of Africa continues to be a matter of concern with unacceptably high morbidity and mortality levels, especially among children, youth and women with low access to quality health services, with consequences such as teenage and unplanned pregnancies coupled with inadequate birth spacing;

Appreciating that Universal Health Coverage (UHC) means that all people should access and utilize the health services they need without suffering social exclusion, financial hardship and other barriers;

Recognizing that health is an investment in human capital and social and economic development, towards the full realization of human potential, and significantly contributes to the promotion and protection of human rights and dignity
as well as the empowerment of all people.

Realizing that UHC implies that all people have access, without any form of discrimination, to nationally determined sets of the needed promotive, preventive, curative, rehabilitative and palliative essential health services, and essential, safe, affordable, effective and quality medicines and vaccines, while ensuring that the use of these services does not expose the users to financial hardship;

Recalling that primary health care (PHC) brings people into first contact with the health system and is the most inclusive, effective, and efficient approach to enhance people's physical and mental health, as well as social well-being, and that PHC is the cornerstone of a sustainable health system for the attainment of UHC and health-related SDGs;

Underscoring the need for strong, people centred health systems that are resilient, functional, well-governed, adolescent and gender-responsive, accountable, integrated, and capable of quality service delivery, supported by a competent health workforce, adequate health infrastructure, enabling legislative and regulatory frameworks as well as sufficient and sustainable domestic funding;

Mindful of the need to tackle health inequities and inequalities within and among countries through (national) political commitment, policies and international cooperation, with emphasis on social, economic and environmental and other determinants of health.

Noting that whereas African countries often have strong policies that advance access to quality reproductive health information and services for women, girls, young people and adolescents, the implementation of these/such policies remains weak largely due to under-investments and low prioritization in national planning frameworks;

Deeply Concerned that family planning and reproductive, maternal, newborn, child, adolescent health and NCDs are among the essential health services most seriously affected by inadequate funding;

Aware that environment and climate change are influenced by human activity, hence the need to integrate and prioritize Population, Health and Environment (PHE) in the policies;

Noting the critical role of sharing of experiences and innovative practices in the context of South-South Cooperation for the achievement of UHC and SDGs;

Acknowledging the vital role of representation, legislation, appropriation and oversight by the parliamentarians towards the achievement of national, regional and global development goals, including UHC and SDGs;

Further acknowledging the contributions of (governments), development partners, Civil Society Organizations, adolescents, youths and faith-based organizations, and the private sector towards attainment of UHC and the SDGs;

R**e-affirming** that health is a precondition for and an outcome and indicator of the social, economic and environmental dimensions of sustainable development and the implementation of the 2030 Agenda for Sustainable Development;

Appreciating that evidence-based policy advocacy should guide and inform Africa's policies on ASRHR, that will respond actual issues and stand the test of time.

Hereby adopt and bind ourselves to this Kampala Call to Action on this 23rd Day of February, 2023, with the following commitments:

1. **T**o increase domestic resource allocation towards primary health care systems to meet the needs and priorities of communities and countries towards achievement of the 2030 Agenda for sustainable development - the SDGs
2. **T**o strengthen South-South Cooperation to facilitate the sharing of knowledge, lessons learned and good practices in the field of population, health, environment and development.
3. **T**o develop and pass appropriate laws and policies that ensure universal access to health including sexual and reproductive health, family planning services, and post-abortion care 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 mutilation, and prevention of non-communicable diseases (NCDs).
4. **T**o develop and strengthen Africa's manufacturing capacity through harmonized regulatory frameworks to promote self-reliance, and unfettered equitable access to health commodities, products and pharmaceuticals.
5. **T**o advocate for increased financial resources, including domestic, bilateral and multilateral funding for programs that contribute to accelerated UHC and achievement of the SDGs in our countries.
6. **T**o promote and uphold good governance and accountability in all matters of health.
7. To increase domestic financing for immunization to protect populations from vaccine-preventable diseases, sustain immunization gains made over the years, and strengthen epidemic preparedness, prevention, and response.
8. **T**o strengthen NEAPACOH through expanded partnerships and undertaking resource mobilization activities to support the implementation of the NEAPACOH commitments and ensure sustainability of the network.
9. **To call upon** (our) Governments, development partners, civil society organizations, and all relevant stakeholders, to commit more investments including new and emerging health technologies to accelerate attainment of UHC and SDGs on the continent.
10. To support the development and adoption of the African Citizens Manifesto on Health

11. To continue providing leadership and stewardship on policy, legislation and perform budgetary oversight for all the priority areas highlighted above.

In the same vein, the 14th NEAPACOH meeting participants collectively and individually convey their sincere appreciation and gratitude to the People and Government of the Republic of Uganda, especially the Parliament of Uganda, Partners in Population and Development Africa Regional Office (PPD-ARO) and the partners, for the successful organization and hosting of the 2023 NEAPACOH meeting.

Some of the delegates at the meeting pose for a photograph with the Minister of Health, Hon. Dr. Jane Ruth Aceng

The Uganda Parliament Vice-Chairperson of the Committee on Health; Hon. Joel Ssebikaali takes a microphone during plenary discussions.