



THE 15TH NETWORK OF AFRICAN PARLIAMENTARY COMMITTEES OF HEALTH (NEAPACOH) 2024 MEETING

“Towards ICPD 30 and achievement of Universal Health Coverage: Imperatives for accelerated implementation and the role of Parliamentarians.”

MASERU-LESOTHO, 28TH - 29TH FEBRUARY, 2024



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List of acronyms

AADPD	Addis Ababa Declaration on Population and Development
ACHEST	African Centre for Global Health and Social Transformation
ADHF	Advance Domestic Health Financing project
AFIDEP	Africa Institute for Development Policy
AMREF	African Medical and Research Foundation
ARV's	Anti-Retroviral Drugs
ASRH	Adolescent Sexual and Reproductive Health
AU	African Union
AUC	African Union Commission
CARMMA	Campaign on Accelerated Reduction on Maternal Mortality in Africa
CEHURD	Center for Health, Human Rights and Development
CHWs	Community Health Workers
DD	Demographic Dividend
DPs	Development Plans
EHW	Africa Union Education Health and Wellbeing Strategy
EU	European Union
FGM	Female Genital Mutilation
FP	Family Planning
GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
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
MMR	Maternal Mortality Rate
NCDs	Non-Communicable Diseases
MNCAH	Maternal Neonatal Child and Adolescent Health
MNH	Maternal and Newborn Health
NEAPACOH	Network of African Parliamentary Committees of Health
NHI	National Health Insurance
PHC	Primary Health Care
PPD	Partners in Population and Development
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
UNECA	United Nations Economic Commission for Africa
UNFPA	United Nations Population Fund
TB	Tuberculosis

Executive Summary

Partners in Population and Development Africa Regional Office (PPD ARO), in partnership with AFIDEP, PATH, CEHURD, Faith to Action Network, the Network of African Parliamentary Committees of Health (NEAPACOH) and the National Assembly of Lesotho organized the 2024 NEAPACOH meeting in Maseru, Lesotho from the 28th to 29th February, 2024 under the theme “**Towards ICPD 30 and achievement of Universal Health Coverage: Imperatives for accelerated implementation and the role of Parliamentarians**”.

The 15th NEAPACOH meeting was organized;

- to provide space for capacity building and constructive discussions between and among African parliamentarians, including technocrats, researchers and civil society;
- to 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 the ICPD agenda and Universal Health Coverage.
- to provide an opportunity for reporting progress and sharing lessons learned in implementation of the 2023 NEAPACOH commitments and Kampala Call to Action which underscore far reaching policy and programme actions for improving Maternal, Neonatal, Child and Adolescent Health (MNCAH) outcomes in Africa.
- to critically discuss some of the imperatives that are critical to achievement of UHC, including increasing domestic financing for health with a focus on Primary Health Care (PHC); integrating population, health and the environment; increasing access to sexual reproductive health services and information to the young people; health security, pandemic prevention, preparedness and response; non-communicable disease management including immunization, among others.
- to provide space for facilitating networking with other regional implementers, and convening country, regional and international stakeholders and champions for advocacy, accountability and collaborative learning.
- To develop the 2024 NEAPACOH country commitments and Maseru Call to Action.

The 15th NEAPACPH meeting was attended by over 150 delegates including Parliamentarians, Parliamentary staff and Government technical officers from **Benin, Burkina faso, Chad, Côte d'Ivoire, Eswatini, The Gambia, Kenya, Lesotho, Malawi, Mali, Namibia, Nigeria, Niger, South Africa, Senegal, Tanzania, Uganda and Zambia**. The meeting was also attended by representatives of international organisations, civil society practitioners, academics, and health champions. The Civil Society Organizations and Development Partners included AFIDEP, AHF Africa, AMREF Health Africa, CEHURD, Faith to Action Network, PPD ARO, PATH, UNFPA and UNFPA.

The meeting was organised under 5 sub themes of:

- Accelerating Access to Sexual Reproductive Health Information and Services for Young People and Adolescents;
- Increasing Domestic Health Financing for achieving UHC in Africa;

- Integrating Population, Health and Environment for sustainable development;
- Accelerating accountability for commitments made toward Immunization and Maternal, New born and Child Health;
- Health Security, Pandemic Prevention, Preparedness and Response; and
- Strengthening African leadership, stewardship and accountability for achieving the Cairo Agenda and UHC.

Presenters at the meeting included the Rt. Hon. Tlohang Sekhamane, Speaker of the National Assembly of Lesotho, who officially opened the meeting; Hon. Selibe Mochoboroane MP, Minister of Health; Hon. Mokhothu Joseph Makhalanyane, Chairperson Committee of Health, Parliament of Lesotho and Chairperson of NEAPACOH; Mr. Innocent Modisaotsile, UNFA Country Representative, Mr. Oliver Zambuko, Officer in charge, PPD and Representative of the chairperson of PPD; Dr Stella Chungong, Director Health Security Preparedness, WHO HQ Geneva; Ms. Amanda Khozi Mukwashi, United Nations Resident Coordinator in Lesotho; Rev. Canon. Kaiso, Chair Steering Council at Faith to Action Network, Mr. Patrick Mugirwa, Programme Manager, PPD ARO and closing remarks by the Rt. Hon. Tšepang Tšita 'Matlhohonolofatso Mosena, Speaker of the National Assembly of Lesotho.

Participants also listened to presentations by; Dr. Betty Mirembe, PATH Uganda Country Director; Ludy Suryantoro, Unit Head, Multisectoral Engagement for Health Security (MHS) Unit, WHO; Dr Alice Lakati, PhD, Director, Research, Innovation and Community Extension AMREF International University; Professor Ezra Chitando, Knowledge Management Adviser- Faith to Action Network, Zimbabwe; Ms. Fatia Kiyange, Executive Director, CEHURD; Mr. Clive Mutunga, Director, BUILD Project, AFIDEP; Ms. Esther Nakisikye, Global MNCH and Immunization Advocacy Lead, PATH; Ms. Diana Tibesigwa, Regional Advocacy and Policy Manager East and West Africa, AIDS Health Care Foundation; Mr. George Kapiyo/FP/RH Technical Officer, Amref Health Africa; Mr. Jackson Otieno, PhD, Senior Research and Policy Analyst and Director, ADHF, AFIDEP; Dr. Elizabeth Wangia, Director Health Financing, MOH, Kenya; Ms. Emily Chirwa, Deputy Director of Planning and Policy MOH- Malawi, Lucas Zulu, Assistant Director, Policy and Planning, MOH, Zambia; Dr. Dancan Irungu, Dean Graduate School AMREF International University and Dr Samson Kuhora, Kenya.

During the meeting, a number of issues affecting attainment of the ICPD goals and UHC came up including; insufficient budget allocation for PHC interventions, fragmentation of the little resources allocated to different healthcare initiatives leading to inefficiencies and wastage of resources, dependency on external donors and yet they are exiting from most countries posing a significant risk to healthcare systems, overreliance on Out of Pocket(OOP) expenditure for health care in some countries which is unsustainable and costly for common citizens, limited access to SRH information by young people, absence of comprehensive systems in primary health care since most of the systems in place are more curative than preventive, continuous high levels of morbidity and mortality among women and children,

limited access to quality healthcare which exacerbate the vulnerabilities and health inequities faced by millions across the region, economic and fiscal constraints, weak political prioritization, low budgetary prioritization, donor dependence, weak governance & accountability structures, limited data for planning & accountability, inadequate vaccine procurement costs for new vaccines, staffing inadequacies, inadequate infrastructure and Immunization systems inefficiencies which cause wastage among others.

The meeting generated recommendations which included the following;

- Members of Parliament to inspire action, mobilize political will and financial commitments needed to finally and fully implement ICPD Plan of Action to accelerate progress towards universal access to Sexual and Reproductive health and Rights, UHC, SDGs and Africa Agenda 2063.
- Prioritize health insurance in protecting households from financial distress including, where necessary compulsory payments based on income and subsidisation.
- NEAPACOH to push for policy reforms that ensure financial protection for all citizens.
- Countries should consolidate and integrate multiple insurance schemes into a unified system to reduce inefficiencies brought about by fragmentation within health insurance systems.
- NEAPACOH to push for reduction of the cost of administration and effective public debt management by diversifying sources of income and debt refinancing
- NEAPACOH to push for strengthening of frameworks and strategies that enhance transparency and accountability in order to improve the functioning of health systems by taming corruption in the public health sector.
- NEAPACOH to advocate for the imposition of ‘sin taxes’ on products like tobacco, alcohol, and sugary beverages as a means of putting disincentives to stop individuals from engaging in harmful habits, and help reduce the burden of Non-Communicable Diseases (NCDs) on health systems since they are associated with consumption of such products.
- Take stock and refocus all efforts by using evidence-informed interventions to support policies, financing arrangements, delivery and measurement systems to accelerate progress towards UHC.
- Countries should prioritize the importance of the private sector’s involvement in Primary Health Care, especially health insurance schemes.
- Parliamentarians should advocate for increment of the commodities covered by NHIs to include reproductive health and family planning.
- Members of Parliament should ensure strong disaster risk reduction programmes with inclusive multi-sectoral policies, anticipatory actions, humanitarian data, monitoring among others.
- NEAPACOH to advocate for a cross-sectoral approach to attainment of health care for example by integrating the health sector with climate action discourse and funding. In particular, Parliamentarians should institutionalise cross-sectoral population, health, environment and development (PHED) approaches, and engage with other sectors’

Parliamentary Committees e.g., environment and climate committees for joint advocacy and legislation.

- Africa must deliberately unite and come up with unified solutions to health care.
- Parliamentarians should integrate sustainable development and environmental stewardship in the health care discourse in order to mitigate the impact of climate change and safeguard the well-being of our planet and its inhabitants.
- NEAPACOH should prioritize capacity building of the parliamentarians on how to effectively hold the executive accountable, transparent and efficient as well as budget prioritization to ensure development and economic growth.
- NEAPACOH should promote domestic financing and encourage dialogue for alternative funding models.
- Parliamentarians should leverage data-driven insights as essential strategies for driving sustainable development, data will enable Parliaments make evidence-based decisions, monitor progress, and optimize resource allocation for maximum impact.
- NEAPACOH should encourage Parliamentarians to collaborate, innovate, and partner with development stakeholders in order to foster genuine partnerships based on mutual respect and shared objectives that will amplify the collective efforts and achieve transformative change for Africa and its people.
- Strengthen the capacity for CSO's in advocacy, accountability, & synergy in the different health issues such as immunization.
- Parliamentarians should become champions of behavioural change to address SRHR challenges among the Adolescents and Young People.
- Africa should unite and consider domestic manufacturing of vaccines to mitigate the costs of importing prefilled vaccines.
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- Another approach is imposing taxes on products like tobacco, alcohol, and sugary beverages. The move will provide disincentives for people to engage in harmful habits, and help reduce the burden on health systems associated with the widespread consumption of these products.

Delegates shared progress in implementation of the commitments made at the 2023 NEAPACOH meeting in Kampala, Uganda and made new commitments towards accelerating attainment of ICPD 30 and UHC. A resolution (The Maseru Call to Action 2024) was presented and adopted by participants. The 2024 NEAPACOH Commitments and the Maseru Call to Action are annexed on the Report.

1.0 Introduction

Since 2008, Partners in Population and Development Africa Regional Office (PPD ARO), together with the Network of African Parliamentary Committees of Health (NEAPACOH) and Partners have been organizing, annually, NEAPACOH meetings in Kampala, Uganda. The meetings would be hosted by the Parliament of Uganda and NEAPACOH Secretariat, which is hosted in Kampala. For the first time, the NEAPACOH meeting for this year was organized outside Uganda, in Maseru, Lesotho, and it took place from the 28th to 29th February, 2024.

The 15th NEAPACOH meeting was preceded by the pre-NEAPACOH meeting which took place on 27th February, 2024. Both meetings took place at the Avani Lesotho Hotel.

The two-day meeting brought together Members of Parliament who chair or are members of the Parliamentary Committees of Health to discuss matters of health under the theme: **“Towards ICPD 30 and achievement of Universal Health Coverage: Imperatives for accelerated implementation and the role of Parliamentarians.”** The meeting offered an opportunity to the policy makers and technical persons across Africa to share experiences and best practices in the attainment of the ICPD by 2030 and how the African countries could achieve Universal Health Coverage as a means of improving health care in Africa. The Members of Parliament also discussed the progress of implementation of the commitments that were made by their respective Governments in the 2023 Kampala call to Action towards advancing access to quality health care.

The 15th NEAPACPH meeting was attended by Parliamentarians, Parliamentary staff and technical officers from **Benin, Burkina faso, Chad, Côte d'Ivoire, Eswatini, The Gambia, Kenya, Lesotho, Malawi, Mali, Namibia, Nigeria, Niger, South Africa, Senegal, Tanzania, Uganda and Zambia.** The meeting was also attended and sponsored by Civil Society Organisations and Development Partners such as Advance Domestic Health Financing, AFIDEP, AHF Africa, AMREF Health Africa, CEHURD, Faith to Action Network, PPD ARO, PATH, Osharp, The Light Consortium, Lead, PFPI, PACJA, FHI 360, UK aid, USAID, UNFPA and UNFPA. In attendance also were Partner Country Coordinators (PCCs) and Government departments including Ministry of Health across Africa.

2.0 Meeting objectives

NEAPACOH meeting provides a critical platform to provide feedback on implementation and facilitate consensus on common policy agenda for accelerating UHC. Some of the objectives of the meeting were:

- Through NEAPACOH, parliaments will enhance exchanges of best practices, foster continental and inter-continental collaborations, leverage and optimize technical expertise from experts and development partners, e.g. WHO, UNFPA, etc. to inform their national mandates and processes. Health is a cross-cutting issue. NEAPACOH will therefore facilitate parliamentary inter-committee platform that bring together

committee members from health, finance, budget, environment and agriculture to discuss relevant inter-connected factors that impact health in line with the One Health approach.

- to provide space for capacity building and constructive discussions between and among African parliamentarians, including technocrats, researchers and civil society;
- to 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 the ICPD agenda and Universal Health Coverage.
- to provide an opportunity for reporting progress and sharing lessons learned in implementation of the 2023 NEAPACOH commitments and Kampala Call to Action which underscore far reaching policy and programme actions for improving Maternal, Neonatal, Child and Adolescent Health (MNCAH) outcomes in Africa.
- to critically discuss some of the imperatives that are critical to achievement of UHC, including increasing domestic financing for health with a focus on Primary Health Care (PHC); integrating population, health and the environment; increasing access to sexual reproductive health services and information to the young people; health security, pandemic prevention, preparedness and response; non-communicable disease management including immunization, among others.
- The meeting will further provide space for facilitating networking with other regional implementers, and convening country, regional and international stakeholders and champions for advocacy, accountability and collaborative learning.
- To develop the 2024 NEAPACOH country commitments and Maseru Call to Action.

3.0 Session I - Part A: Opening Ceremony

The opening ceremony was moderated by Advocate Lebohang Fine Maema, KC, Clerk to the National Assembly of Lesotho.

The Clerk called the 15th NEAPACOH meeting to order at 9:30 AM and invited Rev. Monaheng Sekese from the Christian Council of Lesotho to open the meeting with a word of prayer. Rev. Sekese welcomed the Members of Parliament and participants to the meeting and informed them that they were blessed to be part of such an important meeting being that it was convened to discuss matters pertaining to preservation of health and life. While using the bible story of Moses, Rev. Sekese informed the participants that it took many people to preserve the health and life of Moses and this enabled him to attain the divine calling he had to fulfil of delivering the children of Israel from slavery in Egypt, therefore in the same way, the Members of Parliament present at the 15th NEAPACPOH meeting were the people God has positioned in ensuring that Africans access good health services and hence life.

3.1 Inaugural Speech by Hon. Mokhothu Joseph Makhalanyaane, Chairperson Committee of Health, Parliament of Lesotho and Chairperson of NEAPACOH.

Hon. Makhalanyaane welcomed the Members of Parliament from the continent of Africa and participants to the 15th NEAPACOH meeting of 2024. He expressed delight that the 2024 meeting was taking place in the beautiful city of Maseru, Lesotho and congratulated the

Kingdom of Lesotho and the Rt. Hon. Speaker of the National Assembly of Lesotho, for successfully organizing the meeting and expressed gratitude and thanks for the warm welcome and hospitality extended to all participants. He apologised for the hustle that some delegates went through in Johannesburg as they connected to Lesotho and pledged to follow up on the issue of removing visa restrictions for Africa countries.

He informed the meeting that as Member of Parliament who had convened in Maseru, it was imperative that they recognise the critical issues facing the people of Africa, which were crippling the nations. He noted that;

- the collective focus of the Members of Parliaments from across Africas on Universal Health Coverage, Sexual Reproductive Health Rights, Noncommunicable Diseases, ICDP 30, and the abolishment of visas to introduce free movement between countries, marks a significant step towards a healthier, more prosperous Africa.
- If the Members of Parliament prioritized Universal Health Coverage as a commitment for the African countries by ensuring that every citizen has access to quality healthcare without limitations by financial hardship, then they would be able to uplift communities, reduce inequalities, and foster inclusive development across the continent.
- the promotion of Sexual Reproductive Health Rights is essential for the well-being and empowerment of the citizens, particularly women and young people. By safeguarding these rights, we empower individuals to make informed decisions about their bodies, families, and futures.
- The scourge of Noncommunicable Diseases poses a significant threat to the health and productivity of the populations. That through collaborative efforts and innovative strategies, the Members of Parliament must address the prevention, treatment, and management of these diseases to secure a healthier future for generations to come.
- the implementation of ICDP 30 demonstrates the countries' commitment to sustainable development and environmental stewardship. By embracing clean energy initiatives and promoting eco-friendly practices, Parliaments can mitigate the impact of climate change and safeguard the well-being of our planet and its inhabitants.
- In pursuit of progress, NEAPACOH must prioritize capacity building of the parliamentarians to effectively hold the executive to account and allocate budgets for development and economic growth. By enhancing the legislative competencies and oversight mechanisms, Parliaments can ensure transparency, accountability, and efficiency in governance.
- promoting domestic financing and leveraging data-driven insights are essential strategies for driving sustainable development and achieving the NEAPACOH's shared goals. By harnessing the power of data, Parliaments can make evidence-based decisions, monitor progress, and optimize resource allocation for maximum impact.
- As NEAPACOH embarks on this journey together, the Parliamentarians must remember that their success hinges on the ability to collaborate, innovate, and partner as equals with development stakeholders. By fostering genuine partnerships based on mutual respect and shared objectives, they could amplify the collective efforts and achieve transformative change for Africa and its people.



Hon. Mokhothu Joseph Makhalanya while speaking in one of the sessions.

Hon. Makhalanya called upon each Parliamentarian and development partner to embrace the spirit of unity, determination, and resolve as they chart a course towards a brighter future for the continent. He encouraged the Parliamentarians that through collaborations and unity, they would build a healthier, more prosperous Africa where every citizen can thrive and reach their potential.

As Chairperson of NEAPACOH, Hon. Makhalanya expressed concern at the fact that Africa was still dependant on borrowed funds as the major funding of malaria, TB, HIV/AIDs and Cancer because it imposes a heavy burden of debt on the citizens, in addition to making them prone to death, in case the international funders withdrew unceremoniously. He emphasised the need for a new conversation of solutions to the challenges such as Health Security preparedness, and ability to feed the citizens and sustainable agricultural activities.

He concluded by encouraging Parliamentarians to collaborate and unite as one to enable the reformation and transformation of Africa into the giant continent that God ordained it to be.

[3.2 Welcome Remarks by Hon. Selibe Mochoboroane MP, Minister of Health](#)

Hon. Selibe welcomed participants to the Mountain Kingdom of Lesotho. He informed the participants that Lesotho boasts of the beautiful terrain and rivers. He appreciated the Organisers of the Meeting for the opportunity he was accorded to make remarks and further appreciated Hon. Mokhothu for chairing NEAPACOH which resulted in the opportunity for Lesotho to host the 15th NEAPACOH meeting.

Hon. Selibe noted that his expectation was such that the meeting would offer Parliamentarians an opportunity to share knowledge and experiences on matters pertaining to the health sector. He informed the participants that:

- the government of the kingdom of Lesotho has empowered Ministry of Health to handle health issues with focus on Primary Health Care.
- as a Minister, his responsibility was to give policy directive which ensures people centred and integrated health facilities while focusing on one health care approach.
- Parliamentarians play an essential role in health by enacting legislations, providing budgets and mobilizing resources, encouraging multi sectoral actions, ensuring national implementation of global commitment, encouraging multi sector and international partnerships.
- the 15th NEAPACOH meeting would help African leaders to enhance their achievements in health care and pave a way forward on how to accelerate health care for those who are lagging behind.
- that African countries are lacking comprehensive systems in primary health care since most of the systems in place were more curative than preventive and hence their yield is not productive.
- despite the negative effect of Covid 19 on the continent, Lesotho learnt from it to work in an integrated way and in this, it has made progress in closing the gap in maternity mortalities, HIV and TB through the adoption of a multi- sectoral approach to address health issues. For example, MOH has included food as a strategy for treatment of TB; some of the strategies Lesotho has adopted in addressing cancer include ensuring that girls are vaccinated with HPV vaccine, 70% of women should be screened by age 35 years and 45 years and 90% of women identified with cervical cancer should receive treatment.
- Although, Lesotho has not yet acquired some of the required equipment for treatment of cancer, at the moment, the government is funding cancer patients to be treated in South Africa as it works on establishing its own treatment centre.

Hon. Selieb concluded by highlighting the urgent need to build capacity for the Members of the Parliamentary Committees of Health in Africa in managing emergencies, production of homemade (Africa) vaccines and medicines as well as fighting gender-based violence in Africa. He stressed the need to unite as Africa if health care is to be improved for the continent as a whole.

3.3 Welcome Remarks and Key Note Address by the Rt. Hon. Tlohang Sekhamane, Speaker of the National Assembly of Lesotho



Rt. Hon. Tlohang welcomed the delegates to the 15th NEAPACOH meeting and to the beautiful Mountain Kingdom, also known as the Kingdom in the Sky which is blessed with many physical features. He appreciated the organisers for the honour accorded him to officiate at the opening of the 15th NEAPACPH meeting.

The Speaker appreciated NEAPACOH, PPD ARO and Partners for honouring the National Assembly of Lesotho to host the meeting. He noted that for the past 14 years, the conference had been hosted in Kampala, Uganda and therefore it was a great honour and a serious gesture for Lesotho to be the first country to host outside Uganda. The Speaker expressed the determination to prove themselves worthy the trust and respect to host.

Rt. Hon. Tlohang expressed displeasure concerning the challenges that the delegates had under gone while in transit in Johannesburg. He pledged to deal with the bottle necks that currently exist amongst the African countries in regard to visa restrictions and mentioned that it should not be an impediment to travel within Africa.

The Speaker observed that Health is life and life is health and that the two are intertwined in many ways and therefore to live without good health is a life not worth living. That those who are unable to take care of their lives today because they are accumulating wealth will realise later on that health is supreme and the gift of life is fulfilled in good health.

The Speaker noted that:

- A number of declarations, protocols and commitments on primary health care to enable Africans live a healthier life have been made by the leaders of the African continent.

- Such include the Maseru Declaration on the fight against HIV/AIDS of 2003 where SADC Countries declared that HIV/ AIDS is not a matter of only Health Ministries but other stake holders as well, the ABUJA declaration of 2001 where African Union countries set a target of allocating at least 15% of their budget each year to the health sector, the Agenda 2063 which calls for increased domestic financing on health.
- Africa was doing whatever it takes to ensure that health matters are at the forefront of governance, therefore, Africa must continue to unite for this cause because there is strength in unity so we need to come together as Africa if we are to achieve much.
- Africa ought to copy from the other blocks like EU on how to work with each other as countries on the same continent, that it was important to remove all boundaries amongst the African countries, remove the small little currencies and work towards combined growth since there was great potential in uniting resources.
- Health matters are difficult but ought to be understood by all Members of Parliament because it affects everyone regardless of whether one understands the nomenclature or not, but it was important for the Members to learn about health.
- Parliamentarians should pick interest in health matters of their countries because they are topical and must be discussed by all.
- the conference had come at an opportunity time when the Legislators in Lesotho were still freshly elected and hence the meeting worked as a capacity building meeting for the Members who serve on the Social Protection Committee and the discussions would enrich them with knowledge and diverse experiences from across the continent for purposes of comparison and bench marking.

The Rt. Hon. Speaker appreciated the;

- Members of NEAPACOH for enabling Hon. Makhalanyane, a Member of the National Assembly of Lesotho to serve as Chairperson of NEAPACOH;
- Hon. Makhalanyane for the great work he was doing as the Chairperson of NEAPACOH;
- NEAPACOH Secretariat for the great work done in organising the meeting and for attending the conference amidst their busy schedules;
- international partners for attending and sponsoring the meeting; and
- members of the senior management of parliament for supporting the work of the Parliamentarians.

The Speaker was grateful about the choice of the theme of the conference “Towards ICPD 30 and achievement of Universal Health Coverage: Imperatives for accelerated implementation and the role of Parliamentarians” and the different topics for discussion because they were very captivating and revealed that the conference would be very rich since the program captured the key concepts of the health trajectory.

The Speaker expressed pleasure at the fact that the conference would yield into the Maseru call to Action, a position collectively owned by the Parliamentarians present at the meeting. He said that the Maseru call to action would make history for the kingdom of Lesotho and

therefore the Speaker and Government was looking forward to reading it and implementing it.

The Rt. Hon. Speaker concluded by emphasizing support to the tenets of NEAPACOH and the Declarations made by NEAPACOH and appealed to the Parliamentarians to be catalysts in the unification of the African continent especially in economic matters and cautioned that diversity in language should unite Africans rather than divide Africa

3.4 Session 1- Part B: International Partners' Speeches



The sub-session was chaired by Mr. Mugirwa Patrick, Programme Officer, PPD ARO who appreciated the Speaker of Parliament of Lesotho for having honoured the 15th NEAPACOH with his presence. He also led the ceremony of handing over souvenirs that had been prepared for the Rt. Hon. Speaker and the Prime Minister.

3.4.1 Welcome Remarks by the Chairperson of PPD, South Africa



The Chairperson of PPD, South Africa Was represented by Mr. Oliver Zambuko, Officer in Charge, PPD. Mr. Zambuko welcomed the delegates to the 15th NEAPACOH meeting and extended greetings from H.E. Ms. Lindiwe Zulu, MP, the Chairperson of PPD who could not make it to the meeting due to unavoidable circumstances. He also passed on apologies from the Executive Director of the Secretariat for also not making it to the meeting. Mr. Zambuko appreciated the participants

for attending the meeting and further appreciated the Rt. Hon. Speaker for expressing interest in the discourse on Universal Health Coverage.

Mr. Zambuko observed that the NEAPACOH meeting had a bearing on SDG 3 on good and affordable health care for all citizens by 2030. He further observed that achieving Universal Access to Health Care is a key universal target which every country in Africa ought to attain. He observed that the Covid 19 pandemic reinforced the need for the people to have affordable health care and adequate health care infrastructure, in case of another emergency. He also noted that attainment of universal health care also meant reducing maternal maternity and malnutrition.

Mr. Zambuko noted that access to quality health care remains a main challenge in Africa and therefore there is need for the continent to embrace universal commitment towards health care. He further noted that the 2001 Abuja declaration (15% of the budget being for health care) must be attained by most African countries in order to realise Universal Health Care. The success of accessible health care relies on strengthening primary health care and yet most countries have curative than preventive care services which undermines universal health care.

Mr. Zambuko informed the delegates that PPD has tried to put in place policy that addresses health care including policy on reproductive care, maternal mortality, inequalities, sustainable development, preventing and managing HIV. He noted that Institutions are key drivers for the achievement of Universals Health Care.

He informed delegates that PPD is desirous to offer support and strengthen south to south cooperation among states and that some of the some of the low hanging fruits are that PPD has offered is putting protocols in place, it was time to realise the protocols. He mentioned that the African Union Agenda of 2063 should guide Africa in gaining the agenda of unity.

Mr. Zambuko noted that most African countries have not yet managed to meet half their entire budget and yet they are expected to put 15% on health, this therefore means that the platform of South-to-South platform could be utilized by some countries to benefit from the available resources and would pick best practices from the successful countries.

In his concluding remarks, Mr. Zambuko mentioned that African Countries could institutionalise and collaborate into a mutually beneficial approach that will help resolve some of the issues affecting Africa. He therefore recommended that some of the issues that should form part of the discourse for the meeting were; institutional infrastructure, reliable health financing mechanism, initiation of finance facilities that target universal health care agenda, promote partnerships to strengthen and implement south to south initiatives and lastly technology and knowledge transfer among African countries as well as Monitoring and Evaluation.

3.4.2 Remarks by the Director Health Security Preparedness, WHO HQ Geneva

Dr Stella Chungong, Director Health Security Preparedness, WHO HQ Geneva appreciated the organisers for inviting WHO to such an important meeting. She informed the delegates that every year, the African region faces over 100 health emergencies, which cause

high levels of morbidity, mortality, and socioeconomic disruptions due to inadequate regional preparedness and capacity for response to the emergencies.

Dr. Stella noted that one of the greatest lessons from the COVID-19 pandemic was the need for Africa to significantly bolster capacity to prepare for, detect, respond and minimize the danger and impact of acute public health events. She further noted that this would require concerted efforts by governments and partners to strengthen health security and build resilient systems for universal health coverage and emergency response.

She observed that Africa has to prioritize putting in place systems that address health emergencies and there should be capacity building for Parliamentarians to have awareness of protocols that ensure countries are able to respond to health emergencies. That Parliaments should be able to collaborate with civil societies and other partners with expertise, knowledge and resources available in health emergency.

Dr. Stella noted that;

- the meeting in Lesotho came at a crucial time when countries worldwide were negotiating the first-ever global Pandemic Accord to strengthen pandemic prevention, as well as amendments to the International Health Regulations in response to the challenges posed by the COVID-19 pandemic and other health emergencies.
- Africa faced huge challenges in responding to COVID-19 and that while many countries took early measures to limit the spread of the virus, significant obstacles emerged, notably the inequitable access to pandemic-control tools such as diagnostics, treatments, and vaccines.
- central to the proposed Pandemic Accord is the commitment to ensure equitable access to pandemic prevention tools, healthcare, and expertise for all populations.
- it is crucial that Africa's priorities be adequately reflected in the ongoing negotiations of these key global health instruments because the region has a lot to gain from a fair, equitable and transparent international pandemic accord.
- The NEAPACOH gathering of African lawmakers was crucial in the following three key ways:
 - it would enhance parliamentary awareness of important global instruments for health security and the ongoing negotiations.;
 - it would discuss how lawmakers could support measures to ensure establishment of strong and resilient health systems that provide adequate and quality services, and are able to ensure effective national response to health emergencies.;
 - it would deliberate on how parliaments would foster and promote collaborations at the national and local levels with sectors beyond health. That the response must bring in expertise, knowledge and resources from a variety of stakeholders.
- While there's growing expertise in health emergency response, there are critical gaps that must be plugged such as ensuring adequate and well-trained health workforce, health infrastructure and supplies.

- there is need for strong leadership to develop and drive robust health policies to ensure that the health and well-being of the citizens do not remain distant promises, but a transformative reality.
- the core roles of law-making, budgeting and oversight place parliamentarians in a unique position to both respond to the needs of populations as well as influence national health priorities.
- Parliamentarians have an important role to play in fostering ownership and transparency of the Pandemic Accord, as well as in the efficiency of the future International Health Regulations. That close collaboration with parliamentarians and other stakeholders is instrumental in ensuring the effective implementation of health policies and strategies to safeguard public health and well-being within their respective countries.
- Parliaments, as an institution should be informed, involved, and engaged. As a representative body, parliaments should be accountable to the population and the meeting was a great opportunity to bring attention to the needs of vulnerable populations - those disproportionately affected by outbreaks and health emergencies.
- recognizing the unique roles of parliaments and parliamentarians, WHO together with the IPU recently held a high-level conference in Accra, Ghana, on strengthening health security preparedness in Africa. This high-level awareness raising conference provided a deeper understanding of the current discussions around the strengthening of the global health architecture.
- WHO continues to work with countries to support the efforts to enhance health security as well as Universal Health Coverage, including through supporting Parliamentarians to ensure that health priorities, including emergency preparedness, are adequately reflected in national agendas, and in turn, for African governments to forge a unified voice to influence global discussions on health.

Dr. Stella emphasized that if Africa united, there would be a strong voice, that would enable the building of a resilient world together, and the ongoing global processes provides a historic chance for the Africa region to help rewrite the shortcomings of the past. That the continent could build international health accords grounded in the principles of inclusiveness, transparency, and equity.

She concluded by noting that the discussions at the meeting would certainly contribute to the collective endeavour to strengthen pandemic preparedness and response and lastly that being at the centre of the health security and Universal Health Coverage agenda will keep Parliaments and parliamentarians at the core of national, regional, and global dialogue and policies.

3.4.3 United Nations Resident Coordinator in Lesotho;



Ms. Amanda Khozi Mukwashi - United Nations Resident Coordinator in Lesotho appreciated the opportunity to be considered in the conversation most specially to address Members of Parliament from different African countries. She mentioned that her thoughts about a Member of Parliament is that of representation of the lowest citizen who votes his or her representative with the hope that the representative will amplify their dreams and wishes to the Parliament, therefore she has special honour for Members of Parliament because they are representatives of the local person.

She observed that a discourse on health is a discourse about life and yet most of the population on the African continent are not accessing the basic health care as evidenced by the high rates of maternal mortality and the fear of the HIV positive persons being able to access ARV's in case donors withdrew funding. She expressed concern about the state of health on the continent which was appalling and poses a number of questions to the Parliamentarians, who ought to find plausible solutions and avail the support that is required.

Ms. Amanda noted that Africa is endowed with many resources that need to be transformed into positively lived realities of the people on the continent and that the interconnected challenges being faced on the continent in terms of health, food, shelter, education can best be solved by uniting as Africa and harnessing the available resources together.

She concluded her remarks by noting that matters of health are very important to every nation because it is the nation's wealth and that without health a nation cannot achieve the SDG's and further that Africa is not short of resources or policies that could steer good health, but it is the roles of the Representatives such as legislative, representation, oversight and budgeting that may make the difference, if well utilized.



The United Nations Resident Coordinator (L) and The Representative of European Union in Lesotho (R)

3.4.4 Remarks by the Representative of European Union (EU)

Ms. Anna observed that health is a global issue that affects all other sector such as the economic, education and social sector among others. She informed that the EU has been extending support to African countries through different partnerships including the Africa-EU Global Health Partnership with one of the objectives being to strengthen and build resilience of African and European health systems in response to the rapidly evolving health burden as well as climate change-related health challenges and emerging pandemics, the EU support to the Government of South Africa regarding Universal Health Coverage Partnership (UHC-P) through which the South African Strategic Framework was made to guide public and private health facilities and health workers on compliance with standards relating to infection control and prevention practices, and the Gavi fund that supports African vaccine manufacturing, in order to protect Africa from vaccine-preventable diseases.

She noted that the role of Parliamentarians is crucial in ensuring the realisation of the right to health, that Parliamentarians should ensure effective legislation, budget allocations and oversight of implementation such as ensuring that vaccine doses are not wasted.

She concluded by commending the Government of Lesotho for allocating a higher budget for health care systems and implored the Parliamentarians to continue with the networking as a way of picking best practices that are instrumental in pushing the health care agenda.

3.4.5 Remarks by the Executive Director, African Institute for Development Policy (AFIDEP)

Dr. Rose Oronje represented Dr. Eliya Zulu, Executive Director, African Institute for Development Policy (AFIDEP), whose speech she read verbatim. According to the written Speech, Dr. Eliya appreciated the organisers of the NEAPACOH meeting because it would

pave a way in solving a number of health challenges such as maternal mortality which is alarming.

In to the Speech, Dr. Eliya posed a number of questions including; what practical steps could be taken by the different stakeholders in resolving the health financing issue? how can African countries harness the limited resources available? He noted that many African countries are at less than 50% financing for health care, that only a few countries were above 50% and these include Lesotho, South Africa and Ghana among a few others. Dr. Eliya further noted that due to the inability of many Africa countries attaining the 15 % health financing commitment, Africa Countries' Heads made a follow up declaration in 2019, in Addiss Ababa, Ethiopia where they committed to eliminate the existing wastages in health budgets to avoid leakages.

Dr. Eliya made the following recommendations;

- ✓ African countries must increase health budgets as well as reduce leakages by engaging other sectors that may be wasting some of the resources being that external funding on health care is reducing due to exit of Partners across the continent.
- ✓ Africa continent should look beyond the health sector budgets to deal with health issues.
- ✓ there is need to increase political commitments for family planning and reproductive health.
- ✓ Parliaments should advocate for increased funding of other sectors such as agriculture.
- ✓ Parliamentarians should leverage their legislative funding by advocating for accountability.
- ✓ there is urgent need to deal with the TB burden that men are carrying.
- ✓ African countries should leverage other sectors such as climate change in order to enhance the budget for health financing.
- ✓ The little resources should be efficiently utilized, and health issues should be addressed in a multi-sector approach because health fails due to failure in other sectors.

Dr. Eliya's speech ended with a pledge by AFIDEP to continue supporting governments by giving evidence-based research.

3.4.6 Remarks by the Country Director, PATH, Uganda;

Dr. Betty Mirembe, Country Director, PATH, Uganda, started her remarks by extending greetings to the delegates. She expressed her gratitude for being part of such an important meeting which was aimed at reviewing progress and discuss how to accelerate attainment of Universal Health Coverage (UHC).

Dr. Betty noted that;

- The health challenges facing the African continent demand urgent attention and collective action. Despite strides made across various health indicators, Africa continues to grapple

with unacceptably high levels of morbidity and mortality, particularly among women and children.

- Access to quality healthcare remains significantly limited, exacerbating the vulnerabilities and health inequities faced by millions across the region.
- Universal Health Coverage (UHC) stands as a beacon of hope, promising equitable access to essential health services without financial hardship. It is a cornerstone of Africa's collective commitment to the Sustainable Development Goals (SDGs), particularly Target 4.8, which underscores the imperative of achieving UHC by 2030. That in order to achieve the UHC goals, Africa must invest in strong Primary Health Care as the foundation for a healthy population and a well-functioning and responsive health system and also maintain a strong focus on Prevention/Health Promotion efforts.
- The theme of the 2024 NEAPACOH meeting, underscores the urgency of the task of attaining UHC and in order to do so, it is imperative that we reflect on the progress made, the challenges encountered, and the opportunities that lie ahead.
- Parliamentarians play a pivotal role in shaping health policies, allocating resources, and ensuring accountability. Therefore, their engagement is essential in driving forward the agenda for improved maternal, neonatal, child, and adolescent health outcomes being that they are clothed with the power to set policy agendas and allocate resources at all levels of government so that all those that need health care can access it.

Dr. Betty informed the Parliamentarians that this was the time to prioritize immunization and Maternal and Newborn health under the broader Primary Health Care as a Key Investment Towards Health for All and this required the following;

- A renewed focus on financing for Health Promotion /Disease Prevention - model; Most current PHC systems are designed to treat the sick, not to keep people healthy— governments need to allocate more financing to primary health care, and in particular toward health promotion and disease prevention. Instead of waiting to spend money on treating the sick—which is more expensive—resources can be more efficiently used by keeping people healthy. We acknowledge that most countries have robust policies in place (and PATH has worked with governments to strengthen PHC policies), but policy implementation remains a challenge due to inadequacies in financing.
- Prioritize domestic investments in Health System Strengthening towards ending maternal mortality, improving new born health and reaching the unreached with critical vaccines and life-saving commodities (particularly meeting the co-financing obligations for GAVI). Mortality declines have stalled and funding in many countries has been diverted to other priorities. She requested the honorable members of parliament to play your critical role in changing the health trajectory.

She concluded by urging the Parliamentarians to actively participate in the discussions, sharing insights, experiences, and recommendations at the meeting and further to leverage the NEAPACOH platform to forge consensus, foster partnerships, and chart a course towards a healthier and more prosperous Africa.

3.4.6 Remarks a CSO - Faith to Action Network, Senior Advisor, Anglican Alliance (Global platform of the Anglican Church)

Rev. Canon Kaiso, Chair Steering Council at Faith to Action Network, Senior Advisor, Anglican Alliance (Global platform of the Anglican Church) expressed gratitude for being part of the organisers of NEAPACOH, which offered a platform for the Faith to Action Network to share their knowledge and experiences. He explained that the Faith to Action platform;

- Is a global platform that brings together different faith- based organisations, which focus on reproductive sexual health,
- is funded by the European Union as is found in Burundi, Rwanda, DRC, Tanzania, Kenya and Zambia.
- engages with policy makers from the mentioned national assemblies.
- looks at provisions of Bills to bring an interfaith approach to the laws that are made.
- developed a guide and manual to help faith-based organisations to engage in reproductive health matters.

Rev. Kaiso explained that faith is very important ingredient in the topic of discussion. That all the changes, the delegates desires to see in society would remain wishful thinking until they are turned into public policy and that faith leaders could provide the needed lens.

That the Faith to Action Network has been involved in difficult conversations within faith communities and hence have amassed experience in dealing with certain difficult conversations for example the organisation came in handy in educating communities where faith organisations had resisted good programs like family planning.

He concluded by informing delegates that their organisation had introduced the concept of difficult conversations especially in reproductive health and this conversion to have impact, its pertinent that the Parliamentarians and communities should be included in the conversions.

4.0 Session II: “Towards ICPD 30 and achievement of Universal Health Coverage (UHC)”

The Session Moderator was Hon. Dr. Charles Ayume, Chairperson Committee on Health, Parliament of Uganda.



Hon. Dr. Charles Ayume, while moderating the second session.

4.1 Keynote address: Implementation of the International Conference on Population and Development (ICPD) Agenda and achievement of UHC in Africa: What does the future look like? Presented by the UNFPA Representative for Lesotho.

The Keynote address by Ms. Lydia Zigoma, Regional Director for East and Southern Africa was delivered by Mr. Innocent Modisaotsile, UNFPA Representative for Lesotho.

Mr. Modisaotsile opened the remarks by informing the delegates that he was making the remarks on behalf of UNFPA's Regional Director, Ms. Lydia Zigoma, upon which he extended her apologies for not making it to the meeting due to other competing commitments.

He informed the delegates that UNFPA is the sexual and reproductive health agency of the United Nations and further that this year, 2024 was a significant year to UNFPA and the global SRHR community because they are celebrating thirty (30) years of the International Conference on Population and Development (ICPD) and ten (10) years of the Addis Ababa Declaration on Population and Development (AADPD).

He gave the history of ICPD as such that ICPD arose out of a conference that took place in 1994 in Cairo which transformed global thinking on population and development issue and defined a bold agenda, placing people's dignity and rights at the heart of sustainable development. That at the conference, 179 governments adopted the ICPD Programme of Action for people-centred development, where it was affirmed that inclusive sustainable development is not possible without prioritizing human rights, including reproductive rights; empowering women and girls; and addressing inequities as well as the needs, aspirations and rights of individual women and men.

He stated that ten (10) years ago, Africa adopted the Addis Ababa Declaration on Population and Development which aimed at accelerating progress towards ICPD's people-centered goals, the 2030 Agenda and the African Union's Continental Transformative Agenda 2063. And further, that the declaration provides region-specific guidance on population and development in Africa and guidelines for monitoring progress on the implementation of the ICPD in Africa. That the declaration reaffirmed the Universal Declaration of Human Rights, and the Maputo Plan of Action on Sexual and Reproductive Health and Rights as well as other International and Regional instruments relating to human rights.

Mr. Modisaotsile further informed that in 2023, as part of the 30th anniversary of the ICPD PoA, the African Union Commission (AUC), in collaboration with the UNFPA and the United Nations Economic Commission for Africa (UNECA) had assessed how far Africa had progressed towards achieving AADPD and ICPD goals and the overall review suggests that;

- the ICPD Agenda, the people-centered rights-based development approach has enabled impressive gains in Africa;
- the use of modern methods of contraception has increased by (nearly) three times since 1994;
- maternal mortality has declined by over 50%; and
- the significantly higher number of young people are able to access age-appropriate health and life skills education.

Mr. Modisaotsile, however, noted that despite the progress, the promise of ICPD and AADPD still remains to be fulfilled for millions of Africans as evidenced by the following;

- One in five women's need for family planning remains unfulfilled;
- Maternal mortality remains unacceptably high;
- Gender based violence and prevalence of other harmful practices affecting people-centered development is still high;
- The teenage pregnancy rate in Africa is twice the global average and this is evident across all countries.
- Lack of disaggregated and timely data continues to limit evidence-based decision making, Policy formulation, targeted programme interventions etc
- According to UNECA, over 50% of the SDGs indicators cannot be tracked in time due to over dependence on do not resources to generate statistics in Africa.

He said, that considering the slow pace of progress, Africa was unlikely to achieve many of its ICPD/AADPD targets, including universal sexual and reproductive health and rights (SRHR) and universal Health Coverage by 2030 and therefore the 15th NEAPACOH conference was timely to discuss ways to redouble national efforts because the roles of members of the Parliamentary Committees of Health is absolutely important within and across all other relevant committees and UNFPA places high significance of the partnership it has with Parliamentarians in as far as their roles of legislative, budget making, oversight and accountability and representation are concerned.

Mr. Modisaotsile highlighted the following as the three continental initiatives, frameworks and strategies that Parliamentarians could pick interest in as being important for accelerating progress towards the ICPD goals and in particular, Universal health Coverage;

- Africa Union’s Campaign on Accelerated Reduction on Maternal Mortality in Africa (CARMMA) Plus Initiative: In 2022, the African Union decided to extend the CARMMA Plus initiative until 2030, and expand its scope to include adolescent health including adolescent sexual and reproductive health and rights. He implored the Members of Parliament to explore their leadership opportunity to strengthen the implementation of the CARMMA plus to address young people’s health needs including their SRHR needs.
- The African Union Education Health and Wellbeing (EHW) Strategy: This strategy was launched by the AUC in 2023 to improve health and wellbeing of young people. It aims to enhance the physical, mental and reproductive health of young people while contributing to the achievement of educating goals. The support of the Members of Parliament in rolling out the strategy is very critical.
- The African Union continental Strategies on Gender Based Violence and other harmful practices: whereas the Members of Parliament had made commendable commitments in strengthening policies and legislations to address gender-based violence (GBV) and harmful practices including the African Union Gender Strategy 2018-2028; the Economic Community of West African States (ECOWAS) Gender observatory; the African Union Campaigns to end child marriage (African Union Campaign to End Child Marriage); and the African Union Initiative on the Elimination of FGM, there was still a lot to be done to address high level of GBV including Child Marriage, FGM and other harmful practices on the African Continent and this the support could be given through;
 - i. Supporting policy actions in the protection and promotion of human rights
 - ii. Mobilizing continental awareness of and engagement to end child marriage and other harmful practices
 - iii. Removing barriers and bottlenecks to law enforcement
 - iv. Increasing the capacity of non-state actors to undertake evidence-based policy advocacy including by increasing the role of youth leadership.

Mr. Innocent highlighted the importance of improving financing for Sexual and Reproductive Health and Rights including making SRHR an integral part of Universal Health Coverage. He said that to translate the continental, regional and national commitments into actions, there is need for resources and yet government health expenditure was flat lining around an average of just about 7% of total government expenditure in Africa, and the Abuja declaration target of 15% remains some distance away for most countries. He informed that the delegates that in about forty-two (42) AU countries, domestic government health expenditure is less than \$86 per capita which is the benchmark for financing essential health services for accelerating progress towards Universal Health Coverage (UHC).

He urged Members of Parliament that with their support and guidance, the drive to attain 'UHC through PHC-Primary Health Care' would gain momentum in Africa and this would provide an opportunity to address many SRHR issues by progressively including SRHR information and services within the country-specific UHC benefit packages, UHC Financing and UHC Financial Risk Protection mechanisms. That, embedding critical elements of Sexual and Reproductive Health and Rights in UHC would:

- (a) improve access and utilization of comprehensive SRHR information and services;
- (b) improve sustainable financing of SRHR;
- (c) improve integrated service delivery, including the inclusion of adolescents, migrants, refugees, survivors of GBV and people with disabilities in UHC;
- (d) reduce defragmentation of multiple planning, financing and delivery systems; and
- (e) accelerate progress toward universal SRHR, UHC, goals of ICPD and SDG.

Call for action/Recommendations:

- ✓ Members of Parliament to inspire action, mobilize political will and financial commitments that is urgently needed to finally and fully implement ICPD Plan of Action to accelerate progress towards universal access to Sexual and Reproductive health and Rights, UHC, SDGs and Africa Agenda 2063.
- ✓ Take stock and refocus all efforts by using evidence-informed interventions to support policies, financing arrangements, delivery and measurement systems to accelerate progress towards UHC. To this end, UNFPA, is ready to strengthen its strategic partnerships with the parliamentary committees of health, other related parliamentary committees and partners to accelerate progress towards universal sexual and reproductive health and rights through human rights-based approaches since attainment of UHC demands attainment of universal SRHR.
- ✓ Members of Parliament should ensure strong disaster risk reduction programmes with inclusive multi sectoral policies, anticipatory actions, humanitarian data, monitoring among others.

He concluded by noting that accelerated parliamentary actions in the discussed areas, would help in accelerating progress of situating SRHR in UHC policies, financing, financial risk protection, tailored programmes and services and that attainment of universal SRHR would produce multiple dividends including demographic; health, education, gender and climate dividends and further that UNFPA was committed to its partnership with members of parliament to improve implementation of ICPD PoA for attaining universal SRHR and UHC which in turn will accelerate progress toward SDGs and Africa Agenda 2063 and that UNFPA would look forward to receive the outcome document of the meeting.

4.2 Reimaging Maternal, New born, and Child Health (MNCH) and Immunisation as vital catalysts for advancing the UHC agenda, why now? Presented by Country Director, PATH, Uganda.

Dr. Betty opened her presentation with statistics on Maternal Mortality Rate (MMR);

- Globally, a woman dies of pregnancy-related causes every two minutes, 30 mothers every hour.
- In 2020, the average MMR in the African Region was 531 deaths per 100,000 live births, accounting for 69% (2/3) of maternal deaths.
- The major contributors/ causes, of maternal deaths, are severe hemorrhage, infection, high blood pressure during pregnancy (pre-eclampsia and eclampsia), complications during childbirth and unsafe abortions (75%).
- MMR needs to be reduced by at least 20.3% each year from 2020, to reach the SDG target by 2030.
- Compared to 2017, in 2020 the maternal mortality ratio increased in 17 countries and decreased in 30 countries.

Dr. Betty also shared the statistics of the countries which currently have extremely high maternal mortality rates as follows:

- South Sudan – 1,223 deaths per 100,000 live births
- Chad – 1,063 deaths per 100,000 live births
- Nigeria – 1,047 deaths per 100,000 live births

She noted that some countries registered an increase in MMR due to COVID and other factors including environmental related challenges and that in 2017, Sierra Leone was among the top three countries in Africa with high maternal mortality rates with 1,120 deaths per 100,000 live births, however, in 2020, the maternal mortality rate in Sierra Leone had dropped by nearly 60% to 443 deaths per 100,000 live births.

Dr. Betty made the following Call to Action to enable the attainment of MNCH and UHC;

- i. Investment and political commitment:
 - There is need for sufficient political commitment and ambition persist in addressing mortality and morbidity to enhance the efforts already put in place through establishment of national targets for reducing maternal and newborn mortality rates,
 - There is need for clear financing of the objectives and targets that countries have put in place to address maternal, newborn, and stillbirth issues.
 - There is need for enhanced synergies in planning, financial tracking, and accountability mechanisms that are imperative in achieving targets for women and newborns.
- ii. Strengthening service delivery for quality and respectful care:
 - There is need to put in place accessible, skilled, motivated, and respectful healthcare providers, and to avail essential commodities and appropriate equipment if quality and respectful MNH care is to be attained.

- Parliamentarians should participate in community engagement because it is pivotal to ensuring responsive services that cater for the needs and preferences of women and newborns, with mechanisms such as maternal and perinatal death surveillance and response systems playing a vital role.

iii. Accountability and partnerships:

- Women, families, and communities should be actively involved in planning, monitoring, and supporting services to ensure accountability.
- Exploring the role of the private sector in bolstering coverage and equity of maternal and newborn interventions is essential, alongside fostering synergies with other ongoing initiatives and programs.

Recommendations

- ✓ Champion the cause to place maternal and newborn health high on the agenda of governments and development partners.
- ✓ Parliamentarians to recommit to increase financing for MNCH and immunization to ensure universal health coverage for comprehensive reproductive, maternal and newborn health care.
- ✓ Be champions in the communities to ensure behavioral change.
- ✓ Ensure accountability for improving health care services to women and girls at all levels.

4.3. Strengthening Health Security Preparedness: A Shared Commitment presented by the Team Leader, Multi-lateral and Parliamentary Engagement, WHO HQ, Geneva.

Dr. Ludy Suryantoro introduced his presentation by informing the delegates that WHO handles a number of cross cutting health related issues, including ensuring that all countries have the same standards. He said that WHO uses its technical and convening mandate to;

- support countries in the prioritization and development of national policies that support multisectoral engagement;
- put national preparedness priorities on the agenda of national, regional and global leaders in order to foster collaboration; and



- support progress towards national preparedness goals.

Dr. Ludy also said that Governments have many responsibilities, functions and legal obligations related to health security and emergency preparedness, including ensuring the existence of an appropriate national emergency preparedness

plan which should be adequately costed, resourced and given effect under a clear line of authority at all stages of escalation. That WHO and partners have been supporting the National Action Plans for Health Security (NAPHS) since 2016.

Dr. Ludy noted concerning UHC and Health Security that;

- as countries embrace responsibility for global health security, they will be better equipped to meet national and international commitments when backed by their parliaments.
- the role of Parliaments is critical to influence a country's direction and vision to help achieve national and global health security and meet UHC.
- Parliaments, as an institution are informed, involved and engaged and as a representative body, Parliaments are accountable to the population.
- in supporting global, regional and national health security, Parliaments will also contribute to Universal Health Coverage.
- the 15th NEAPACOH meeting was a great opportunity to bring to the attention of the policy makers, the needs of vulnerable populations that are disproportionately affected by outbreaks and health emergencies.

Dr. Ludy implored Parliamentarians to familiarize themselves with the IPU-WHO Handbook for Parliamentarians on strengthening health security preparedness. The aim of the Handbook is to optimize parliaments and parliamentarians' functions and opportunities to advance health security preparedness and IHR implementation. He shared the following Roadmap as a guide to Africa's betterment in health care;

(a) Legislation and Policy:

- Enact laws aligning with international health regulations and WHO guidelines.
- Establish legal framework for Pandemic Accord and IHR amendments.
- Create laws for national public health emergency funding.
- Review and strengthen existing public health emergency laws.

(b) Oversight and Accountability:

- Ensure government commitments to preparedness and response funding.
- Consider forming parliamentary forums for oversight.
- Establish feedback mechanisms for affected

(c) Resource Allocation:

- Approve budgets and secure funding for pandemic efforts.
- Monitor effective use of allocated funds.
- Oversee government policies and actions on preparedness and response.
- Ensure transparency in decision-making.

(d) Multisectoral Collaboration:

- Encourage collaboration among ministries and agencies involved in response.
- Facilitate coordination and information sharing.

(e) Advocacy and Awareness:

- Engage in public debates, discussions, and campaigns.
- Mobilize public opinion and support health initiatives.
- Advocate for international cooperation.

Recommendations

- International Health Regulations should be understood by the Parliaments because they guide on implementation
- Parliamentarians should join forces to ensure adequate support for the implementation of National Action Plans for Health Security in order to sustainably strengthen IHR health security preparedness capacities.
- Multisectoral preparedness coordination is vital for health security preparedness
- Strengthening multisectoral capacities for preparedness and response to public health threats is vital.
- Parliaments and parliamentarians should actively engage and involve in health security preparedness activities
- Parliaments and parliamentarians should work together with WHO and IPU for accelerating country's health security preparedness and multisectoral preparedness coordination for better response
- Widely disseminate IPU-WHO handbook "Strengthening health security preparedness: The International Health Regulations (2005)"
- IPU and WHO should conduct capacity building workshops on health security preparedness and the IHR (2005) for national parliaments
- Parliaments and parliamentarians should reach out to IPU and WHO for health security preparedness support and initiatives
- Parliamentarians should join the WHO Global Strategic Preparedness Network (GSPN)

4.4 Advancing Primary Health Care (PHC): A pathway for ensuring Health security and achievement of UHC presented by the Director, Research, Innovation and Community Extension, AMREF International University



The Director, Research, Innovation and Community Extension, Amref International University, Dr. Alice Lakati, PhD noted that it is 46 years since the landmark 1978 Alma-Ata Declaration, which defined Primary Health Care (PHC) as:

“Essential health care based on practical, scientifically sound and socially acceptable methods and

technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford.”

However, she also noted that the PHC Agenda in Africa still needs to be improved due to a lack of evidence, context relevance, and limited involvement of communities. She mentioned that Primary health care (PHC) is the most effective and cost-efficient way to achieve UHC and that WHO defines UHC as:

“Universal health coverage (UHC) means that All people have access to the full range of quality health services they need, when and where they need them, without financial hardship. It covers the full continuum of essential health services, from health promotion to prevention, treatment, rehabilitation and palliative care.”

Dr. Alice mentioned that Global Health Security (GHS) is defined by the following activities required:

- both proactive and reactive
- to minimize the danger and
- impact of acute public health events
- that endanger people’s health across geographical regions & international boundaries

According to Dr. Alice, the drivers of GHS include:

- Population growth
- Rapid urbanisation
- Environmental degradation
- Misuse of antimicrobials is disrupting the equilibrium of the microbial world
- New diseases, like COVID-19
- International travel: spread of infectious agents and their vectors.

She briefly talked about AMREF Health Africa work in Primary Health Care as long follows;

- ✓ Founded in 1957 as Flying Doctors service
- ✓ Collaborate with Ministries of Health

Achievements;

- ✓ RMCAH, WaSH, HRH, policy & advocacy
- ✓ Covid-19- 21M doses
- ✓ Last mile project; One Health in Turkana

Dr. Alice mentioned that to achieve PHC, the following should be considered;

- Recognize that Ministries of Health cannot do it alone
- Important players that impact health and hence PHC are well document in SDGs
- Some examples: Access to safe water alone, an estimated 1m people die due to diarrhea associated with unsafe water. What about morbidity and treatment cost.

She concluded with the following call or Recommendations on how to move from Primary health Care to Global Security for Universal Health Coverage.

- ✓ Address bottle necks in strengthening Operational Efficiency fore example immunization since it had the greatest impact.
- ✓ Address social determinants of health (leverage on technology and health information among others).
- ✓ Interventions to address NCD risk factors, management and prevention: inculcate early in life; school health programmes.
- ✓ Models for delivery of OHC for last male populations
- ✓ Models for health financing.

5.0 Session III: Achieving the Universal Health Coverage (UHC): The key imperatives

The Session was moderated by Hon. Prudent Victor Topanou, Chairperson Committee on Health, Parliament of Benin



5.1 Accelerating Access to Sexual Reproductive Health Information & Services for Adolescents and Young People: presented by the Knowledge Management Adviser-Faith to Action Network, Zimbabwe.

Professor Ezra Chitando, Knowledge Management Adviser-Faith to Action Network, Zimbabwe reiterated the importance of religion in accelerating reproductive health and the importance of MPs in understanding the role of reproductive health of adolescents to the development of a country. He emphasized the need to create a supportive platform for the young people to deal with sexual development and the need for religious leaders to provide an avenue to motivate and address the matter. Mr. Chitando informed the delegates that the focus of the policy brief was to inform advocacy for legal reform and lobby for domestic health financing to ensure adolescents and young people in East Africa realize their sexual and reproductive health and rights and flourish. That the Brief sought to mobilise parliamentarians and religious leaders to appreciate the supportive role of religion in accelerating access to Sexual and Reproductive Health (SRH) information and services.

He stated that Africa's overly youthful population which is approximately 60% of the total could contribute towards the achievement of the continental development blueprint, Agenda 2063, The Africa We Want and the United Nations 2030 Sustainable Development Goals (SDGs). And that to achieve this, it is vital for adolescents and young people to have access to SRH information and services and to laws, regulations, policies and programmes as well as access to justice can help to protect and promote SRH.

He said that there were three main barriers to adolescents and young people's access to SRH information and services that is to say, inadequate financing, legal, as well as socio-cultural and religious norms and these call for an urgent need for religious and traditional leaders to work hand in hand with parliamentarians in order to overcome these barriers. That this unity of purpose is critical in enabling adolescents and young people to contribute to the continent's development. He used the African proverb, "When spider webs unite, they can tie up a lion," to explain that in securing domestic health financing and transforming the legal and religious contexts, parliamentarians and religious leaders will reduce stigma and fast-track adolescents and young people's access to SRH information and services.

Mr. Chitando said that in order to harmonise the legal environment relating to adolescents and young people accessing SRH information and services, it is strategic to address some major themes such as: age of consent to sexual activity, age of consent to marriage, age of consent to health services, criminalization of consensual sexual acts among adolescents, criminalization of HIV transmission, SRHR services for young people further left behind; cultural, religious and traditional practices that are harmful, learner pregnancy retention and re-entry laws and policy, and provision of comprehensive sexuality education.

Recommendations

- ✓ Parliamentarians and religious leaders have a strategic role to play in establishing and maintaining a conducive legal and policy environment that enables adolescents and young people in sub-Saharan Africa to access Sexual and Reproductive Health Information and Services.
- ✓ Parliamentarians and religious leaders must ensure that there is adequate health financing to enable Adolescents and Young People to access Sexual and Reproductive Health Information and Services.
- ✓ Accelerating access to Sexual and Reproductive Health Information and Services for Adolescents and Young People is integral to the achievement of individual, family, national, regional, continental and global development goals. Knowledgeable, equipped and empowered adolescents are a strategic resource that should be nurtured carefully.
- ✓ To enable adolescents and young people to flourish, religio-cultural, legal and policy barriers must be removed. This will facilitate their access to quality SRH information and services.
- ✓ Governments and regional parliaments must promote youth-friendly and youth supportive health services. Further, supporting comprehensive sexuality education will allow adolescents and young people to make informed decisions about their own health.
- ✓ Parliamentarians and religious leaders should approach access to SRH information and services from the point of compassion and realism.

Mr. Chitando concluded with the following chart showing the framework for Action for accelerating access to SRH information and services for adolescents and young people:

FOUNDATIONAL GUIDELINES FOR ACTION	
<p>1. Creating and supporting enabling legislative and policy environment</p> <p>a. Lobby for adequate domestic health financing</p> <p>b. Regular Legal Environment Assessment and Monitoring</p> <p>c. Legislative Advocacy and Lobbying for Progressive Legislation on accelerating adolescents and young people’s access to SRH information and services</p> <p>d. Revamping National Policies and Plans to support accelerated access to SRH information and services for adolescents and young people</p>	<p>2. Programme development, implementation and monitoring</p> <p>a. Engagement of Duty Bearers</p> <p>b. Engagement of Faith-Based Actors, Community and Traditional Leaders</p> <p>c. Available Services</p> <p>d. Acceptable Services</p> <p>e. Quality Services</p>

5.2 Health and Human Rights: presented by the Executive Director, Centre for Human Rights and Development (CEHURD)

Ms. Fatia Kiyange, the Executive Director, Centre for Human Rights and Development (CEHURD) made her presentation through a Documentary that was played for the delegates on the plight of school going girls who are impregnated in school and hence forced to drop out of school, some by their male caretakers.



Ms. Fatia mentioned that the Documentary was Commissioned by CEHURD with support from PPD. The link of the documentary is attached to the Report.

Ms. Fatia observed that some of the factors that accelerate SRH of the Adolescents & Young People, especially girls drop out of school include;

- Social determinants of poverty, gender inequality, water/sanitation, housing and urbanisation etc.;
- Social impact development projects;

- Epidemics and pandemics, which cause vulnerability of the girls;
- Cost of healthcare and access to sexuality and other SRH information;
- Social injustices - the judiciary;
- Social and cultural norms including religious norms; these make it hard to determine the question of who should be blamed when a girl is defiled or impregnated; is it the defiler? the child? or society?

Ms. Fatia mentioned that whereas Uganda has a number of child protection laws, policies and strategy frameworks, inadequate financing of their implementation remains a challenge in their effectiveness.

She recommended the following;

- ✓ There is need to accelerate access to SRH information, education and services for Adolescents & Young People
- ✓ UHC realisation requires learning, evidence, Innovations, cost effective practices and programs -
- ✓ There is need to improve on implementation of policies and laws that are geared towards child protection (child marriage, dropping out of school etc.)
- ✓ There is need to urgently come up with ways of reducing children drop out of school.
- ✓ There is an urgent need to allocate budgets to finance the implementation of policies and laws that protect AYP.
- ✓ Legislators should consider the social impact of the situation and find ways of dealing with them.
- ✓ South to South learning where in countries should learn from each other best practices of how to integrate health with reproductive health challenges.

5.3 Integrating Population, Health and Environment for sustainable development, Director, BUILD Project, AFIDEP



Mr. Clive Mutunga, the Director, BUILD Project, AFIDEP, opened his presentation by mentioning that; “To achieve Universal Health Coverage (UHC) and Health Related SDGs, there is need to seek partnerships and financing from outside the health sector, including from sectors such as environment and climate change.” He emphasized that in order to achieve SDG 3, stakeholders including leaders have to look further than the health sector. He noted that:

- Health and FP/RH Matter to Non-Health Development Sectors and has linkages to all the other 5 SDGS themes of People, Planet, Prosperity, Peace and Partnerships.
- SDGs health related goals have a link to family planning and RH.
- SDG 3 on Good health and Wellbeing has linkages to all other SDGs.
- Climate Change will challenge Africa’s ability to meet UHC as well as SDGs.
- The health sector is largely missing from the climate change discourse & action;

Mr. Mutunga further explained that cross sectoral integrated approaches exist for example, the case of Population, Health, Environment and Development (PHED). PHED is 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 informed that several PHED projects within many African countries had been funded by the BUILD Project, reaching thousands of men and women living in remote, biodiverse areas, and providing access to FP/RH services and information. He explained that the benefits of PHED include the following;

- Increased Access to Health, especially in Hard-to-Reach Areas.
- Increased Male Participation in Health.
- Increased Social and Economic Empowerment for Women and Youth.
- Increased Community Support and Buy-in for Health

Clive also said that Uganda, Tanzania and Malawi had included PHED Related Commitments among their commitments at the 14th NEAPACOH 2023 meeting;

Uganda

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

Tanzania

- Harness the demographic dividend through investing in adolescents’ and youth’s education, employment opportunities and health, including family planning and SRH and services

Malawi

- Advocate for Health and Climate Change integration among Parliamentarians including the following;
- ✓ Parliamentarians and other concerned actors should integrate health in climate change discourse & action;
- ✓ Support Scale and Institutionalization of cross-sectoral PHED approaches.
- ✓ Engage with other sectors’ parliamentary committees, 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.

- ✓ Increasing attention of health in climate change discourse.

5.4 Accelerating accountability for commitments made towards financing for immunisation in Africa by Global MNCH and Immunisation Advocacy lead, PATH



Ms. Esther Nasikye, Global MNCH and Immunisation Advocacy lead, PATH started her presentation by noting that Immunization is a foundation for PHC and has the following advantages:

Saves lives & protects population health;

Improves productivity & resilience; and

Enables a safer, healthier & more prosperous world.

Ms. Nasikye mentioned that the 2017 Addis declaration for Immunization made ten Goals concerning immunization, of which Goal 2 was to increase and sustain domestic investments and funding

allocations to meet the cost of traditional vaccines, fulfil new vaccine financing requirements; and provide financial support for operational implementation of immunization activities by Expanded Programme on Immunization programs. She mentioned that a study was made of ten countries (Comoros, DRC, Ethiopia, Kenya, Malawi, Mozambique, Nigeria, Senegal, South Sudan and Uganda) on ADI Goal 2 with the objective of conducting an in-depth analysis of Goal #2 of the ADI in 10 countries in the region between 2017/18 and 2022/23 and identifying the current key bottlenecks hindering adequate financing for immunization at country level. Ms. Esther said the following were the highlights of the findings;

1. Immunization Financing happens within a context with influences within and outside the health sector.
1. According to the GAVI eligibility guideline 2023; Only two countries within the cluster are in the accelerated transition phase; majority were in the Initial Self-Financing Phase as illustrated below;
 - Initial Self Financing (US\$1085 GNI p.c.) - Mozambique, DRC, Malawi, Uganda & Ethiopia; S. Sudan*.
 - Preparatory Transition (>\$1085 <\$1730 GNI p.c.)- Comoros, Senegal
 - Accelerated Transition (US\$ 1730 GNI p.c.) - Kenya, Nigeria
 - Fully Self Financing – None
2. In the context; Immunization can improve productivity and wellness at individual and population level, though it requires sustained multi-sectoral investments.

- In Population Data Trends: The Critical beneficiaries were: <12 Months ~ 10% of Population and <5 years ~ 20% of Population: of which Comoros had the lowest, while Nigerian had the highest population.
 - The Productivity and Development Potential of countries is determined by the Human Development Index (HDI) and Human Capital Index (HCI) and Sustained multi-sectoral investments are critical in alleviating the drivers of inequities and ill-health.
3. In the Economic context; There is a high public debt and low tax revenues limit the fiscal space for health and immunization i.e. majority of countries have a Debt – GDP ratio that exceeds the global and regional thresholds. (EAC 50%; Southern Africa 60%) and only Senegal and Mozambique > 15% Tax to GDP Ratio.
 4. In the Health financing context:
 - a. Low budgetary prioritization threatens access, quality and sustainability of immunization services: All the ten countries had low budgetary prioritization of immunization and None met the health financing thresholds of:
 - 15% of Govt Budget – Abuja Target
 - 5% of GDP Target
 - USD86 per Capita Target.
 - b. High donor dependence and Out Of Pocket spending threatens sustainability and financial protection of immunization services;
 - High dependence on donor funding and out of pocket financing for health.
 - None of the countries contributes more than 40% of all health financing.
 - Donor contributions accounted for more than 40% in Uganda, Malawi, South Sudan and Mozambique.
 - Out Of Pocket (OOP) payments contributed more than 15% in all the countries except for Mozambique. The recommended threshold for OOP is below 15%.
 - OOP were highest in Nigeria, Comoros and Senegal.
 5. In the Immunization context:
 - a. Most of the countries with low coverage of immunization services were conflict afflicted countries; and the low coverage was for children beyond six months of age.
 - Coverage was highest in Kenya, Comoros, Uganda, Malawi and Senegal.
 - Coverage was lowest in conflict affected regions i.e., Nigeria, Ethiopia, DRC and South Sudan.
 - Coverage was generally higher in vaccines given before 6 months- BCG, DTP 1
 - MCV 2 not consistent in all countries; newly introduced in most countries.
 - b. Income related disparities in coverage of immunization services persist.
 - DTP 3 and MCV 2 Coverage Trends: Inequalities in DTP3/ MCV 2 coverage were highest in DRC, Ethiopia and Comoros; and least in Uganda and South Sudan.
 - DTP 3 coverage was highest in Senegal and Kenya in both quintiles, and lowest in South Sudan, Uganda and Nigeria.
 - For MCV 2 in most countries with low coverage (Nigeria, Mozambique, Uganda and Malawi). the richest group had the lowest coverage, while in

most countries with higher coverage, the poorest populations had the lowest coverage.

- c. Income related disparities in health outcomes persist.
 - Disparities in under-five mortality between the richest and poorest groups was highest in Nigeria and DRC, and lowest in South Sudan and Ethiopia.
 - The lowest under five mortality rate (<40) was recorded among the richest group in Senegal and Kenya, while the highest was noted among the poorest group in Nigeria (>150).
6. In terms of immunization Financing:
 - a. There is significant donor dependence in immunization financing within this cluster.
 - Government funding accounted for about 25% of all immunization financing within this cluster hence high donor dependency.
 - Senegal had the highest relative government contribution (44%) while DRC (9%), Comoros (12%) and South Sudan (12%) had the least government contribution to immunization financing
 - While donors vary across the countries, GAVI, WHO, and UNICEF were the most consistent and declared donor sources.
 - Private sector contributions were not visible within the existing Country Multi-Year Plans (CMYPs)
 - In 2022, Nigeria and Kenya had the highest government financing to Routine Immunization accounting for 55% and 50% respectively, while Comoros had the least government financing at 14%.
 - b. Low prioritization of immunization financing within this cluster
 - Procurement of vaccines alone consumed a large share of immunisation spending as it ranged between 41% and 50%.
 - Efficiencies within the procurement and vaccine delivery systems can unlock more resources.

Ms. Esther said that some of the challenges affecting immunization were: economic and fiscal constraints, weak political prioritization, Low budgetary prioritization, donor dependence, Weak governance & accountability structures, Limited data for planning & accountability, Vaccine procurement costs for new vaccines, staffing inadequacies, Inadequate infrastructure and Immunization systems inefficiencies which cause wastage, political instability and Natural disasters among others.

She made the following Recommendations:

- ✓ Strengthen CSO capacity for immunization advocacy, accountability, & synergy
- ✓ Advocacy for increased health and immunization budgets (cover routine & new vaccines)
- ✓ Champions of behavioral change to address the hesitancy challenges
- ✓ Advocacy for stronger political goodwill for immunization
- ✓ Domestic manufacturing to mitigate the costs of importing prefilled vaccines

5.5 Accelerating HIV and TB financing for achieving UHC in Africa by the Regional Advocacy and Policy Manager, East & West Africa, AIDS Health Care Foundation

Ms. Diana Tibesigwa, Regional Advocacy and Policy Manager, East & West Africa, AIDS Health Care Foundation started her presentation by explaining what the AIDS Health Care Foundation (AHF) is and what it does, she said that AHF is a not for profit NGO that started out of advocacy for HIV care in 1987 and is based in Los Angeles, California, USA. It currently operates in 45 countries, caring for over 1.9 million People Living with HIV (PLHIV).

Ms. Diana shared the current statistics of HIV infections according to WHO and UNAIDS of which she noted that in 2022, globally 46% of all new HIV infections were among women and girls. She said that in sub-Saharan Africa, adolescent girls and young women accounted for more than 77% of new infections among young people aged 15-24 years in 2022. That in Botswana, Eswatini, Rwanda, Tanzania, and Zimbabwe have already achieved the “95-95-95” targets meaning that in those countries 95% of the people living with HIV know their HIV status, 95% of the people who know that they are living with HIV are on lifesaving anti-retroviral treatment, and 95% of people who are on treatment are virally suppressed.

Ms. Diana noted that the HIV funding gap in low- and middle-income countries is widening since only 13% is available for HIV as domestic funding and that international funding is the primary source for HIV/AIDS response in Africa, with the greatest funders being: The Global Fund to Fight AIDS, Tuberculosis and Malaria which is the primary international donor for TB, contributing 75% of total international funding reported by National Tuberculosis Programs in 2022; The United States Government is the largest contributor to the Global Fund and the biggest bilateral donor for TB, supplying around 50% of international donor funding for TB and BRICS countries collectively provided \$3.0 billion (65%) of the \$4.7 billion in domestic funding in low- and middle-income countries in 2022, with 94% of their funding coming from domestic sources. For TB funding, Ms. Dian said that Domestic funding for TB available for Africa was 0.41 Billion USD, meaning that international donor funding remains crucial, making up 52% of funding in high TB burden countries and global TB watchlist countries, and 61% in low-income countries.

Ms. Diana noted with concern that by Africa depending on International Funding for HIV/TB jeopardizes program sustainability due to rising pressures on global budgets as evidenced by the declining donor support for Malaria, HIV/AIDS, and TB programs in recent years and that the following were the factors Influencing HIV Program Funding:

- **Changing Epidemiology:** Shifting demographics are altering HIV-affected groups, funding priorities adjusting to target high-risk populations.
- **Advances in Treatment and Prevention Technologies:** New technologies like long-acting injectables and novel therapies have emerged, Investment is needed in research, development, and implementation.
- **Competing Global Health Priorities:** Shifts in global health agendas influence HIV program funding, new pandemics or health threats may divert resources, consideration of broader health landscape in funding decisions.

- Political and Economic Factors: Government leadership changes, economic conditions, and international relations affect funding commitments, low political will.
- Increased Focus on Sustainability: Emphasis on sustainable financing for HIV programs is growing. Countries encouraged to invest more in own health systems, reduce reliance on external funding.

Ms. Diana used the case study of Uganda and Zimbabwe to explain the importance of Domestic financing of HIV and how it could be achieved: she noted that:

- Uganda enacted a law establishing the national AIDS Trust Fund (ATF) in July 2014 and put regulations in place. The AIDS Trust Fund is supported by a tax on soft drinks, 3rd party motor insurance.
- In Zimbabwe, an ‘AIDS levy’ was introduced in 2000 in form of a 3% tax on businesses and the formal sector workforce to support the national HIV response (HIV trust fund)

She recommended the following as the possible funding approaches/opportunities:

- ✓ Pool procurement - Involves multiple buyers joining forces to strengthen their bargaining power and foster competition among suppliers, particularly in the pharmaceutical and vaccine sectors; advantages include economies of scale, reduced transaction costs, and harmonized standards, leading to increased access to essential medicines and improved quality assurance;
- ✓ Invest in HIV=Social, economic and health dividends: Tripple dividend report (UNAIDS report 2023)
- ✓ Local vaccine Manufacturing- Localizing vaccine production also offers strategic benefits. It reduces reliance on foreign aid and supply chains, mitigating risks associated with disruptions and ensuring priority access to vaccines.
- ✓ Tax exemptions for HIV imported products like Uganda, condom shortages are limited compared to Kenya.
- ✓ Increase public finance management
- ✓ NEAPACOH to encourage MPs and CSOs to advocate for debt cancellation because Africa’s rising debts impacts its ability to increase DRM.
- ✓ Ring-fencing HIV funds
- ✓ Integration of HIV services in other health care services (through an allocation formula)
- ✓ Avoid wastage and promote accountability, and complementarity of health initiatives and resources.

She also shared the following possible areas of collaboration with NEAPACOH:

- ✓ NEAPACOH should be inclusive and come up with a continental response to build evidence to diversify partnership.
- ✓ Establish NEAPACOH technical working groups to follow up and enforce implementation of commitments.
- ✓ NEAPACOH Needs to be a continental coalition to speak to regional financing issues that would impact on country based domestic financing.
- ✓ CSO voices be represented /building capacity.
- ✓ Encourage Information sharing.
- ✓ Policy advocacy for HIV and TB.
- ✓ Capacity building in HIV and TB programming.
- ✓ support NEAPACOH country-based commitments that speak to our country programs

6.0 Capacity building session, PPD-ARO Knowledge Management Champions Launch



This session was moderated by Ms. Kansime Doreen, Policy Engagement and Communications Officer, Partners in Population and Development Africa Regional Office (PPD ARO) who explained to the delegates that one of the objectives of the NEAPACOH meetings is to enable African countries assess the levels of implementation of the commitments made by their leaders at the different levels

and also builds the capacity of the countries to better package the commitments and to come up with strategies of implementation.

Ms Doreen welcomed Mr. Patrick Mugirwa, Programme Manager at PPDARO to broaden the sessions' objective. Mr. Patrick said that Knowledge Management has come to board to provide a platform for the African countries to share good practices through a mechanism of identifying champions who will guide the Members of Parliament (MP) in fulfilling their functions. The champions will be trained on what to do and how to help the MPs document their commitments and contributions and that the session was to launch the knowledge management champions initiative. Ms Doreen further invited Ms. Irene Wairimu, Knowledge Management and Communications Lead, AMREF Health Africa and Mr. Kapiyo, George

TFP/RH Technical officer at AMREF Health Africa to take the delegates through the launch of the Knowledge Management Champions.

Mr. Kapiyo explained that Knowledge SUCCESS (KM) is a program of knowledge management Assessment which is led by Johns Hopkins CCP, in partnership with Amref Health Africa, Busara, FHI 360, the Program covers, East Africa, West Africa, Asia and North America and the Implementation period is from Feb 2019-Feb 2026.

He explained that the goal of Knowledge SUCCESS is to make it relevant, easy, attractive, and timely for FP/RH professionals to find and share the information they need.

The objective of the PPD-ARO Knowledge Management Initiative is to:

- Strengthen Knowledge transfer and retention within PPD-ARO and its Partners.
- Share best practices among NEAPACOH Members.
- Strengthen the Institutional KM capacity within the PPD-ARO and its members, and sustain that capacity.
- Champion tracking of member state commitments.
- Foster a culture of effective knowledge sharing and utilization within PPD-ARO and its partners

Mr. Kapiyo explained that the Knowledge Management Champions include:

- Influential representatives selected from NEAPACOH member countries.
- They play a crucial role in organizations dedicated to integrating KM into their operations.
- Champions will support NEAPACOH member country representatives in discovering, sharing, and applying essential knowledge for improved health outcomes.
- They form a team within NEAPACOH, ensuring continuous momentum and commitment to using KM to strengthen processes and track yearly commitments

And further that KM Champions contribute to three main areas of family planning and reproductive health program delivery: Advocacy: Promoting Knowledge Management messages to drive action: Support: Serving as local representatives for KM activities within their respective countries, and Knowledge Brokering: Connecting partners to FP/RH resources and advocating for their utilization.

Mr. Kapiyo revealed the PPD-ARO Knowledge Management Champions by name and Country they represent (the list is within the presentation attached to the Report). He said PPD-ARO was still recruiting more champions and each NEAPACOH country should have a representative.

Ms. Irimo explained the concept of Knowledge Management Champions Initiative and defined Knowledge Management as a systematic process of collecting and curating knowledge and connecting people to it so they can act effectively. She explained that the Champions selected were meant to;

- Effectively share knowledge and communicate with peers and within the network.
- Proactively network across the program/country and readily assist peers.
- Actively solve problems with a culturally sensitive approach.
- Maintain a task-oriented approach and continually seek improvement.
- Demonstrate knowledge processing through facilitation rather than mere management.
- Exhibit a positive "can do" attitude that inspires enthusiasm in others.

Roles and Responsibilities of KM champions were to:

- Disseminating specific KM messages and content to the target audience in their program/organization/ country.
- Collating feedback and stories about KM needs, impact of the KM initiatives, and ideas for improving knowledge sharing initiatives within PPD-ARO partners.
- Participating in sharing, networking, and training sessions with other KM Champions.
- Training and guiding peers in KM-related activities.
- Undertaking any other specific KM-related duties as defined and agreed to during the engagement period.

Ms. Irene shared some of the Co - Creation Questions that the KM Champions would have to respond to:

- What specific challenges do you face in your respective countries when it comes to knowledge management in FP/SRH?
- What resources or support do you need to effectively advocate for and implement knowledge management activities in your contexts?
- How can we ensure that the knowledge and lessons learned from our collective efforts are effectively disseminated and utilized within our larger convening platform?
- Why champion KM and what are its benefits.

She concluded by sharing the proposed activities of the KM Champions as:

- Develop FP/RH content or other knowledge products within organization/Country.
- Track and report on NEAPACOH member commitments.
- Disseminate learnings from PPD-ARO to the audiences in member countries/ Organizations.
- Quarterly networking sessions to enhance networks with other like-minded colleagues.

7.0 Emerging issues from the discussions

Issue	Action point/ recommendation	Responsible Institution
Fragmentation of the little available resources and late release of funds which affects	<ul style="list-style-type: none"> • Parliamentarians should deliberately support timely release of finances to enable timely spending and implementation of planned programmes. 	Parliamentarians

<p>spending on planned programmes</p>	<ul style="list-style-type: none"> • NEAPACOH to advocate for a cross-sectoral approach to attainment of health care for example by integrating the health sector with climate action discourse and funding. 	
<p>Absence of the required determination by government to comprehensively deal with health challenges in certain countries, since the Executive is responsible for Policy formulation.</p>	<ul style="list-style-type: none"> • MPs should push for enhancement of the political will of governments to comprehensively handle health issues. • Countries should handle health challenges as a pan African issue that needs collaborative efforts to resolve. African countries should put together both financial resources and human resources. This can be done through the Regional Bodies such as EAC, AU, SADC etc. 	<ul style="list-style-type: none"> • The Executive • Parliamentarians • Civil Society
<p>Absence of proper needs assessment to facilitate priority financing</p>	<p>There is need for capacity building of Parliamentarians to understand the population health needs of their countries so that they budget for what the people need and not what the leaders think the people need.</p>	<p>Parliamentarians</p>
<ul style="list-style-type: none"> • Lack of awareness by Parliamentarians of the impact of insecurity that is ravaging Africa on health security. • What solutions could NEAPACOH present in helping countries like Mali whose insecurity has led to closure of schools and hospitals hence citizens cannot access medical 	<ul style="list-style-type: none"> • There is need for capacity building and sensitization of Parliamentarians to consider the impact of insecurity in Africa on Health Security. • Whereas health is in the heart of everything and very important for every government, Parliamentarians should be aware that each country has its own critical challenges and hence there should be room to allow sovereignty and independence in setting priorities especially for countries that are ravaged by war. 	<ul style="list-style-type: none"> • The Executive • Parliamentarians • Development Partners

care?		
<ul style="list-style-type: none"> • How best can Africa put into implementation all the measures that arose out of the Abuja Declaration, in order to ensure implementation of the goals. • There is need to devise new measures of health financing. • Countries should shift focus from being concerned about allocation of resources to the current issue of disbursement of the allocated revenue. For example, in some countries, the agencies that collect revenue waste the collected revenue i.e. in Zimbabwe the agency that collects revenue uses 3% in collection which is a wastage. 	<ul style="list-style-type: none"> • African countries should devise measures to increase domestic financing (i.e. manufacture locally essential vaccines for immunization) as they reduce donor dependence and endeavor to minimize wastages in the health finances in order to ensure efficiency in the utilization of the available resources. • Countries should pick best practices from other countries that have made great strides in in domestic financing i.e. the Parliament of Nigeria consented to allocated 20% of the Constituency Development funds are used for TB treatment and care. • Parliaments should integrate health with other sectors in terms of financing, for example Health Committees should engage with other sectors' Parliamentary Committees e.g., environment and climate committees for joint advocacy and legislation in health financing. • Parliamentarians should be trained in efficient disbursement of resources in order to avoid leakages. • Parliamentarians should take keen interest during the quarterly Budget reporting to determine the levels of absorption in the course of a financial year and not wait up to the end of the financial year. 	<ul style="list-style-type: none"> • The Executive • Parliamentarians
<p>There are a number of allegations concerning WHO's participation in blocking Africa from</p>	<ul style="list-style-type: none"> • WHO has supported Africa in developing its own medicines, for example WHO helped the funding of vaccines of influenza during the influenza pandemic. • Africa countries ought to be aware that 	<ul style="list-style-type: none"> • Parliamentarians • WHO • Development

<p>manufacturing its own medicines.</p>	<p>there are standards to be fulfilled before a country is qualified to manufacture vaccines and medicines. A number of African countries don't meet these standards that's why there are allegations of WHO favoring the international manufacturers who meet the standards.</p>	<p>Partners</p>
<p>Africa should prioritize the discourse of Africa building capacity to manufacture its own medicines since it seems to have a ready regional market.</p>	<ul style="list-style-type: none"> • The process of manufacturing vaccines and medicines requires a lot of resources, including research for many years. So, for the start, African countries could think in the direction of refilling of vaccines but not developing because it is quite costly to manufacture a drug and Africa may not be ready at the moment. • Africa needs to collaborate in order to manage local manufacturing of vaccines and drugs. Manufacturing on an individual basis may never work given the strengthen of the existing international manufacturers. • Africa should collaborate and create a common way of collecting data for health-related programs. 	<ul style="list-style-type: none"> • The Executive • Parliamentarians • Development partners
<p>There is need to bring on board the other committees and sector that concern health.</p>	<p>It is true, according to WHO, the 'one health approach' which encompasses other sectors is the way to go. The Health sector should work with other sectors as well as the Parliamentary health Committees should work with other Parliamentary sectoral committees such as Gender, Finance, Budget, Climate change should be made part of the health conversation to quicken the attainment of better health care.</p>	
<p>Parliamentarians should prioritize the discourse on NCDs and consider allocation of specific resources to it, because it imposes a high cost of disease</p>	<ul style="list-style-type: none"> • According to WHO, dealing with NCDs is very important in handling future pandemics which will most likely arise from NCDs. • Parliamentarians should take consider dealing with Mental health because it is one of the major NCDs currently. 	<ul style="list-style-type: none"> • WHO • Parliamentarians • Delegates

burden on the economy.		
What causes the high mortality levels for mothers that could be adopted?	<ul style="list-style-type: none"> • The solution to Maternal Health is a wider than only requiring finance, it requires improving access to PHC by the population. • It will also require picking best practices from countries like Uganda which has weekly maternal health reporting on a platform of government health care units. 	Parliamentarians
The health sector is missing out on the benefits of participating in the Climate change discourse.	Climate change discussion should be integrated with Health. It is the current available source of funding for health care.	Parliamentarians
<ul style="list-style-type: none"> • Parliamentarians are unaware of the need to balance the social, culture and religious beliefs of the communities they serve towards the youths' reproductive health. • In Africa, there is no will to deal with the challenge of teenage pregnancy and RHS for the youth. 	<ul style="list-style-type: none"> • Parliamentarians should prioritize the needs of the communities they serve before their individual needs. For example, there is an urgent need to be proactive in finding solutions towards ending teenage pregnancies. • Parliamentarians and concerned stake holders should involve the young people in their own planning and budgeting in order to have meaningful participation. • Parents should bring themselves to speed with the digital era of their children. 	Parliamentarians Parents
How can Africa achieve Universal Health Coverage?	<ul style="list-style-type: none"> • Africa must embark on affirmative action in order to deliver Universal Health Coverage to the people. Solutions should be put in place to reduce on importation of essential medicines because it makes the 	

	<p>costs high and hence unaffordable.</p> <ul style="list-style-type: none"> • There should be deliberate efforts to develop Critical Emergency Care if UHC is to be attained. 	
<p>One of Africa’s challenge in attaining the desired health care of her citizens is Development Partners because the development partners choose what they want and not the issues pertinent to a particular country.</p>	<ul style="list-style-type: none"> • In order to deal with this issue, African needs to unite and collectively resolve its problems. • African countries should invest and finance research institutes so that their reports guide the policy makers and the development partners in the critical areas to fund. 	<p>Parliamentarians Development partners</p>

Day 2: 29th February, 2024

7.0 Session IV: Accelerating sustainable domestic health financing for achieving UHC

The session was chaired by Hon. Robert Pukose, Chairperson Committee on Health, Parliament of Kenya.

7.1 Keynote address on Accelerating sustainable domestic health financing for achieving UHC: By Jackson Otieno (Ph.D.), Senior Research and Policy Analyst- Director, Advance Domestic Health Financing (ADHF), AFIDEP



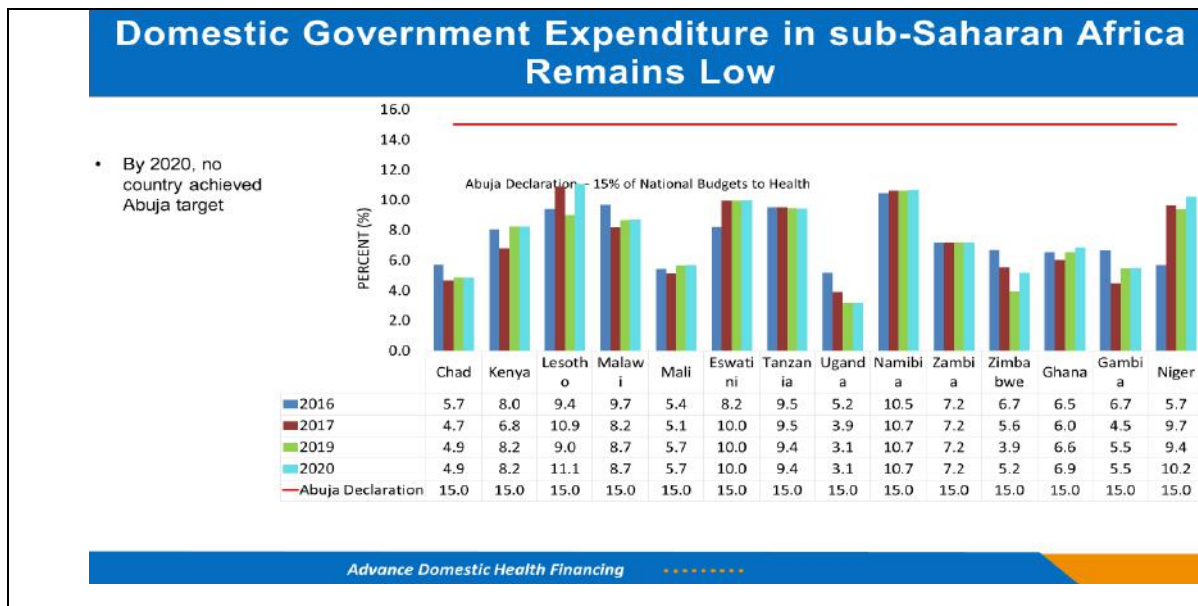
Dr. Otieno opened his presentation by mentioning that some of the pertinent commitments that have been made by African Countries in regard to Healthcare Financing include:

- 2001 Abuja Declaration.
- 2019 African Leadership Meeting (ALM).
- In February 2019 the Heads of State and Government endorsed the outcomes of the ALM and adopted declarations in support of mobilising greater domestic resources for

health in Africa, these include;

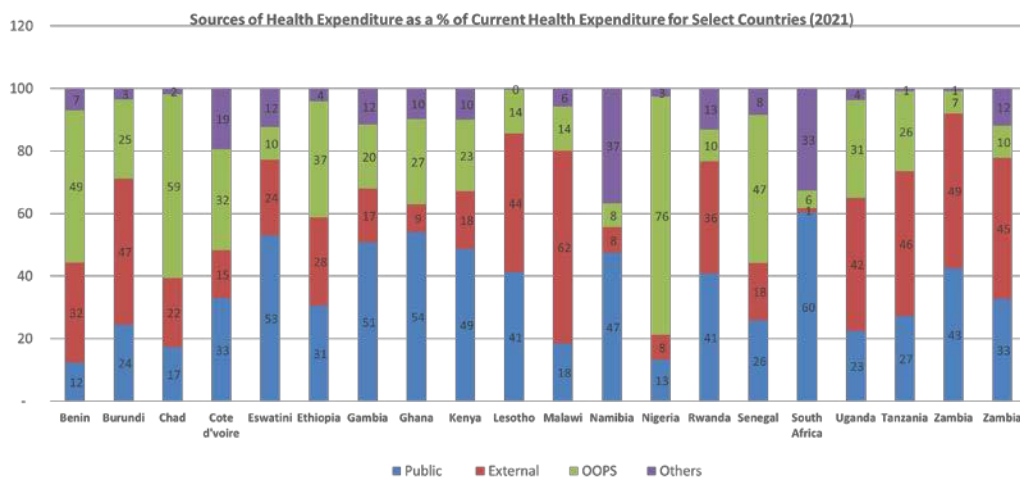
- Increase domestic investment in health;
- Improve public financial management (PFM) capacity;
- Enhance national health financing systems, incl. by exploring options to reduce fragmentation, explore national health insurance (where appropriate);
- Reorient health spending & health systems to target the diseases & conditions across the lifecycle; and
- Digitise the Africa Scorecard on Domestic Financing for Health so that data used to review performance is more widely disseminated.
- Others:
 - SDGs 2030 Agenda – Universal Health Coverage (UHC)

Dr. Otieno stated that the two tenets of UHC are Service coverage and Financial Risk protection- (equity). He illustrated the status of Health Financing in Africa using the following graph:



Source: WHO Global Health Expenditure Database

Dr. Otieno also explained that high dependence on Out of Pocket Payment (OOP) & External Financing is Unsustainable for Africa. He illustrated this using the following graph:



Source: WHO Global Health Expenditure Database

Dr. Jackson said that most African countries still fall below 50% in UHC coverage because of the following challenges:

- Inadequate allocation of government resources to health.
- Inefficiencies and inequitable health spending leading to 20-40% efficiency losses caused by;
 - Poor quality service (e.g. frequent stock-outs)

- High out-of pocket drug expenditure, due to poor quality and inappropriate use of drugs
- Low-density health workforce because;
 - Health clinics are not adequately staffed;
 - Of uneven distribution of health workers throughout the country; and
 - Little use of services
- Fragmentation/weak pooling caused by;
 - Inequity in coverage, access and health outcomes;
 - High management costs; and
 - Duplication and waste of resources. Misallocation of resources

Dr. Jackson further said that the four key reasons why African countries should invest more in Health especially PHC were:

- Empirical evidence shows that catastrophic OOP is not only bad for the HHs, but affects the economy as well:
 - A 1 % increase in OOP contributes to 3% reduction in economic growth, while, 1% increase in Domestic General Government Health Expenditure and Current Health Expenditure (GGHED-CHE) contributes 5% to per capita growth.
- Equally, countries with better health outcomes experience better per capita Gross Domestic Product (GDP) growth over time.
- WHO's recommendation is to reorient health systems using a primary health care (PHC) approach
 - Most (90%) of essential UHC interventions can be delivered through a PHC approach.
- Study by Mwai et al., 2023 for the investment case in PHC in Kenya shows that:
 - For every \$1 invested in PHC interventions saves up to \$16 in spending on conditions like stunting, NCDs, anaemia, TB, Malaria, and maternal and child health morbidity.

Dr. Otieno informed that in order to achieve sustainable health financing, there should be sufficient resources for optimum functioning of the health system. He hence urged the Parliamentarians to ensure that their countries do the following;

- ✓ Expand Health Insurance Coverage
 - A single, compulsory national health insurance (NHI) provides the most equitable option for expanding access to quality health services: Some of the countries pursuing NHI include Kenya, Zambia, Ghana, etc., because it;
 - provides a large risk pool, enabling greater bargaining power in purchasing better quality healthcare services.
 - requires government subsidies for segments of the population.
 - Voluntary, private, & community-based health insurances, are common in Africa, BUT they perpetuate inequities:
- ✓ Address Fragmentation/Risk Pooling to Enhance Efficiency.

Across countries:

 - Multiple health insurance funds exist, without adequate provisions for transfer or redistribution of cross subsidy among them.

- These fragmentations could have contributed to inefficiency in the health insurance systems due to; high coinsurance rates, insurance coverage duplication, underfunding and severe financial shortages for the public funds, and lack of transparency and reliable data and statistics for policy-making.
 - ✓ Tax-based Health Financing Systems is still necessary
 - Especially where the government is to subsidize health services because it ensures access for all.
 - The government can expand & earmark tax revenue for healthcare: such as; ‘Sin tax’ such as Tobacco, alcohol, sugary soft drinks, gambling, etc.
 - Profitable sectors: mobile phone sector, banking & petroleum sectors, luxury goods & services, etc.
 - Use of taxes should prioritize strengthening & expanding PHC - Reorientation of health spending to:
 - Strengthen & expand preventive & promotive health care
 - Ensure direct funding to PHC system
 - ✓ Innovative Public-Private Partnerships in Financing Health
 - Focus should be on partnerships that enable the private sector to offer services to the public & not just to private-paying users:
 - Also, creating a conducive environment for increased private sector investments in health
 - PPPs require supportive legal framework & policy guidance to regulate & ensure effectiveness:
 - Gov’ts need to strengthen their capacities to manage PPPs
- Recommendations to Increase Domestic Health Financing & Enhance Health Spending
- ✓ Implement Strategies that Increase Domestic Investments in Health by:
 - Pooling is a core function of health financing policy
 - Whatever the total level of prepaid funds, to make progress towards UHC countries will need to work towards:
 - larger rather than smaller pools,
 - a more diverse risk mix within pools, and
 - compulsory rather than voluntary pools
 - Keeping the existing structurally fragmented schemes, but, implementing a comprehensive “policy integration” strategy; consolidation of existing health insurance funds and creating a single national health insurance scheme.
 - ✓ Implement Strategies that Increase Domestic Investments in Health
 - Establish sustainable health financing mechanisms:
 - Improve & sustain engagement with Ministry of Finance, health is critical to the economy
 - Strengthen data generation, analysis & use in health financing decision-making:
 - Analyses that show the macroeconomic criticality of health
 - Value for money analyses
 - Sustain advocacy for domestic health financing

Dr. Otieno concluded his key note address by singling out the following specific actions that Parliamentary Committees of Health Could Take:

- ✓ As more money is allocated to health sector, there is need to strengthen the oversight role for efficiency gains & value for money.
- ✓ Budget scrutiny to ensure that health resources are appropriated to interventions with greater returns - Reorientation towards PHC.
- ✓ Steer reforms in Public Finance Management (PFM) to improve health sector spending
- ✓ Promote evidence gathering to support investment cases in health - Strong M&E systems

7.2 Presentations: Five years of implementation of the African Leadership Meeting Declaration: Country updates:

7.2.1 Malawi's Progress on The Africa Leadership Meeting (ALM) Agenda by Emily Chirwa, Deputy Director of Planning and Policy, MOH



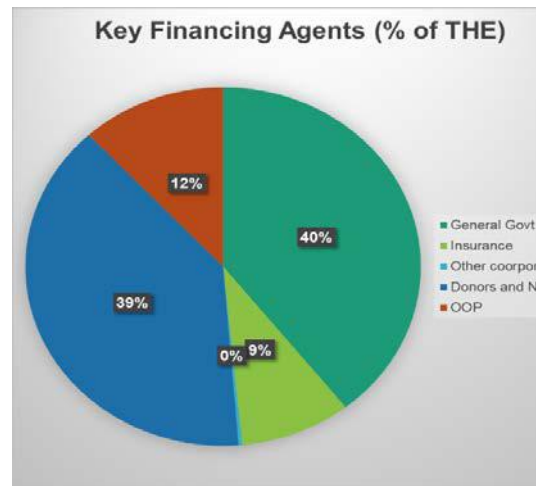
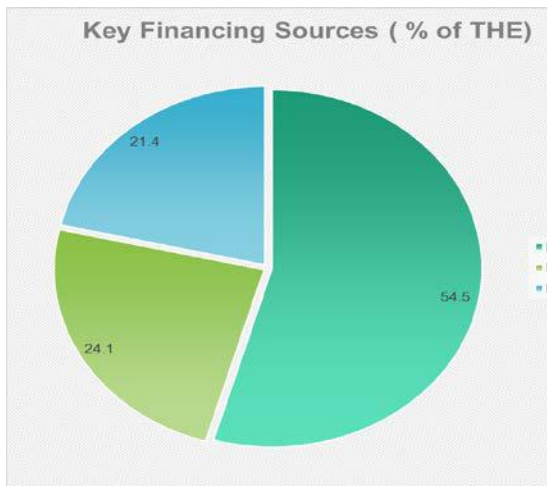
Ms. Chirwa noted with concern the Malawi health financing sector underperforms relative to most key health financing metrics, this is evidenced by the following;

- Low per capita expenditure (US\$ 39.9), relative to needs (US\$172.8) and relative to WHO recommendation (US\$86.3).
- High fragmentation of resources. Government manages 40% of all available resources whilst 38% are managed by over 200

implementing partners.

- Lack of strategic purchasing measures. Limited fiscal decentralization as sub-district facilities are indirectly funded.

She noted some progress in terms of Malawi having a Health Benefit Package in place where there is free access to care in public facilities at the point of use (these are financed by taxes and donor funds). She further noted with concern that Donors are the major funders of the Malawi healthcare system, this is a challenge because Donors tend to prioritize their own funding areas and predominantly use donor implementing partners as funding channels. She illustrated this assertion using the following charts;



Ms. Chirwa said that;

- the effects of low per capita health expenditure on service delivery is such that, if significant changes are not made, desired health outcomes, including SRHR related, may not be achieved.
- Even with limited domestic financing, Malawi outperforms other countries with higher expenditure per capita in terms of Universal Health Coverage service coverage index, because Malawi tries to use her resources efficiently, regardless of the financial constraints.
- Following engagements with Parliament, the following are the key progress made in regards to increasing health sector financing;
 - Health Sector Share of National Budget will be at 12.2% from 8.5% in 2024/25.
 - Health services will have US\$ 1.77 million raised in the budget to fund Ophthalmology services.
- The discussions with Development Partners has concentrated on fragmentation and coordination of donor resources through the One Planning processes.
- The challenges include inadequate financial and technical support and staff turnover.
- The opportunities include domestication of the ALM Agenda in Malawi and The ALM agenda being continental which makes it easier to lobby in numbers and learn from each other.

Recommendations

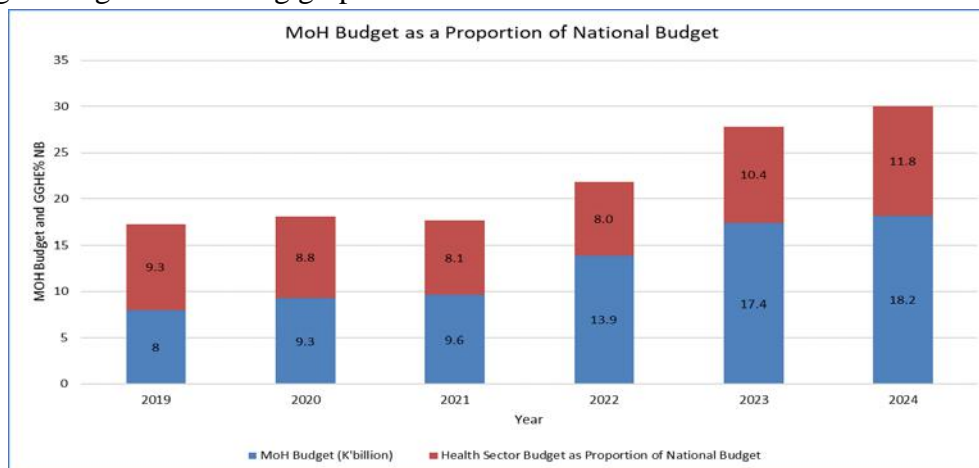
- ✓ Countries should try to use their little resources, rather than be dominantly donor dependent and this could be achieved by minimizing wastages of the available resources.
- ✓ Africa needs to come together and negotiate with donors collectively in order to have better output from their donations, instead of the current trend of countries negotiating individually with donors which disadvantages the countries because the donors dictate their priority areas.

7.2.2 Zambia’s progress on the Implementation of the Africa Leadership Meeting (ALM) Declaration on Health Financing by Mr. Lucas Zulu, Assistant Director, Policy and Planning, MOH

Mr. Zulu introduced his presentation by explaining in detail what the ALM Declaration is about:

- The ALM Declaration is an initiative geared towards increasing domestic resources for health and reorienting health systems in Africa.
- The ALM Declaration is an initiative to unite African governments, the private sector and the global development community to coordinate and accelerate progress toward achieving Universal Health Coverage (UHC).
- The Declaration specifically calls for:
 - Increased Domestic Resource Mobilization for Health; and tackling existing inefficiencies in health budgets towards financing more effective and efficient health systems;
 - Accelerating Sustainable Domestic Health Financing for Achieving UHC for Zambia.
 - Stronger collaboration between multi-sectoral actors - regionally and globally - to strengthen existing health systems in AU Member States; and
 - the private sector to explore and seize existing opportunities for investing in the health sector.
- The following factors are what are used as assessment of progress toward Universal Health Coverage;
 - People (entire population) are utilizing the services that they need.
 - the quality of health services received.
 - the level of financial protection for patients.
 - the fairness of financial contributions.
 - whether the burden is spread equitably or fairly across society

Mr. Zulu illustrated the General Government Health Expenditure (GGHE) of the National Budget using the following graph:



Mr. Zulu informed that Zambia's Progress Towards UHC was through the following interventions:

- ✓ Every citizen in Zambia is entitled to the Essential Package of Health Services in Zambia; these include: Malaria, Epidemics, Child health and nutrition (MNCH), Essential drugs and medical supplies, Integrated reproductive health, HIV and AIDS, TB and STIs, Hygiene, sanitation and safer water, Human resources, Infrastructure and equipment and Systems Strengthening.
- ✓ The National Insurance Scheme which was introduced by an Act of 2018 to provide health insurance coverage to the entire population of Zambia. It currently covers over 1.3 million principal beneficiaries and comprises:
 - 99,044 formal Sector;
 - 890, 419 informal sectors; and
 - 31,484 pensioners
- ✓ Zambia hosted national Health Financing Dialogue, wherein she engaged with:
 - *Cooperating partners;*
 - *Parliamentarians;*
 - *The Private Sector; and*
 - *The Civil Society Organisation.*

7.2.3 The African Leadership Meeting Commitments progress report by the East African Community (EAC) on Implementation of the 10 ALM commitments in the region by Dr. Eric Nzeyimana- Head of Health, EAC

Dr. Eric made an online presentation wherein he mentioned some of the activities being done by the EAC towards the implementation of ALM as:

- To facilitate partner states to have dialogue with partners.
- To facilitate dialogue with global partners like global fund, AFIDEP in Kenya etc.
- To facilitate and advise partner states on resource mobilization.

Dr. Eric mentioned that EAC is focusing on domestic resource mobilization more than external funding through increment of taxes on products that have effect on health. Then the revenue collected is located to health. The EAC is also promoting the private sector to invest in health-related facilities, structures and medicines. He gave the example of Burundi, where each house hold collects about 1USD toward health coverage.

He encouraged the delegates that most countries were committing to gradually increase health financing (Abuja declaration) as well as to also to agree on clear separate budgets for health and education.

8.0 Presentations: Health insurance and the role of private sector in health sector financing reforms.

8.1 Dr. Samson Kuhoro, Kenya (Private Sector)

Dr. Kuhoro informed delegates that the key objective of health insurance is to ensure that every citizen regardless of the economic and social class can at least afford the basic health

care. That this could be attained through social care financing, Primary health Care (PHC) and digitalization among others. He noted that one of the key challenges to achieving Universal Health Care (UHC) is the fact that NCD's have been ignored and yet their treatment costs several times more than the Communicable diseases, which affects the budget of health care a lot. He informed that health financing resources in Kenya include the following:

- The Social insurance sector;
- The commercial insurance sector;
- Community insurance projects;
- Out of pocket payments (OOPs)

Dr. Kuhoro enumerated some of the recommendations that could be considered as:

- ✓ A key support factor is that the executive should be made to understand that health care is a good way of ensuring the economic development of the country.
- ✓ Focus should be on health care financing, human resource mobilization, digitalization (integrated health information systems) than the other pillars of health financing.
- ✓ Privatization should be highly considered in running health insurance. The private sector should operate as partners and not competitors.
- ✓ Consideration should be given to use of technology.

8.2 Dr. Dancan Irungu, Dean Graduate School and Director of Entrepreneurship, Amref International University, Nairobi: Private sector and financing for health sector reforms

Dr. Dancan started his presentation with an inspiring quote by President Theodore Roosevelt, the 26th USA president: "Do what you can, with what you have, where you are!" He explained that there is need for Private sector financing of the health sector because of the following reasons;

- Africa has a rapidly increasing population; 16% of the world population is in Africa.
- Only 1% of the global health expenditure is in Africa.
- Only 3% of the world workers are in Africa.
- Africa is the continent with the highest disease burden.
- Inequitable access; 400 million people don't have access to care.
- Highest mortality rate; Africa has the highest mortality rate which accounts for half of the world's deaths of children under 5 years of age.
- As Africa leaders, we need to work together with the development partners, private sector and therefore there is NEED for team work.
- The legal framework, policy and structures should be in harmony.
- Inadequate resources/funds from the national governments and understaffed health facilities.
- In Africa, there are two health systems; for the poor, and for the rich.
- Health financing is one of the foundations of national development.

Dr. Dankan also talked about the Important reflections in policy reforms as being;

- Financial protection- the doctrine of financial ruin- adverse effect of livelihood, as a consequence of paying for health care;
- Equity in financing- distribution of the burden of financing health care according to individual's ability to pay;
- Revenue raising

Dr. Dankan also mentioned that some of the key financial protection indicators include the following;

- the proportion of households that incur catastrophic spending on health services. He explained that household are regarded as catastrophic if, as a result of acquiring health services, households must "... sacrifice other basic needs such as food and education with serious consequences for the household or individuals within it."
- The number of households that are impoverished as a result of health care expenditure
 - Progressing financing-those who earn more contribute more
 - Proportional financing – those who earn more or less contribute the same amount
 - Retrogressive financing- those who don't earn contribute more

Dr. Dankan concuded his presentation with two questions that he asked the Parliamentarians to ponder about;

- ✓ How are services that are not included in the benefit entitlements funded?
- ✓ What are the legal frameworks for both purchasers and providers?
- ✓ Price setting by providers?

8.3 Dr. Miriam Nanyujja Regional Adviser for WHO and Risk management

Dr. Miriam was granted an opportunity to clarify the issue of WHO not supporting local manufacturing of vaccines and drugs by African countries and she responded explicitly that WHO has been supporting African countries to develop strategies and technologies of vaccines for a long time. She explained that WHO had hoped to do the influenza vaccine but then corona came and disrupted the plan.

Dr. Miriam explained that the outbreak of the corona pandemic caused a lack of equity in vaccine distribution, however, post-covid, WHO is working with different countries to transfer technology in developing vaccines such as, South Africa, Senegal, Egypt, Kenya, Nigieria and Tanzania. Rwanda and Ghana have showed interest in building capacity to be able to produce their own vaccines and medicines.

Dr. Miriam further informed the delegates that WHO was cognizant of the challenges faced by African countries in producing quality medicines and vaccines, hence WHO has continuously developed quality control measures and manufacturing standards which must be met before approval of the products.

She informed that WHO is aware of the high costs of setting up and running local manufacturing plants compared to international manufacturers so she advised the Parliamentarians that it would be good if the governments would consider giving incentives to the local investors in the initial years as the production grows. This support would lower the cost of production and hence the cost of buying the medicines thereby offering fair competition of the local manufactures with the international manufacturers.

She categorically denied the allegation of WHO favoring the international manufactures and emphasized the desire of WHO to encourage and support local production of vaccines and medicines so as to meet their country needs by African countries, in conformity with the set standards.

9.0 Reaction to the presentations

Question /Issue	Recommendation/Response	Action Institution
<ul style="list-style-type: none"> • How is contribution made by the populations that have no revenue? • What is the best way to tap into the informal sector in regard to health insurance, more especially the rural communities that may not have cash contributions but can contribute through other means of funding such as agriculture 	<ul style="list-style-type: none"> • In determining mode of payment of premium, an assessment of the social status of the population should be made, which is then segmented into formal and informal sectors. • In the formal sector, the employer takes responsibility, while in the informal sector, other structures take the lead, these include the community and political leadership. • In financing health, what is important is the resource and not necessarily physical money so other mechanisms of contributions should be acceptable. • MPs should consider enacting revenue collection laws and policies that provide for revenue collections from the informal sector since economies are becoming more informal so it is hard to collect revenue. 	<ul style="list-style-type: none"> • Parliamentarians • Private sector • The Executive
<p>What is the role of ICT in enabling an individual to comply with payment of premium?</p>	<ul style="list-style-type: none"> • The role of ICT is mainly visionary, the recommended approach is to have a defined digital structure that accommodate all social classes of 	<ul style="list-style-type: none"> • The Executive • Private Sector

	<p>people. Such platforms include text messages that are accessible to ordinary citizens.</p> <ul style="list-style-type: none"> • In areas where Private Sector meets challenges in accessing data of the beneficiaries, they use the established government structures including community mobilizers to mobilize data. 	
<p>How will government raise funds to cater for citizens who don't work?</p>	<ul style="list-style-type: none"> • There are different ways governments may raise funds for the citizens who can't make contributions, for example raising revenue through imposition of sin tax on health affecting products i.e. tobacco, alcohol, sweetened beverages etc. • In order to save on high insurance costs arising out of the disease burden of NCDs, there is need for streamlining of other sectors that go hand in hand with health such as nutrition, water, sanitation and hygiene. An example is Rwanda which has put in place a physical exercise policy. 	<ul style="list-style-type: none"> • The Executive • Parliamentarians • Civil Society



Some of the participants during the session

10.0 Session V: Good Practices and Lessons Learned in Implementation of the UHC, 2023 NEAPACOH Commitments and Maseru Call to Action

The session was moderated by Hon. Omar Darboe Chairperson Committee on Health, Parliament of the Gambia.

10.1 Key Note Address: Institutionalizing and integrating South – South Cooperation (SSC) as a key driver for the achievement of ICPD agenda and UHC, Mr. Oliver Zambuko, Officer in Charge, Partners in Population and Development (PPD)

Mr. Zambuko explained that the UHC South-South cooperation refers to collaboration and exchange of resources, technology, and knowledge among developing countries in the Global South. This form of cooperation is often seen as an alternative development paradigm, distinct from traditional North-South models. He further explained that fostering collaboration and mutual support among African countries, the South – South approach leverages shared experiences and resources to improve healthcare systems and outcomes , where in Members of Parliament (MPs) can play a pivotal role in supporting South-South cooperation as an alternative development paradigm to address health challenges in Africa.

Mr. Zambuko said that Members of Parliament could harness the South-South approach in the following ways:

- ✓ **Policy Advocacy:** MPs should advocate for the development and implementation of policies that explicitly promote and facilitate South-South cooperation in the health sector. They should emphasize the importance of regional collaboration in addressing common health challenges and achieving sustainable development goals.
- ✓ **Legislation and Funding:** MPs should propose and support legislation that encourages South-South cooperation on health issues.
- ✓ **MPs need to advocate for increased budget allocations to support collaborative health initiatives, research, and infrastructure development.**
- ✓ **MPs need to use alternative Health Financing Strategies, whereby countries can collaborate to explore innovative and sustainable health financing strategies, such as the establishment of regional health insurance schemes, to ensure broader access to healthcare services. Countries could pool resources to invest in the development and maintenance of healthcare infrastructure, including hospitals, clinics, and laboratories, this can improve access to quality healthcare services.**
- ✓ **Parliamentary Oversight:** MPs need to establish parliamentary committees or mechanisms dedicated to overseeing and evaluating South-South cooperation projects in the health sector. This will ensure transparency and accountability in the use of funds allocated for cooperative health programs. **Diplomatic Engagement:**
- ✓ **MPs need to engage in diplomatic efforts to strengthen ties with other African countries and regional organizations to facilitate collaborative health projects. They need to advocate for the inclusion of health cooperation in bilateral and multilateral agreements. These would include issues such as Access to Medicines and Vaccines:**

- ✓ Collaborative efforts can address challenges related to access to affordable medicines and vaccines. This includes negotiations for bulk purchasing, joint procurement strategies, and technology transfer for local production. Knowledge and Best Practices Sharing:
- ✓ African countries can share successful healthcare models, best practices, and innovative solutions for common health challenges. This knowledge exchange can lead to improved efficiency and effectiveness in healthcare delivery.
- ✓ Capacity Building and Training: Countries with advanced healthcare systems can provide training and capacity-building programs for healthcare professionals in countries facing capacity constraints. This helps strengthen the overall healthcare workforce in the region.
- ✓ Facilitating cross border partnerships between neighboring countries can enhance cross-border healthcare collaboration, promoting the sharing of resources and expertise for the benefit especially of communities residing near national borders.
- ✓ Promote Cross-Party Collaboration: MPs need to foster cross-party collaboration within the parliament to build consensus on the importance of South-South cooperation for addressing health challenges. They should encourage dialogue and cooperation across party lines to ensure sustained support for health initiatives.
- ✓ Emergency Response and Preparedness: MPs need to strengthen South-South cooperation that enhance regional and continental capabilities for emergency response and preparedness. Joint efforts can lead to the establishment of rapid response teams, the sharing of medical supplies, and coordinated responses to health crises.
- ✓ Conduct Awareness Campaigns: MPs need to organize awareness campaigns within the parliament to educate fellow members and the public about the benefits and potential impact of South-South cooperation on health outcomes in Africa.
- ✓ Capacity Building: MPs should advocate for programs that enhance the capacity of parliamentarians to understand, support, and oversee South-South cooperation initiatives in the health sector.
- ✓ They should encourage participation in training sessions, workshops, and conferences focused on international development and health cooperation like NEAPACOH. Regional and Pan-African Forums:
- ✓ MPs should participate in regional and pan-African parliamentary forums to discuss and share best practices related to health cooperation.
- ✓ They should use these forums to build networks, share experiences, and advocate for collective action on health challenges.
- ✓ Support Research and Data Sharing: MPs should advocate for increased funding for research on health challenges affecting the region. This includes sharing experiences and expertise in developing robust health information systems to improve data collection, analysis, and reporting. It also includes the development of vaccines, treatments, and diagnostic tools tailored to local diseases and conditions.
- ✓ The sharing of research findings and data between countries facilitates evidence-based decision-making and policy formulation.
- ✓ Collaborative initiatives can also strengthen disease surveillance systems, early detection mechanisms, and coordinated responses to outbreaks in the region. This is particularly crucial for diseases with cross-border implications.

- ✓ **Community Engagement:** MPs should engage with local communities to understand their health needs and concerns. This includes health education, preventive measures, and community engagement to improve overall health awareness. MPs need to advocate for community involvement in the planning and implementation of South-South cooperation health projects to ensure relevance and effectiveness.
- ✓ **Facilitate Legislative Frameworks:** MPs should work towards establishing legislative frameworks that facilitate the movement of healthcare professionals, the recognition of qualifications across borders, and the standardization of health practices within the region.
- ✓ **Support Technology Transfer:** MPs should advocate for policies that promote the transfer of healthcare technologies and innovations between countries. They should encourage partnerships that facilitate the adoption of digital health solutions and telemedicine to improve healthcare delivery.
- ✓ **Collaboration in the adoption of telemedicine and the transfer of healthcare technologies** can bridge gaps in access to specialized medical services, especially in remote or underserved or hard to reach areas.
- ✓ **By embracing South-South cooperation, African countries can tap into a collective strength to overcome health challenges more effectively to achieve the ICPD agenda and UHC.** This approach aligns with the principles of solidarity, mutual benefit, and self-reliance, ultimately contributing to a more resilient and inclusive healthcare system across the continent.

10.2 Presentations: Country progress reports and lessons learned on the 2023 NEAPACOH commitments and Kampala call to Action.

The session was moderated by Hon. Modou Lamin B. Bah Vice chairperson of the Select committee on Health, The Gambia.

Chad Commitments

- 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.

Eswatini Commitments

- Committed to promotion of sexual and reproductive health

Progress made

- There is Minimal progress from Parliament.
- They got Support from development partners to promote sexual and reproductive health in different institutions and communities.

Kenya Commitments

- 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

Progress made

- Facility Improvement Financing Act, 2023.
- Digital Health Act, 2023.
- Primary health Care Act 2023
- Social Health Insurance Act, 2023
- Up to date in allocation and disbursements.

Lessons learned

- To better deliver on UHC, the government has leveraged on the digital health agenda starting from the community level.
- The electronic community health information systems (e-CHIS), is live and being used by the promoters across the country to collect real-time accurate household data, initiate planning for health service delivery and provide linkage to health facilities.
- The Acts will contribute to FIF.
- Regulations being worked on by the Council of Governors in consultation with MoH
- SHIF and PHC to cover RMNCAH interventions.
- Both funds covering all essential services from preventive, promotive, curative, palliative and rehabilitative services.
- Fully publicly financed chronic, emergency and critical illness fund.

Challenges

- Need for more civic education to understand the changes in the health regulations.
- Actualization of the new imperatives taking longer than envisaged.
- Disruption of the existing NHIF (Students cover and provision of enhanced health services).

Lesotho Commitments

- Advocacy on Safe Abortion and Comprehensive Sexuality education at schools.

Progress made

- Research Bill –
 - (a) advocacy for comprehensive Research establishment in the Country.
 - (b) Domestic financing on Research.
 - (c) Contribution of external fund on Research

They identified research institutions that can collaborate with MOH as well as involved development partners.

- They started community-led monitoring using CLM tool with support from USAID
- They have results from 200 health centres.

Malawi Commitments

- 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.
- Continue to lobby for increased budgetary allocation towards TB programmes.

Progress Made

- In 2023/24 from 8% to 12.2%
- There is media or radio campaigns on termination of pregnancy bill in the communities (traditional leaders, religious leaders) to make them understand about issues in the bill.
- Government allocation towards family planning commodities was increased by MK100 million to K600 million in the 2023/2024 Financial Year.
- Three million Malawians were vaccinated against a targeted population of 11 million.
- New COVID- 19 vaccination campaign was launched in January 2024.
- 99.5% of the TB funding comes from external resources (Global Fund & US Gvt). In 2023 external resources amounted to \$21.7 million
- For 2023/24 FY budget allocation was K56 million which has been increased to K83 million in the 2024/25 FY
- Current Average funding gaps spanning from 2021-2027 is 58%

Lessons learnt

- The health sector is the highest funded sector. We are continuing to lobby for increased allocation.
- People at the grassroots level are not aware of the extent of the problem and the contents of the Bill.
- Stakeholders to provide sensitization to people at the grassroots before presentation in the House.
- Need for Government to recruit more health personnel and SRHR experts.
- There is need to increase sensitizations and awareness campaigns to people at the grassroots level.
- Need for increased budget allocation from local resources

Namibia Commitments

- 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

Progress made

- There was a slight increase of 8.6% for the 2022/24 Financial Year compared to 2022/23 Financial Year.
- The drive toward Universal Health Coverage (UHC) and strengthening of Primary Health Care (PHC) has only just begun and is not through the UHC policy, as we are still in the draft phase. We hope to finalize the UHC policy in the first quarter of the upcoming FY 2024/25.
- Members from different Standing Committees attended sensitization and awareness workshops organized by the Ministry of Health and Social Services.
- National Assembly organized several workshops with support from development partners focusing on Sexual and Reproductive Health and Rights (SRHR) in creating awareness and building partnerships. The National Working Group, Members of Parliament, the Ministry of Health, Ministry of Gender Equality, Poverty Eradication and Social Welfare and CSO's, Church organizations and Traditional leaders took part.

Niger Commitments

- 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 Commitments

- 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 Commitments

- 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.

Progress made

- National plan exists.
- Guidelines available.
- Training curriculum available
- Universal Health Insurance enacted
- 500+ new facilities constructed
- FP is free of charge in Tanzania
- Adolescent and youth friendly services have been introduced
- Free education (Primary-Secondary)
- Re-entry programme for pregnant girls.
- Vocational training in every district.
- CSE Curriculum is available

Challenges

- No increase in budget.
- Political will lacking.
- Many competing priorities
- Adolescent and youth friendly FP have been not been fully embraced
- Limited budget-Allocation and disbursement

- Lack of coordination and fragmented interventions
- Limited number of health workers and facilities offering SRH.

The Gambia Commitments

- 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.
- Table the NEAPACOH 2019 and 2020 reports at the next meeting of the National Assembly for consideration and adoption

Progress made towards achieving commitments

- Training of health care workers on Basic and Comprehensive Emergency Obstetric Care (BEmONC & CEmONC) was conducted.
- Orientation on Cervical Cancer Screening for Service Providers was conducted to ensure early diagnosis and treatment;
- Orientation on Cervical Cancer Screening for Service Providers was conducted to ensure early diagnosis and treatment;
- During the 2023 revenue and expenditure budget estimates session for the year 2024, the select Committee on Health successfully secured a substantial increase in the budget allocation for the Ministry of Health.
- Population Secretariat in collaboration with UNFPA Gambia Office organized a 3-day capacity building training for Parliamentarian.
- The 2023 NEAPACOH report was shared among the Honorable members in the parliament

Lessons learned

- The capacity among 10 healthcare workers was enhanced in both the theoretical and practical aspects of BEmONC) and CEmONC.
- 60 service providers were oriented on cervical cancer.
- A total of 83 Community Health Nurses (CHN) gained valuable information of detecting fistula cases.
- The budget allocation to the Ministry of Health increased by 20.7% in 2024, as compared to the 2023 allocation.

Challenges

- High attrition among doctors affects service delivery on CEmONC and BEmONC
- Uneven distribution of CEmONC / BEmONC facility.
- Despite this increase, the proportion of the Ministry of Health's budget to the national budget has decreased from 9.1% in 2023 to approximately 8% in 2024.
- More work needs to be done in order to achieve the 15% target of the Abuja Declaration.
- Inadequate capacity building program to cover all the NAMs.

Uganda Commitments

- To push for the enactment of the NHI Bill 2019 into law.
- Increase health Budget from 6.4% to 15% to cater for the following 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

Progress made

- The Bill is before cabinet.
- The budget for the Health subprogram increased by Ugx 360.78 bn from UGX 3.674 billion in FY 2022/23 to 4,035B in FY2023/24.
- Within this budget, we maintained our commitment for financing traditional vaccines at 29bn shillings and 3.5m for the Gavi co-financing commitments despite the fiscal pressure. This was not reduced.
- The National health policy incorporates ASRH and the school health policy.
- Uganda passed the DD
- Ministry of health is required to present a certificate of climate change compliance to parliament before presenting a Policy statement.
- Health Committee to move a motion urging Government to prioritize the enactment of a health insurance law.
- Generate debate on the floor of Parliament to cause the Minister to give an update to Parliament.
- Re-invest via private member's bill

Lessons learned

- Re-prioritise the provision of adolescent health.
- Teenage pregnancy performance per district on Parliament dashboard.
- Parliament to hold the line MDAs accountable on implementation of the guiding frameworks – Health, Education, Gender.

Challenges

- Resource constraint in domestic resourcing.
- Appropriation Vs Release.
- Bureaucracy surrounding the NHIS.
- Difficulty in ascertaining compound allocation from other sectors that feed into overall health budget.
- Lack of prioritisation of PHC

Zambia Commitments

- Domestic Resource Mobilization for Health
- The country is working towards expanding the coverage of contributors of the NHI to informal sector.

Progress made

- National Health Strategy.
- The government of Zambia was committed to improving financing in health by way of increasing the national budget allocation which is now at 11.8% of the national budget plus complementarity of other line ministries (Ministry of Defence, Ministry of LGRD.
- Ministry of Education, MCDSS etc)
- MoH funding disbursement improved in 89.9 percent in 2023
- MoH burn rate increased from 70% in 2020 to 90% in 2023
- Zambia has included reproductive education in the school curriculum
- Reproductive Health Policy is in place leading to the LSHE programme in education, menstrual health management
- Zambia launched FP2030 commitment in 2022
- It is progressing well including Life Skills and Health Education (LSHE)
- Zambia established the National Health Insurance in 2018.

Lessons learned

- Slow budget releases – causing delay to execute the entire budget on time.
- Procurement bureaucracy – delaying execution of key projects.
- Complementarity of resources – need to map other additional resources coming to impact on health from other line Ministries.
- It is progressing well including Life Skills and Health Education (LSHE)
- The process to have the Bill brought to Parliament has advanced.

- It is progressing well and need has risen to increase the contributor coverage as at the moment only those in the formal sector are contributing. Its available to all but not mandatory to informal sector.

Challenges

- Reproductive Health and Family Planning – some stakeholders are still not comfortable with the ideal of sexuality education.
- Domestic Resource Mobilisation for Health - Zambia was below the Abuja declaration of 15%, however other line ministries are coming in big in health e.g. Constituency Development Fund under Local Government and Rural Development Ministry.
- Integrated Population Health and Environment model has not yet been implemented.

Zimbabwe Commitments

- 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.

10.3. Country Commitments for 2024

Each of the countries in attendance made commitments to be reported upon in the next NEAPACOH meeting. The country commitments were;

Kenya

- Increase investment in social health insurance to accelerate the implementation of UHC.
- Civic education mechanisms.
- Leverage on digital technology for quality data capture.
- Prioritize domestic resource mobilization to address donor transition and enhance sustainability for TB, HIV, Malaria and RMNCAH.
- Strengthen PHC and climate change mitigation measures to reduce the burden of NCDs and communicable diseases including RH/FP.

Lesotho

- Continued capacity building on research for MPs and Health Ministry personnel especially in hard to reach areas.
- Liaison with institutions of higher learning.
- Restructuring of Ministry of Health with the support of WHO.

- Development of Bill (International health regulation bill).
- Advocate for health insurance financing.
- Building on establishing political will for SRHR issues through sensitization and advocacy programs.

Malawi

- Advocate for tracking of all health-related budget allocation in other MDA to use in the calculation of the Abuja target.
- To lobby stakeholders to push sensitization to the communities on TOP Bill
- Continue to lobby for the increased allocation on SRHR
- Lobby for more cholera vaccines.
- Lobby for more COVID-19 vaccines
- Continue to lobby for budget allocation for TB.
- Continue to lobby for the construction of new health posts.
- To strengthen the integration of climate change health interventions.

Namibia

- To monitor/see to it Universal Health Care (UHC) and Primary Health Care (PHC) policies are concluded and reach Parliament
- To make sure all Members are sensitized about the importance of Universal Health (UHC) and Primary Health Care policies (PHC)
- Propagate final policy and explain content to citizens and other stakeholders
- Make sure policies are implemented.

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) and Comprehensive Emergency Obstetric and Neonatal Care (CEmONC) 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

- Intensify advocacy in the NA to strengthen the existing legal framework and introduce new ones for enhanced health and wellbeing, particularly on reproductive, maternal & child health.
- Share the 2023 NEAPACOH report with members of the National Assembly for their consideration.

Tanzania

- Ensure budget allocation and follow up on disbursement
- Create awareness about SRH at national and sub-national levels.
- To address the issue of stigma related to SRH.

Uganda

- Explore options for domestic financing by;
 - fast tracking the enactment of NHIS law;
 - development of private wing services;
 - development of a health financing strategy; and
 - availing of incentives for private sector development for pharmaceutical industry.
- Enact laws and advocate for policies that address teenage pregnancy.
- Prioritize prevention strategies (community health strategy, NCDs, policies, health promotion and education.
- 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.

Zambia

- To conduct Health financing workshop with WHO in Zambia-Strengthen oversight
- Continued central government budget increase to health sector
- Devolution of health services to the Primary level to reach 100%.
- Expanding National Health Insurance to informal sector.
- Improved coordination of Population Health Environment.

11.0 Maseru Call to Action and Closing Ceremony

The last session was chaired by Dr. Faustine Ndugulile (MP), Vice Chairperson of Health and HIV Committee, Tanzania.

11.1 Presentation of the Lesotho Call to Action.

The Lesotho call to Action was presented by by Mr. Samuel S. Omwa, Ag. Director General, National Population Council. The Call to Action was discussed and adopted without amendments and is here to annexed to the Report.



Mr. Samuel S. Omwa while presenting the Maseru Call to Action

11.2 Vote of thanks: Hon Mister Jean Louis BILLON, Chairperson of Health, Social and Cultural Affairs Committee, Parliament of Côte d'Ivoire.

Hon. Mister Jean expressed gratitude to the Parliament of Lesotho, PPD, the leadership of the Kingdom of Lesotho, the political, administrative and religious authorities for welcoming the delegates of the 15th NEAPACOH meeting to Lesotho. Hon. Jean expressed infinity appreciation to the Rt. Hon. Speaker of the Parliament of Lesotho for hosting the meeting, but also recognizing the fact that health was a gift of God. He appreciated the Members of Parliament for the work they are doing in ensuring that the health of the people of Africa is improved and also appreciated all the participants of the 15th meeting.

Hon. Jean urged the Members of Parliament to pick lessons and experiences from the discourse that had taken place through the days and replicate in their respective countries to ensure that the health systems move forward.

Hon. Jean concluded his vote of thanks by appreciating the Hon. Mokhothu Makhwanyane, Chairperson of NEAPACOH for working tirelessly and the leadership of the Parliament of Lesotho for accepting to host the meeting in their beautiful land of Lesotho. He also appreciated them, together with PPD and Partners for ensuring that the 15th NEAPACPH was successful. He assured the Chairperson of the support of the Members of the Parliaments of Africa as he steers on NEAPACOH.

11.3 Concluding Remarks by Mr. Patrick Mugirwa, Programme Manager, Partners in Population and Development, Africa Regional Office.

Mr. Mugirwa in making his concluding remarks said that the spirit of this meeting was to foster south to south cooperation to facilitate countries share best practices and experiences from each other.

He said that as the meeting was winding up, countries discussed and agreed on commitments that they would follow up and implement in their countries. The session is for reporting on implementation and development of commitments for 2024 which is based on implementing ICD agenda and achieving universal coverage.

Mr. Mugirwa On behalf of PPD-ARO appreciated all the NEAPACOH partners and participants for having attended the meeting. He further appreciated;

- Rt. Ho. Speaker and Deputy speaker for the Parliament of Lesotho for taking off time to officiate at the opening and closing ceremony respectively;
- All the participants for accepting the invitation letter and travelling to Lesotho;
- Appreciated the Hon. Chairperson of NEAPACPH for leading the team of organizers;
- Staff of the Parliament of Lesotho for organizing the meeting; and
- the staff of PPD-ARO PPDR for putting all the processes in place with a lot of enthusiasm.

Mr. Mugirwa said that the theme for this year “**Towards ICPD 30 and achievement of Universal Health Coverage: Imperatives for accelerated implementation and the role of Parliamentarians.**” was intentionally crafted based on different measures that shape the health trajectory in Africa. That in December, 2012 the UN general assembly adopted a resolution on financing of health and the Cairo Agenda was also meant to shape programs and policies on health.

He said that Parliamentarians hold a special place in society which they should use to voice the views and concerns of their voters and this meeting was critical in enriching the representative’s functions including representation.

He informed the delegates that the meeting had come to an end successfully and it was such an honor to have the Speaker open the meeting and the Deputy speaker to close it. He summarized some of the pertinent issues that arose from the meeting; the Speaker urged MPs to play their role in ensuring that issues around health cooperation are taken care of, that the presentations made ought to trigger further debate to ensure that the people of Africa attain the ICPD agenda and that the pertinent matters captured in Maseru call for action.

He concluded by recognizing the political will of NEAPACOH members and the technical experts for showing keen interest in moving forward the agenda. He pledged to continue the support of PPD-ARO and partners to the NEAPACOH platform to ensure that the purpose for which NEAPACOH was put in place are met.

11.4 Concluding Remarks by Hon. Mokhothu Makhalanyane, Chairperson of NEAPACOH.

In making his closing remarks, Hon. Makhalanyane mostly expressed appreciation to all the delegates for having taken off time from their busy schedules to attend 15th NEAPACOH meeting, and more so since the meeting was in his homeland, Lesotho. In a special way, he extended appreciation to the following persons for the special roles they played in ensuring that the meeting was successful;

- King Letsie III and the government for allowing the meeting to take place in Lesotho;
- The Rt. Hon. Speaker, Rt. Hon. Deputy Speaker and Members of the National Assembly of Lesotho for hosting the meeting;
- The Executive Committee Members of NEAPACOH for supporting him as a Chairperson.
- The Members of NEAPACOH from the different Parliaments across Africa for attending and having the political will to push forward the agenda of meeting;
- The Clerk to Parliament and Staff of the National Assembly of Lesotho for the time and hard work expended in organizing the meeting;
- PPD-ARO for sponsoring and co-organizing the meeting; and
- The different development partners and sponsors for funding the meeting.

Hon. Makhalanyane pledged to support the campaign of abolishing visas within African countries and applauded the African Countries that have abolished visa requirements since it makes movement across borders easier.

He concluded by expressing hope for the future of Africa and emphasizing that at the next NEAPACOH meeting, Lesotho would be able to show case progress or implementation of the commitments that she has made at the meeting and lastly prayed for Pan Africanism to become inherent in the hearts of the leaders of the African continent.

11.5 Closing remarks by Rt. Hon. Ts'epang 'Matlhohonolofatso Ts'ita-Mosena, Deputy Speaker of Lesotho National Assembly.

Rt. Hon. Ts'epang expressed gratitude for the honor that was bestowed upon her to close the 15th NEAPACPH meeting. She passed on special appreciation to the following persons for their contribution in organizing the meeting;

- King Letsie III and the government for permitting and supporting the National Assembly of Lesotho to host the meeting in the beautiful Mountain in the Sky, Lesotho;
- The Rt. Hon. Speaker for hosting the meeting and steering the organization committee of the meeting;

- The Executive Committee Members of NEAPACOH for entrusting the leadership of the national assembly of Lesotho to host the meeting in Lesotho, especially that it is the first country to host NEAPACOH outside Uganda.
- The Members of Parliament, Clerk to Parliament and staff of the National Assembly of Lesotho for the time and effort invested in organizing the meeting;
- The Members of NEAPACOH and staff from the different Parliaments across Africa and all delegates for attending and sharing experiences of how they are handling the health issues pertaining to their different jurisdictions;
- The development partners led by PPD-ARO and including AMREF, AFIDEP, WHO, CEHURD, PATH and Faith for action among others for funding the meeting; and
- The NEAPACOH secretariat (staff of PPD-ARO) that worked tirelessly with the leadership of the National assembly to organize the meeting.

Rt. Hon. Ts'epang said that the structure of the meeting at the start was a bit intimidating to them as leaders as it showed that it would require a lot of expertise, resources, both technical and financial, but by the effort of different parties the meeting took place successfully.

The Rt. Hon. Deputy Speaker said that the Agenda and theme of the meeting were very crucial in enabling the sharing of knowledge and experiences of different countries and this enhances the capacity of MPs to develop better ideas that are then adopted as lessons for implementation back home. That this is what the spirit of south to south is all about and it ought to be developed to deliver us the health systems that African desires.

The Rt. Hon. Speaker emphasized the need to unite as African in order to appreciate the resources available to the continent for harnessing. The Deputy Speaker observed that the topics discussed were captivating for example the topic on increasing domestic funding for health is a critical discourse because Africa is in the process of increasing domestic funding and no longer look at donor funding as the main source of funding.

The Deputy speaker expressed appreciation at the uniqueness of NEAPACOH meetings because it yields country commitments and a call for action, which work as a guide for the Members of Parliament as they work towards the improvement of the health sector in their respective countries. She concluded by urging her fellow Members of Parliament to use the knowledge, best practices and experiences acquired from the meeting to perform their legislative and representative roles better.

At about 7:30 pm, the Rt. Hon. Rt. Hon. Ts'epang 'Matlhohonolofatso Ts'ita-Mosena declared the 15th NEAPACOH meeting closed.

12. 0 Annexes

12.1 The Maseru Call to Action 2023

THE 15TH NETWORK OF AFRICAN PARLIAMENTARY COMMITTEES OF HEALTH (NEAPACOH) MEETING

“Towards ICPD30 and achievement of UHC: Imperatives for accelerated implementation and the role of Parliamentarians”

Avani Lesotho Hotel, Maseru, Lesotho

MASERU CALL TO ACTION

The 15th meeting of the Network of African Parliamentary Committees of Health (NEAPACOH) was held on February 28th – 29th, 2024. The meeting convened delegates and members of Parliamentary Committees responsible for health, finance, budget, natural resources and environment from 16 countries (Benin, Chad, Côte d'Ivoire, Eswatini, Kenya, Lesotho, Malawi, Mali, Namibia, Nigeria, Senegal, Tanzania, The Gambia, Uganda, Zambia and Zimbabwe) as well as representatives of international organizations, development and technical partners, national population councils, health champions, researchers and academics, Civil Society Organizations, and other stakeholders engaged in programmes on HIV, TB, NCDs, health security and integration of population, health and environment in Africa; under the theme: **“Towards ICPD 30 and achievement of UHC: Imperatives for accelerated implementation and the role of Parliamentarians”**.

The meeting provided a platform for regional Parliamentarians to get acquainted with the status of implementation of the ICPD PoA in the Africa region. It provided space for engaging, reflection and constructive discussions on priority policy interventions, built momentum for political will, national ownership and support towards consolidating the gains made towards achieving the ICPD agenda and Universal Health Coverage. The parliamentarians actively deliberated on improving Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) including HIV/TB outcomes in Africa. Emphasis was put on some of the critical imperatives to the achievement of UHC, such as increasing domestic financing for health with a focus on Primary Health Care (PHC); integrating population, health and the environment; increasing access to sexual reproductive health services and information to the young people; health security, pandemic preparedness and response; HIV/TB financing; non-communicable disease management including immunization and addressing the social and commercial determinants of health through the strengthening of a multi-sectoral approach among others.

The meeting was hosted by the National Assembly of Lesotho and Partners in Population and Development Africa Regional Office (PPD ARO) with support from the African Institute for Development Policy (AFIDEP), AIDS Health Care Foundation

(AHF), Amref Health Africa, Center for Health, Human Rights and Development (CEHURD), Faith to Action Network and PATH.

The 15th NEAPACOH Meeting ended with adoption of the Maseru Call to Action (2024).

Preamble:

At the conclusion of the 15th NEAPACOH Meeting, we, the participants:

Cognizant that the health status of the people of Africa continues to be a matter of concern with unacceptable 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 and child marriages;

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 while accessing and utilizing the health services;

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 targets;

Underscoring the need for strong, people centered 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 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;

Cognizant of the fact that Africa is the epicentre of many disease outbreaks and emergencies annually;

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, including rapidly growing population, hence the need to integrate and prioritize Population, Health and Environment (PHE) in the policies and financing;

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;

Recognizing that there are financing and human resource bottlenecks in the manufacture of key medicines, vaccines and other key supplies at individual country level;

Re-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 ASRH, that will respond to actual issues and stand the test of time.

Hereby adopt and bind ourselves to this Maseru Call to Action on this 29th Day of February, 2024, with the following commitments:

1. To put health at the core of the development agenda, and ensure that health priorities, including emergency preparedness and Universal Health Coverage, are adequately reflected in national agenda and budgets.
2. To strongly work with the Inter-Parliamentary Union (IPU) to ratify International Health Regulations (IHR) on health security preparedness in Africa.

3. To increase domestic financing for health with a special focus towards primary health care systems to meet the needs and priorities of communities and countries towards achievement of the ICPD, 2030 Agenda for sustainable Development, the SDGs and Africa Agenda 2063.
4. We commit to increase allocation of resources to;
 - a. Primary Health Care
 - b. RMNCAH
 - c. TB
 - d. HIV/AIDS
 - e. NCDs
 - f. Immunization
 - g. Adolescent and youth Sexual reproductive health
5. To provide oversight and accountability on how health-related funds in other sectors are being spent (i.e. in Education, Agriculture, Water, Transport, Environment, etc) through multi-sectoral engagement and collaboration in all matters health, including stronger emergency preparedness, readiness and response mechanisms within resilient health systems.
6. To strengthen scrutiny and tracking of health budgets to reduce the many wastages & inefficiencies in health budget spending.
7. To strengthen South-South Cooperation, enhance parliamentary awareness on, and contribute to the ongoing negotiations and development of important global instruments for health security, including the Pandemic.
8. Accord and the IHR 2005 (as amended), and other negotiation platforms including Climate change Conference of Parties (COP)/UNFCCC and facilitate the sharing of knowledge, lessons learned and good practices in the field of population, health, environment and development.
9. To prioritize and advocate for digitization of the establishment and maintenance of robust data collection systems to ensure the collection and securement of quality demographic data.
10. To review, develop and pass appropriate laws and policies that ensure universal access to health including nutrition, sexual and reproductive health, addressing teenage pregnancies, family planning services, and post abortion care.
11. To champion and spearhead legal and other reforms to provide conducive environments for private sector investments and promote PPPs that promote equity in access to quality healthcare services.
12. To develop and strengthen Africa's Research and Development and manufacturing capacity through harmonized regulatory frameworks and investments to promote self-reliance, and unfettered equitable access to health commodities, products and pharmaceuticals.
13. To mobilize domestic funds for HIV/TB to aid in co-financing global HIV/TB initiatives, fostering equitable and robust health systems rooted in a people centric approach and unified health services, tailored to individuals' requirements and disease prevalence.

14. To address financial and operational deficiencies in health systems strengthening, pandemic readiness and response, and community health systems.
15. To establish and strengthen Local/Sub national capacity building amongst, communities including young people in the effort to let communities' lead.
16. To address the social and commercial determinants of health, such as gender equality, quality education, zero hunger and poverty, among others.
17. To strengthen NEAPACOH through expanded partnerships and undertaking peer review, resource mobilization activities to support the implementation of the NEAPACOH commitments and ensure sustainability of the network.

The 15th NEAPACOH meeting participants collectively and individually convey their sincere appreciation and gratitude to the People and Government of the Republic of Lesotho, especially the National Assembly of Lesotho, Partners in Population and Development Africa Regional Office (PPD-ARO) and the partners, for the successful organization and hosting of the 2024 NEAPACOH meeting.



The Delegation from Uganda that attended the 15th NEAPACOH Meeting composed of Members and staff of Parliament, technical staff from NEAPACOH Secretariat and officers from different Civil Society Organisations