

Descriptive study of debates on health equity matters in the Zimbabwean National Legislative Assembly

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Research Paper

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Abstract

A descriptive study of debates on health and health equity matters in the Zimbabwean National Assembly was conducted to identify key issues raised, the positions taken within the key areas of parliamentary functions, legislative, budgetary oversight, policy oversight and representation. The work also tracked how issues were responded to in parliament, and how they were followed through by parliament. The research drew information from recordings of parliament in the Hansards. The Hansard is the official transcript of the debates in Parliament and produced by the section of the Parliamentary Service responsible for recording, editing and producing the printed record.

The study showed that

- Most amendments proposed in parliament to health bills are not being included by the executive arm of government
- Parliament has responded by accepting all health laws proposed by the executive
- MPs are able to raise health issues affecting their constituencies through parliament but most issues raised are not resolved
- Parliament provides a vehicle for oversight of the performance of the executive on health matters

MPs have been able through parliament to provide leadership and draw in wider public input on issues.

The study recommended that

-There is need to deepen the understanding of parliamentarians on issues of health and equity so that there are better able to effectively contribute to debates.

-Parliament of Zimbabwe continuously share ideas and experiences with other parliaments in the SADC region on the area of health equity.

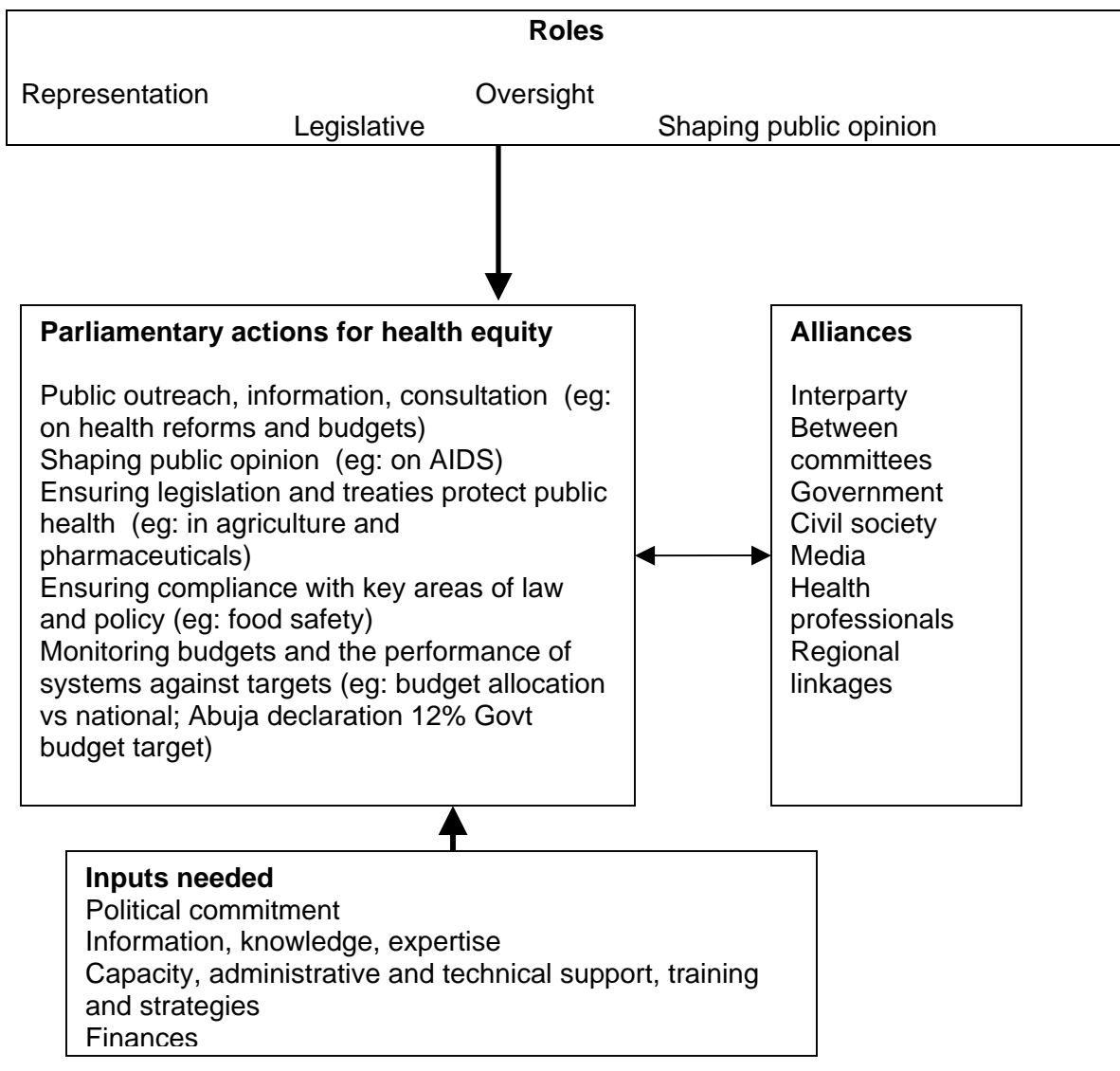
-There be improved follow-up on Public health and health equity issues by both the members of parliament and the executive. This calls for mechanisms for ensuring that issues raised in motions and oral questions with or without notice can be followed up to ensure that these are adequately answered by the executive branch of government.

1. Introduction and background

Parliament is a key institution for promoting health equity and public health through its supervisory role on the executive, promoting and developing health policy and in health financing. Its main function is to legislate laws presented by the executive and ensuring that stakeholder participation in the law making process is maximized.

The EQUINET report of the workshop with parliamentarians in August 2003 sets out the roles that parliament plays. These roles, and how they are delivered are also discussed in a paper by Mataure for the same meeting (see Fig. 1)(Mataure, 2003).

Figure 1: Parliamentary roles in health equity (From Mataure, 2003)



1.1. Background

In 1999 major changes took place in the construct and function of the Zimbabwean Parliamentary Portfolio Committees. A Parliamentary Portfolio Committee is now supervising each ministry. Since its appointment in September 2000 the Parliamentary Portfolio Committee on Health and Child Welfare has tabled several reports before parliament (Mataure, 2003).

Since 1999 the Parliamentary Reform process was the opening up of Committees to the public through public hearings and seminars. In addition parliamentarians can make use of motions and questions to debate or seek information relating to both constituency and national issues. In addition when governments sign treaties, conventions, protocols, or enter into agreements with other states and organizations, parliaments - as representative of the people - can accept or reject such treaties or agreements by accepting or refusing to ratify them (Cleary and Thomas, 2002). Some agreements relate to trade or other matters have direct relevance to health or provision of health care services, but may not have been adequately scrutinized by parliaments.

1.2. Parliament roles

Oversight role: Parliament has an oversight role, that is it is accountable to the electorate; citizens have an opportunity to be heard by parliament through presentations during public hearings of Parliamentary Portfolio committees (Mataure, 2003).

Legislative Role: Parliament's main function is to make legislation. The executive presents proposals of changes in laws or new laws to parliament for consideration. Parliament has a right to reject outright the proposed laws or make amendments or approval then with out changes.

Representative role: In order to promote the voice of communities the parliament of Zimbabwe engages civic groups with a direct interest in equity in health through the use of public hearings. In addition parliamentarians have sought support such as information, evidence and capacities to strengthen their role from civic organizations.

Budget process: Parliament is responsible for considering the national budget presented by the executive. Parliament has the powers to accept or reject the budget.

1.2 Parliamentary roles for equity in health

Equity in health implies addressing differences in health status that are unnecessary, avoidable and unfair (EQUINET, 2000). Health status varies widely across Zimbabwe between rich and poor and urban and poor. These disparities have been exacerbated by the impact of a severe HIV/AIDS epidemic in the country. Health services have become more costly and less accessible, particularly for poor communities (TARSC, 2004). Public policy is important for equity, particularly in how resources are allocated to and within health, the mix of public-private services, health personnel policies, policies for ensuring treatment access, and ensuring that trade and economic policies protect public health (Cleary & Thomas, 2002).

The Regional Network for Equity in Health in Southern Africa (EQUINET) has worked with parliamentarians to enhance the role that the lawmakers play in health care delivery (EQUINET, 2003). Parliaments have also pro-actively taken up health advocacy role themselves. No other study has attempted to evaluate the discourse of the Zimbabwean parliament within the past five years (1999-2004). This study therefore aimed to document results from a descriptive analysis of the discussions on health that the Zimbabwe National Assembly. This information is important to parliamentarians themselves, community and non-governmental organizations that work with parliaments and other stakeholders to assist them in determining areas where they may be able to support each other. A better understanding of the discourse of parliaments will enable partners to national assemblies to have a better idea on how to influence the House.

2 Methodology of the study

The research drew information from recordings of parliament in the Hansards. The Hansard is the official transcript of the debates in Parliament and produced by the section of the Parliamentary Service responsible for recording, editing and producing the printed record. These are available from the Government Printers. Issues of the Hansards from June 1999 to December 2004 were used. All twenty-six Hansard issues from this period that had health debates were used. Hansards were manually read to identify sections where health was discussed, or where the Minister of Health and Child Welfare contributed to a discussion in order to determine whether in their contribution any links to health were highlighted. The discussions were classified into themes. The Hansard records only the discussions as they occur during the normal sittings of the full parliament and excludes the committee sections.

3 The findings

3.1. Legislative role of parliament

The Parliamentary Portfolio Committee on Health and the public have opportunity to make contributions before a final bill is drafted and published in the government gazette. However, the discussions of such committees are not recorded in the official report of parliament, the Hansard. During the period June 1999 to December 2004 the full house of parliament of Zimbabwe considered the following legislative instruments that have a bearing on public health and health equity:

The Government Medical Stores (Commercialization) Bill (June 2001)

This bill seeks to set up the commercialization of the Government Medical Stores in order to improve efficiency. The major issue of debate was the condition of services of the employees of the commercial company that would result from the transformation of the Government Medical Stores. Debate in parliament on this bill did not result in major amendments. The Minister of Health felt that the proposed changes were not going to make the commercialized Government Medical Stores function better.

The Radiation Protection Bill (May & June 2004)

Seeks to promote safe use of radiation energy. Hon. Chebundo proposed naming the Zimbabwe Congress of Trade Unions (ZCTU) as the trade union that would represent the workers exposed to industrial radiation, this proposed amendment was rejected on the grounds that the ZCTU was not the only trade union operational in Zimbabwe. The bill was adopted without changes.

The Intellectual Property Tribunal Bill and Copy Rights and Neighbouring Rights Bill (August 2000)

Seeks to promote the protection of intellectual property rights in Zimbabwe. By virtue of its membership of the World Trade Organisation (WTO), Zimbabwe is obliged to implement the agreement on Trade Related Aspects of Intellectual Property Rights (TRIPS) that was negotiated in the context of the Uruguay Round of Multilateral Trade Negotiations. This Bill intends to make Zimbabwe compliant to these requirements. This bill was adopted without any amendments.

The Sexual Offences Bill (March 2001)

This bill seeks to provide legal protection to victims of acts of sexual violence, in particular to women and children in the era of HIV and AIDS. There was unanimous support for this bill from members of the two major political parties in the country,

"I must accept that in a majority of cases, the majority of victims are women-I would say 99 percent of victims are women, so any person who seeks to trivialize the effect sexual offences have on women or tries to achieve a gender balance, is actually raising a red herring".

Hon Mrs P Misihairabwi-Mushonga Vol. 27, No. 57. 27th March 2001

This bill also addresses concerns of the Convention on the Rights of the Child (CRC) to which Zimbabwe is a signatory.

Health Services Board Bill (November 2004)

This bill seeks to create a management board to be responsible for the work conditions of health workers. This bill went through the first reading in Parliament and was referred to the Parliamentary Legal committee for deliberation.

Zimbabwe National Family Planning Council Amendment Bill (November 2004)

This bill seeks to transform the Zimbabwe National Family Planning Council from merely looking and dealing with child spacing and family planning to all aspects of sexual and reproductive health in the country. This bill was adopted by the house without amendments, despite criticism of its failure to address issues of adolescence reproductive health.

"The issue of adolescence reproductive health- of course, we have covered reproductive health to some extent but like I said, the issue of adolescence reproductive health in view of the health problems that affect that category, it needs to be sorted out clearly so that the Board stands guided when it develops programmes that are in relationship to HIV/AIDS and the adolescence".

Hon Mr B Chebundo Vol. 31., No. 13. 26th October 2004.

In all the cases the full house of parliament debated the provisions of these bills, made amendments and enacted the bills into law. In each of the above cases the

Portfolio Committee on Health and Child Welfare afforded the option for public input to the bills. The Committee scheduled hearings with stakeholders and used their recommendations to amend the bills.

3.2. Budget oversight

In Zimbabwe, the Portfolio Committee on Health and Child Welfare Monitors the performance of the budget of its line ministry. During the study period 1999-2004, the executive consistently presented the national budget before parliament for consideration. However, treasury was always not able to provide adequate funding to meet the requests of the Ministry of Health and Child Welfare. Even when support for budget analysis was provided to the Parliamentary Portfolio Committee on Health, improvements in equitable allocation were difficult to ensure due to inadequate allocations.

A key omission that was evident throughout the study period is allocation of funding for anti-retroviral treatment for people suffering from AIDS. This is particularly important because in 1999, Zimbabwe declared HIV and AIDS a national disaster and launched a National Aids Trust Fund financed by a 3% levy on income tax. The Zimbabwean government plans to extend free anti-retroviral treatment to some 171 000 people by the end of 2005. However, this ambition is not matched with efforts to recruit or retain health professionals to conduct this rollout or the budgeting of funds to buy the antiretroviral drugs.

This was best expressed by Hon. Chebundo, MP for Kwekwe during a parliamentary session;

"I am perturbed by the absence of specific allocations to anti-retroviral drugs....Of course we have got the EU Fund that comes through NATPHARM but what is our role in terms of allocating to a very key issue that is affecting this country-AIDS itself".
Hon B Chebundo Vol. 30, No. 6, 27th October 2003.

During the deliberations of the full house of parliament the executive through the Minister of Finance or the Leader of the House (Minister of Parliamentary Affairs) responded to the issues expressed by Hon Chebundo by referring to budgetary limitations and lack of donor support for such programmes.

3.3 Representative role of parliament

Parliamentarians are increasingly being recognized as important target groups for public health advocates as they occupy an important role in health policy formulation and oversight. Parliamentarians are perceived to be the bridge between the community and the executive branch of government. Amongst the activities and roles that parliamentarians perform is the creation of legislation but also guiding and monitoring the executive in the delivery of health care services in the country (Mataure, 2003).

During the study period 1999-2004 the following issues and motions were presented to the house by MPs that are members of the Parliamentary Portfolio Committee on Health and Child Welfare and other MPs.

3.4. Policy oversight role of parliament

To conduct its oversight function effectively, the Zimbabwe Parliamentary Portfolio Committee on Health and Child Welfare conducted enquires on various issues affecting Health in Zimbabwe. The Committee reported its findings and presented its recommendations in the following reports:

Deterioration of the health delivery system

These motions were moved by Hon Chebundo on the 24th of October 2000 and 27th of May, 2004 respectively. They express concern that the majority of Zimbabweans no longer have access to health facilities, health care and medicines and that they are faced with prohibitive costs for the scarce but essential drugs and that of the general health care services. He expressed concern over the decrease in government expenditure for health service delivery

"Mr. Speaker, in 1990 the Health Budget was US\$21 per capita but today from 1999/2000 it went down to US\$10 per capita.

That the health system has crumbled is something that cannot be disputed with all these examples. For more than a decade now, we have continued to see this problem and Government is not doing enough to correct it....."

Hon B Chebundo Vol. 27, No. 23, 24th October 2000.

The Minister of Health and Child Welfare strongly disagreed with the two motions and felt that the complaints raised were unfair as the issues were beyond the control of government, I quote:

"One Hon member raised concern at the state of Parirenyatwa Hospital and he referred to it as a n'anga's place. Again, I wish to disabuse members of this Hon house from denigrating their own institutions...."

It is true that we have been training health personnel for other countries especially the western countries. As a way of keeping our graduates, my ministry will have to bond trainees for a period equivalent to their training.

Every time we say to people, especially Members of Parliament, visit some of our institutions, go to Parirenyatwa or Harare Hospital and see for yourself what is happening there before you propagate a very negative attitude of your own thinking.

"I would like still to commend Hon. Chebundo for having brought this motion. I would like again to disabuse him from using the word 'collapse', let alone 'absolute collapse' because the health system has not collapsed.....I have already told you its working. It may be challenged but it has not collapsed".

Hon Minister of Health and Child Welfare, Dr D Parirenyatwa, Vol. 30, No. 48. 27th May 2004

However there are issues such as the lack of adequate ambulances that the Minister of Health and Child Welfare agreed were issues that needed attention, I quote;

"I am also glad that concern was raised over the issue of ambulances and that they are very short supply. Indeed, that is true. In the last quarter of last year, we purchased 30 ambulances and distributed them throughout the country. This figure is completely inadequate."

**Hon Minister of Health and Child Welfare, Dr D Parirenyatwa, Vol. 30, No. 48.
27th May 2004**

These motions were put and agreed to without further debate by the parliamentarians.

First Report of the Portfolio Committee on Health and Child Welfare

This report was presented on the 28th of March, 2001 by Hon Chebundo in his capacity as the Chairman of the Parliament Portfolio Committee on Health and Child Welfare. This report was the first attempt by the Parliamentary Portfolio Committee on Health and Child Welfare to shadow the operations and activities of its affiliated ministry. It outlines the functions of the departments of the ministry, reports on infrastructure, budget allocations and the human resources available to deliver services. Discussions around this report supported the observations of the Parliamentary Portfolio Committee and the house adapted the report.

Report of the Portfolio Committee on Health and Child Welfare: Ngomahuru Psychiatric Hospital

This motion was moved by Hon Chebundo in his capacity as the Chairman of the Parliamentary Portfolio Committee on Health and Child Welfare on the first of June 2004. This is a report of a fact finding visit to Ngomahuru Psychiatric Hospital in Masvingo Province. This report advocates the improvement of living conditions at the psychiatric hospitals in the districts. This motion was put and agreed to without any debate by the parliamentarians, I quote;

"Your committee was informed that of late, the hospital has been facing some serious food shortages in the form of mealie-meal and meat. Since November 2003, the hospital has not been supplied with meat and in February 2004, the patients were forced to skip their meals because of shortage of mealie-meal.

Your committee also noted that during the same period, patients ate porridge without sugar: they also took tea without both sugar and milk.

Your committee observed that the hospital in this time and age still uses boilers powered by firewood. This old system is slow and can no longer cope with the requirements of the institution".

Hon B Chebundo and Hon G Munyoro, Vol. 30, No. 49. 1st June 2004

This report was adopted without debate by parliament.

Report of the workshop on mainstreaming gender, HIV and AIDS and education

This motion was moved by Hon Dokora on the 8th of October 2003. This is a report on the mainstreaming of gender and HIV and AIDS into local, national and regional programmes within the SADC countries. This report promotes the involvement of

women in all aspects of HIV prevention, control and treatment.

Debate on this report centered on the need to recognize the extra burden placed on women in the provision of home based care and the need for the state to provide some form of support to these individuals. Another issue discussed was the need to speed up access to drugs that prevent parent to child transmission of HIV and AIDS.

Report on the Portfolio Committee on Health and Child Welfare on the operation and activities of the James Robbs Immuno Enhancement Center

This report highlighted the activities of an unregistered 'health centre' in Harare. This center has been operating for several years providing both modern medical and traditional medicinal services. This report was discussed on the 27th of May, 2004. The Minister of Health and Child Welfare was in agreement with the recommendations of the Parliamentary Portfolio Committee on Health that it should not be allowed to continue functioning without the appropriate registration, I quote the Minister of Health;

"We have insisted however that the Centre should have properly registered medical doctors if they want to practice orthodox medicine. The nurses that are there, who are registered with our own authorities should be aware that they are working under conditions that they are not allowed to work under.....We have therefore said to our medical control authorities move, and take appropriate modern drugs that are there. You are aware Mr. Speaker that there are a number of court cases that are involving James Mobb because of that particular issue. So I would like to caution and alert the nation that the James Mobb Immune Enhancement Centre, while we embrace as a ministry traditional medicine, but we would like to do that in a proper way".

Hon. Minister of Health and Child Welfare, Dr D Parirenyatwa, 27th May, 2004

The Minister of Health and Child Welfare accepted the recommendations of the Parliamentary Portfolio Committee on Health on the James Mobb Immune Enhancement Centre.

Special report of the Portfolio Committee on Health and Child Welfare on voluntary counselling and testing

This report was tabled by Hon Chebundo in his capacity as the Chairman of the Parliamentary Portfolio Committee on Health and Child Welfare on the 27th of May 2004. This is a report on the VCT and HIV testing facilities and programmes in the country. This report promotes easy access by all Zimbabweans to these facilities. The Minister of Health and Child Welfare responded to the issues raised in this report. He supported the need to make readily available facilities for voluntary counseling and for individuals to be tested

"I wish to really applaud the nine Members of Parliament who offered themselves for public testing on HIV. I think these efforts are exemplary not only to us but also to the continent of Africa and the world over".

Hon. Minister of Health and Child Welfare, Dr D Parirenyatwa, 27th May, 2004

He encouraged the MPs that had undergone voluntary counseling and HIV testing to publicly disclose their status to the public to discourage stigma associated with being having HIV and AIDS. This motion was put and agreed to without further debate.

3.5 Responses to issues raised in parliament

Most of health and health equity questions were posed by Parliamentarians as oral questions with or without notice, I quote;

"...in my area there is [are] lots of mosquitoes and he [Minister of Health and Child Welfare] promised me that he would look into the issue. I would like to know whether there is a programme for the eradication of malaria?"

Hon Mlambo-Matewu Vol. 30, No. 14, 8th October 2003

"My question is directed to the Minister of Health and Child Welfare. Since our area in the low veld, Chipinge and Chiredzi is a malaria prone area, what measures does the Ministry have to spray areas that have not been sprayed for the last three years"

Hon Khumbula Vol. 27 No. 58, 28th March 2001.

"I would like to know from the Minister [Health and Child Welfare] that given that we have only 12 months since the inception of the National AIDS Council Board, what was the rush in appointing the board when the Minister actually observes that the legal requirement to appoint it was not adequately constituted".

Hon B Chebundo Vol 30. No14, 8th October 2003.

"Is the Minister [of Health and Child Welfare] aware hat we are running short of ambulances in the Bulawayo constituency? What I can confirm here is that you find that maybe one ambulance will go around the surburb carrying more than thirty people. Amongst them will be pregnant women and those who are sick in one ambulance. Can you tell us what is really going on? Is it government policy not to buy ambulances just because we are inferior?"

Hon Mhlongwa Vol 29, No. 7, 18th September 2002.

However, some members of parliaments used motions to put across their questions to the executive branch of government.

*"It is therefore my suggestion that HIV/AIDS awareness be made compulsory from primary to university level. This involves making sure that HIV and AIDS is included in the teaching of science and social studies throughout our entire system. **Hon C. Ndlovu Vol. 27, No. 70, 23rd May, 2001***

Most of the responses given by the executive arm of government blamed foreign currency shortages and lack of donor support for programme and loss of trained health workers to the developed countries for lack of delivery of services.

"Yes indeed, foreign currency shortages have been an impingement towards us being self sufficient on our own drugs..... The constraints which have been imposed on my Ministry because of financial resources particularly access to foreign resources in which spraying material is denominated has required us for the past six years to be highly selective in spraying areas.

Donors have moved away but I think it is our duty as government that we look after the health of our people and try to bring sufficient drugs.

Hon members raised the issue of Zimbabwe being a training ground of nurses and doctors. It is true that we have been training health personnel for other countries especially the western countries.

External pressures such as might come in on the aid withdrawal for the poor in the urban and rural areas and other disadvantaged groups that is the [those with] HIV and AIDS, the elderly, the orphans et cetera. Aggravate the internal contribution and tensions in the country”.

Hon. Minister of Health and Child Welfare, Dr D Parirenyatwa, 27th May, 2004

3.6. HIV and AIDS

A key area that was regularly discussed by parliament was HIV and AIDS. Some of the discussions are presented below. The issues discussed were lack of budget allocations for Antiretroviral treatment and funding and accounting of financial resources at the National Aids Council. I quote;

”What specific actions and programmes have accompanied the declaration of HIV/AIDS as a state of emergency. Has there been any positive outcome since the declaration?

How much of the total budget went towards procurement of food to support those affected by AIDS in 2003?

Is the drug [Nevaripine] easily accessible and if so, could the Minister provide statistics of beneficiaries to date? Does the Ministry have in place training programmes for staff who[that] administer drugs like Nevarapine and Diflucan?”

Hon B Chebundo Vol. 30, No. 42. 12th May 2004

”Are there any specific linkages for the women that have access to Nevarapine but are clearly showing signs of other infections to move on to the next stage?”

Hon P Misihairabwi-Mushonga Vol. 30, No. 42. 12th May 2004

The executive provided responses to issues raised on HIV and AIDS and agreed with the parliamentarians on the need to improve the supply of, I quote;

We all agree that the HIV/AIDS pandemic is a national disaster to our country. As a result, Government licensed local companies to manufacture ARVs under the WIPO guidelines for the manufacture of patented drugs in the area of ARV. As such Government is supporting those local companies through the provision of foreign currency to import the inputs required for the manufacturing of these drugs. It is also supporting them by buying the ARV for distribution in out health network.

The Minister of Health and Child Welfare, Dr D Parirenyatwa Vol. 30, No. 42. 12th May 2004

15. Discussion and conclusions

Parliaments have an important role in promoting health equity through their representation, legislative and oversight roles. The study shows Parliament of Zimbabwe regularly debated health issues and considered laws that had a bearing on health and equity in health.

Discussions in the Parliament of Zimbabwe emphasized the need to address economic challenges affecting Zimbabweans, HIV/AIDS and the need to allocate more resources towards those with greater health needs.

Key evidence collected during this study showed that:

- Most amendments proposed in parliament to health bills are not being included by the executive arm of government
- Parliament has responded by accepting all health laws proposed by the executive
- MPs are able to raise health issues affecting their constituencies through parliament but most issues raised are not resolved
- Parliament provides a vehicle for oversight of the performance of the executive on health matters
- MPs been able through parliament to provide leadership and draw in wider public input on issues

The Hansards records that the Parliamentary Portfolio Committee on Health and Child Welfare brought numerous motions and reports to parliament as a whole however it does not record the proceedings of meetings of the committee itself. For this reason one is not able to reflect on the effectiveness of the committee system of parliamentary process or analyse the debates that take place there. One positive aspect is that the Committee meetings are open to members of the public where they are free to make contributions debates. In addition it is also the duty of Parliamentarians to ensure that international treaties serve the interests of the people. During the study period 1999-2004 no requests for approval of treaties that have a direct bearing on Public health and health equity was referred to Parliament or the Portfolio Committee on Health and Child Welfare to discuss in the House.

The study suggests the following recommendations in order to improve the function of the Parliament of Zimbabwe in promoting health equity.

1. There is need to deepen the understanding of parliamentarians on issues of health and equity so that there are better able to effectively contribute to debates.
2. There is need for the Parliament of Zimbabwe to continuously share ideas and experiences with other parliaments in the SADC region on the area of health equity.
3. There is lack of follow-up on Public health and health equity issues by both the members of parliament and the executive. Therefore, there is need for parliament to develop mechanisms for ensuring that issues raised in motions and oral questions with or without notice can be followed up to ensure that these are adequately answered by the executive branch of government.

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