

SEAPACOH

Southern and East African Parliamentary
Alliance of Committees of Health



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

2011 Regional Meeting of the Southern and Eastern African Parliamentary Alliance of Committees of Health

“Repositioning Family Planning and Reproductive Health in Africa: Lessons Learnt, Challenges and Opportunities”

Imperial Royale Hotel, Kampala, Uganda, 27-29 September 2011

Country Action Items (29 September 2011)

Generate and Reinforce Political Will Within and Outside Parliament

- Increase linkages between the Parliament Health Committee and Ministries (e.g. MoH, MoF)
 - Burundi
 - Ethiopia (also MoWYC)
 - Malawi
 - Mali
 - Mozambique
 - Nigeria
 - Tanzania
 - Uganda
 - Zambia (MoH only)
- Strengthen the health committee structure by increasing FP/RH knowledge/capacity of members, etc.
 - Botswana
 - Burundi
 - Ethiopia
 - Ghana
 - Malawi
 - Mali
 - Namibia
 - Nigeria
 - Swaziland
- Bring together standing committees on women/gender, youth, health, etc. in parliament for discussion on the floor on intersecting family planning and reproductive health (FP/RH) issues
 - Burundi
 - Ethiopia
 - Ghana (joint statements on World Population Day, etc.)
 - Lesotho
 - Malawi: not for discussion on the floor, but in a stakeholder meeting

- Mali
- Namibia
- Nigeria
- Rwanda
- Increase partnerships with civil society
 - Botswana
 - Burundi
 - Ethiopia (specifically, by promoting policies at hand and removing barriers which prohibit young people from accessing family planning)
 - Lesotho
 - Malawi
 - Mali
 - Mozambique
 - Nigeria
 - Swaziland
 - Tanzania
 - Zambia
 - Zimbabwe: Increase collaboration with stakeholders, CSOs, etc.
- Include family planning in the PRSPs and other development plans and strategies (e.g. GFATM, PEPFAR, etc.)
 - Ghana (Encourage National Population Council and Reproductive Health Directorate and Civil Society to apply for Round 10 of the Global Fund)
 - Uganda: specifically, fast tracking the integration of FP in the PRSPs
- Ensure all health policies and programs have clearly defined pro-poor strategies
 - Nigeria
 - Tanzania
- Increase access of youth to FP/RH (e.g. by removing policies which prohibit young people from accessing family planning)
 - Burundi
 - Ethiopia
 - Malawi
 - Mali
 - Nigeria
 - Rwanda
 - Tanzania
 - Zambia
- Address the age of marriage
 - Malawi: Advocate for the age of marriage
 - Mali
 - Mozambique
 - Tanzania
- Advocate to keep girls in school
 - Burundi
 - Ethiopia
 - Nigeria
 - Tanzania

- Zambia
- Champion family planning in public statements in constituencies and parliamentary debates
 - Burundi
 - Ethiopia
 - Ghana
 - Malawi
 - Mali
 - Nigeria
 - Swaziland
 - Tanzania
 - Zambia
- Other
 - Burundi: Initiate the debate on FP/RH at the Ministry of Planning and Development and the Ministry of Health
 - Ethiopia: Work with cultural leaders and faith-based organizations to promote family planning
 - Ethiopia: Organizing capacity-building/awareness-raising workshops/trainings for MPs so they can have strong oversight and discuss the FP/RH issues in their respective constituency areas
 - Kenya: To hold a forum between the Parliamentary Health Committee and stakeholders (researchers, NGOs, etc.) to give them an opportunity to present key data that may be used to lobby Parliament on key FP/RH issues
 - Kenya: To lobby the government on standardising the infrastructure, staffing and supplies of health facilities in order to attain uniformity across the country
 - Kenya: To sustain the dialogue of the National Health Insurance Scheme, with a focus on closing the equity gap between the rich and the poor
 - Mozambique: Increase linkages and collaboration with the Ministry of Health and civil society on the themes of abortion, family planning, reproductive health and gender. For example, collaborate on hosting community meetings and seminars
 - Mozambique: Review the family law in relation to the implementation constraint, around women's rights, for example, the age of marriage and family planning
 - Uganda: Follow-up the Speaker's pledge on the establishment of the health Committee in parliament, and will be charged with; 1) ensuring that maternal audits are carried out in the country and 2) advocate for performance-based financing contracts in the health sector
 - Uganda: Championing FP & RH in constituencies and parliamentary debates
 - Uganda: Establishing the Parliamentary stakeholders platform on SRH & FP and other related matters
 - Zimbabwe: Policy issues for following up on MDGs
 - Zimbabwe: Advocacy for adolescent reproductive health
 - Zimbabwe: Follow-up on the implementation of CARMMA
 - Zimbabwe: Capacity building for MPs on RH and developing political will

Demonstrate Financial Commitment

- Establish a budget line for family planning commodities and programming
 - Malawi

- Mali
- Nigeria
- Swaziland
- Tanzania
- Zambia
- Identify contraceptives as “essential drugs”
 - Ethiopia
 - Malawi
 - Nigeria
 - Tanzania
- Increase the general health budget (towards the Abuja target) from X% to X% or by 1% in the next health budget
 - Burundi
 - Ethiopia
 - Lesotho
 - Mali (from 11% to 12%)
 - Nigeria
 - Swaziland
 - Tanzania (by 1%)
 - Uganda: specifically, advocate for at least a 2% increment in the general health budget in the next financial year and unpacking it to cater for RH
 - Zambia
- Make concrete plans for donor coordination and domestic resource mobilization
 - Ethiopia (specifically, oversee plans to become concrete enough)
 - Malawi
 - Namibia
 - Nigeria
 - Tanzania
 - Uganda: specifically, SEAPACH - Uganda members will move a resolution in Parliament to ensure that Donor support is redirected in accordance with the countries needs in the health sector
- Explore different financing options (e.g. performance-based financing, increased private participation)
 - Botswana
 - Burundi
 - Ethiopia
 - Nigeria
 - Tanzania
 - Zambia
- Other
 - Ethiopia: Oversee budget implementation, utilization and outcomes
 - Ethiopia: Cooperate with social affairs standing committees of state councils
 - Ghana: Advocate for a budget line for family planning commodities and programming
 - Ghana: Advocate for family planning to be catered for under the NHIS (National Health Insurance Scheme)

- Kenya: To input into the Remuneration Commission in order to facilitate sustaining Health Workers in rural areas. E.g. by recommending removal of the 30% hardship allowance that is limited to a maximum of 1,200 KES for married Doctors and 600 KES for single Doctors
- Kenya: To agitate the Government to increase spending on health towards meeting the Abuja target of 15% of the Budget
- Mozambique: Create a common fund to manage the external and government funds for reproductive health as states in the Social Economic Plan (PES)
- Nigeria: Media to assist in increasing awareness of family planning issues
- Uganda: Increase budget tracking for RH & FP up to the local level
- Zambia: Work with the media to increase awareness about financing
- Zimbabwe: Do budget tracking on Abuja Declaration (15%)

Strengthen the Health System

- Develop a policy for community-based distribution of family planning commodities
 - Burundi
 - Ghana (advocate for community-based distribution)
 - Lesotho
 - Nigeria (community health workers distribute condoms)
 - Zambia
- Explore other task shifting modalities
 - Burundi
 - Ethiopia (specifically, bring midwives and health officers to minor surgery)
 - Mali
 - Nigeria
 - Zambia
- Address gender and youth discrimination at the health service level
 - Ethiopia (through follow-up mechanism)
 - Malawi
 - Mali
 - Nigeria (media, academic institutions to create awareness)
 - Rwanda
 - Uganda: specifically, fast-track the implementation and integration of youth-friendly services at all levels, including establishment of youth friendly corners at village level
 - Zambia
- Develop a policy on the retention of health workers in rural areas
 - Botswana
 - Burundi
 - Lesotho
 - Mali
 - Namibia
 - Nigeria (welfare issues)
 - Tanzania
 - Zambia
- Explore options for integrated FP/RH and other health services
 - Burundi

Malawi

Mali

Nigeria (like HIV/AIDS works to assist family planning issues)

Swaziland

Zambia (HIV/AIDS)

Zimbabwe: Follow up on the consolidation/integration of reproductive health, malaria, and HIV/AIDS

- Other
 - Ethiopia: Explore improving the quality and integration of FP/RH and other health services
 - Kenya: To facilitate the overhaul of Cap 244 which is related to regulation of the Pharmaceutical industry in order to avoid conflicts of interest between Pharmacy & Poisons Board Members and Manufacturers in order to enhance good manufacturing practices and ensure FP commodity security
 - Kenya: To support the passing of the Cancer Bill
 - Kenya: To lobby the Government to complete the building of Health Centres that are jointly-funded by the Economic Stimulus Programme and Constituency Development Fund.
 - Kenya: To lobby the Minister of Public Health and Sanitation to register Health Facilities that have been built
 - Kenya: To pursue the draft Policy on Population and Development to become a reality
 - Uganda: Advocate and promote the revitalization of the VHT's in supplying RH/FP commodities
 - Uganda: Designing an advocacy kit for MPs on RH & FP issues and promote the role modeling strategy for the youth in and out of school.
 - Zimbabwe: Follow up on strengthening human resources for health (HRH)

Strengthen SEAPACOH's capacity, reinforce partnerships with PPD ARO, EQUINET, and others to address sexual and reproductive health and rights (SRHR), population and development issues

- Burundi: Reinforce exchange visits
- Burundi: Field visit for SEAPACOH Secretariat staff to member countries
- Ethiopia: Continuous information sharing about and progress of the implementation of these resolutions
- Malawi: Exchange programmes for Members of Parliament to learn how to effectively engage government
- Malawi: Invitation of Members of Parliament and staff to seminars/meetings where they can learn about best practices from each other
- Mali: Extend the SEAPACOH network to include more countries beyond Eastern and Southern Africa
- Mozambique: The annual meetings should rotate between countries therefore the secretariat will be shared between countries
- Mozambique: In the annual meeting, we should have the opportunities to view the "best practices" etc. of the secretariat country, and not only listen to presentations

- Mozambique: For full appreciation and understanding, need to ensure full translation and interpretation
- Swaziland: Member states of SEAPACOH must demonstrate vigilance and use the capacity from the annual meetings to advance FP in their respective countries
- Zambia: Communication should be regular and membership be consistent
- Zimbabwe: Strengthen SEAPACOH through a budget allocation from Zimbabwe