

## ***African Parliamentary Members of the Committees on Health agree on the Kampala Call for Action***

The meeting of the Network of African Parliamentary Committees on Health (NEAPACOH) that ended on June 30<sup>th</sup> 2016 adopted the **Kampala Call for Action** based on sustainable development as the core principle. This two days' gathering was organized under the auspices of NEAPACOH and hosted by Parliament of Uganda and Partners in Population and Development Africa Regional Office (PPD ARO) and other stakeholders under the theme of; *"From Millennium Development Goals (MDGs) to Sustainable Development Goals (SDGs): Challenges and Opportunities for Parliaments to enhance Reproductive Health and Family Planning."*

The Kampala Call for Action made recommendations on Leadership, Legislation, Advocacy, Financing, Strategies and Programmes as well as Strengthening NEAPACOH aiming at accelerating and outlining key actions to further promote SRH & FP, gender equality as well as population and development for the next five years. It was attended by members of parliament from nineteen African countries and was presided by Hon. Dr. Chris Baryomunsi, Minister of State for Housing on behalf of the Minister of State for Finance Planning and Economic Development of Uganda. With the view to promote information exchange, facilitate policy dialogue and identify key areas of follow up action to advance reproductive health and family planning on the continent, the meeting also attracted representatives of development partners, NGOs, Civil Society, researchers and other stakeholders engaged in Family Planning, Reproductive, Maternal and Child Health.

Other notable participants at this annual meeting included Dr. Joe Thomas, Executive Director of Partners in Population and Development (PPD), Dr. Jotham Musinguzi, Director General of National Population Council of Uganda, Dr. Eliya Zulu, Executive Director of African Institute for Development Policy (AFIDEP), Ms. Miranda Tabifor the acting UNFPA Uganda Country Representative and Hon. Blessing Chebundo from Zimbabwe and Chair of NEAPACOH. Equally present and among key speakers were Prof. Francis Omaswa, Executive Director, African Centre for Global Health and Social Transformation (ACHEST) and Ms. Marianne Haslegrave, Director, Commonwealth Medical Trust (COMMAT). The meeting noted among others, that sexual reproductive health and rights (SRHR) and family planning (FP) remain critically important for the sustainable development of the African continent and hence observed that it is essential to continue positioning them high on the continent's development agenda.

# 2016 NETWORK OF AFRICAN PARLIAMENTARY COMMITTEES OF HEALTH (NEAPACOH) MEETING

## From Millennium Development Goals (MDGs) to Sustainable Development Goals (SDGs): Challenges and Opportunities for Parliaments to enhance Reproductive Health /Family Planning

Speke Resort Munyonyo, Kampala, Uganda, June 29-30, 2016

### KAMPALA CALL FOR ACTION

A meeting of the Network of African Committees on Health (NEAPACOH) held at Speke Resort Munyonyo, Kampala, Uganda, June 29-30, 2016, gathered members of Parliamentary Committees responsible for health from **19** countries, as well as a representatives of development partners, NGOs, Civil Society and other stakeholders engaged in Family Planning, Reproductive Health and Maternal and Child Health to promote information exchange, facilitate policy dialogue and identify key areas of follow up action to advance reproductive health and family planning on the continent.

The meeting was organized under the auspices of NEAPACOH. The theme of the meeting was “From Millennium Development Goals (MDGs) to Sustainable Development Goals (SDGs): Challenges and Opportunities for Parliaments to enhance Reproductive Health/ Family Planning”.

The meeting was hosted by Parliament of Uganda and Partners in Population and Development Africa Regional Office (PPD ARO) with support from partners namely National Population Council (NPC) Secretariat of Uganda; United Nations Population Fund (UNFPA); African Institute for Development Policy (AFIDEP); International Planned Parenthood Africa Regional Office (IPPFARO); East Africa Health Policy Research Organization (EAHPRO); Strengthening Evidence for Programming on Unintended Pregnancies (STEP UP); Programme for Accessible health, Communication and Education (PACE) and Mariestopes International Uganda (MSIU). Participants were drawn from Parliaments of Angola, Botswana, Burundi, Chad, Ethiopia, Ghana, Kenya, Lesotho, Malawi, Namibia, Nigeria, Senegal, South Sudan, Swaziland, The Gambia, Togo, Uganda, Zambia and Zimbabwe.

#### ***The participants to the NEAPACOH meeting:***

**Noted** that sexual reproductive health and rights (SRHR) and family planning (FP) remain critically important for the sustainable development of the African continent and hence observed that it is essential to continue positioning them high on the continent’s development agenda;

**Further noted that** SRH including FP should be considered as an unfinished business requiring renewed vigour and determination in the 2030 Agenda for Sustainable Development;

**Noted** the predominantly young population of African Countries and the role of RH/FP to harnessing the Demographic Dividend in our countries.

**Recognized that** in order to successfully implement the 2030 Agenda for Sustainable Development and the International Conference on Population and Development (ICPD) beyond 2014 Framework of Action and achieve mutual success, the African continent should deepen South-South cooperation and support stakeholders, including civil society and the private sector to play a greater role in building effective multi-stakeholder partnerships to complement national development efforts;

**Further recognized** that population dynamics, sexual and reproductive health and gender equality are at the core of sustainable development, and that deepening South-South cooperation in this field will contribute to the health and well-being of all people;

**Noted** that the resources allocated for better reproductive health in African countries are not adequate to achieve the desired development;

**Recognized** the MDGs successor SDGs adopted by the international community at the UN in September 2015 aimed at ending poverty by 2030 as well as to universally promote shared economic prosperity, social development and environmental protection.

**Further recognized** the role of parliamentarians be it, representation, legislation, appropriation and oversight for better utilization of public resources;

**Appreciate** the crucial role of research and evidence in the delivery of parliamentary core functions;

**And hereby adopt** the Kampala Call for Action on June 30, 2016 based on sustainable development as the core principle. The Kampala Call for Action, which aims to accelerate and outline key actions to further promote SRH & FP, gender equality , population and development for the next five years, recommends the followings:

#### **On Leadership**

1. Promote good governance and accountability in all matters of health;
2. Continue providing leadership and stewardship on policy, legislation and budgetary oversight for reproductive health and family planning
3. Champion and undertake actions that enable increased use of evidence in decision making
4. Ensure that FP and population issues are integrated into national development strategies, including the poverty reduction strategies and action plans

5. Promote and support RH/FP activities in the constituencies
6. Foster general awareness on population issues at all levels in the country

#### **On legislation:**

1. Initiate debate and pass bills that support RH/FP programmes
2. Support laws that operationalize task sharing for improved service delivery of RH/FP issues
3. Ensure the inclusion of FP and RH components in the national health insurance
4. Support implementation, oversight and monitoring of global commitments such as Every Woman Every Child; FP2020; Life Saving Commodities that are geared at addressing improvements in the lives of mothers and children
5. Institute studies to ensure existing laws facilitate for achievements of SDGs, and where necessary advocate for relevant new laws.

#### **On Advocacy**

1. Promote FP as essential to the achievement of all SDGs, especially SDG 3 and SDG5, in partnership with civil society organizations and the media;
2. Regularly issue public statements supportive of RH/FP to mobilize both political and popular support;
3. Lobby for inclusion of RH/FP activities in government priorities and keep them high on the agenda
4. Advocate for investments in the young people with a focus on education, health, skilling, job creation to enhance the demographic dividend.
5. Advocate for investments in the extraction and proper management of Natural resources to address challenges revealed by demographic surveys and other studies.

#### **On Financing**

1. Advocate for increased government resources to health sector including RH/FP and related programmes;
2. Ensure allocation of increased resources for RH/FP programmes
3. Ensure accountability in public expenditures and track RH/FP resources;
4. Ensure a clear and separate budget line for family planning in national and sub national health budgets and ensure family planning is included in basket funding, where applicable including health insurance;

#### **On Strategies and Programmes**

1. Mobilize men to support reproductive health and family planning programmes
2. Participate in monitoring and evaluation of reproductive health and family planning programmes
3. Promote the sharing of innovative good practices between and among countries on the African continent through South-South cooperation
4. Support the drive against early marriages and teenage pregnancy and advocate for initiatives to keep the girl child in schools.

**On Strengthening NEAPACOH**

1. Network within the region with professionals, researchers and development partners in health, population and other development issues;
2. Enhance partnerships with civil society organizations;
3. Improve regular and ongoing communications and sharing of information through available technologies (e.g. email, website, blog, forum); and
4. Undertake resource mobilization activities to support the implementation of the NEAPACOH Strategic Plan and ensure sustainability of the Alliance;
5. Lobby for specific parliamentary committees on SDGs.

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## Annex I Country Commitments

1. **Angola:** To ensure integration of FP services in all health facilities up to the community level.
2. **Botswana:** Advocate for investments in the young people with a focus on education, health, skilling and job creation to enhance the demographic dividend.
3. **Burundi:**
  - a. Accelerate advocacy calls for legislation on Reproductive Health and Family Planning.
  - b. Disseminate the law on Gender Based Violence (GBV) which includes incrimination of early marriages, women's economic discrimination and extramarital affairs.
  - c. Foresee long-term Demographic Dividend benefits that will accrue from tracking the development and equipping of at least one technical school per Commune.
4. **Chad:** Ensure broad dissemination of the three laws regarding RH/FP;
  - a) Law number 29 on child marriage
  - b) Law number 6 on Reproductive Health
  - c) Law number 19 on the protection of people living with HIV AIDS
5. **Ethiopia:**
  - a. Create awareness for parliamentary committees of budgeting and finance and social affairs standing committee on the transition from MDGs to SDGs and identify goals which were not accomplished in MDGs and prioritize them in SDGs
  - b. Sustain advocacy oversight and budgeting for FP/RH
6. **Ghana:** Advocate for investments in the young people with a focus on education, health, skilling, job creation to enhance the demographic dividend.
7. **Kenya:** Amend the NHIF Act to provide for universal health care
8. **Lesotho:**
  - a. To convince the MoH to introduce the EGCG complex and injectable /capsule that reduces the binding of HIV cells to body cells
  - b. Increase and take a lead on rising health concerns when addressing constituency issues and play an oversight role to ensure achievement of SDGs
9. **Malawi:** To ensure MoH distributes the contraceptives procured by the 57M Kwacha and increase use of FP commodities.
10. **Namibia:** To review the existing SRH policies in a view to increase access to SRH services among young people.
11. **Nigeria:** The clerk present could not commit himself on behalf of the MPs who were not able to attend.
12. **Swaziland:** To improve access to FP/SRH services by adolescents in Swaziland

13. **Senegal:** Promote sustained involvement of parliamentarians in supporting and implementing laws and policies passed by the Senegalese government on Reproductive Health and Family Planning.
14. **South Sudan:** Sensitize national and sub national parliamentarians and other political leaders on SRH/FP, SDGs and DD issues.
15. **The Gambia:** To increase funding to conduct a rigorous campaign and mass sensitization on the passed Women's Bill 2016 banning the practice of FGM
16. **Togo:**
  - a. Improvement of the rate of assisted deliveries by skilled personnel from 65% in 2013 to 75% in 2017.
  - b. Increase the rate of women using contraceptives from 25% in 2013 to 55% in 2017.
17. **Uganda:** Establish a National Health Insurance Scheme that includes FP
  - Engage H.E The President to take a political decision on the NHI
  - Consider the NHI as an issue of national importance on the floor of parliament
18. **Zambia:** To increase the budget for FP from the current levels of allocation by 50%.
19. **Zimbabwe:** Fast track and have indicators to monitor progress against SDG 3.