

Regional Meeting of Parliamentary Committees on Health in Eastern and Southern Africa:

“Repositioning Family Planning and Reproductive Health in the Eastern and Southern Africa Region: Challenges and Opportunities”

MEETING REPORT



**Held at Munyonyo Commonwealth Resort, Kampala, Uganda
28-29 September 2010**

Southern and East African Parliamentary Alliance of Committees On Health (SEAPACOH), Partners in Population and Development Africa Regional Office (PPD ARO), with support from the William and Flora Hewlett Foundation, Deutsche Stiftung Weltbevölkerung (the German Foundation for World Population, DSW), and the United Nations Population Fund (UNFPA)

SEAPACOH

Southern and East African Parliamentary
Alliance of Committees of Health



Partners in Population and Development
Africa Regional Office (PPD ARO)



German Foundation for
World Population (DSW)



United Nations Population Fund
(UNFPA)

Meeting Report prepared by:

Partners in Population and Development Africa Regional Office (PPD ARO)

Statistics House, 9 Colville Street

P.O. Box 2666, Kampala, Uganda

Tel: +256 414 705-446

Fax: +256 414 705-454

Email: aro@ppdafrica.org

<http://www.ppdafrica.org/>

Cite as: PPD ARO, SEAPACOH. (2009) Meeting Report: Regional Meeting of Parliamentary Committees on Health in Eastern and Southern Africa: Munyonyo, Kampala, Uganda, 28-29 September 2010, PPD ARO, Kampala, Uganda.

Acknowledgements: The 2010 Regional Meeting of SEAPACOH was the result of consultative interactions between PPD ARO and SEAPACOH. We are grateful to the many people and institutions that contributed. Thanks go to Hewlett Foundation, Deutsche Stiftung Weltbevölkerung (the German Foundation for World Population, DSW), and the United Nations Population Fund (UNFPA) for their financial support, the institutions and individuals who made valuable presentation and inputs. The staff of PPD ARO, Uganda Population Secretariat and SEAPACOH should also be recognized for their tireless work and the Parliament of Uganda for their generous hospitality to their colleagues from the region.



Partners in Population and Development (PPD) is a Southern-led, Southern-run inter-governmental organization of 25 developing countries, encompassing more than half the population of the entire globe. PPD was founded in 1995, to promote South-South cooperation in reproductive health and population and development. **The Partners in Population and Development Africa Regional Office (PPD ARO)** is based in Kampala, Uganda. The vision of the PPD ARO is “an African continent that meets its Reproductive Health needs, promotes the Population and Development agenda and thereby addresses poverty, through South-South Cooperation.” Its mission is “to provide a platform for the promotion of and resource mobilization for Reproductive Health, Population and Development in Africa through three elements: 1) Policy dialogue 2) Networking and building strategic partnerships in the region and 3) Sharing of experiences and good practices. More information is available online at: www.ppdafrica.org; Email: aro@ppdafrica.org



The United Nations Population Fund (UNFPA) is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and every girl and woman is treated with dignity and respect. More information is online at: www.unfpa.org/



Deutsche Stiftung Weltbevölkerung, the German Foundation for World Population (DSW) is an international development organisation. It was founded in 1991 as a private non-profit foundation by two entrepreneurs from Hannover. DSW’s main goal is to help people free themselves from poverty. For this purpose we support family planning and sexual and reproductive health projects in Africa and Asia. Our premise is simple: only if people are able to protect themselves from unwanted pregnancies and HIV/AIDS do they have the chance to lead a healthier and better life. In this respect reaching young people is key. Young people are the parents of tomorrow and crucial to the development of their country. Investing in their health means investing in a better future. More information is online at: www.dsw-online.de/en/

The Southern and East African Parliamentary Alliance of Committees of Health (SEAPACOH) is a network of Parliamentary Committees on Health in Southern and Eastern Africa. The objective of the network is to build a more consistent collaboration of the Parliamentary Committees on Health towards achieving individual and regional goals of health equity and effective responses to HIV and AIDS. The network aims to strengthen the role of Parliaments in the areas of oversight of budgets, review of legislation, policy and providing leadership for achieving goals of equity in health and effective responses to HIV/AIDS, TB, Malaria and other diseases important to the region.

Executive Summary

In East and Southern Africa, access to health care is inadequate and inequitable, posing further challenges to addressing health burdens in the region. Governments in the region have promised to dedicate 15% of their domestic budgets to health, and while progress is being made towards this across many countries in the region, many countries in Africa are still far from achieving this goal despite their pledge to ensure universal access to reproductive health services for all people. Reducing infant and maternal mortality by availing family planning services is key to improving Africa's health.

Recognizing that Parliaments can and do play a key role in promoting health and health equity through their representative, legislative and oversight roles, including budget oversight, the Southern and East African Parliamentary Alliance of Committees of Health (SEAPACOH) was formed in Lusaka, Zambia in January 2005 with the aim of building a more consistent collaboration of the Parliamentary Committees on Health towards achieving national and regional goals of health equity and effective responses to HIV/AIDS. In pursuit of improving the health of the people they represent, parliamentary committees on health work together to review health issues. Several meetings have been held to this effect, during which important resolutions and commitments have been made by the parliamentarians.

It was against this background that PPD ARO, UNFPA and DSW under the auspices of SEAPACOH jointly supported a meeting in Kampala, Uganda on September 28-29, 2010 under the theme "Repositioning Family Planning and Reproductive Health in the Eastern and Southern Africa Region: Challenges and Opportunities". The meeting was attended by parliamentarians from 10 countries drawn from parliamentary committees responsible for health as well as technical, civil society and regional partners.

The objectives of the meeting were to:

1. Promote exchange of information and good practices on the implementation of the recommendations set at the September 2009 SEAPACOH meeting, discuss obstacles and barriers and propose follow up actions;
2. Update on the situation in the region in relation to implementation of regional sexual reproductive health and rights (SRHR) frameworks including: Maputo Plan of Action; Abuja Declaration; the Millennium Development Goals (MDGs) and explore the critical gaps that need to be addressed;
3. Discuss priority areas of representation, legislation, budget appropriation and oversight roles of parliaments and review and discuss options for support of these roles; and
4. Develop recommendations for parliamentarians to use to engage wider policy, technical and other audiences.

At the end of the meeting, the parliamentarians made and adopted important resolutions and commitments that highlighted the legislators' role in leadership, advocacy, financing, strategies and programmes as well as strengthening SEAPACOH. They also were encouraged to share information about the meeting in their own countries via a press release and news feature.

Key lessons learnt from the meeting showed that strong political commitment is key, multi level and targeted advocacy is critical, coordination is crucial and assessment and reward of best family planning (FP) performers is important in FP repositioning.

From the presentations shared and discussions by participants, the following recommendations were drawn:

1. Subsequent meetings should consider involvement of the Finance Ministers;
2. The next meeting should be held in another member country rather than Uganda;
3. Since the parliamentarians on these committees may keep changing, it is important to strengthen the permanent parliamentary secretariats, networks, and forums;
4. Greater investment should be put in primary and preventative health care;
5. Emphasis should be put on increasing the number of health workers;
6. Members who find it hard to retrieve the international agreements and instruments should feel free to seek help from SEAPACOH; and
7. Health statistics should be strengthened for budget backing purposes.

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Acronyms

AFIDE	African Institute for Development Policy
ANC	Antenatal Care
APHRC	African Population and Health Research Centre
ARVs	Anti Retroviral
AU	African Union
AUC	African Union Commission
CARMMA	Campaign for Accelerating the Reduction of Maternal Mortality in Africa
CEmoc	Comprehensive Emergency Obstetric Care
CPR	Contraceptive Prevalence Rate
CSO	Civil Society Organization
DRC	Democratic Republic of Congo
DSW	Deutsche Stiftung Weltbevölkerung, the German Foundation for World Population
EALA	East African Legislative Assembly
EQUINET	Regional Network on Equity in Health in East and Southern Africa
EU	European Union
FGM	Female Genital Mutilation
FP	Family Planning
GDP	Gross Domestic Product
GEQA	Global Equity Gauge Alliance
ICPD	International Conference on Population and Development
IDASA	Institute for Democracy in Africa
IPPF	International Planned Parenthood Federation
MDGs	Millennium Development Goals
MMR	Maternal Mortality Rate
MOES	Ministry of Education and Sports
MOH	Ministry of Health
MP	Member of Parliament
NAWMP	Network of African Women Ministers and Parliamentarians
NCAPD	National Coordinating Agency for Population and Development
NEP	New Economic Policy
ODA	Official Development Assistance
PAC	Public Accounts Committee
PLHIV	People Living with HIV/AIDS
PMG	Parliamentary Monitoring Group
PMTCT	Prevention of Mother To Child Transmission
PNC	Post Natal Care
PoA	Plan of Action
PPD ARO	Partners in Population and Development Africa Regional Office
RH	Reproductive Health
SADC	South African Development Cooperation
SAP	Structural Adjustment Programme
SAPST	Southern African Parliamentary Support Trust
SEAPACOH	Southern and East African Parliamentary Alliance of Committees On Health

	(SEAPACOH)
SRHR	Sexual Reproductive Health and Rights
SSC	South-South Cooperation
STI	Sexually Transmitted Infection
TFR	Total Fertility Rate
UNFPA	United Nations Population Fund
UNIFEM	United Nations Development Fund for Women
USAID	United States Agency for International Development
WHO	World Health Organization

SEAPACOH

Southern and East African Parliamentary
Alliance of Committees of Health



Partners in Population and Development
Africa Regional Office (PPD ARO)



German Foundation for
World Population (DSW)



United Nations Population Fund
(UNFPA)

2010 Regional Meeting of Parliamentary Committees on Health in Eastern and Southern Africa:

“Repositioning Family Planning and Reproductive Health in the Eastern and Southern Africa Region: Challenges and Opportunities”

Munyonyo, Kampala, Uganda, 28-29 September 2010

Resolutions (29 September 2010)

The Regional Meeting of Parliamentary Committees on Health in Eastern and Southern Africa, held in Munyonyo, Kampala, Uganda, 28-29 September 2010, gathered members of Parliamentary Committees responsible for health from 11 countries and regional bodies in Eastern and Southern Africa, with civil society and regional partners to promote information exchange, facilitate policy dialogue and identify key areas of follow up action to advance health equity and sexual and reproductive health in the region. The meeting was held as a follow up to review progress on actions proposed at the September 2008 and September 2009 Regional Meeting of Parliamentary Committees on Health in Eastern and Southern Africa.

The third high level Regional Meeting of Parliamentary Committees on Health in Eastern and Southern Africa was on the theme of “Repositioning Family Planning and Reproductive Health in the Eastern and Southern Africa Region: Challenges and Opportunities” and was held at Munyonyo Commonwealth Resort, Kampala, Uganda, from 28-29 September 2010. It was hosted by Partners in Population and Development Africa Regional Office (PPD ARO), the United Nations Population Fund (UNFPA), Deutsche Stiftung Weltbevölkerung, the German Foundation for World Population (DSW). Participants were drawn from Parliaments of Ethiopia, Kenya, Malawi, Mozambique, Namibia, Rwanda, Seychelles, Swaziland, Uganda, Zambia, Zimbabwe and the East African Legislative Assembly.

Now therefore, we members of the Southern and East African Parliamentary Alliance of Committees of Health (SEAPACOH), note the issue of the untapped potential of how family planning can help countries achieve the MDGs;

Recognizing the poor progress on MDGs, as was discussed at both the July 2010 African Union Summit in Kampala, Uganda, as well as the September 2010 UN Summit in New York, USA, where it was agreed that more effort needs to be made to achieve the MDGs by 2015;

Noting that the country performance on MDGs 4 and 5 is poor and uneven, especially in the Sub-Saharan Africa region;

Aware that resources allocated for better reproductive health in Sub-Saharan countries are not adequate to achieve the goals of the Maputo Plan of Action;

Cognizant of the role of Parliamentarians in representation, legislation, appropriation and oversight for better utilization of public resources;

Appreciating the progress on the resolutions made in 2008 and 2009 by the **Southern and East African Parliamentary Alliance of Committees On Health (SEAPACOH)**, we, the members of SEAPACOH, hereby resolve to the following:

Commit ourselves to the realization of the MDGs, the Maputo Plan of Action and the Accra Agenda for Aid Effectiveness

Offer Leadership

- To ensure good governance in all matters of health;
- Continue providing stewardship on policy, legislation and budgetary oversight, including for reproductive health and family planning; and
- Ensure that family planning and population issues are integrated into national development strategies, including the poverty reduction strategies and action plans

Advocacy

- Promote family planning as essential to the achievement of all MDGs, especially MDG4 and MDG5, in partnership with civil society organizations and the media;
- Regularly issue public statements supportive of family planning to mobilize both political and popular support;
- Promote the Maputo Plan of Action through the momentum created by CARMMA and other national initiatives; and
- Promote gender equity

Financing

- Advocate for increased government resources to health to realize the Abuja target of 15%;
- Ensure accountability in public expenditures;
- Ensure a clear and separate budget line for family planning in national and district health budgets and ensure family planning is included in basket funding, where applicable;
- Establish an enabling environment for effective public-private partnerships for health; and
- Continue support for strengthening health systems

Strategies and Programmes

- Enhance partnerships with civil society organizations; and
- Learn from the best practices in countries in the region through South-South cooperation

Strengthening SEAPACOH

- Network within the region with health professionals and development partners, including civil society organizations for health;
- Improve regular and ongoing communications and sharing of information through technology (e.g. email, website, blog, forum);
- Undertake resource mobilization activities to support the implementation of the SEAPACOH Strategic Plan and ensure sustainability of the Alliance;
- Endeavour to improve on reporting of health data; and
- Carry out monitoring and evaluation of the implementation of these resolutions

Background

The Southern and East African Parliamentary Alliance of Committees of Health (SEAPACOH) was formed in Lusaka, Zambia in January 2005 with the aim of building a more consistent collaboration of the Parliamentary Committees on Health towards achieving national and regional goals of health equity and effective responses to HIV and AIDS. The network aims to strengthen the role of Parliaments in the areas of oversight of budgets, review of legislation, policy and providing leadership for achieving goals of equity in health and effective responses to HIV/AIDS, TB, malaria and other diseases important to the region.

Since its inception in 2005, SEAPACOH has networked through various interactions and has held several regional meetings to update members on new developments in health and to review the collaboration of Parliamentary Committees on Health in the region. In 2008, PPD ARO, EQUINET, APHRC and SEAPACOH organized a regional meeting during which Members of parliament from twelve (12) countries made important resolutions and commitments geared at improving health equity and reproductive health situation in the region. During this meeting, the parliamentarians pledged to advance health equity and sexual and reproductive health in the region. This meeting took place in Kampala between September 16 and 18, 2008.

PPD ARO supported a workshop for the steering committee members of the Southern and East African Parliamentary Alliance of Committees of Health (SEAPACOH) to develop and adopt its Strategic Plan (2009 – 2013) from April 6 to 9, 2009. This strategic plan articulated the Alliance's priority areas of business focus and strategic interventions during the period 2009-2013. The three main areas of focus identified include: ensuring needs-based resourcing of the health sector; ensuring effective domestication, implementation and compliance with agreed upon commitments in the health sector by governments; and ensuring sustainability of the alliance.

A follow up meeting was organized in Kampala on September 21, 2009 which provided an opportunity to review progress, share experiences and lessons learnt over the past one year on the implementation of the resolutions of the September 2008 SEAPACOH meeting as well as the strategic plan. This meeting not only provided an opportunity to report back on progress made over the past year, but also an opportunity to promote information exchange, facilitate policy dialogue and identify key areas of follow up action to advance health equity and sexual and reproductive health in the region.

It was against this background that PPD ARO, UNFPA and DSW under the auspices of SEAPACOH jointly supported another follow up meeting in Kampala, Uganda from September 28 to 29, 2010 under the theme "Repositioning Family Planning and Reproductive Health in the Eastern and Southern Africa Region: Challenges and Opportunities". The meeting was attended by parliamentarians drawn from parliamentary committees responsible for health as well as representatives from technical, civil society and regional partners.

A number of key documents from the meeting are available online:

Resolutions, as agreed on 29 September 2010:

<http://ppdafrica.org/docs/SEAPACOH2010/resolutions.pdf>

Press Release for parliamentarians in home countries:

in pdf: <http://ppdafrica.org/docs/SEAPACOH2010/press.pdf>

in Microsoft Word: <http://ppdafrica.org/docs/SEAPACOH2010/press.doc>

Programme: <http://ppdafrica.org/docs/SEAPACOH2010/programme2010.pdf>

Photographs: <http://www.flickr.com/photos/ppdafrica/sets/72157625052331356/>

Day One: Tuesday, September 28, 2010

Session One: Opening Session

Objectives of the Meeting by Mr. Abdelylah Lakssir, International Programme Officer, PPD ARO: <http://ppdafrica.org/docs/SEAPACOH2010/lakssir-objectives.pdf>

Opening Remarks by Dr. Jotham Musinguzi, Regional Director, PPD ARO: <http://ppdafrica.org/docs/SEAPACOH2010/musinguzi-remarks1.pdf>

Opening Remarks by Mr. James Kotzsch, Country Director, DSW Uganda:

Opening Remarks by Dr. Wilfred Ochan, UNFPA Deputy Representative, Uganda:

Opening Remarks by Hon. Henry Banyenzaki (MP, Uganda) on behalf of Hon. Saudatu Sani, African Parliamentary Network on MDGs: <http://ppdafrica.org/docs/SEAPACOH2010/banyenzaki-remarks.pdf>

Opening Remarks by Hon. Blessing Chebundo, Chairperson, SEAPACOH:

Opening Remarks by Hon. Dr. Stephen Mallinga, Minister of Health, Uganda: <http://ppdafrica.org/docs/SEAPACOH2010/malinga-remarks.pdf>

Official Opening by Rt. Hon. Rebecca Kadaga, Deputy Speaker, Parliament of Uganda: <http://ppdafrica.org/docs/SEAPACOH2010/kadaga-opening.pdf>

Session Two: Reproductive Health, Population and Development in the Region

Population and Reproductive Health Challenges in Eastern and Southern Africa: Policy and Program Implications by Dr. Eliya Msiyaphazi Zulu, PhD., Director, African Institute for Development Policy (AFIDEP): <http://ppdafrica.org/docs/SEAPACOH2010/zulu.pdf>

Maputo Plan of Action and CARMMA: Reflections on the Performance of African Countries by Dr. Wilfred Ochan, Assistant Representative, UNFPA Uganda:

<http://ppdafrica.org/docs/SEAPACOH2010/ochan-MaputoPoA.pdf>

<http://ppdafrica.org/docs/SEAPACOH2010/ochan-CARMMA.pdf>

Gender and Sexual Reproductive Health and Rights: A Key Factor to Successful Programmes, by Prof. Grace Bantebya, Senior Lecturer, Makerere University:

<http://ppdafrica.org/docs/SEAPACOH2010/bantebya.pdf>

Session Three: Repositioning Family Planning in the Region: Challenges and Opportunities

Achieving the MDGs: The Contribution of Family Planning by Dr. Wilfred Ochan, Assistant Representative, UNFPA Uganda: <http://ppdafrica.org/docs/SEAPACOH2010/ochan-mdgsfp.pdf>

The contribution of Family Planning in achieving the MDGs in Kenya by Mr. Chaacha Mwita, Policy Engagement Manager, Africa Population and Health Research Center, Nairobi, Kenya:

<http://ppdafrica.org/docs/SEAPACOH2010/mwita.pdf>

Family Planning in Rwanda: How Family Planning Became a Priority and a Success Story by Mr. Emile Sempabwa, Policy and Development Director, IntraHealth International, Rwanda:

Presentation: <http://ppdafrica.org/docs/SEAPACOH2010/sempabwa1.pdf>

Summary: <http://ppdafrica.org/docs/SEAPACOH2010/sempabwa2.pdf>

Read the full report by IntraHealth here:

http://www.intrahealth.org/files/media/5/fp_in_Rwanda.pdf or

<http://ppdafrica.org/docs/SEAPACOH2010/fpRwanda.pdf>

1.0 Session One: Opening Session

This session was chaired by Hon. Dr. Chris Baryomunsi, Chairperson Food Security, Population and Development, Parliament of Uganda.

1.1 Objectives of the Meeting by Mr. Abdelylah Lakssir, International Programme Officer, PPD ARO

Mr. Lakssir welcomed all participants and shared with them the objectives of the meeting which were to:

- Promote exchange of information and good practices on the implementation of the recommendations set at the September 2009 SEAPACOH meeting, discuss obstacles and barriers and propose follow up actions;
- Update on the situation in the region in relation to implementation of regional sexual reproductive health and rights (SRHR) frameworks including: Maputo Plan of Action; Abuja Declaration; the Millennium Development Goals (MDGs) and explore the critical gaps that need to be addressed;
- Discuss priority areas of representation, legislation, budget appropriation and oversight roles of parliaments and review and discuss options for support of these roles; and
- Develop recommendations for parliamentarians to use to engage wider policy, technical and other audiences.

1.2 Remarks by Hon. Dr. Chris Baryomunsi, Chairperson Food Security, Population and Development, Parliament of Uganda

Hon. Baryomunsi welcomed all participants. He thanked the partners who support the members of SEAPACOH which had enabled them to meet every year to share lessons and take stock of what is happening within the individual countries and the region as a whole. He expressed his sincere appreciation and noted that the countries would benefit from the technical presentations which would be shared during the course of the meeting.

He took participants through the commitments which were made during the 2009 meeting where parliamentarians had agreed to undertake the operationalisation of the SEAPACOH Strategic Plan including to have a better understanding of the linkages between family planning, population and development, networking within the region both at national and regional level, mobilise resources towards RH/FP, provide oversight as they look at the Abuja Declaration on HIV/AIDS, TB, malaria and universal access to HIV prevention, care and support services in Africa.

Hon. Baryomunsi reckoned that most of the parliamentarians present had agreed to participate in and influence budgetary processes to increase the domestic budgetary allocations to health to at least 15% as per the Abuja declaration as pledged at the 2009 SEAPACOH meeting. They all agreed and pledged to continuously monitor the resources allocated to health to ensure value and public health effectiveness for money, equity in resource allocation and that policies promoting population health are resourced and implemented. MPs had further committed themselves to encourage Public Accounts Committees (PACs) in their respective countries to incorporate performance auditing.

Hon. Baryomunsi reminded the parliamentarians that they had also agreed on the operationalisation of the Continental Policy framework for Sexual and Reproductive Health and Rights as per the Maputo PoA as well as follow up on the Accra Agenda for Action to accelerate and deepen implementation of the 2005 Paris Declaration on Aid Effectiveness. **He challenged the participants to assess their countries to see how they were moving. On this note, he echoed that they were here to share lessons to see which countries were moving faster and learn from them to accelerate progress in achieving the MDGs and the SRH goals in their respective countries.**

He also highlighted the past meeting's commitment to look at international agreements and commitments to advocate for a coordinated approach before such international commitments are made. He emphasized that if Parliament is left out, the operationalisation of these instruments becomes hard for the parliamentarians to follow up. Parliament should be involved in the delegations to ease domestication of these instruments. All these agreements should be catalogued and audited by Parliament. Parliamentarians did not only commit to ensure ratification and domestication of these instruments that promote health, but also committed to monitor implementation and review of agreements to which commitments have been made. Parliamentarians were therefore obliged to see which agreements have already been signed at both regional and international levels. Hon. Baryomunsi emphasized that there is need to retrieve these agreements and instruments and asked them to seek help from SEAPACOH where it may be hard for them.

Hon. Baryomunsi informed participants that they had agreed to renew the energy and enthusiasm in pushing for programmes and policies and services that promote the health of their people and that such issues include malaria which is the biggest public health challenge and it has a strong relationship with maternal health. **He intimated that now was the time for the parliamentarians to review whether they are meeting the commitments they made and if not, then they should share what problems they were facing. He recognized that there are still challenges and that is why they were meeting on this day to share the challenges and opportunities. He called on MPs to focus on these challenges as they listen to the technical people.**

He thanked the Rt. Hon. Deputy Speaker for having graced the occasion and wished all participants fruitful deliberations.

1.3.0 Opening Remarks

1.3.1 Remarks by Dr. Jotham Musinguzi, Regional Director, PPD ARO

Dr. Jotham Musinguzi extended a very warm welcome to all participants not only to this regional meeting of parliamentary committees of health in Eastern and Southern Africa, but also to Uganda as a country. He thanked everyone for the valuable time they took off their busy schedules to travel to Kampala to attend this meeting. He informed participants that Tanzanian participation was encumbered by the ongoing political exercise.

He shared some background information on Partners in Population and Development (PPD). In 1994, in Cairo, Egypt, representatives of the countries of the world came together in the landmark International Conference on Population and Development (ICPD) and developed a

new paradigm for reproductive health, the ICPD Programme of Action (PoA), during which developing countries endorsed the concept of south-south cooperation that has since become the core model of Partners in Population and Development (PPD). Dr. Musinguzi stated that whereas the dominant capacity of implementing reproductive health, population and development policies and programmes lies in developing countries, the usual mode for providing assistance has historically been North-South. **PPD therefore plays the “broker” role for the horizontal transfer of technical and programmatic expertise from one southern country to another (South – South cooperation).**

Dr. Musinguzi informed participants that Uganda is host to the PPD Africa Region office which was opened in February 2007 in order to help invigorate South-South collaboration within Africa. The PPD Africa office was established to ensure an improved sexual and reproductive health environment and better coordination of South-South collaboration activities and programs in Africa. **He highlighted the Vision of PPD Africa which is “a continent that meets its Reproductive Health needs, promotes the population and development agenda and thereby addresses poverty, through South-South Cooperation” and the Mission which is “to provide a platform for the promotion of and resource mobilization for Reproductive Health and population and development in Africa through advocacy and policy dialogue, networking and building strategic partnerships in the region and sharing of experiences and good practices”.** On this note, he reiterated that from the recent New York Summit on MDGs, the Heads of States had agreed that although their countries are moving towards achieving the MDGs, a lot still needs to be done.

He then added that PPD ARO sees a great, yet not fully tapped potential of working and collaborating with parliamentarians in promoting issues of family planning, reproductive health, population and development at country, regional and continental levels. It is believed that by working together with parliamentarians across countries and regions, the benefits of networking,

because it contributes to among others; having healthy women and children, breaking the cycle of poverty among families, ensuring women's full contribution to the economy and therefore accelerating the achievement of the internationally agreed Millennium Development Goals (MDGs).

He echoed that PPD ARO believes and is keenly devoted to work and continue working with parliamentarians as change agents and central players to the full implementation of international and regional agreements on sexual and reproductive health and rights. **He noted that the countries have very good and clear policy frameworks but the overriding problem on the continent remains a lack of political will and commitment to support the implementation of these otherwise good policies.** He gave the example of the Abuja Declaration of devoting at least 15% of the national budgets for health which has remained disappointing. Of all sub-Saharan African countries, only one country, Malawi, has reached the 15% target. Likewise, the implementation of the Maputo PoA at country level remains poor and uneven. On this note, he reminded participants that during the 2010 AU Summit in Kampala, Uganda, Heads of State extended the life of the Maputo Plan of Action from 2010 to 2015 to coincide with the global summit for the MDG review. Consequently, all partners were asked to work in a joint effort for a better implementation of this continental framework.

He expressed his gratitude to the presence of a pool of committed experts and policymakers to health issues, population and development, which was a sign of encouragement and optimism that by the end of the meeting, there would be concrete, realistic and workable recommendations. He also hoped that this meeting would provide an opportunity for all participants to have a critical look at their own strengths and opportunities as well as areas where to learn from each other. He again hoped that the meeting would help to lay a strong foundation for long lasting and mutually beneficial partnerships and collaborating arrangements among countries, in addressing health issues including SRHR, population and development. On behalf of PPD Africa Region Office, he assured participants of the appreciation extended to them for the valuable time they took off their busy schedules to attend this meeting. He wished everyone a very productive and fruitful meeting.

1.3.2 Remarks by Mr. James Kotzsch, Country Director, DSW Uganda

On behalf of DSW Uganda, Mr. Kotzsch welcomed all participants to this regional meeting of Parliamentary Committees on Health in Eastern and Southern Africa, where legislators were going to share challenges and opportunities of repositioning FP and reproductive health in the region. He informed participants that DSW was honored to contribute to this meeting because DSW knows that as policymakers, parliamentarians contribute to the improvement of reproductive health in their countries.

Mr. Kotzsch noted that almost all countries had made concrete commitments and still believe that they can achieve the MDGs. He said that this is possible through combined efforts in the countries and at regional and global levels. He added that it is important to explore how the parliaments can work together. He informed participants that DSW has more than 10 years experience of working with MPs, which they would like to share with others and also wanted to hear what works better in the different countries. He wished all participants fruitful discussions and meaningful results from this meeting.

1.3.3 Remarks by Dr. Ochan Wilfred, UNFPA Representative, Uganda

Dr. Ochan welcomed all participants present in their different capacities. He extended apologies from the UNFPA Country Representative who was not able to attend this important meeting because she had just reported to office from leave, yet there were a couple of equally important issues for her to take care of. He informed participants that UNFPA was pleased to be associated to the South-South Cooperation (SSC) at global, regional and national level. UNFPA believes that SSC is vital in the promotion of best practices within and across countries in the field of RH, gender, population and development. These take the form of policies, finances, programs, among others. He informed participants that UNFPA was supporting another SSC meeting planned for October 1-2, 2010 in South Africa targeting chairpersons of budget and finance committees of national Parliaments to check the allocation of resources to health programs in view of the Abuja Declaration and the recent statements of commitment from the AU summit.

Dr. Ochan added that UNFPA saw this SEAPACOH meeting as one way of sharing experiences but more importantly, how such exchange of knowledge and skills gained would translate into concrete local actions with regional support. He hoped that PPD ARO was using this forum to advance continental legislative and policy frameworks in each of the member countries. He wished participants fruitful deliberations.

1.3.4 Remarks by Hon. Sebtuu Nassor, East Africa Legislative Assembly

Hon. Sebtuu welcomed fellow participants to this meeting and thanked PPD ARO for organising the meeting. She informed participants that FP helps to improve the quality of life of the people and as leaders, it is their obligation to be champions in this noble cause. She said that although abortion is still illegal in many countries of Eastern and Southern Africa, it is a looming reality where many people end up with either death or complications. She stated that this can be avoided if all women have access to FP. She called on the participants to think about it and wished them fruitful deliberations.

1.3.5 Remarks by Hon. Henry Banyenzaki on behalf of Hon. Saudatu Sani, African Parliamentary Network on MDGs

Hon. Banyenzaki extended a warm welcome to all participants and expressed his gratitude to address them at such an important meeting. He said that it is essential for Africa to consolidate and stress the opportunities and challenges. He highlighted that the network on MDGs is a continental body of members of parliament launched in Abuja in March 2010 and reminded participants that they committed themselves to see that there is good accountability to see the achievement of the MDGs. He emphasized that this was an opportunity for them to gauge their stand as most key commitments in Africa had expired, yet the 2010 targets had not been met.

Hon. Banyenzaki informed participants that collective efforts can achieve a lot in the improvement of maternal and child health. There is still a very big gap, hence the need for partnerships to learn from each other especially those where there are FP and RH programmes especially where there are budgets.

On behalf of the MDG forum, Hon. Banyenzaki thanked the organizers for the invitation to this meeting, whose participation would foster partnership among the parliamentarians. He noted that

it was necessary to ensure that the process of repositioning FP is well defined and agree on a shared vision as well as prioritizing FP. He called upon all participants to mobilize all partners in their respective countries and region, to contribute to the achievement of MDGS. He added that if maternal and child health is addressed, mortality can be reduced as well as improvement towards the achievement of the set targets of the MDGs by 2015.

Hon. Banyenzaki continued, saying that emphasis should be put on increasing the number of health workers in the facilities. In addition, cervical cancer and breast cancer should also be looked at. He urged all those involved in the MDG campaigns to utilize the MDG manual. He concluded his remarks by thanking the organizers of the meeting for expressing the partnership among the different parliamentarians and stakeholders in the region, whom he said were obliged to improve the quality of life of the people they lead.

1.3.6 Remarks by Hon. Blessing Chebundo, Chairperson, SEAPACOH

Hon. Chebundo welcomed all members present and said that he was greatly honored and humbled having been given the opportunity to give opening remarks on behalf of SEAPACOH as SEAPACOH partners gathered at this important meeting, which marked the 4th consecutive occasion. He informed participants that SEAPACOH members first met in Uganda in September 2008 and have since met consecutively, highlighting April 2009, September 2009 and this very day of September 2010. On this note, he expressed his appreciation to all partners of SEAPACOH, the Government of the Republic of Uganda, Dr. Musinguzi and PPD ARO for all the efforts and facilitation of these meetings.

He informed participants that it was now 7 years since August 2003 when the idea to network parliament portfolio committees on health in Eastern and Southern Africa was conceived by the MPs who attended a workshop on “Parliamentary Alliances for Health Equity” in the Gauteng Province of South Africa. This meeting had been organized by EQUINET, GEGA, IDASA, SADC, and other national CSOs for health. **He explained that the network is committed to improve the role of parliament oversight and make government more responsive to the health needs of their people. They do not seek to govern, but rather to see that governance is done in the interest of the people.** SEAPACOH as a network strives to:

1. Provide for consistent coordination and cohesion of legislative oversight on health at regional level;
2. Establish consistent collaboration among committees as a means of achieving individual country and regional objectives of health equity; and
3. Strengthen collaboration and linkages with stakeholders, CSOs, professional and development partners in health in order to increase health promotion, strengthen public participation, provision of leadership for and enhance responses to HIV/AIDS.

Hon. Chebundo outlined the key areas/issues to be addressed by the alliance as:

1. Health equity;
2. Reproductive health; monitoring implementation of MDGs;
3. Strengthening primary health care;
4. Human resources for health;
5. HIV/AIDS; resource mobilization and access to treatment; and
6. Legislative review for health.

He emphasized the commitments that were made by SEAPACOH during the previous meeting and noted that, as SEAPACOH, they continue to pursue the objectives, goals and founding principles for which the network was formed. He stressed the aim of enhancing and making more effective parliaments' role in health with increasing emphasis on addressing the inequality in national resource allocations for health sectors.

Within the oversight function of the legislature and tapping into the advantages and opportunities provided by the reforms in parliamentary work processes introduced by the majority of the member countries, Hon. Chebundo remarked that SEAPACOH sought to strengthen the role and functions of the committees on health to increase public participation in Parliamentary health processes and in other health related governance issues. He intimated that SEAPACOH would not be able to pursue its objectives alone and hence undertook to team up and collaborate with relevant partners pursuant to the health themes/agenda for which it was formed. He added that this collaboration will not only enhance the effectiveness of the committees but rather, will also fulfill the right of citizens to partake and be heard in matters that affect their lives.

He then encouraged and reminded participants why they had converged for the meeting. **He said they were here to reflect, debate, discuss and deliberate on, and chart the way forward on how to strengthen their role and plans that would strengthen what they resolve. This was an opportunity to strengthen the collaboration with partners as well as a manifestation of efforts to raise the health services of their people who continue to face health challenges which still stand in the way of attaining the MDGs.**

He reiterated that every single event held by SEAPACOH contributed to the efforts of addressing the health challenges. He reminded the parliamentarians that they are the platform and voice of the people's health needs and are responsible for the conducive health environment, and collective efforts are important for them to achieve this.

He concluded his remarks by arguing that parliaments should not seek to govern but to exercise their mandate to ensure policies that well-address the issues in their nations. He thanked his colleagues for the team spirit, vigour and commitment displayed which are important if they are to achieve the objectives of the meeting and of SEAPACOH for better health in the region. He thanked the Government of Uganda for giving SEAPCOH the platform for the last 2 years and called on all member countries including those who were not able to make it for the meeting, to always be part of the bigger group, stating that the health problems do not know physical borders.

1.3.7 Remarks by Hon. Dr. Richard Nduhura, Minister of Health (General Duties), Uganda

Hon. Nduhura expressed great pleasure for being part of the opening of the 2010 regional meeting of Parliamentary Committees of Health in Eastern and Southern Africa. He used the opportunity to thank the organizers of the meeting for having invited him. On behalf of the Uganda Government, he welcomed and thanked all participants from the different countries to Uganda as well as delegates from collaborating organizations and development partners for putting aside their precious time to attend the meeting.

He informed participants that they are faced with a collective responsibility to do everything in their power and ability to improve the quality of life of their people. To this, he added, it can be by way of putting in place accountable human development agendas that relate, speak and act with and towards one another. In essence, this is the discourse of integrated planning and sustainable development.

Hon. Nduhura hoped that the delegates agreed that the countries in the region shared similar reproductive health problems. The problems range from high incidences of Sexually Transmitted Infections (STIs), including HIV/AIDS, high maternal mortality rates, high infant mortality rates, low contraceptive use, and high unmet need for reproductive health services among many others. He intimated that the list of problems is long, but paused that each country was searching for ways to solve them. Since the demands on governments are many, he stated that such meetings like this one to assist in finding solutions to some of the problems were warmly welcomed. He said that such a forum like this provided an opportunity to review the current situation, discuss problems, exchange the rich experiences existing within member countries, and search for common solutions.

Just like Dr. Musinguzi had pointed out, Hon. Nduhura also said that the region is not short of the necessary policy environment and frameworks to facilitate this work in highlighting issues of reproductive health, population and development. He cited the ICPD PoA, MDGs and Maputo Plan of Action which is a forward looking policy framework for Africa whose main objective is universal access to RH services, the Abuja Declaration which tasked African countries to devote at least 15% of national budgets to health, and the Accra Agenda for Action which aims to ensure national ownership, alignment, harmonization and accountability for aid effectiveness, which most countries have ratified at the highest political level all geared towards making health better in Africa. **He however lamented that despite the existence of these clear policy frameworks, the overarching problem remains a lack of political will and commitment to support the implementation of these otherwise good policies.** He therefore reminded all participants so that they may be sensitized on the need to build synergies in the reflections during the deliberations of the meeting.

Hon. Nduhura remarked that the legislators know what needs to be done to improve overall health and reduce health inequalities. There is need for greater investments in primary and preventative health care, such as through programs like the Village Health Teams in Uganda, and more health personnel for health are required to provide services. He also added that there is need to continue progress in making clean water and sanitation more widely available, particularly for the poor, as well as building on the commendable immunization programmes in the region.

On a sad note, Hon. Nduhura noted that investing in family planning and reproductive health rarely ranks high on the list of national priorities in the region, which usually emphasize creating jobs and raising incomes, yet this lack of attention is counterproductive. **Prioritizing women's reproductive health at a national level, he said, would help accelerate progress towards achieving the Millennium Development Goals (MDGs) adopted by the United Nations (UN) for improving people's lives and combating poverty.**

The challenges to reaching the MDGs and scaling-up essential good health services include, health system, financial, and political constraints. He told parliamentarians that their role is central in working on these challenges by advocating for the MDGs as an opportunity to call for equitable access to effective health interventions for their constituents. They should also support mobilization of resources for health by debating the need, discussing the budgeting process, and advocating for alternative options for financing; revising and monitoring of existing health policies and putting laws and regulations in place, that will make a difference in improving the status of these health related MDGs.

Hon. Nduhura informed participants that despite all the crises that have gripped Africa, there is still hope for a better future given the uniqueness of the natural and human resources that give the region an indisputable lead over the rest of the world. **He expressed firm conviction that by forging and invigorating partnerships between and among cross-sections of the society, SEAPACOH will be able to respond to the challenges and opportunities that confront the region and that health will be promoted effectively with social justice and equity. He reiterated that the parliaments have the potentials and capacities, which when put together, can reshape the health environment and make better the quality of life of the people of Africa.**

He told participants that they had come together to discuss and agree on a common agenda through which they can work towards repositioning family planning and reproductive health as a key strategy in the development agenda in the region. By doing this, they would make a commitment, not only amongst themselves, but to their people as well. He cautioned them not to let their people down. Access to comprehensive sexual and reproductive health services is among the challenges that must be faced in the region's path to development hence the need for member countries to focus on the most vulnerable and overlooked populations and issues and ensure that a just, equitable, and sustainable development is brought about, with focus on women and children.

Hon. Nduhura said that this meeting also provided an opportunity, among others, to discuss the promises made in Abuja in 2001 and Maputo in 2006 which many countries, including Uganda, have not yet fulfilled. He called upon all participants to ask their leaders and each other where the commitment to these promises as policymakers committed to health is. He crowned his remarks by saying that this meeting and its outcomes were very timely and was certain that the outcome document of this meeting would not only be relevant, but also challenging to all parliamentarians throughout the region. He called on them to bring the support of their colleagues to these essential issues when they returned to their respective countries as the lives and future of their people, especially children, were at stake. He thanked all participants for their attention and wished them fruitful deliberations.

1.3.8 Official Opening by Rt. Hon. Rebecca Kadaga, Deputy Speaker, Parliament of Uganda

Hon. Kadaga was very delighted to welcome all participants to the regional meeting of Southern and Eastern Africa Parliamentary Alliance of Committees on Health. She started by thanking the organizers of the meeting, Partners in Population and Development Africa Regional Office,

United Nations Population Fund (UNFPA) and the German Foundation for World Population (DSW).

Looking at the theme of the meeting, “Repositioning Family Planning and Reproductive Health in the Southern and Eastern Africa Region; Challenges and opportunities”, Hon. Kadaga said that it resonated very well with Uganda’s national priorities to invest in programmes and services that positively impact on the welfare of her people. She added that Uganda believes that investing in maternal and child health including emphasizing reproductive health and family planning is very crucial for the future of our nation.

She was particularly pleased to learn that parliamentarians from Southern and Eastern Africa Region were participating in the meeting which had devoted a full agenda for two days to discuss the different modalities of repositioning family planning and reproductive health and how best to protect the lives of women and children and improve on the quality of life in the region. She told participants that Uganda’s parliamentarians on the committees on health had registered some success such as the loan request for the MoH which was before parliament. Not much progress however has been made towards human resource in the health sectors as it currently stands at 1 nurse per 5,000 people. **She hoped that the next SEAPACOH meeting would invite the Ministers of Finance to attend such meetings. She lamented the deplorable maternal deaths and hoped that the RH loan would be put to good use to address maternal mortality in Uganda.** Hon. Kadaga lamented the expenditure on publicity by private companies as she called on them to help women who are big time clients and consumers of their products. On this note, she was happy to report that together with Parliament of Uganda, she had organized a meeting with the business community in June and the private business community had promised to provide solar lighting in 6 Health Centre IVs some of which would be handed over in October during the celebration of safe motherhood in Mityana district, Uganda.

Uganda has registered progress in various areas of development, including education, women empowerment, HIV/AIDS, poverty eradication, among others. **However, improving women’s health has remained challenging. Some of the challenges why Uganda as a nation has not done so well on maternal health include a weak health system as well as inadequate human resources for health, especially for reproductive health.** Uganda’s reproductive health and family planning services remain mainly urban-based yet the majority of women are in rural areas, some of them quite remote and with with poor accessibility. Despite this, something ought to be done to ensure that women do not die so needlessly and she stressed that “*no woman should die while giving life*”.

She reminded participants that each generation builds on the ingenuity and resources of the preceding one and that family planning is one way to provide such opportunities to successive generations. On this note, she said that Uganda is doing all it can to focus on the “family” in “family planning” and to bring a better life to her citizens and promised that despite the challenges, Uganda will get there. She was certain that this remarkable learning environment would help provide lasting solutions for citizens as well as the populations not only in the region but all over the world.

She reiterated that she had spoken on numerous occasions about the need for zero-tolerance to maternal deaths. Ugandan women suffer a high maternal mortality ratio of 435 deaths per 100,000 live births and added that Uganda was doing everything possible as a nation with limited resources, to ensure women do not die in childbirth because not only is it a gross inequity to human life but it also devastates the family when a mother is lost.

She informed participants that the population growth rate of 3.2% in Uganda remains very high resulting into a too young population, with more than half or some 15 million, being under the age of 15. This means that each year, Uganda gains almost one million new citizens. There is need to plan for this population to ensure that they are adequately housed, fed, schooled and nourished. The 5 million or so young people between 15 to 24 years are in need of adequate employment, so they can launch their own families, protect their health and accumulate wealth as they age.

She argued that the continued rapid growth of the population remains a major challenge to the region's efforts to reduce poverty and provide adequate social services like health, education, water and sanitation, housing, food among others. These services should be made accessible to the people but brain drain also affects access to social services, especially in regard to the health workers.

Hon. Kadaga stated that she had learned that Uganda's high fertility rate of 6.7 children per woman includes a significant number of births that are unwanted. She found it difficult to believe that one third of recent births were considered to be mistimed, yet there are plenty of family planning methods that help couples to plan their families and avoid high-risk pregnancies. Nonetheless, if so many are finding it difficult to be pregnant when this happens, it means they should be better helped to become pregnant only when it is desirable and safest for themselves, their partners and their families. She added that the right to decide the number and spacing of children is also recognized as a human right itself. The United Nations Population Fund estimates that universal access to contraception would save the lives of one in three women who die of causes related to pregnancy and childbirth, or roughly 160,800 women per year.

As she concluded her remarks, she hoped that the policymakers at this meeting would pledge to take the first steps to be sure that every birth is wanted, every pregnancy is healthy and every delivery is safe and that the means to enable this to happen are provided. She wished the participants a nice stay in Uganda and declared the meeting officially opened.

2.0 Session Two: Presentations

This session was chaired by Hon. Blessing Chebundo Chairperson, SEAPACOH and it focused on the reproductive health, population and development situation in the region.

2.1 Population and Reproductive Health Challenges in Eastern and Southern Africa: Policy and Program Implications by Dr. Eliya Msiyaphazi Zulu, PhD., Director, African Institute for Development Policy (AFIDEP)

Dr. Zulu presented the key population issues in the region as: rapidly growing population and urbanization, young age structure and high dependency ratios, poor child and maternal health

outcomes, high unmet need for family planning and sexual and reproductive health services, high prevalence of HIV/AIDS and high vulnerability to effects of climatic change and environmental degradation. He gave the different population indicators in the region. The rapid growing population was eminent with an increasing share of the population being young. The key barriers highlighted were:

- Limited method choice;
- Financial costs;
- Psychosocial factors relating to the status of women;
- Medical and legal restrictions;
- Provider bias; and
- Misinformation.

Dr. Zulu presented that cost includes expenses for purchase of contraceptives and costs incurred in getting to the source. In Africa 97 percent of users are unable to pay the full cost of modern methods of contraception (Green 2002). **Unless contraceptives are provided free of charge or at minimal cost, and as close to the communities as possible, chances are that many current users will discontinue use and potential users will not adopt family planning.**

He concluded his presentation by calling on the parliamentarians to play legislative, programming and champion roles as they lobby governments to provide an enabling environment for FP programming and increase budgetary allocations to FP supplies, facilitate set-up of community-based population, family planning and reproductive health initiatives in their constituencies and being positive ambassadors of gender equity, empowerment of women and benefits of planning families in our constituencies (in order to counter cultural obstacles).

2.2 Maputo Plan of Action and CARMMA: Reflections on the Performance of African Countries, Dr. Wilfred Ochan, Assistant Representative, UNFPA Uganda

On Maputo PoA, Dr. Ochan presented the facilitating factors to progress as existence of Political, ongoing advocacy and social mobilization and increasing Policy environment with budget allocation. Dr. Ochan presented the following as achievements to Maputo PoA:

- Integration of SRH, HIV/AIDS and malaria in PHC:
 - Policy documents and strategies for integration exist in 76.7% of countries
 - Training institutions have integrated these elements in 31 countries (72.1%)
- Community based STI/HIV/AIDS and SRHR:
 - Strategies and plans for these exists, though implementation vary
- Repositioning FP:
 - Only 16 countries reported specific budget allocation for FP
 - Supportive policies and protocols exist in 35 countries (83.3%)
- Youth friendly SRH services:
 - Policies, guidelines and centres exist in 27 countries
- Unsafe Abortion: legislative framework in 24 countries with 42% providing PAC services
- Safe motherhood: roadmaps exist in 38 countries
- Resources for SRHR: remain limited sand in some countries and are not ear-marked
- SRH Commodities:
 - Plans exist in 33 countries
 - RH commodities in essential drug list in 38 countries

and Congo Brazzaville and more countries are yet to follow because **“no woman should die while giving life”**.

Dr. Ochan highlighted the results and follow up actions for CARMMA and these include:

- Renewed and intensified efforts and national mobilization;
- Launching in all Districts or States – Malawi, Chad, Rwanda and Nigeria;
- Adoption of district hospitals for strengthening with private sector - Malawi;
- Instituted Maternal Mortality monitoring indicators – Swaziland;
- Resource Mobilization – Chad; and
- Free medical services for pregnant mothers and infants – Sierra Leone and Nigeria.

The way forward was that:

- All countries should launch CARMMA;
- Increase domestic resources from the private sector;
- Coordination of multi-sectoral and multi-agency partnerships under national leadership;
- Involve all stakeholders, including communities;
- Implement follow-up actions to reduce maternal mortality such as health systems, FP; and
- Monitoring of progress with data and indicators.

Dr. Ochan informed participants that there is a link between CARMMA and the AU heads of state commitment to action on maternal and child health, and development which require all member states to launch CARMMA in their countries as well as mobilize resources and develop policies and programmes to increase access to MCH services which are free or subsidized.

2.3 Gender and Sexual Reproductive Health and Rights: A Key Factor to Successful Programmes, Prof. Grace Bantebya, Senior Lecturer, Makerere University

Prof. Grace Bantebya argued that gender and SRHR are key to programming. She noted that it is young women who are more vulnerable and showed that the main MDG target for Goal 5- Improve maternal health: reduce by three quarters between 1990 and 2015 the maternal mortality ratio, may not be met by most African countries. She highlighted some of the reasons as: health care, service delivery systems and plans, poverty, government priorities and budget allocation and gender inequalities and imbalances which was the focus of her presentation that showed how gender has impacted on SRH in Africa.

She picked out some of the indicators from some African countries and made comparisons between different countries. This comparison showed that many of the African countries were not doing well in ANC, PNC and CPR. Prof. Bantebya emphasized that gender inequalities and imbalances impact a lot on SRH. In her presentation, it was eminent that gender barriers are key in this debate.

Prof. Bantebya attempted to unpack gender to the participants and she informed them that gender issues could take the form of gender based/inequalities, sexual violence, differential rights entitlements, religious restrictions, low levels of inter spousal communications, conflict situations, violations of women's rights and poverty.

She went further and showed that 97% of the African women cannot afford the cost of contraceptives. The women's low status affects them leading to lack of access to and control of resources, limited access to education and lack of decision-making power. She talked about the domestic relations bill in Uganda, which has not been passed although discussions have been going on for the last 40 years. Prof. Bantebya showed participants how the power relations affect maternal health. On this note, she cited the three delays (at home, on the way and in the facility) while women are in labour that lead to poor maternal health outcomes. This is also coupled with the cultural beliefs.

As she concluded her presentation, Prof. Bantebya recommended that male involvement in health programming is vital in the improvement of maternal health. Since men still dominate the spheres of power, it is important that they are partners in the campaign to improve maternal health.

3.0 Session Three: Repositioning Family Planning in the Region: Challenges and Opportunities

The session was chaired by Hon. Mduduzi Comfort Dlamini, Parliament of Swaziland.

3.1 Achieving the MDGs: The Contribution of Family Planning, Dr. Wilfred Ochan, Assistant Representative, UNFPA Uganda

From Dr. Ochan's presentation, it was evident that Uganda is still far from reaching the 2015 MDG targets; for example where as the MDG MMR target is 131/100,000, Uganda's currently stands at 435, institutional deliveries are 41% and the unmet need for FP is still as high as 41%. Dr. Ochan presented how fertility affects development and the presentation clearly showed that investing in family planning is the single most strategic, low cost, high impact and quick win strategy to achieving economic, social and political transformations. He showed the relationship between RH indicators and development at an international level where the GDP per capita increased with a decline in the population growth rate.

For every USD \$1 spent on FP, Uganda saves USD \$3 on health care cost. Uganda needs USD \$108 million in FP commodity costs to meet all unmet needs for FP. Dr. Ochan presented the scenario of Uganda where even when the projections assume a 7% annual growth rate, with continued high fertility, Uganda would still not have achieved middle-income status even by the end of the 30 year projection period. In comparison, with declining fertility, GDP per capita would increase more rapidly to Ug Shs 2,142,000 in 2037, at least reaching the bottom rungs of middle-incomes status.

Dr. Ochan's presentation clearly showed that fertility is a critical issue in the attainment of MDGs, and promotion of modern FP use is the quick way of dealing with fertility issues.

3.2 The contribution of Family Planning in achieving the MDGs in Kenya, Mr. Chaacha Mwita, Policy Engagement Manager, Africa Population and Health Research Center, Nairobi, Kenya

Mr. Mwita's presentation complemented Dr. Ochan's presentation, showing how African countries still lag behind in progress to attain the MDGs by 2015. He started by outlining the MDGs and highlighting that during the recent MDG summit, FP had not come out strongly yet it

is very important. There are many challenges to the achievement of MDGs, one of which is population growth. He called for systematic FP programmes for the people at the grassroots who tend to produce many children. Mr. Mwita's presentation showed that Family planning has been shown to be key in: reduction of total fertility rates (TFR) of countries, contributing to reducing child mortality, improving maternal health, and cutting costs in education, health, economic sectors.

He argued that high rates of population growth are largely the result of high fertility which corresponds with a large unmet need for FP. He gave the example of Kenya where women have about 5 children each, and surveys have shown that the unmet need for FP services is high – 25% of married women of reproductive age want to space or limit births but are not currently using any method of FP. Despite this however, he gave an improving trend of CPR in Kenya.

He then showed that meeting the unmet need can help Kenya “significantly” generate resources and save costs to achieve UPE, reduce child mortality, improve maternal health, ensure environmental sustainability and combat HIV/Aids, malaria, and other diseases among other benefits. If Kenya invested USD \$71million in FP, she would save USD \$271million in other health care costs.

In his conclusion, Mr. Mwita remarked that greater access to FP information and services in Kenya can contribute directly to the country's attainment of MDG targets, especially 4 and 5 – to reduce child mortality and improve maternal health. A USAID study concludes that since family planning helps reduce the number of high-risk pregnancies that result in high levels of maternal and child illness and death, addressing unmet need in Kenya could avert more than 14,000 maternal deaths and almost 434,000 child deaths by the target date of 2015.

To the policymakers, Mr. Mwita called on them to empower fellow legislators by increasing information on how family planning can make valuable contributions to achieving many of the MDG goals, availing family planning services, bringing men on board and using a common voice for Africa.

3.3 Family Planning in Rwanda: How Family Planning Became a Priority and a Success Story, Mr. Emile Sempabwa, Policy and Development Director, IntraHealth International, Rwanda

Mr. Sempabwa made a presentation on how Rwanda repositioned family planning (FP) from a taboo topic to a number one priority and shared Rwanda's success story and lessons learned with the legislators. With a population of about 11 million, Rwanda is one of the most densely populated countries in the world with a TFR of 5.5 children per woman. He outlined some selected health indicators for Rwanda from 1992 to 2008 including CPR at 27% and skilled deliveries at 53% among others. In comparison to other countries of Africa, Rwanda is unique given the genocide history. None the less, the population growth rate following the genocide was high.

With support from USAID, IntraHealth did a study to assess how FP would be introduced in Rwanda. There was a culture mix among the people of Rwanda given the different people who had come from Uganda and DRC. **The people rejected FP on the ground that they wanted to**

replace the people who had died during the genocide. That helps to explain the state of indicators in 2000. Given the current stability, there is now some improvement as is shown by the TFR which has reduced to 5.5 in 2008 from 6.2 in 1992.

Rwanda used multilevel evidence-based advocacy and policy efforts to show family planning as an issue of health and economic development, starting with the top political leadership. From this, it is evident that political commitment is very important in repositioning FP. Rwanda realized the need for quality services provided by trained personnel as well as having the required commodities and supplies in place. There is increased access to a wide range of methods from implants to IUDs integrated at health centers, coupled with permanent methods, including the vasectomy initiative that was introduced.

Lessons learned from the Rwanda experience show that multilevel and targeted advocacy is critical. This involves all key players such as the district mayors, ministries, parliamentarians and the military. Both the central and district local governments in Rwanda highly support FP. Assessment of the mayors is done and the best performers are rewarded for their efforts, including ministers of planning. Churches are allies—even those which do not support the use of modern FP—sign contracts to sensitize their followers and also teach their people that having kids whom they cannot look after is committing sin. Therefore, they encourage the people to have children whom they can afford to look after.

Coordination is crucial in FP repositioning process. There is a national implementation plan which is also facilitated by the community health insurance system (“Umuganda”). Having a wide range of choice of methods, confidentiality and improved logistics systems are essential, not forgetting the motivation of service providers by rewarding the best practitioners.

Mr. Sempabwa said that repositioning family planning in Rwanda was facilitated by the strong political commitment and leadership, mechanisms to foster advocacy and widespread availability of high-quality family planning services. The challenge, however, is how to keep this momentum going. It is important to continue with advocacy, improve coordination of all partners at different levels, provide logistics, promote male involvement, decentralize training to villages in addition to making rewards to best practitioners sustainable.

3.4 Discussion: Lead in on discussion by Hon. MPs from Ethiopia, Rwanda and Seychelles

3.4.1 Hon. Nyarukundo – Parliament of Rwanda

Having heard about the political will and best performance rewards at district level as well as availing the services, Hon. Nyarukundo from Rwanda supplemented that involving the church in the repositioning of FP has suffered a setback although the services are availed at the health centres. There have however been negotiations and the churches are partners. She also added that there is massive sensitization at the district level which has increased the FP uptake and that the CPR could currently be around 50% but since no concrete study has been done recently, this could not be ascertained.

Rwanda has reliable RH partners such as UNFPA, IntraHealth among others, who are helping in the implementation of the strategic plans. In 2005, there was consultation with the people about

regulating the number of children one would have but since it was against human rights, the bill did not work out when it was sent to the Senate. The law gives freedom to each person to feel free to use FP. They partnered with universities to see that the young people are sensitized on this issue. At the end of each year, there is a follow up on the CPR, and the MOH is put to task to explain why the CPR is still low. In Rwanda, the Umuganda-community work with the population is utilized as a forum for FP to be discussed within the communities. In addition, according to the national budget, each family gives 2 dollars to help poor people.

3.4.2 Ms. Betty May Bibi- Parliament of Seychelles

Ms. May Bibi stated that the maternal and reproductive health situation in Seychelles still needs to be improved. She cautioned that more needs to be done about neonatal deaths, teenage pregnancy and teenage prostitution which have risen over the last year. She concluded that it is high time that governments and all stakeholders tackled these issues which need a collaborative effort.

3.4.2 MDGs Hon. Banyenzaki Henry- Parliament of Uganda

Hon. Banyenzaki shared the background information on the African Parliamentary Network on MDGs with the participants. He said it was launched on March 29, 2010 in Abuja, Nigeria where members committed themselves to collectively work together at continental level to see that there is good governance and accountability to accelerate the achievement of the MDGs, with specific emphasis on maternal health. He hence called on all members to join the network since there are only five years left to achieve the MDGs, yet the only vehicle which can drive this is parliament.

Day Two: Wednesday, September 29, 2010

4.0 Session Four: Fostering Cooperation and Coordination between Parliaments and Civil Society

The session was chaired by Mr. James Kotzsch, Country Director, DSW Uganda.

4.1 Fostering Cooperation and Coordination between Parliaments and Civil Society, Mr. Henry Ndlovu, Southern African Parliamentary Support Trust (SAPST)

Mr. Ndlovu felt much honored to be invited to this forum especially because this was the first time he had been given the opportunity to address the regional legislators. He briefly gave the background to SAPST which he said was established in 2007 after the founding trustees recognized the need to provide technical and financial support to parliaments in Southern Africa with the ultimate goal to strengthen the capacity of SADC parliaments in order to foster democratic principles to ensure good governance.

He said SAPST is resident in Zimbabwe and therefore its major focal point is Parliament of Zimbabwe although it is also involved in regional initiatives that involve all the other SADC parliaments in an effort to make the parliaments more democratic.

Mr. Ndlovu stated that the civil societies link the state and the private sector in terms of policies and solutions and their role is to counter balance the excesses of the state and the private sector. He defined civil society using the World Bank working definition: “the term civil society refer[s] to] . . . the wide array of non-governmental and not-for-profit organizations that have a presence

in public life, expressing the interests and values of their members or others, based on ethical, cultural, political, scientific, religious or philanthropic considerations. Civil society organizations (CSOs) therefore refer to a wide of array of organizations: community groups, non-governmental organizations (NGOs), labor unions, indigenous groups, charitable organizations, faith-based organizations, professional associations, and foundations”.

Mr. Ndlovu laid out the following as the role of CSOs:

1. Offer alternative policies or strategies through research and advocacy;
2. Complement state role in providing social services/development programmes; and
3. Play a watchdog role over the state and the private sector.

He presented SAPST’s programmatic areas which include training the committees among others and informed participants that the cooperation between Parliament and CSOs is important because it:

- Holds parliament accountable to the electorate;
- Facilitates public access to parliamentary processes and wider citizens’ engagement with parliament thereby enhancing good governance (e.g. public hearings);
- Provides an avenue for harnessing technical expertise and financial support to strengthen the capacity of parliament and its committees to effectively carry out their constitutional mandate; and
- Facilitates dissemination of accurate information to the public on parliamentary activities through websites, newsletters, TV and radio programmes.

Mr. Ndlovu informed participants that it is necessary to have a formal cooperation framework between Parliament and CSOs so as to have a common ground which clearly spells out obligations and parameters of cooperation between the parties. The Cooperation can lead to the following outcomes:

- Transparency and accountability;
- Public participation and ownership of public policies;
- Good laws and policies passed by parliament/government;
- Improved service delivery; and
- Consensus on national priorities and goals.

He also highlighted that political environment, restrictive legal framework, funding and legitimacy may impede the cooperation. He shared some of the lessons from South Africa where a robust civil society that coexisted with the State achieved its advocacy goals and the Parliamentary Monitoring Group (PMG) – a consortium of CSOs which acts as a conduit of information about parliamentary activities to the entire civil society.

He concluded his presentation by saying that SAPST is committed to initiatives that seek to strengthen the capacity of regional parliaments in executing their constitutional mandates and was greatly honoured to participate at this SEAPACOH meeting and envisaged a mutually beneficial future partnership with PPD ARO, UNFPA and DSW in supporting the noble activities of SEAPACOH.

4.1.1 Discussion

Having heard about the Parliament – CSO cooperation, a question was posed on how participants would carry forward after the meeting. It was suggested that a communiqué be made at the end of the meeting and the members be tasked to make press conferences when they get back home so as to have an awakening voice in their countries. Following this, Hon. Banyenzaki and the Chairperson of SEAPACOH were tasked to take the lead on this.

It was also highlighted that since the parliamentarians' skills had been improved, they should manifest the outcome of the meeting by performing more effectively as they implement the outcomes of the meeting.

4.2 Fostering Cooperation and Coordination between Parliaments and Civil Society by Mr. Samuel Baale and Mr. Matthias Brucker, DSW

Basing on the experience they have had working with parliamentarians, the DSW team presented a way forward and follow up actions for parliamentarians, bearing in mind what parliamentarians do with the information that they always get. In Uganda, they have worked with the Social Services Committee and the Parliamentary Forum on Food Security, Population and Development. DSW supports information sharing, research and analysis, documentation, joint monitoring of national allocations and spending, tracking official development assistance (ODA) funding levels and trends, policy texts and implementation and technical knowledge.

They cited different examples of civil society partnerships with parliament such as the Brussels parliament that drafted a pilot project in Rwanda, and hence called on members of parliament to invite CSOs during discussions as was the case in Dodoma and also suggested that it would be important to join advocacy coalitions, link youth to decision making on SRH rights as well as leverage European funds.

4.2.1 Discussion

1. Participants expressed interest to get to know how the CSO-Parliament collaboration is in the developed countries. Do they get funding from the CSOs? It was expressed that the CSOs use this money to hit at the parliamentarians in Uganda.

In response to this, Matthias said that in Germany, the CSOs are not funded, but DSW gets funds from the EU. He added that CSOs should be non partisan and should work with both the ruling parties and the opposition.

2. As watchdogs, there are some policies where the CSOs are required to register annually but it looks like their hands are tied because if they do not work in favour of the ruling party, they may be deregistered. This may compromise the quality of work by the CSOs, which makes the role of watchdogs a very big problem. How is it done in the other countries?

In response to this, Mr. Baale said that the watch dog role for CSOs is a difficult role given the different levels of democratisation in the different countries. In Zimbabwe, they define the parameters within which CSOs work. The political environment is normally

very pensive for CSOs. In South Africa, there is provision in the constitution which gives leeway to the civil society to work with the government.

3. Parliamentarians are busy people and they keep changing after every 5 years. There is always technical back up in the European parliaments unlike the Ugandan or African case. There is therefore need to facilitate the permanent networks' and forums' coordinators to strengthen these permanent secretariats.

It was clarified that CSOs' work with MPs is as allies and not as enemies. They need to work together as a fraternity putting together both financial and technical resources. CSOs have room to create these links. In the developed countries, the MPs are facilitated with full technical and financial support. The ground in Uganda, like in other African states, has not been as rich.

5.0 Session Five: Presentations on Country Achievements and Challenges since September 2009

This session, which focused on what the parliamentarians had done since the September 2009 resolutions, was chaired by Hon. Margaret Nantongo Zziwa from the East Africa Legislative Assembly.

5.1 Review of Implementation of SEAPACOH Strategic Plan: Achievements, Challenges and Way Forward by Hon. Blessing Chebundo, Chairperson, SEAPACOH

Hon. Chebundo gave participants two reasons why SEAPACOH was formed: inequity of resources to the health sector and HIV/AIDS and to look at their legislative mandate to budget oversights. As mentioned earlier, he reiterated that the Strategic Plan was formed in 2009 courtesy of PPD ARO and EQUINET and if focuses on three key areas:

1. To ensure the needs based resources to the health sector;
2. Domestication of international instruments; and
3. Sustainability of SEAPACOH which requires consistent collaboration of the different committees.

As an overview, Hon. Chebundo informed participants that the implementation of the strategic plan (SP) is largely done at the national level in line with the strategic framework with no focal administrative point. He hence encouraged member committees to work with the local CSOs e.g. APHRC, PPD ARO, DSW, etc., most of which know the objectives of the SEAPACOH.

He stressed the implementation of the instruments most especially the Abuja Declaration which recommends that national budget allocation to health gets increased to at least 15%. He called on the legislators to make sure that these instruments are implemented.

He cited limited financial resources as a very big challenge to SEAPACOH which mainly depends on partners. He informed participants that they would like to have a fully fledged funding and secretariat. Currently, they are working in a charter to facilitate proposal writing so as to solicit funding.

5.2 Country Progress, Achievements and Challenges Regarding Implementation of the September 2009 Munyonyo Parliamentary Meeting Resolutions

5.2.1 Hon. Desta Delkasso, Parliament of Ethiopia

Hon. Delkasso informed participants that the Ethiopian delegation comprised of 3 members and she thanked the organizers of this meeting for having recognized that RH and FP are burning issues in Africa. She started by presenting a brief on the Ethiopian Parliament that showed that the number of women in the Ethiopian Parliament has increased to 144 from 117 in 2005 out of the 547 seats. Her presentation focused on the Ethiopian Government's innovative strategy to improve primary health care service delivery and how it has improved access and utilization to family planning services at the community level. She said that in the last one year, the social standing committee in conjunction with the Ethiopian First Lady and the Ministry of Health, had undertaken a number of activities to improve the RH/FP situation in Ethiopia. The door to door approach using health extension workers was adopted for FP service provision.

Ethiopia has also embarked on a human resource strategic approach to increase the health personnel to serve the people. She shared some lessons which showed that bringing services closer to the community increased access and utilization of family planning. Dr. Desta highlighted the following challenges:

- Delay in implementing comprehensive HRH strategy;
- High turnover and shortage of staff at all levels particularly high level health professionals;
- The new HEP supervisory structure needs more support;
- Uneven distribution of mid and high level professionals urban vs. rural, public vs. private;
- Weak HR information system;
- Information Gap between supplier (MOE) and consumer (MOH);
- Huge unmet need for FP requiring more resources;
- Training of all HEWs in the health post in the provision of Implanon;
- Sustainability of supplies of commodities and consumables (particularly Implanon);
- New HEP supervisory structure needs more support; and
- Constraints with the monitoring and evaluation system.

5.2.2 Hon. Dr. Ekwee Ethuro, Parliament of Kenya

On behalf of the 5 members with whom he had traveled from Kenya, Hon. Ethuro gave the background data to the Kenyan Parliament including the different health indicators. Hon. Ethuro presented that since the last SEAPACOH meeting, they have been able to do the following:

- 4 Breakfast meetings on: population issues and realization of MDG 4 and 5;
- Participated in policy engagement in resource allocation to senior government officers;
- 2 Regional meetings (NEP and Eastern provinces) to profile issues of RH, population, FP to local leaders;
- Participation in awards ceremony of journalists dealing in population issues;
- Partnered with NCAPD to deal with gender-based violence in Naivasha;
- Participated in World Bank Round table discussions on health services through PPP in Kenya;
- Participated in public baraza to celebrate World Population Day in Mombasa; and

- Working on building the capacity of the network through strategic plans and work plans.

As a result of what they have done, they have been able to achieve the following:

- Sustained participation in national, regional and international meetings;
- Partnered with Afro Arab Forum; MPND and V2030 through NCAPD; APHRC;
- Increased Profile of FP, RH and population;
- Budgetary Allocations to the Health subsector under Human Resource Development Sector, especially NCAPD budget doubled this year;
- DC reports on estimates profile MDGs and the need of governments to attain them and to allocate 15% budget to health sector;
- Participated in public baraza to celebrate World Population Day in Mombasa;
- PNPD is a catalyst in the formation of Poverty and MDGs Network (PNP and MDG); and
- Facilitated Minister for Health to attend a meeting in London organized by PPD.

Hon. Dr. Ethuro said that despite the achievements registered, there have been some challenges faced such as:

- Limited state budgets;
- Repackaging/unpacking appropriate messages on FP, RH in a hostile political and religious environment especially abortion;
- Time constraints on parliament calendar with a clear agenda on reforms, agenda for implementation of a new constitution;
- PEV aftermaths: ICC and Ocampo; IDPs yet to be settled; Instability; and
- Capacity building for the network and DCs.

5.2.3 Hon. Austin Mtukula, Parliament of Malawi

Hon. Mtukula informed participants that parliamentarians in Malawi are doing everything possible to reduce HIV and improve maternal and child health. They have trained more doctors through the University of Malawi- health sector. The maintenance of doctors is equally good, with an extra package for working in Malawi. Currently, they have three doctors for each hospital compared to the one doctor per hospital as was the case.

Although they have managed to train and sustain doctors, they also suffer the following setbacks:

1. Delays in the procurement process; and
2. HIV/AIDS-increased the number of people taking ARVs which has cost implications, but has also reduced the new infections.

5.2.4 Hon. Telmina Manuel Paixa Pinho Pereira, Parliament of Mozambique

Hon. Telmina presented that although there is steady improvement in the health situation in Mozambique, some indicators are still poor. She said that Mozambique has 98 female MPs, the speaker is a woman and 3 of the benches are headed by women. The population growth rate is 2.8, IMR is 95/1000, MMR is 408, TFR 5.7 children, skilled attendance at birth is only 5.4% and the CPR is 14%.

She said that although the president took the initiative of improving the lives of mothers, Mozambique is still quite far from achieving the MDGs, especially 4 and 5. She explained that

Mozambique embarked on the safe maternity programme which should be met by expanding the health centres and hospitals in the country, reducing the distances, training health workers/ midwives and essential health workers.

So as to reduce the distances for women in labor, Hon. Telmina informed participants that there are houses for expectant mothers where they can wait while at the health facility. So far, 42% of the maternity facilities have the waiting houses. Mosquito nets to prevent malaria during pregnancy are also distributed, while male involvement is encouraged as well. PMTCT is offered to the mothers. Out of the 300 women tested, 11% were found HIV positive.

Not all districts in the country have been reached with this safe maternity programme as extending these services to all parts is quite challenging. There are financial constraints in the health sector with only 5% of the budget. Besides, equipping maternity centres, training, deploying and maintaining qualified health workers (HWs) is still a challenge which limits extending EmOC in all centers.

5.2.5 Hon. Juliet Kavetuna, Parliament of Namibia

Hon. Kavetuna started by informing participants that out of the 78 MPs, there are 24 women MPs having decreased from 32. She however pointed out that the deputy speaker is female. She gave the highlights of the country demographic statistics with a TFR of 3.6 and a population growth rate of 2.6. Hon. Kavetuna said that 81% of the births that occur in Namibia are attended by skilled personnel.

In playing its oversight function, the Namibian Health Committee, in collaboration with relevant stakeholders, and supported by the UN agencies (UNFPA, UNICEF and UNDP) were trained and visited Omusati and Omaheke regions to interact with communities and service providers on issues related to gender, gender based violence, sexual reproductive health and HIV/ AIDS in August 2010. They also visited the Karas Region to assess the implementation of government's programmes and projects in the fields of health and education.

Regarding the implementation of the international instruments, Hon. Kavetuna presented that HIV prevalence among pregnant women, which had reached 22.3% in 2002, has now dropped to 17.8% in 2008 and the number of PLHIV on treatment represents 84% of the estimated 76,727 in need. HIV transmission remains a major public health concern, affecting more than 60% of the population. The health budget stands at 13% of the overall budget of the country.

They have the following documents in place to guide reproductive health provision in the country: National Reproductive Health Policy, National HIV Policy, National Population and Development Policy, National PMTCT Guidelines, and Infant and Young Child Feeding Policy.

The the total fertility rate has decreased from 5.3 in 1992 to 4.2 births per woman in 2000 and to 3.6 in 2006, and the contraceptive prevalence rate has increased from 23% in 1992 to 38% in 2000 and to 47% in 2007. The IUD is becoming very popular with 98% of the facilities providing it among other methods. Work is in progress to revise and integrate the Policy on Family Planning (1995) and the National Policy on Reproductive Health. Comprehensive

Emergency Obstetric Care (CEmOC) is only provided in 4 hospitals out of 34 state hospitals in the country.

In an effort to address the situation, the government adopted the Millennium Development Goals strategy to address maternal and child health in 2000 and introduced ART and PMTCT of HIV/AIDS services in 2002 as part of the ante natal care services. In addition, a National Task force was established and the National Strategic Plan (Road Map) on Reduction of Maternal and Newborn Morbidity and Mortality was adopted in 2009.

Like several other countries in the region, Namibia faces the following challenges:

- Resources – human and finance;
- Outreach services and community based programmes;
- Integration of RH and HIV;
- Low male involvement in reproductive health issues;
- Shortage of transport at rural health facilities;
- Infant feeding and follow up of PMTCT mother-baby pair;
- Low post natal care visits;
- Lack of essential equipment at some rural health facilities; and
- Shortage of skilled workforce (doctors, midwives and nurses).

As way forward, adequate resources to build and expand health facilities should be mobilized so that Reproductive Health Services are fully intergrated and rendered satisfactorily to the people of Namibia.

5.2.6 Hon. Nonhlanhla Dlamini, Parliament of Swaziland

Hon. Nonhlanhla Dlamini began her presentation by giving an overview of Swaziland's demographic statistics whose total population is about 930,000 growing at a rate of 2.9%. Skilled attendance at birth is 74.1% and contraceptive prevalence is at 48% with an unmet need for family planning of 32%.

Regarding progress made to implement the 2009 resolutions, the Parliament of Swaziland has done activities at both the national and community level. **Health financing has surpassed the Abuja recommended 15% and has reached 17.5%. There has been capacity building on sexual and reproductive health for members; members have moved several motions, including accessibility of health services.**

Several health bills such as the PH Bill, Tobacco bill, Food Safety Bills have been passed and others are before parliament. The MOH got 30m for provision of ARVs and 24 facilities are offering TB services. CARMMA has been launched in an effort to reduce the number of women who die while giving birth. There is a malaria programme to try and fight malaria in the country. In addition, there are decentralized health management teams that are geared towards the improvement of services.

Collaboration with NGOs has also increased, as they are the majority implementers of HIV/AIDS programmes and SRH services, including family planning and home based care programmes. Hon. Nonhlanhla Dlamini said that despite the registered progress, they still

continue with the advocacy and call for strengthening the integration of SRH information in schools and churches and other community groups.

5.2.7 Hon. Chris Baryomunsi, Parliament of Uganda

Hon. Dr. Baryomunsi presented how the Ugandan Parliament had performed in regard to the resolutions which were agreed on in September 2009. Country achievements are attributed to the existence of the committees and different networks such as the Committees of Social Services, HIV/AIDS, Networks and Forums on Population and Development, NAWMP, MDGs, and Youth. He outlined the achievements as:

- Parliament has remained vibrant on issues of population, SRH and HIV/AIDS;
- Presentation and discussion of papers, reports on SRH issues in parliament;
- Carried out oversight and monitoring visits to assess provision of SRH services;
- Passed the prohibition of female genital mutilation (FGM) bill which has been assented to by the President;
- Passed a resolution urging the UN to support world-wide ban of FGM;
- Tabled a private members bill on HIV/AIDS which is now being considered by the Social Service committee;
- Engaged Ministries of Health and Finance to secure financial resources for SRH. World Bank loan facility is now being scrutinized by Parliament;
- Ensured that country delegations to international and regional meetings including parliamentarians;
- Engaged in discussions with CSOs, development partners and other stakeholders;
- Engaged the president on issues of HIV/AIDS and gave parliamentary awards to outstanding HIV/AIDS activists; and
- Participated in the launch of CARMMA, World AIDS Day, etc.

He outlined the challenges as:

- Inadequate funding for SRH;
- Need for improved coordination of partners;
- RH commodity security; and
- Parliamentary calendar: Elections.

Although Parliament may get a high PMR (“parliamentary mortality rate”), Hon. Baryomunsi pledged that despite the season, they would try to continue being vibrant while airing the population and health issues.

5.2.8 Hon. Dr. Munji Habenzu, Parliament of Zambia

Dr. Habenzu presented that they raised debate in the Zambian parliament to undertake a study on regional health related instruments especially the Abuja Declaration and Maputo PoA. This study was debated in parliament and it was recommended that the Ministry of Health should always inform parliament whenever they are going to sign such instruments and all instruments should be domesticated. As legislators, they also made a study visit to Mozambique to learn from the Mozambique Parliament.

Hon. Dr. Habenzu stated that the Maputo PoA and Abuja Declaration were circulated to all members on the health committees to enable them understand what they are about. He said that

the documents are appreciated but there are so many institutions competing for the same resources. The health budget has increased from 10.7 in 2009 to 11.9% in 2010.

He highlighted limited delivery space, skilled health workers and doctors in particular and inadequate funding to the health sector as challenges encumbering health promotion in Zambia.

5.2.9 Hon. Gladys Gombami Dube, Parliament of Zimbabwe

Hon. Dube summarised what SEAPACOH has done in Zimbabwe and the achievements included the fight against HIV/AIDS, male involvement, village health work outreaches, shelter for waiting mothers and decentralisation of the health programmes to district level. Zimbabwe has also been able to achieve the 15% health budget.

Despite the achievements made, Hon. Dube said that the promotion of health in Zimbabwe is encumbered by political instability, the government is sceptical about the CSOs, SAPs, funding from partners is discouraged, brain drain, economic situation and the village HWs are overwhelmed as they cover three instead of one village.

Discussion

1. The legislator from EALA informed participants that EALA is working side by side with partner states in the oversight role. As a regional legislative body, they visited the partner states to see the delivery situation of health and she was glad to say that whatever had been presented in the country reports is what they found on the ground. High fertility rate, SGBV and FGM are some of the issues which they found but had not been mentioned here. **Members of EALA also noticed that the issues dealing with abortion, contraception and sex education need to be strengthened.** They had observed that people at the grass roots are not empowered as it is only those who visit the health centres who get the information. Given the importance of statistics in budgeting, the honorable recommended that there is need to strengthen the health statistics which do not normally tally. This can be done by creating databases.
2. A supplement was made to the Uganda presentation which showed that the Domestic Violence Act is now in place and the Human Trafficking Act. The honorable who submitted this felt that it was important since they have a bearing on the RH. She also added that the government of Uganda acquired a loan to address RH through the pressure exerted by Parliament.
3. Participants wondered how one could be both a Member of Parliament and an employee in the ministry, asking if this does not pose a challenge to transparency and accountability?

Clarification was made that accountability and transparency is for the institution and not the individuals, which enables the Ethiopian legislator to serve in both capacities. Besides, her technical position in the ministry coupled with her legislative role, offer her an avenue to push for necessary changes.

4. Participants expressed concern that some country presentations had not shown how far they had gone to achieve the recommended budget allocations from the Abuja Declaration and Maputo protocol.

It was clarified that although some presenters had shown the entire situation of the country it was important to pick out the commitments of the country, as well as show the progress on what was agreed on in the previous meeting's resolutions to show the benchmarks, showing what has been done vis a vi the resolutions.

5. One participant asked how FP commodities can be got on the essential commodities list which can be budgeted for at the lowest levels possible.

Participants heard that SEAPACOH exists to offer a forum for the committees to share the experiences. Members were called on to learn from those who were performing better in the different areas.

6. Training health workers (HWs) is a competitive exercise, which the poor can hardly afford to undertake. Ultimately, those who can afford to pay the tuition do not want to work in the rural parts. How can these well to do professionals be encouraged to work in the diverse countryside?

Participants were encouraged to learn from the countries which are able to train, recruit, motivate and retain their health workers, and see if they can adopt it in their respective countries.

7. A participant noted that their country had no laws focusing on HIV as asked how Uganda has managed.

Hon. Baryomunsi responded to this, saying that Uganda is willing to share with other parliaments about the different bills about HIV and how they have been moved.

8. Participants were informed that the forum for finance ministers under AU are also struggling to hit the 15% health budget benchmark.

Dr. Musinguzi informed participants that there is need to be more concrete in experience sharing so as to be able to learn from each other. He said that the leaders understand their budgets and resources and hence should be helped to understand what the Abuja Declaration is all about since the Finance ministers were not in Abuja when this was passed. He added that the 15% recommended budget to the health sector is a bare minimum and hence called on those who had scored the 15% to push for more. He presented a slide on the health expenditure from WHO among different countries, which showed that many countries were still below the 15%.

6.0 Session Six: Presentation, Discussion and Adoption of Munyonyo 2010 Resolutions

The sixth session was chaired by Hon. Munji Habeezu, Parliament of Zambia.

Dr. Musinguzi presented to the participants three documents that he felt were vital to be adapted by the different members in their countries. These included the meeting resolutions, a press release and a draft news feature. The resolutions were read out to the participants to put in what they felt was missing or was relevant. These resolutions highlighted the legislator's role in leadership, advocacy, financing, strategies and programmes as well as strengthening SEAPACOH. They were discussed and adopted by the participants.

7.0 Session Seven: Closing Ceremony

This was chaired by Hon. Bernard Adonis, Parliament of Seychelles. Hon. Adonis thanked all the members and the organisers for giving him the opportunity to chair this session and he welcomed Hon. Nyombi Thembo who came to grace the closing ceremony.

7.1 Closing Remarks by Dr. Jotham Musinguzi, Regional Director, PPD ARO

Dr. Musinguzi thanked the session chair and the Chief Guest for his presence as well as the deputy speaker's presence the previous day, which was a sign that the parliament of Uganda is committed to SEAPACOH's efforts. He went ahead and said that the performance of MDGs in these regions remains uneven and the resources inadequate, resulting in poor health. It is against that role that the parliamentarians converged to find ways of streamlining this. He echoed that the meeting agreed that if FP is not scaled up, then it will be very hard to achieve the MDGs.

He reiterated that it was against this background that PPD ARO, UNFPA and DSW organised this meeting. He thanked all the participants for the deliberations which were beyond his expectations. He re-indicated PPD ARO's commitment to work with parliamentarians in order to make sure that they do what they were elected to do by pushing for the attainment of MDGs and promised to continue to contact them and send them all the available documents.

Dr. Musinguzi thanked all participants and the partners who had supported the meeting and also expressed his appreciation to the PPD ARO staff for their effort put in towards the meeting.

7.2 Hon. Dr. Blessing Chebundo, Chairperson, SEAPACOH

Hon. Chebundo thanked the session chair, guest of honour, Regional Director of PPD ARO and all participants who had been part of the meeting. He said that as a team, they had discussed repositioning FP in the region and the deliberations had been fruitful and he was also happy that they had achieved the objectives of the meeting. He was particularly happy having heard from the presentations how colleagues had benefited from the alliance. This was complemented by the topic presentations made by resource persons from the different countries. Since the region faces the same health challenges, he was certain that the sharing of experiences is a useful resource for participants.

Hon. Chebundo thanked PPD ARO for the successful preparation of the meeting on behalf of SEAPACOH. He said that as SEAPACOH, they are indebted to the Government and Parliament of Uganda for showing a very high level of support to SEAPACOH for three consecutive years.

He highlighted the four critical areas that SEAPACOH looks forward to:

1. Advocacy for MDGs;
2. Advocacy for increased funding;

3. Partnerships with parliaments and CSOs; and
4. Strengthened SEAPACOH secretariat.

Hon. Chebundo thanked members and called on them to make the network a practical one to be able to achieve the objectives.

8.0 Official Closing by Hon. Nyombi Thembo, Minister of State for Luwero Triangle (Prime Minister's Office) - Uganda

Hon. Thembo started by apologising for the absence of the speaker of the Parliament of Uganda who could not make it because of other equally important commitments. He used the opportunity to thank the organizers of the meeting for having invited him to officially close the regional meeting of Parliamentary Committees of Health in Eastern and Southern Africa. On behalf of the Parliament of Uganda, he welcomed all participants to Uganda and thanked them for the tremendous efforts that made the meeting a success.

Hon. Thembo said that he had information that this meeting was organized as a follow-up to similar meetings that were held in September 2008 and September 2009 in the same venue. It was therefore clear that this meeting had been organized to provide an opportunity to review progress, share experiences and lessons learnt over the past years on the implementation of the resolutions that were made during those meetings. This was a very important objective in terms of assessing performance. He recognized the importance and timeliness of the theme:

Repositioning Family Planning and Reproductive Health in the Eastern and Southern Africa Region, under which the meeting has been organized.

The theme was important because access to family planning and reproductive health information and services play a pivotal role in expanding women's choices, opportunities and autonomy and enables them not only to plan their families and enjoy a healthy life, but it empowers them to participate more actively in both public and private life and contribute to greater social, economic and environmental progress for all. He noted that it is well documented that maternal deaths in developing countries could be slashed by 70 percent and that newborn deaths could be cut nearly in half if the world doubled its investment in family planning and pregnancy care. Without investment in family planning and in comprehensive sexual and reproductive health programs, the Millennium Development Goals on improving maternal and child health will continue to be out of reach for most countries. Therefore, such a meeting to discuss how to promote information exchange about SRH was vital and timely.

Hon. Thembo added that the meeting was vital given a big portion of the population, especially women, who still lack access to basic health services and are deprived from the right to enjoy their general health and well-being. Since the International Conference on Population and Development (ICPD) organized by the UN in Cairo, Egypt in 1994, the overwhelming majority of the world's nations have committed to promoting and protecting these reproductive health rights, but governments often shirk their responsibilities, and it is women who pay the price. He hence asked the legislators to take a strong stance on the value of a comprehensive approach to sexual and reproductive health and rights. This includes improving access to and increasing funding for family planning that involves both men and women, and making available a wide

range of contraceptives based on the right to full information and respect of women's choice to enable them leading healthy and productive lives.

Hon. Thembo said that this meeting offered an opportunity to talk about the reproductive health, population and development situations together with the frameworks and the level of commitment and accountability in the different countries. It was therefore important to compare budget allocation and services. The meeting provided a forum to talk about the challenges of population and reproductive health and how they can be addressed. He emphasized the need for improved reproductive health commodities security. He posed a question to the members of parliament **“Have we, as members of parliament, asserted ourselves, and are we satisfied with the representative, legislative, budget appropriation and oversight roles we have played and will continue to play?”** He called on them to leave the meeting with a better understanding of how better they can play their roles and of the challenges at hand during their round of tasks.

Like the earlier speakers, Hon. Thembo reiterated that the region is not lacking in policy and political commitment for addressing reproductive health, population and development. Policy frameworks such as the ICPD Programme of Action, the Maputo Plan of Action, the Abuja Declaration and the Accra Agenda for Action have all been agreed upon at the highest political level by all the countries present. However, additional and accelerated efforts are needed in order to achieve the internationally-agreed Millennium Development Goals. These efforts include strengthening responses to reducing poverty, reducing infant and maternal mortality and morbidity, tackling head-on the scourge of HIV/AIDS, and addressing gender inequality. He was confident that with the diverse experiences shared during the meeting, MPs were now better equipped to translate what they had discussed and deliberated on into purposeful and well-directed action towards improved service delivery and ultimately improved quality of life of their people. He was particularly happy to note that the MPs had been able to come up with meeting resolutions which should be binding to all the participants who had participated in the drafting.

As way of conclusion of his remarks, Hon. Thembo thanked all those who worked together to make the meeting the success that it was. He recognized the successful partnership by PPD ARO, UNFPA, DSW and SEAPACOH. To him, this should be the answer to address the common problem of duplication of efforts and resources. He encouraged similar partnerships to be forged in other programmes. He congratulated the staff of PPD ARO and Population Secretariat who worked hard to ensure a successful meeting. On a lighter note, he encouraged the participants out of Uganda to explore the beauty of Uganda as he wished everybody a safe journey back home. He concluded by declaring the meeting officially closed.

8.1 Vote of Thanks given by Hon. Ekwee Ethuro, Parliament of Kenya

Hon. Ethuro thanked the chair, the distinguished Chief Guest, all participants, the resource persons, participants from EALA, CSOs and the Parliament of Uganda for the enthusiasm expressed to host the meeting. He noted that this courtesy was not only expressed by the parliament of Uganda, but by all the people of Uganda. This was a result of dedicated service from the Ugandan Parliament and PPD ARO.

He emphasised three issues i.e. RH, FP and MDGs and how cooperation and coordination can be fostered between civil society and parliaments and accountability of parliamentarians should take place through the country experiences. He called on participants to reflect on the resolutions that they agreed on that afternoon in the following year.

He thanked participants for the concentration and commitment shown and also expressed gratitude to the sponsors especially DSW and UNFPA. Lastly, he thanked Dr. Musinguzi and the PPD ARO staff for all the effort they put in for the successful preparations for the meeting to take place. He said a lot had been learnt and so he hoped that the realisation of MDGs 4 and 5 which were the core of the meeting would be met by 2015. He wished all participants a safe journey back to their respective countries.