

**Regional initiative of parliamentary committees on
health**

With the
Southern African Regional Network on Equity
in Health (EQUINET)
Global Equity Gauge Alliance (GEGA)
Southern African Development Community (SADC)
Parliamentary Forum

MEETING REPORT

**REGIONAL INITIATIVE OF PARLIAMENTARY
COMMITTEES ON HEALTH IN EAST AND
SOUTHERN AFRICA**

**Kafue Gorge Hotel, Zambia 24-25
January 2004**

With support from National Parliaments, SIDA,
EQUINET, GEGA, ACTION AID,
IDASA, CHESSORE ,CWGH and TARSC
Report produced by TARSC

MEETING REPORT
REGIONAL INITIATIVE OF PARLIAMENTARY COMMITTEES ON HEALTH IN
EAST AND SOUTHERN AFRICA
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1. Background

As a follow up to the EQUINET, GEGA and SADC PF August 2003 meeting on “Parliamentary Alliances for Equity in Health” held in Johannesburg, and the June 2004 EQUINET Conference, members of the Parliamentary portfolio committees of Health from Malawi, Zambia and Zimbabwe held a meeting in Zambia to discuss how to strengthen the work and capacities of parliamentary committees on health, to promote SADC objectives in health, and to build co-operation with organisations with shared goals, such as EQUINET, the Global Equity Gauge Alliance and IDASA. The Hon MPs from the above countries formed the interim Steering Committee of the SADC Parliamentary Health Committees Alliance for Equity in Health (SEAPACOH). The interim committee is exploring options for more consistent collaboration of the Parliamentary committees on health in the SADC region to provide consistency to programmes of support for budget oversight, legislative oversight, health promotion and other relevant areas of parliament work on health and equity in health.

Two members of parliamentary portfolio committees on health and one clerk from each of the SADC countries and Kenya were invited to attend a meeting to officially launch the Southern African Parliamentary Committees on Health Association (SEAPACOH). The meeting was held in Lusaka, Zambia on the 26th of January 2005.

The meeting was held at the Kafue Gorge Regional Training Centre in Kafue Zambia. Thirty-one individuals from Parliamentary Portfolio Committees on health and their partner organisations attended the meeting (See delegates list Appendix 2). The meeting was hosted by EQUINET, GEGA, SADC Parliamentary Forum and IDASA, CHESSORE and provided with resource and technical support by these organisations and also by the National parliaments, Action Aid, SIDA, CWGH and TARSC.

The meeting reported on the steps that have been taken so far by an interim Steering committee to co-ordinate and support work of parliamentary committees on health in the region and set up a more consistent form of organization of this co-operation. A draft constitution and a work plan was presented for consideration; the meeting elected an interim Steering Committee to lead the process for the finalising of a constitution and programme of work for the co-ordination of parliamentary committees on health.

The programme of the meeting is in Appendix 1. The list of participants is shown in Appendix 2. The report of the meeting has been prepared by the EQUINET secretariat at TARSC.

2. Welcome, opening and introductions

The delegates were welcomed to the meeting by Dr TJ Ngulube, CHESSORE / EQUINET, and Mr T Musavengana, SADC-PF. Both EQUINET and SADC-PF expressed the importance of the link between the legislators and the wider community in civil society and government working on equity in health. In this session the objectives and programme were discussed and delegates introduced themselves and their areas of work.

Mr. Musavengana gave a brief introduction on the mandate and work of the SADC PF. This organisation was formed in 1996 as a formal link between SADC and parliaments in the southern African region. SADC PF has implemented work on election monitoring, HIV and AIDS and mainstreaming gender issues. It also aims to foster networking opportunities and create an environment for sharing of good experiences. Each member parliament in the southern African region is represented on the SADC PF by four MPs and the speaker of Parliament. He stated that the meeting created a good platform for bringing together SADC PF and Portfolio Committees on Health from the region. He proposed that the work done by the interim committee to co-ordinate the parliamentary committees on health in east and southern Africa be harmonised with the SADC PF so that the co-ordination and resources of SADC PF can be tapped. .

Dr Rene Loewenson, EQUINET presented an overview of the challenges to health, HIV and AIDS and health equity in southern Africa. She explained that “equity in health” implies addressing differences in health status that are unnecessary, avoidable and unfair. In southern Africa, these typically relate to disparities across racial groups, rural/urban status, socio-economic status, gender, age and geographical region. To achieve equity, she noted that resources should be allocated preferentially to those with the worst health status; and that higher income groups should contribute proportionately more than those with fewer resources.

Dr. Loewenson noted that there are great variations in health status throughout the SADC region, within countries and more so between rich and poor. Poor social protection, lack of decent employment opportunities, gender imbalance and adjunct poverty have also exacerbated the impact of a severe HIV and AIDS epidemic in the region. Health services have become more costly and less accessible, particularly for poor communities in the region.

Public policy can, however, make a difference in these circumstances. Evidence of positive health outcomes in countries with low per capita GNPs who have directed resources towards primary health care and district health services indicate that it is not only how much, but *how* resources are spent that influence health outcomes.

This makes public policy 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.

Experience in the region and multi-country research carried out by EQUINET indicates that health systems can improve health status in high risk groups and reduce health inequalities by

- redistributing budgets towards prevention;
- improving access to and quality of rural, informal urban and primary care infrastructures and services;
- deploying and orienting health personnel towards major health care problems;
- supporting personnel with adequate resource inputs;
- ensuring fairer distribution of resources between the public and private sector providers;
- investing in community based health care;
- encouraging effective use of services, by improving dissemination of information on prevention and early management of illness; and
- removing cost barriers to primary care services at point of use.

She addressed the key questions of what parliaments **can** do in order to promote health equity, what policies promote health at the widest level and how can we do to deliver on these policies nationally? In this parliaments have legislative, budgetary oversight, policy oversight and representation and facilitation roles. She explored how these roles can advance public policies that promote health equity.

As an example the issue of food security and nutrition was presented. SADC Heads of state had expressed concern at the stagnation in food production and falling nutritional levels in the region at their summit in April 2004. Underlying this was a problem of falling food production and rising food prices. She presented the trends underlying **the** falling international terms of trade for African food crops, declining investment in food production, and fewer monopolies controlling the processing, distribution and sale of food crops displacing the wide community based processing that added value to local farmers. For parliaments this poses specific challenges to improve nutrition, intensified by the demand for good nutrition posed by an AIDS epidemic:

- to examine policies for the extent that they prioritise food production for domestic and local markets
- To ensure fair prices for farmers
- To ensure that law and policy provides access to land, water and other productive resources
- To promote women's role in agriculture and food production and deal with the negative attitudes and legal barriers to this
- To promote the laws and policies that strengthen community vs corporate control over productive resources
- To ensure that institutions protect national and regional seed stocks
- To monitor and promote public investment in agriculture

Such policies demand increased resources for the public sector in health. She noted that parliaments have an important role to play in ensuring that states meet the 15% public budget allocation to health committed by the AU heads of state in Abuja and that these public sector resources are allocated to priority levels and programmes.

She noted however that this called for parliaments to know and play a role in managing the global constraints to these policies, such as in promoting policy responses to the massive outflow of resources in debt repayments, addressing the inadequate levels of health human resources and the compensation and investments needed to replace those from the region absorbed by health services in high income countries; and resisting committing health sectors in trade agreements such as GATS to keep the space for national regulation of health services in favour of equity. This calls for greater regional co-operation around policies and laws to achieve these goals. In doing this she noted that parliaments can build co-operation with state, academic and civil society institutions that can offer technical support, evidence and social alliances around these issues.

3. Report of the interim-steering committee for the southern and East African initiative of parliamentary committees on health

Hon. B Chebundo, the chairman of the interim steering committee of the regional initiative of parliamentary alliances explained the background to this programme and presented the major areas of the proposed co-ordination, including the Draft Constitution and proposed 3 year Workplan for a Southern and East African Association of parliamentary committees on health (SEAPACOH).

He outlined the parliamentary reforms programmes in the region, their goals and their progress and achievements as a basis for the initiative, as well as the need for Parliamentary Portfolio Committees on Health to act as watchdogs of equity in health. Before the Parliamentary Reforms relationships between civil society organizations, Parliaments and the State were often marked by suspicion and misunderstanding as parliaments could not effectively make the executive accountable for its activities (mainly budget and policy implementation); the Parliamentary Committees meetings were held in camera and there was no consultation nor civic participation in the legislative and budgetary processes. The reforms have ushered in a new chapter, paving the way for much more responsive Parliaments as they strive to make and amend laws, supervise government expenditure; represent the people and debate issues. Parliamentary Committees play a vital role in the monitoring of public policy, programmes and expenditure of Government.

As reforms are being implemented, there is need to compare their impact as more and more democracies are bent on adopting strong mechanisms regarding checks and balances. Governments have been way ahead in responding to globalization in comparison with most of their Parliaments in the region.

Parliaments and their working organs/ Committees, need to become much more adept by building and strengthening their networks, nationally and regionally. To support this a number of Parliaments are sharing experiences and information on best practices from interacting with such organizations like SADC PF, East Africa Assembly, Commonwealth Parliamentary Association.

The initiative was a follow up to the discussions that took place at the EQUINET, GEGA and SADC PF August 2003 meeting on “Parliamentary Alliances for Equity in Health” held in Johannesburg, and the June 2004 EQUINET Conference. Five Parliamentary Health committees represented exchanged ideas on the current work and best practices experienced by committees, Resolution and challenging way forward illustrated the importance of collective efforts and information sharing amongst regional committees. Representatives of Parliamentary Health Committees attending the Conference later caucused and resolved to work towards a formalised alliance; with support from technical partners and in alliance with other organisations working on equity in health.

An interim Steering Committee of members of the Parliamentary Portfolio Committee on health of Malawi, Zambia and Zimbabwe was formed. It had the mandate of bringing members of Portfolio Committees of all SADC countries and Kenya to a meeting to discuss the formalization of the initiative. The committee agreed to work towards cooperating regionally as SADC and EAC and to use Regional cooperation to mobilize and support work on Equity in health – reinforcing country level work and strengthening skills. They agreed to explore the options of forming an association as has been done by the public accounts committees (SADCOPAC). The interim committee was made up of the 3 countries (Zimbabwe, Zambia and Malawi) and aimed to consult widely with SADC, SADC PF, other Parliamentary Health Committees regional and national organizations, and identify areas for cooperation with key partners and to explore and develop an informed proposal on the options for setting up an association, and to organize for a wider regional meeting in January 2005, to inaugurate the association.

He noted that the proposed Association seeks to tap and build on collective opportunities for effective implementation of national health policies, regional and international treaties and conventions; cooperate regionally in SADC and EAC, and use regional cooperation to mobilize and support work on equity in Health; reinforce country level work/working in collaboration with civil society and technical institutions and share Information, ideas and experiences on best practices achieved. This aims to strengthen the skills, and build capacity of committees to carryout their various roles of oversight, legislating, facilitating, budget oversight and build strong “parliamentary leadership models in the battle against HIV and AIDS.

The SEAPACOH programme aims to build a more consistent collaboration of the Parliamentary Committees on Health in East and Southern Africa towards achieving individual and regional goals of health equity and effective responses to HIV and AIDS.

The programme aims to support this collaboration of the Parliamentary Committees review on Health with technical and other institutional partners at national and regional level to strengthen the role of parliaments in the areas of Budget oversight , legislation , strengthening health promotion, strengthening public participation and oversight, and building leadership for achieving goals of equity in health and effective responses to HIV and AIDS.

Hon Chebundo presented the background papers that were developed by the interim committee and briefly outlined the major areas of the draft constitution and programme of work for a proposed Southern and East African Association of parliamentary committees on health (SEAPACOH).

He noted that the efforts by SEAPACOH and its technical and civil society partners are giant strides that will not only be effective for the regions of Southern and East Africa alone but can serve as a model for regions of the world to overcome health and HIV and AIDS challenges. "It has been mentioned several times that "Today's World is a world full of IDEAS. And in a world of ideas, no individual person or organizations works alone. Hence SEAPACOH in recognition of this truism sought to collaborate and share these ideas for maximum collective effort in addressing the issue of Equity in Health among others."

4. Feedback and discussion by delegates

The expectations of participants and feedback on the documents presented were discussed. Participants congratulated the steering committee for the initiative and felt that the meeting was important in setting the ground work for the formalization process of the SEAPACOH initiative. Issues raised in the discussion included

- The need to have a wide definition of health and link to issues of HIV and AIDS
- The need to have clear strategies for ensuring affordable health services to community level and for funding this through domestic resource mobilisation
- The importance of linking the SADC and East African region due to shared problems and issues
- The importance of wider south- south co-operation between parliaments to draw ideas from other regions

Some wider general issues were raised to inform the follow up:

- As a priority the outcome from this meeting should inform consultations with all Parliamentary Portfolio Committees on Health, the Speakers and Clerks of Parliament in the SADC and East African region to get both a country and SADC PF mandate for the work
- The proposals on the constitution and programme of work from the parliamentary committee delegates at the meeting thus need to be sent to the clerks and full committees for comment and input and work to be done to examine co-ordination with the SADC PF, East African Legislature, AU parliament and other arrangements.
- Key agreed areas of the programme of work should still be implemented while following up on the formal constitutional arrangements

Delegates went into working groups to review the proposed draft constitution, brought their proposals to plenary and agreed on a revised draft constitution for the association as well as steps for following up on the formal mandate for it. Delegates also discussed in plenary the proposed workplan and made changes to it. The draft constitution arising from the meeting and the proposed workplan are shown in the following two sections.

5. Proposed Draft Constitution of the Southern and East African Parliamentary Alliance on Health (SEAPACOH)

(The interim committee to finalise whether this should be called a constitution or a charter)

Preamble

We the member of different Parliamentary Portfolio Committees on Health in Southern Africa having agreed to the formation of an Organization operating in the SADC region to be known as the Southern and East African Parliamentary Alliance of Committees on Health (SEAPACoH)

We hereby commit ourselves to effectively promote and enhance public health and equity in health and the general well being of the peoples of the Southern and East African region particularly noting the central role of people in achieving these goals in order to entrench a culture of health as a basic human rights issue

We have therefore resolved to promote health among Member Countries through our legislative, oversight and promotive role as parliamentary committees on and specialized in health by enhancing accountability of member states on the health of its citizens.

2. Definitions

To be added by the interim committee with legal input

1 Name

- 1.1 This constitution shall be called the Constitution of the Southern and East Africa Parliamentary Alliance of Committees on Health
- 1.2 The constitution shall enter into force upon the approval of the Annual General Meeting of the Southern and East African Parliamentary Alliance of Committees on Health

2 Establishment

- 2.1. There is hereby established a Southern and East African Parliamentary Alliance of Committees on Health (hereinafter referred to as SEAPACoH)
- 2.2. The Head Office of SEAPACoH shall be rotational or at such other place as may be decided upon by the Annual General Meeting.

3 Legal Status

- 3.1. SEAPACoH shall be a Regional Organization.
 - 3.2. SEAPACoH shall have legal personality with capacity and power to enter into contract, acquire, own or dispose of movable property and sue and be sued

4 Objectives

- 4.1. The objectives of SEAPACoH shall be for the Parliamentary Committees on Health in Southern and East Africa:
 - 4.1.1. To provide more consistent collaboration and strengthen the effectiveness of the Parliamentary Committees on Health in committees
 - 4.1.2. To mobilize and co-ordinate resources for activities of the committees
 - 4.1.3. To promote research co-operation relevant to the work of the committees
 - 4.1.4. To facilitate public participation in the work of the committees
 - 4.1.5. To monitor budgets and programmes for their consistency with policies of equity in health including in areas of budget oversight, legislation, policy oversight and promoting and providing leadership in priority areas of public health, health equity and the fight against HIV and AIDS.

5 Membership and composition of SEAPACoH

- 5.1. Parliamentary committees shall be members of SEAPACoH. Membership of SEAPACoH shall thus be open to representatives of all members of Parliamentary Committees in the Southern and East Africa region.
- 5.2. All Parliamentary Committees on Health in East and Southern Africa shall be eligible for membership of SEAPACoH.
- 5.3. SEAPACoH shall reserve the right to affiliate to and form partnerships with relevant regional Parliamentary and other Institutions in the SADC Region and Internationally and to other relevant health institutions regionally and internationally with the approval of the Annual General Meeting
- 5.4. SEAPACoH shall affiliate as members associate members from technical and collaborating partners at national, regional and international level.
- 5.5. The SEAPACoH AGM shall set a membership fee for the association

6. Organs of SEAPACoH

- 6.1 The following organs of SEAPACoH are hereby established;
 - 6.1.1 Annual General Meeting
 - 6.1.2 Executive Committee
 - 6.1.3 Secretariat
- 6.2 The Annual General Meeting shall be the highest main policy-making and deliberative body of SEAPACoH.
- 6.3 The Executive committee shall be the policy making and deliberative body between AGMS.
- 6.4 The Secretariat shall be the implementing agency for SEAPACoH policies and programmes
- 6.5 Other organs of SEAPACoH may be established on the approval of the Annual General Meeting.

7. The Annual General Meeting

- 7.1 The Annual General Meeting shall consist of Members of SEAPACoH executive committee, Chairpersons of member Parliamentary Committees and two members of member Parliamentary Committees.
- 7.2 The Chairperson of the Executive Committee or in his/her absence the Vice-Chairperson of the Executive Committee shall preside at any sitting of the Annual General Meeting ; provided that in the absence of the Chairperson and the Vice-Chairperson, the Annual General Meeting shall elect one of the representatives for that purpose.
- 7.3 Notwithstanding the generality of sub-articles (6.2 and 6.3) the function of the Annual General Meeting shall be to:
 - 7.3.1 Consider and approve the annual budget of SEAPACoH
 - 7.3.2 Consider and approve the annual audited accounts of SEAPACoH as presented by the Executive committee
 - 7.3.3 Consider and make recommendation to appropriate institutions including SADC and other regional Parliamentary Forum on the implementation of the operation goals and policies of SEAPACoH and proper execution of its programmes
 - 7.3.4 Take such other appropriate actions as may be deemed necessary to realize the objectives of SEAPACoH including such as actions as may be deemed necessary to realize its strategic goals
- 7.4 The Annual General Meeting shall meet for business at least once annually provided that the Annual General Meeting on recommendation of the Executive Committee, may meet at any other time to consider matters of urgent importance
- 7.5 The Annual General Meeting may hold an extraordinary AGM to deal with matters that may be pending due to lack of a quorum at the AGM.
- 7.6 Subject to other provisions of this Constitution the Annual General Meeting shall regulate its own procedures

7.7 A majority (51%) of SEAPACoH members shall constitute a quorum

7.8 Members of the Annual General Meeting may debate any issue

The role of exec officials during elections

8. Executive Committee

8.1 There shall be an Executive Committee elected by the AGM of SEAPACoH. All Executive Committee positions shall be filled by election.

8.2 The Executive Committee, which shall be responsible for the policy direction of SEAPACoH between AGMs and for the management of the affairs of SEAPACoH, giving directions of the Secretariat and ensuring that the decisions of the Annual General Meeting are implemented.

8.3 The Executive Committee shall consist of a chairperson, vice chairperson, treasurer and two committee members. The Executive Committee shall be accountable to the Annual General Meeting.

8.4 Members of the Executive shall hold office for a term of two years and shall retire by rotation

8.5 The duties of the Chairperson to be added by the interim committee

8.6 The duties of the Vice Chairperson to be added by the interim committee

8.7 The duties of the Chairperson to be added by the interim committee

8.8 The Treasurer shall be responsible to the Executive Committee for the supervision of the financial management of SEAPACoH

8.9 The secretariat shall be responsible for the implementation of the programmes of SEAPACoH under the direction of the Executive Committee.

Further detail to be added by the interim committee

8.10 The Executive Committee shall:

8.8.1 Prepare an annual budget, which shall be presented to the Annual General Meeting for approval

8.8.2 Appoint an Auditor for each financial year

8.8.3 Oversee preparation of annual reports of SEAPACoH meetings and other submission as the Annual General Meeting may direct

8.8.4 Prepare draft programmes of the activities of SEAPACoH

8.8.5 Prepare the agenda of the Annual General Meetings

8.8.6 Table the annual audit accounts before the Annual General Meetings

8.8.7 Prepare rules and regulations for the approval and adoption by the Annual General Meeting

8.8.8 Handle communications on behalf of SEAPACoH

- 8.11 The Executive Committee shall meet for the transaction of business at least two times a year and may hold special or extra-ordinary meetings at any time. The Chairperson shall convene all Executive Committee meetings
- 8.12 The majority (51%) of members of the Executive Committee shall constitute a quorum
- 8.13 Decisions at meetings of the Executive Committee shall be determined by consensus. Where a decision cannot be reached by consensus the Executive Committee shall vote on the issue and the decision will be taken by a vote of 51% a majority of Members present and voting, provided that each member shall be entitled to one vote

9. Sources of Finance

- 9.1 The Finances of SEAPACoH shall accrue from the following source:
- 9.1.1 Annual Membership fees which shall be determined by the Annual General Meeting on the recommendation of the Executive Committee
 - 9.1.2 Grants or donations from Governments, regional communities such as SADC and the East African Community, other international organization and charitable institutions including international organisations working in health
 - 9.1.3 Various fund-raising activities approved by the Annual General Meeting as recommended by the Executive Committee
 - 9.1.4 Any other sources approved by the Annual General Meeting
- 9.2 The executive committee shall establish a fundraising committee that shall have the powers to carry out fundraising and report to the AGM on funds raised

10. Financial Year

- 10.1 The Financial Year of SEAPACoH shall commence on 1st April and end on 31st March of the following year.

11 Accounts

- 11.1 The Executive committee shall establish a bank account for SEAPACoH at a place agreed by the Executive Committee and all funds mobilized for SEAPACoH shall be deposited into this account.
- 11.2 The secretariat under the guidance of the Treasurer shall maintain proper accounts and books of accounts for SEAPACoH and ensure that information and accountable documents are made available to any person or firm appointed as Auditors by SEAPACoH Annual General Meeting for purposes of concluding Annual or Special Audits

12 Miscellaneous Provisions

12.1 Transitional arrangements

To be consolidated by the interim committee from different places where they are indicated in the text

12.2 Language

The official languages of SEAPACoH shall be English. Official documents of SEAPACoH and treaties, agreements and other documents shall also be translated into Portuguese and French and such other languages as may be determined by the Annual General Meeting.

12.3 Amendments

An amendment to this constitution shall be adopted by the decision of two thirds of all SEAPACoH members. A proposal of amendment of this constitution may be made to the Secretariat by any member of SEAPACoH for preliminary consideration by the executive Committee provided that the proposed amendment shall not be submitted to the Executive Committee for preliminary consideration until all SEAPACoH members have been notified not less than two months prior to such approval.

13. Dissolution

The Membership of SEAPACoH may decide by a resolution supported by the three-quarters of all members of SEAPACoH to dissolve SEAPACoH and shall determine the terms and conditions dealing with its liabilities and disposal of its assets.

The meeting agreed on the following steps to take the formalization process of the SEAPACOH initiative forward;

- Finalise the collective draft interim constitution proposed by the meeting (by Mid February)
- Work on the interim constitution by the interim executive in consultation with the committees on health, SADC PF and other institutions. Legal drafting of the constitution. (Feb-May 2005)
- Formal submission of the interim constitution and programme of work to parliament speakers and committees on health and feedback from committees to the interim committee for finalisation of the document (May-August 2005)
- Formal submission of the final constitution to speakers, committees on health Presentation of the constitution in full chamber of parliament (September – October 2005)
- Hold inaugural AGM to formally adopt the constitution (by end 2005)

6. Proposed workplan of the Southern and East African Parliamentary Alliance on Health (SEAPACOH)

The proposed workplan was discussed and changes made by delegates to the meeting. The revised workplan for the three year period January 2005 to December 2007 is shown below:

6.1. OVERALL OBJECTIVES

The programme aims to build a more consistent collaboration of the Parliamentary Committees on Health in east and southern Africa towards achieving individual and regional goals of health equity and effective responses to HIV and AIDS.

The programme aims to support this collaboration of the Parliamentary Committees on Health with technical and other institutional partners at national and regional level to strengthen the role of parliaments in the areas of oversight of budgets, review of legislation, policy oversight and providing leadership in priority areas of public health and health equity, strengthening health promotion, strengthening public participation and oversight, and building leadership for achieving goals of equity in health and effective responses to HIV and AIDS, TB, Malaria and other diseases important to the region.

6.2. SPECIFIC OBJECTIVES AND ACTIVITIES

To achieve these overall objectives the programme will **within the three year period 2005-2007:**

1. **Formalize, organize and resource the operations of SEAPACoH as a consistent mechanism for strengthening of and communication between parliamentary committees on health.** Specifically to:
 - Develop and adopt a formal constitution adopted for SEAPACOH (year 1)
 - Establish the membership and governing body of and associate institutions for SEAPACOH (year 1)
 - Set up a secretariat for SEAPACOH able to develop, mobilize resource and technical support for and organize the operations, goals and programmes of the association (year 1 and 2)
 - Convene an Annual General meeting of SEAPACOH in each of the three years to review operations and progress towards agreed annual goals (year 1,2,3)
 - Secure recognition for SEAPACOH from relevant national and regional organisations and particularly from regional organizations in SADC, East Africa and AU to build co-operation on shared goals. (year 1 and 2)
 - Evaluate the work carried out in the first three years to identify priorities for 2008-2011 (beginning of year 3)

2. **Review and compare health legislation in east and southern Africa against agreed goals and criteria for addressing public health, health equity, and HIV/AIDS, TB, Malaria and other diseases to identify and share good practice and propose measures for addressing gaps in legislation using best practice from the region.** Specifically to:
 - Develop and adopt a framework for an audit and review of health legislation compliant with the SADC and ECA protocol on health and other regional and international commitments, and with major policy goals on health and HIV and AIDS at national and regional level (year 1)
 - Carry out and report on a review of laws in selected east and southern African countries (3 per year over two years) in line with the agreed framework above and to identify areas for legal review (year 2 and 3)
 - Review patient rights through out the SADC region building on work in Malawi with the Malawi Health Equity network
 - Synthesise national reviews to provide regional analysis of positive options for legal review to strengthen health legislation (year 3)
 - Publish and promote the findings of the legal reviews at national and regional levels and promote parliamentary committees on health to implement public hearings in areas for legal review (year 2 and 3)

3. Monitor and Review trade agreements to audit their impact on health and HIV and AIDS and promote health sensitive trade agreements.

Specifically to:

- Participate in EQUINET and SADC and ECA activities on trade and health to build capacities of parliamentary committees on health and to integrate parliamentary committees into wider teams of state and civil society to review trade and health. Specifically adapt technical materials for parliamentary briefings on key areas of trade and health and hold 1 week capacity building workshops on trade and health with relevant national stakeholders to identify priority areas for follow up (3 per country in each of the three years (year 1, 2 and 3)
- Engage SADC Ministers of Health Conference on the implementation of the Regional, Continental and International Treaties and agreements on health (Year 1,2,3)
- Hold national level forums across health, trade, foreign affairs and other relevant committees to examine trade agreements for their health implications and identify agreed and shared positions to be taken forward at relevant trade platforms (year 2 and 3)
- Monitor changes in trade agreements that have identified impacts on health and report on and promote the findings of the reviews and monitoring at national and regional levels (year 2 and 3)

4. Strengthen budget analysis of health equity and HIV and AIDS.

Specifically to:

- Participate in GEGA and IDASA budget training and monitoring work on health equity and AIDS budget analysis (year 1, 2 and 3)
- With GEGA hold a regional training workshop on health budget analysis using experiences from committees in the region to identify an agreed framework and goals for national budget analysis. Build on HST SA and CHESSORE Zambia work for this (year 1)
- With EQUINET and SADC monitor budgets against regional health equity targets: (Eg: Abuja commitment of 15% government funding to health; debt cancellation to meet Abuja commitments and MDG goals; equity indicators used in geographical resource allocation; abolition of user fees at primary care level) and synthesis of national reports into regional reports on fair financing in health (year 1 and 2)
- With IDASA, SADC and EQUINET monitor AIDS budgets to ensure consistency with SADC and national policy goals and synthesis of national reports into regional reports on fair financing in AIDS (year 2 and 3)
- Implement national budget analysis, consultations and review meetings and feedback on progress and outcomes to enhance future work (year 1,2,3)

5. **Strengthen linkages with key stakeholders in health to widen health promotion, strengthen public participation, provide leadership for and enhance social responses to AIDS.** Specifically to:
 - Build capacities and understanding on equity in health through participation in GEGA skills workshops on health equity (1 per year) (Years 1,2,3)
 - Build capacities of parliamentary committees on health to disseminate information, communicate, hold inquiries and hearings and communicate outcomes on key issues through documentation and exchange of good practice in the region, exchange visits between parliaments, and review and skills building workshops (year 2 and 3)
 - Support national parliaments to take up specific issues that promote health equity and responses to AIDS (eg patient charter, VCT and openness on AIDS; treatment access; child and adolescent health etc (year 1,2 and 3)
 - Review and document at regional level the outcomes of national actions to share and disseminate good practice (year 1,2 and 3)

6. **Promote food security and nutrition through information, policy analysis and monitoring of equity oriented food and nutrition policies.**

It was agreed that this programme of work be initiated even while the constitution is being finalised as it builds on existing forms of co-operation in the region. The programme will in the meantime be discussed by the parliamentary committees attending the meeting and others not present. The interim committee will compile information on what each committee is doing within these areas of work based on feedback from the committees to explore areas where regional exchange can be used to strengthen existing work.

7. Way forward and concluding session

The meeting extended the mandate of the interim committee to until the inaugural AGM of SEAPACOH. The interim Committee further co-opted Hon Ngculu, the Chairman of the South African Parliamentary Portfolio Committee on Health as a member of the Steering Committee.

Mr Takawira Musavengana from the SADC PF gave closing remarks. He stated that it is important for Parliamentary Committees on Health to come together and share good experiences. He commended the initiative and suggested that it needed to consider seriously how it can link up with the SADC PF structures and programmes. He suggested that the meeting be followed by consultation within the parliaments and with the SADC PF on the way forward for this. He also urged the committees to address concerns of gender equity, including in their own representation.

Hon. Austin Mtukula, Chair of the Malawi Parliamentary committee on health gave the closing remarks for the committee. He thanked the parliaments for their important contributions and for the valuable outcomes of the meeting. The interim Steering Committee of the SEAPACoH will continue to pursue its formalization and will hold dialogue with the SADC PF and others in this. Hon. Mtukula stated that the interim SEAPACOH Steering committee would continue to endeavour to work with organisations with shared values such as EQUINET, GEGA and IDASA. He welcomed the commitment of the parliamentary committees to this initiative and noted that the interim committee would ensure that it was followed up on.

APPENDIX 1: *Delegates list¹*

DELEGATE NAME	ADDRESS	PHONE/FAX
Hon. B Chebundo, MP Parliament of Zimbabwe	Parliament of Zimbabwe PO Box CY298 Causeway Harare chebundob@yahoo.com	+263-4-700181/9 Fax 252935
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Hon Bonny Khalwale, MP Parliament of Kenya	Parliament Building, PO Box 41842, 00100 Nairobi GPO Kenya bunge@swiftkenya.com	+254-20-221291 ext. 2031 Fax +254-20-336589
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Rene Loewenson EQUINET Programme Manager	TARSC, 47 Van Praagh Ave, Milton Park Harare, Zimbabwe rene@tarsc.org	+263-4-705108 Fax 737 220
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Alfred Mafuleka Health Systems Trust	Health Systems Trust PO Box 808 Durban 4000 alfred@hst.org.za	27-31-3072954 Fax 3040775
Hon Justin Malewezi, MP Parliament of Malawi	Malawi Parliament Private Bag B362 Capital City Blantyre, Malawi parliament@malawi.net	+265-1-774-262 Fax 774196
Hon. M. Malinga, MP Parliament of Swaziland	PO Box 3841 Manzini Swaziland	2077764
NM Molebatsi Portfolio Committee Clerk	Box 240 Gaborone nmolebatsi@gov.bw	+267 313103
Hon V Moruti, MP Parliament of Botswana	PO Box 240 Gaborone tcchepethe@gov.bw	+267 313103
Hon O Moumakwa, MP Parliament of Botswana	PO Box 240 Gaborone tcchepethe@gov.bw	+267 313103

¹ Also invited but not able to attend : Dr Mutukwa, SADC PF, Hon S Sikota, Hon Mukuka, Hon Phiri, Mary Caesar and Qamar Mahmoud

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Hon. Austin Mtukula, MP Parliament of Malawi	Malawi Parliament Private Bag B362 Capital City Blantyre, Malawi parliament@malawi.net	+265-1-774-262 Fax 774196
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Aillet Mukono Clerk, Parliamentary Committee on Health	Parliament of Zimbabwe PO Box CY 298 Causeway Harare Zimbabwe ailletm@yahoo.ca	+263-35-354116 Fax 252935
Hon. Munyoro, MP Parliament of Zimbabwe	Parliament of Zimbabwe PO Box CY 298 Causeway Harare Zimbabwe ailletm@yahoo.ca	+26-3-35-254116 Fax 252935
Mr Takawira Musavengana SADC-PF	P Bag 13361 Windhoek 4000 tmusavengana@sadcpf.org	
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Hon. John Shiba, MP	PO Box 3841 Manzini Swaziland	5057759 Fax:5056568

APPENDIX 2: Programme

Regional consultation on Consolidating Parliamentary Alliances for Equity in Health Kafue Gorge Hotel, Zambia 24-25 January 2004

	Activity	
24th January 2005		
18.00 –18.30	Welcome and introductions Aims and objectives on the consultation	Director CHESSORE & SADC PF
1830-1900	Current challenges to Health, HIV/AIDS and health Equity in southern Africa	EQUINET
1900-2000	Dinner	
25th January 2005		
0800-0830	Admin and registration	G Musuka EQUINET
0830-0915	Interim Steering Committee: Report on the background work done to date and proposals for consideration	Hon B Chebundo, Chair interim steering committee and parl committee on health Zimbabwe
0915-0945	Discussion of the report and the key proposals (constitution and workplan)	Plenary , Chair Malawi Parliament committee on Health
0945 –1015	Tea/Coffee break	
1045-1200	Discussion on SEAPACOH and the constitution	Chair Malawi Parliamentary committee on Health
1200-1300	Plenary discussion on the programme of work, priorities and partnerships	Plenary , Facilitator Chair Malawi Parliamentary committee on Health
1300 – 1400	LUNCH Break	
1400 –1500	Group discussions on the work plan: specific actions, by whom and with what resources	Group work : 3 groups by key areas
1500 – 1515	Tea/Coffee break	
1515-1600	Group work feedback and discussion and adoption of the workplan	Director CHESSORE
1600-1700	Presentation and adoption of amended constitution Review and adoption of resolutions Election of SEAPACOH committees	Chair, South Africa Parliamentary committee on health & SADC PF
1700-1715	Closing Remarks	

(*) This welcome was done by Mr T Musavangana who also gave Dr Mutukwa's apologies