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Partners in Population and Development (PPD)

An Inter-Governmental Organization  
Promoting South-South Cooperation

## The 17<sup>th</sup> Network of African Parliamentary Committees of Health (NEAPACOH) Meeting

*Theme: Advancing Health Systems for emergency response, equity, resilience and sustainability in the context of attaining Universal Health Coverage (UHC): Re-positioning the Role of Parliamentarians*

Mulungushi International Conference Centre, Lusaka, Zambia

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### Closing Remarks

By

**Professor Joseph Akinkugbe Adelegan**

Executive Director & Chief Executive Officer

Partners in Population and Development (PPD)

**Dhaka, Bangladesh**

**E-mail:** [jadelegan@ppdsec.org](mailto:jadelegan@ppdsec.org)

**WhatsApp:** +6596662403



Excellencies,  
The Right Honourable Speaker of the National Assembly of Zambia,  
Chairperson of NEAPACOH,  
Honourable Members of Parliament,  
Distinguished Delegates,  
Development Partners,  
Colleagues from Civil Society, Academia and the Private Sector,  
Ladies and Gentlemen,

As we gather for the Closing Session of the **17th Network of African Parliamentary Committees of Health (NEAPACOH) Meeting**, here at the Mulungushi International Conference Centre in Lusaka, Zambia

I rise on behalf of **Partners in Population and Development (PPD), Dhaka**, with deep gratitude and renewed determination.

Over the past two days, this assembly of African parliamentary leaders has engaged in one of the most consequential discussions for the future of the continent:

**Advancing Health Systems for Emergency Response, Equity, Resilience and Sustainability in the Context of Attaining Universal Health Coverage (UHC): Re-positioning the Role of Parliamentarians**

This was not an ordinary meeting. It was a moment of reckoning and a moment of resolve. Today, as we prepare to adopt the **Lusaka Call to Action**. We must reflect on what we have learned, what the numbers have told us, and what we are prepared to do differently.

## **I. Reflecting on Our Deliberations**

From the Opening Ceremony through the final plenary discussions, the message has been consistent: Africa cannot achieve Universal Health Coverage through incremental change. Transformation requires legislative courage, financial innovation, and continental solidarity.

In Session II, we asked whether Africa is on the right trajectory toward resilient and self-reliant health systems

The evidence is sobering.

- The UHC Service Coverage Index in the WHO African Region declined from 45 to 44 during the COVID period.
- Out-of-pocket spending remains approximately **30% of total health expenditure** across Sub-Saharan Africa.
- In several countries, more than half of health spending comes directly from households.
- Only a handful of countries meet adequate per capita health spending thresholds.



This means millions of Africans still face catastrophic health expenditure.

Resilience is not yet structural.  
Equity is not yet guaranteed.  
Sustainability is not yet secured.  
But trajectory is not destiny.  
Parliamentary action can change direction.

## **II. Maternal and Reproductive Health: The Moral and Economic Imperative**

Throughout our discussions particularly under the sessions on innovation, demographic dividend, and reproductive justice - the numbers spoke clearly.

In Africa each year:

- 181,000 women die from pregnancy-related causes.
- 32 million women have unmet need for contraception.
- 29 million unintended pregnancies occur.
- 8.5 million unsafe abortions take place.
- 15.4 million women give birth outside health facilities.
- 20.6 million women receive fewer than four antenatal visits.

These numbers are not abstract.  
They are systemic indicators.  
But we also learned something powerful:

If comprehensive sexual and reproductive health services are fully funded and integrated into UHC:

- Maternal deaths could fall by 67%.
- New-born deaths could fall by 70%.
- Every US\$1 invested in contraception saves US\$2.49 in maternal and new-born care.

This is catalytic investment.  
This is health system efficiency.  
This is demographic strategy.  
Africa's population will double by 2050.

If we reduce unmet contraceptive need by even one-third by 2030, the impact on maternal survival, youth productivity, and economic growth will be profound.

The demographic dividend is not automatic.  
It is legislated.  
It is financed.  
It is protected.



### III. Emergency Preparedness and Climate Reality

Our discussions on climate change and emergency response reminded us that resilience is not optional. Climate change is projected to cause approximately 250,000 additional deaths per year globally between 2030 and 2050.

Africa will experience:

- Increased malaria transmission zones.
- More frequent floods and droughts.
- Disruptions to food security.
- Greater displacement.
- Supply chain interruptions.

Resilient systems require:

- Legislated emergency funds.
- Strategic medical reserves.
- Climate-resilient infrastructure.
- Data-driven early warning systems.
- Continuity of essential services during crises especially maternal and reproductive health services.

Parliamentarians must institutionalize preparedness.

Emergencies will come.

Our preparedness must precede them.

### IV. Financing UHC in an Era Beyond Aid

Session III's focus on financing beyond aid was timely and necessary.

Official Development Assistance is plateauing.

Public debt burdens are rising.

Fiscal space is constrained.

And yet:

Meeting comprehensive SRH needs in Africa requires approximately **US\$54.6 billion annually**, an additional US\$40.1 billion investment, equivalent to US\$26.83 per capita.

At the same time:

Out-of-pocket expenditure remains near 30%.

If we do not reform financing, UHC will remain aspirational.

We must:

1. Expand national and social health insurance schemes.
2. Reduce out-of-pocket spending below 20% by 2030.
3. Introduce and protect earmarked health levies.
4. Strengthen debt oversight mechanisms to protect health budgets.
5. Implement results-based financing tied to maternal and primary health indicators.
6. Encourage public-private partnerships that expand equity rather than fragmentation.



Financing is not merely a Ministry of Finance issue.  
It is a parliamentary responsibility.

## **V. Emerging Imperatives: Malaria, Alcohol Harm, NCDs**

In Session IV, we addressed emerging imperatives. Noncommunicable diseases now account for approximately 37% of deaths in Africa up from 24% in 2000. Alcohol misuse among youth threatens health and productivity. Malaria continues to burden economies and health systems. Community health workers highlighted as a cornerstone of rural chronic care are one of Africa's most cost-effective investments.

Parliamentarians must:

- Regulate harmful industries.
- Integrate NCD screening into primary care.
- Scale CHW financing.
- Strengthen malaria elimination coalitions.

Prevention reduces long-term expenditure.  
Resilience reduces long-term vulnerability.

## **VI. Workforce and Pharmaceutical Self-Sufficiency**

Africa faces a projected shortage of 6.1 million health workers by 2030. Without workforce absorption plans, training alone will not solve the crisis.

We must:

- Fund recruitment.
- Provide rural incentives.
- Improve working conditions.
- Establish retention strategies.
- Protect health workers during emergencies.

Session V's focus on pharmaceutical production reminded us that self-reliance is central to sovereignty. Africa imports the majority of its medicines and vaccines.

Resilient systems require:

- Regional manufacturing hubs.
- Regulatory harmonization.
- Pooled procurement mechanisms.
- Legislative incentives for local production.
- Guaranteed access to reproductive health commodities.

Health sovereignty is part of economic sovereignty.



## VII. Accountability: The Lusaka Call to Action

We now stand at the threshold of adopting the **Lusaka Call to Action**

Let it not be symbolic.

Let it be measurable.

Let it include:

- A commitment to reduce out-of-pocket expenditure below 20%.
- A commitment to annual maternal mortality reductions of at least 10%.
- A commitment to close 30% of contraceptive unmet need by 2030.
- A commitment to increase per capita health spending progressively.
- A commitment to legislated emergency preparedness.
- A commitment to workforce recruitment targets.
- A commitment to local pharmaceutical capacity.
- A commitment to annual parliamentary UHC scorecards.

Parliamentarians must move from endorsers to drivers of reform. Oversight must be systematic. Reporting must be transparent. Benchmarks must be numeric.

## VIII. The Role of South–South and Triangular Cooperation

PPD was created at the 1994 ICPD in Cairo to institutionalize South-South Cooperation. Today, that mandate is more relevant than ever. Africa does not lack innovation. It must scale it.

Through South–South and Triangular Cooperation, we can:

- Share insurance reform models.
- Exchange financing innovations.
- Collaborate on pharmaceutical production.
- Strengthen workforce training partnerships.
- Harmonize digital health platforms.
- Jointly procure essential medicines.

PPD stands ready to partner with NEAPACOH in operationalizing these commitments.

## IX. The Road Ahead

Excellencies, Honourable Members, Africa faces serious health challenges:

- 70% of global maternal deaths.
- 32 million women with unmet contraceptive need.
- Rising NCD mortality.
- Workforce shortages.
- Climate vulnerability.
- Household financial burden.



But Africa also holds extraordinary opportunity:

- The world's youngest population.
- Growing regional integration.
- Expanding innovation ecosystems.
- Strengthening parliamentary networks.
- Increasing awareness of health as economic strategy.

Re-positioning parliamentarians means:

From dialogue to legislation.

From commitment to budget allocation.

From aspiration to oversight.

From data to action.

Health is not consumption.

Health is capital.

Health is productivity.

Health is stability.

Health is sovereignty.

## **X. A Final Reflection**

As Executive Director of Partners in Population and Development, Dhaka, I leave Lusaka inspired.

Inspired by the seriousness of the deliberations.

Inspired by the commitment to measurable action.

Inspired by the willingness to confront difficult fiscal realities.

Inspired by the determination to make health systems resilient, equitable and sustainable.

May history record that in February 2026, African parliamentarians gathered in Lusaka not merely to discuss UHC but to legislate its future. May the Lusaka Call to Action become a continental benchmark. May our citizens feel the impact in safer childbirth, affordable treatment, stronger primary care, resilient emergency response, and equitable access to essential medicines.

From Dhaka to Lusaka, we reaffirm:

Solidarity strengthens resilience.

Cooperation accelerates progress.

Legislation secures equity.

Investment delivers sustainability.

On behalf of Partners in Population and Development, I thank NEAPACOH, the Government and Parliament of Zambia, and every delegate for your leadership. The work begins when we return home. Let us carry Lusaka into our national budgets, our committee hearings, our legislative chambers, and our oversight functions.



The future of Africa's health systems depends not on what we have said here but on what we will enact tomorrow.

I thank you.

May Africa rise in health, resilience, and equity.

Thank you very much.