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Partners in Population and Development (PPD)

An Inter-Governmental Organization
Promoting South-South Cooperation

The 17th 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

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Opening Remarks

By

Professor Joseph Akinkugbe Adelegan

Executive Director & Chief Executive Officer
Partners in Population and Development (PPD)

Dhaka, Bangladesh

E-mail: jadelegan@ppdsec.org

WhatsApp: +6596662403



Excellencies,
The Right Honourable Speakers and Honourable Members of Parliament,
Distinguished Delegates,
Development Partners,
Representatives of Civil Society, Academia, and the Private Sector,
Ladies and Gentlemen,

It is with profound honour and a deep sense of responsibility that I address this august gathering at the 17th Network of African Parliamentary Committees of Health (NEAPACOH) Meeting, here at the Mulungushi International Conference Centre in Lusaka, Zambia.

On behalf of Partners in Population and Development (PPD), headquartered in Dhaka, Bangladesh, I extend warm greetings and fraternal solidarity to all parliamentarians and stakeholders committed to strengthening health systems across Africa. I wish to express our sincere appreciation to the Government and Parliament of Zambia, and to the NEAPACOH Secretariat, for convening this critical dialogue under the 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.”

This theme is not only timely; it is transformative.

The Imperative of Re-positioning Parliamentarians in the UHC Agenda

We meet at a defining moment in global health. The COVID-19 pandemic exposed deep structural weaknesses in health systems across continents including fragile supply chains, underfunded public health infrastructure, inequitable access to essential services, and inadequate preparedness for emergencies. It also revealed something equally important: that political leadership, legislative foresight, and accountable governance can determine whether nations protect their people or leave them behind.

Parliamentarians are not peripheral actors in the health ecosystem. They are central architects of national resilience.

Through legislation, budget approvals, oversight, and constituency representation, parliaments shape the trajectory of health systems. They determine whether emergency preparedness is codified into law; whether domestic health financing is prioritized; whether sexual and reproductive health services are protected and expanded; and whether equity is upheld as a non-negotiable principle of Universal Health Coverage.

Re-positioning parliamentarians means recognizing them not merely as policy approvers, but as champions of resilience, custodians of equity, and stewards of sustainability.



PPD Dhaka: Our Mandate and Vision

Allow me to situate these reflections within the mandate of Partners in Population and Development (PPD). PPD was officially launched at the 1994 International Conference on Population and Development (ICPD) in Cairo, where ten founding member states forged a pioneering alliance to implement the Cairo Programme of Action. Endorsed by 179 countries, the Programme of Action affirmed a revolutionary idea: that development outcomes are inseparable from investments in reproductive health, family planning, gender equality, and population policies grounded in human rights.

PPD was created to institutionalize and scale South-South Cooperation in the fields of reproductive health, population, and sustainable development. Our mission is to promote and facilitate South-South and Triangular Cooperation among developing countries to advance shared development goals especially in reproductive health and rights through policy dialogue, technical exchange, and mutual accountability.

Our vision is of a world where all people, particularly in the Global South, have equitable access to quality sexual and reproductive health services; where governments collaborate as equals; and where development solutions are co-created, contextually relevant, and sustainably financed.

At the heart of PPD's work lies a powerful belief: countries of the South possess immense expertise, innovation, and resilience. When we share these assets through structured cooperation, we accelerate progress for all.

Universal Health Coverage and the Centrality of Sexual and Reproductive Health

Universal Health Coverage is not an abstract aspiration. It is a measurable commitment that no one should suffer financial hardship or be denied care because of poverty, geography, gender, or social exclusion.

Yet UHC cannot be achieved if sexual and reproductive health (SRH) is marginalized. SRH is foundational to human development, gender equity, and demographic dividend. It directly influences maternal mortality, adolescent health, population dynamics, and economic productivity.

The ICPD Programme of Action made it unequivocally clear: reproductive health is a development imperative.

Parliamentarians play a decisive role in ensuring that SRH services including family planning, maternal and new-born care, prevention and treatment of sexually transmitted infections, comprehensive sexuality education, and gender-based violence response are integrated into national UHC benefit packages.

When SRH is fully integrated into primary health care and emergency preparedness frameworks, health systems become more equitable and resilient. During crises, be they



pandemics, conflicts, or climate-related disasters—continuity of SRH services saves lives and protects rights.

Health Systems for Emergency Response and Resilience

Emergency response capacity is no longer optional. Climate change is intensifying extreme weather events. Conflicts are disrupting health infrastructure. Emerging and re-emerging infectious diseases pose constant threats.

Resilient health systems are those that can absorb shocks, adapt to changing needs, and continue delivering essential services without catastrophic collapse.

This resilience rests on several pillars:

1. Strong primary health care systems
2. Adequate and predictable domestic financing
3. Skilled and equitably distributed health workforce
4. Robust supply chains and local manufacturing capacity
5. Digital health and data-driven decision-making
6. Community engagement and trust

Parliamentarians can embed these pillars into national legal frameworks. Through legislative reforms, oversight of emergency preparedness funds, and monitoring of health security investments, they ensure that resilience is institutionalized not improvised during crises.

Equity as a Moral and Political Imperative

Equity is not achieved by default. It requires deliberate policy choices.

Marginalized populations including rural communities, adolescents, persons with disabilities, migrants, and those living in poverty often face the greatest barriers to care. Women and girls disproportionately bear the burden of under-resourced health systems.

Parliamentarians are uniquely positioned to amplify these voices. Through constituency engagement, they understand lived realities. Through law-making, they can dismantle structural inequities.

Equity must guide resource allocation. It must shape insurance schemes. It must inform health workforce deployment. It must underpin digital transformation strategies. In this regard, PPD stands ready to support parliamentary committees through South-South exchanges that showcase practical equity-driven reforms from peer nations.

Innovative Financing and Catalytic Investments in SRH for UHC

Ladies and Gentlemen,

The financing gap for achieving UHC remains substantial. Traditional donor funding is plateauing. Domestic fiscal pressures are increasing. Competing national priorities strain limited resources. We must therefore embrace innovative financing and catalytic investments.

Innovative financing mechanisms such as earmarked health taxes, social health insurance expansion, blended finance models, diaspora bonds, impact investment instruments, and



results-based financing offer opportunities to mobilize additional resources for SRH and primary health care.

Catalytic investments are those that unlock larger systemic transformation. For example:

- Investing in community health workers can dramatically reduce maternal mortality.
- Supporting local pharmaceutical manufacturing strengthens supply chain security.
- Scaling digital health platforms enhances surveillance and service delivery efficiency.
- Financing youth-friendly services yields long-term demographic dividends.

Parliamentarians can enact enabling legislation for these financing instruments. They can ensure transparency and accountability in their implementation. They can protect SRH budgets from cuts during economic downturns.

The Role of South–South and Triangular Cooperation (SSTC)

South–South and Triangular Cooperation is not a supplementary approach, it is a strategic necessity. Countries of Africa and Asia share comparable demographic profiles, epidemiological transitions, and resource constraints. They have developed context-specific solutions that are scalable and adaptable.

PPD’s core mandate is to facilitate such cooperation. Through policy dialogues, study tours, technical missions, and joint capacity-building initiatives, we foster peer learning that accelerates reform.

Triangular Cooperation, where traditional development partners support South-South initiatives can amplify impact by providing catalytic funding, technology transfer, and global advocacy platforms.

In the realm of innovative financing for SRH, SSTC can enable:

- Exchange of experiences on health insurance reforms
- Sharing of best practices in domestic resource mobilization
- Joint procurement mechanisms to reduce commodity costs
- Regional manufacturing partnerships
- Cross-border digital health interoperability

Parliamentarians can institutionalize SSTC within national development strategies. They can advocate for budget lines dedicated to regional collaboration. They can strengthen NEAPACOH as a continental platform for legislative harmonization.

Parliamentarians as Catalysts of Sustainable Development

The Sustainable Development Goals (SDGs) are interconnected. Health intersects with education, gender equality, climate action, poverty reduction, and economic growth. By advancing UHC, parliamentarians contribute to multiple SDGs simultaneously. By prioritizing SRH, they empower women and girls. By strengthening emergency preparedness, they safeguard economic stability.

Re-positioning parliamentarians therefore means equipping them with evidence, data, and cross-national experiences. It means building their capacity to scrutinize health budgets.



It means fostering multi-sectoral alliances. PPD stands committed to partnering with NEAPACOH to strengthen parliamentary leadership in these areas.

A Call to Action

Distinguished Delegates,

The time for incremental change has passed. We require transformative leadership.

Let us commit to:

- Embedding emergency preparedness within national health laws
- Guaranteeing universal access to comprehensive SRH services
- Expanding innovative financing for health equity
- Institutionalizing South-South and Triangular Cooperation
- Strengthening parliamentary oversight and accountability
- Protecting the most vulnerable from financial hardship
- Investing in youth and harnessing the demographic dividend

The future of Universal Health Coverage depends not only on technical expertise, but on political will.

Closing Reflections from PPD Dhaka

As Executive Director and CEO of Partners in Population and Development, I reaffirm our unwavering commitment to advancing the Cairo Programme of Action through solidarity, cooperation, and innovation.

From Dhaka to Lusaka, from Asia to Africa, our shared journey is guided by the conviction that development is most powerful when it is collaborative; that equity is most enduring when it is legislated; and that resilience is most effective when it is institutionalized.

Let this 17th NEAPACOH Meeting mark a renewed continental commitment to transformative parliamentary leadership.

Let Lusaka be remembered as the moment when we decisively re-positioned parliamentarians as champions of emergency response, equity, resilience, and sustainable Universal Health Coverage.

On behalf of PPD Dhaka and Board Members from 28 Member Countries, I extend our deepest appreciation to the Government and people of Zambia for their gracious hospitality, and to NEAPACOH for its visionary leadership.

May our deliberations be bold.

May our commitments be actionable.

May our partnerships be enduring.



Together, through South-South and Triangular Cooperation, innovative financing, and principled legislative leadership, we can ensure that Universal Health Coverage becomes not a distant aspiration but a lived reality for every woman, every man, and every child.

I thank you.