

## **African Health Development & Financing Parliamentary Policy & Budget Action Plan**

**Adopted By the Network of African Parliamentarians for Health Development & Financing<sup>1</sup>**

**UNECA Conference Centre. September 9, 2009. Addis Ababa, Ethiopia**

***We members of African parliaments*** being Chairs and members of African Parliamentary Committees of Health, Finance/Budget, Gender/Women, MDGs related, and Inter-Parliamentary Committees from the Pan African Parliament; East African Legislative Assembly; ECOWAS Parliament; SADC–Parliamentary Forum; the Network of Southern and East African Parliamentary Committees on Health (SEAPACOH); Coalition of African Parliamentarians Against HIV (CAPAH); and [mainly the] 14 African International Health Partnership (IHP+) Countries<sup>2</sup>;

***Meeting in Addis Ababa Ethiopia from 7<sup>th</sup> to 9<sup>th</sup> September 2009*** to deliberate on:

- i. ***Accelerating African Domestic Health Financing*** - towards meeting the Health Based and related Millennium Development Goals;
- ii. ***Implementing in an Integrated Manner Health Priorities***: the AU Africa Health Strategy; Campaign on Accelerated Reduction of Maternal & Child Mortality in Africa (CARMMA); ICPD Program of Action; Recommendations of the UNECA Commission on HIV and Governance Report; Harmonisation of Health in Africa - and MDG related frameworks and policies of health and development agencies [WHO; Global Health Workforce Alliance; Partnership on Maternal Neonatal & Child Health; Roll Back Malaria Partnership; Stop TB Partnership; UNAIDS; UNFPA, UNICEF, UNIFEM; UNEP, UNDP, UNMC, ILO, UNESCO and others];
- iii. ***Strengthening Collaboration*** - with Ministers of Health, Finance/Budget, Gender/Women; Social Development; Planning & Economic Development; Children/Youth and other Ministers on Sustainable Health Financing for Economic & Social Development in Africa;
- iv. ***Preparations for the July 2010 African Union Summit*** - on the theme of Maternal and Child Health, implementation of its outcomes; and preparations for the 2010 review of African Universal Access Targets;
- v. ***Coordination of Global and African Resource Mobilisation*** - for Health Financing and Development - in particular Recommendations of the High Level Taskforce on Innovative Financing for Health; IHP+; and the 2010 UN led review of progress towards the MDG's.

### ***Concerned that:***

1. At the turn of the Millennium, average Healthy Life Expectancy in Africa was 41.4 years [38.7 for Sub Saharan Africa] compared to between 66.1 and 72 years for more developed regions. <sup>3</sup>
2. Africa is losing at least 8 million lives annually to only 5 main causes: Child Mortality and Maternal Death; HIV and AIDS, TB, and Malaria. <sup>4</sup>

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1. The Network is composed of Chairs of Health/HIV, Gender/Women, Finance/Budget, and Health MDGs Related Committees at PAP, RECs and national levels.

2. List of parliaments, institutions and organisations at end of resolution and recommendations. Conference organised by WHO and Africa Public Health Alliance & 15%+ Campaign – in partnership with African Union Commission, UN-ECA and UNFPA.

3. WHO 2003. Healthy Life Expectancy (HALEs) is the average number of years that a newborn can expect to live in "full health." HALEs try to measure a health system's effectiveness in reducing the burden of illness.

4. As out lined In December 2006, by the Africa Public Health Alliance at the launch of the 15% Campaign.

- i. **Child Mortality (MDG 4):** An estimated 5 million African children under the age of 5 died in 2006 mainly of neonatal diseases, pneumonia, Malaria, diarrhoeal diseases, AIDS, measles and other vaccine preventable diseases.<sup>5</sup> A staggering average of about 14,000 infant deaths a day.
- ii. **Maternal Death (MDG 5):** Of the estimated 536,000 pregnancy and childbirth related deaths worldwide in 2005, developing countries accounted for more than 99 per cent and about half or 265,000 Maternal Deaths, which are almost 100% preventable were in sub-Saharan Africa.<sup>6</sup>
- iii. **HIV and AIDS (MDG 6):** In 2007 there were an estimated 22 million People living with HIV in Africa out of a global figure of 33 million. Of these new infections in Africa were 1.9 million. And 1.5 million Africans died in the same year of AIDS related causes.<sup>7</sup>
- iv. **Malaria (MDG 6):** There were an estimated 247 million global cases of malaria in 2006 of which 212 million cases were in the African region. From these, there were an estimated 881 000 deaths of which 91% were in Africa, and 85% were of African children under 5 years of age.<sup>8</sup>
- v. **Tuberculosis (MDG 6):** By 2006, there were an estimated 4,233,723 (4.2 million) cases of TB in Africa of which 2,807,688 (2.8 million) were new cases. This resulted in 639,089 African deaths.<sup>9</sup>

3. Despite these poor indicators on population and health, tragic prevalence and mortality figures, the funding gaps for meeting Universal Access Targets and Health MDGs is still greatest in Africa.

**Recognising** that meaningful and sustainable social and economic development cannot be achieved in circumstances where average Healthy Life Expectancy in Africa is 41.4 years [38.7 for Sub Saharan Africa], and lives of millions of children and youth are being lost annually to preventable, treatable and manageable conditions;

**Hereby adopt the following parliamentary policy and budget action plan, and recommend same for urgent action by African parliaments.**

1). There should hold without delay at:

- i. Pan African Parliament level;
- ii. Each Regional Economic Community Parliament: East African Legislative Assembly; ECOWAS Parliament; SADC – Parliamentary Forum;
- iii. And at country level – in the 53 AU member states

**– a joint working meeting of Chairs and Secretaries / Rapporteurs of the Parliamentary Committees of:** Health; Finance/Budget; Women/Gender; Social Development & MDGs – and others including Children & Youth; Water Resources; Environment & Sanitation; Education; Food & Agriculture; Labour & Human Resources; Planning & Economic Development – to assess the state of Health Based and related MDG's at each level with a view to appreciating the scale of the health and social development burden and what policy and budget actions are required between 2010 and 2015 in the first instance to

5. State of the World's Children Report 2008, UNICEF

6. WHO, UNICEF, UNFPA and The World Bank. 2007.

7. UNAIDS/WHO, 2008 Report on the Global AIDS Epidemic

8. World Malaria Report 2008

9. WHO Report 2008: Global Tuberculosis Control

actualize the Health Based and related MDGs.

2). ***These committees as outlined above should form Health and Social Development Financing Cluster's*** in parliaments to facilitate coordination and accelerated action on Health and Development Financing.

3). ***There should be separate Pan African thematic meetings of Chairs of key committees*** hosted at the Pan African Parliament especially:

- i. The 57 Chairs of all ***Finance and Budget Parliamentary Committees*** i.e. from PAP, the 3 REC Parliaments and 53 AU members states national parliaments;
- ii. The 57 Chairs of all ***Health Parliamentary Committees*** from i.e. from PAP, the 3 REC Parliaments and 53 AU members states national parliaments;
- iii. And 57 Chairs of all ***Gender and Women's Parliamentary Committees*** i.e. from PAP, the 3 REC Parliaments and 53 AU members states national parliaments;

These meetings should amongst others consider the various means through which each thematic line can in a collective and coordinated manner accelerate policy and budget support for Health Development Financing: including meeting the AU Heads of State Abuja Commitment to allocate at least 15% of domestic budgets to the Health Sector; other methodologies such as increasing overall Per Capita Expenditure on Health; Innovative Financing for Health; and other policy action necessary for actualization of the Health MDGs.

4). ***There should be hosted at the REC levels i.e. by the East African Legislative Assembly, ECOWAS Parliament, SADC-Parliamentary Forum,*** a meeting of Chairs of Health, Gender/Women, Finance/Budget Committees of countries within each REC to enhance REC level implementation and coordination of policy and budget support for the Health MDGs, AU Africa Health Strategy and relevant health frameworks and policies.

5). These landmark working meetings as outlined in (1, 3 & 4 above) should also amongst other vital considerations and without delay look at necessary ***policy and budget requirements for integrated implementation of the following towards meeting Health and related MDGs:***

- i. ***African Union led policies and frameworks:*** The Africa Health Strategy; Campaign on Accelerated Reduction of Maternal & Child Mortality in Africa (CARMMA); Maputo Plan of Action for the implementation of the Continental Policy Framework on Sexual and Reproductive Health;
- ii. ***UNECA and UNFPA led policies and frameworks:*** The International Conference on Population and Development (ICPD) Program of Action; and Recommendations of the UNECA Commission on HIV and Governance Report;
- iii. ***World Health Organisation led policies and frameworks:*** including the Harmonisation of Health in Africa;
- iv. ***UNICEF led policies and frameworks:*** as outlined in the State of the Worlds Children Reports; and Convention on Rights of the Child – including on Child Survival and Health, Newborn and Maternal Health, and Social Determinants;
- v. ***The Africa components of - the global plans of:***
  - Global Health Workforce Alliance;
  - Partnership on Maternal, Neonatal and Child Health;
  - Roll Back Malaria Partnership;
  - Stop TB Partnership;
  - UNAIDS;

- UNIFEM – especially Gender Budgeting principles, and related principles such as Gender Equity in Health;
- Health based and related policies of health and development agencies such as ILO, UNDP, UNEP, UNESCO, and UNMC.

Each of the health and development agencies and partnerships as appropriate should provide: **evidence based tools - and especially costing formulas; technical and other support** - to facilitate coordination of necessary work and enable parliaments at various levels **calculate various financial estimates required to achieve Health related MDGs; and key determinants including Health Systems** based on population and health analysis, and disease burdens.

**These costing and budget calculations should form the basis of accelerated African level, REC and national domestic resource mobilization** for Health Financing and Development from 2010 to 2015 in the first instance.

6). **Every effort should be made by the parliamentary committees of Health, Gender/Women and Finance/Budget to organise parliamentary public hearings on Health and Social Development Financing** - with the support of health and development agencies / partnerships - to facilitate citizens and stakeholder input to the parliamentary policy and budget actions.

7). **There should be full joint sittings of at least the parliamentary committees of Health, Gender/Women, Finance / Budget (and Health MDGs related committees)** at each national levels to agree on necessary policy and budget action to be presented to the full parliaments from the 2010 policy and budget year – and running up to 2015 in the first instance.

8). Based on outcomes of the above actions and processes, the **Health and Social Development Financing Cluster's led by the Committees on Health, Gender/Women, Finance/Budget should make joint recommendations to full houses of parliament on urgent policy and budget action** needed to actualize the Health and Related MDGs - from the 2010 to 2015 policy and budget years in the first instance.

9). **National level implementation should include** parliamentarians and legislators from the upper and lower houses, and also legislators from provinces, regions and states, and where they exist legislators / councilors from local government level.

10). **The parliamentary / legislative committees should liaise closely** with the relevant Ministers and Ministries, especially of Health, Women/Gender, Finance/Budget and Social Development in developing and implementing necessary policy and budget action.

11). As previously agreed with the African Union and UN-Economic Commission for Africa at the November 2008 Founding meeting of the Network of African Parliamentarians for Health Development and Financing – partnership with both institutions should be strengthened through **participation of relevant PAP and REC Parliament Committee Chairs in Health Development and Financing related Ministerial Conference's** coordinated by AU and UNECA especially Ministerial Conference's of Finance; Health and Gender/Women Ministers.

12). The emerging Health and Social Development Financing Parliamentary Cluster's should engage in **urgent preparatory work towards the July 2010 AU Summit on the theme of Maternal and Child Health**, and also work towards implementation of the summit outcomes.

***As part of this process, the AU led Campaign on Accelerated Reduction of Maternal & Child Mortality in Africa (CARMMA)*** should be presented by the committees of Health, Women/Gender, Finance/Budget for special adoption by all parliaments, at the PAP, REC and national levels.

13). The Network of African Parliamentarians for Health Development and Financing, should be involved in the African Union ***Abuja+10 review of the Abuja Commitments on Health Financing, and HIV, TB and Malaria from 2010***; and also the national work being part of the UN MDG's global review in 2010.

14). ***Given the importance of global resource mobilisation***, every effort should be made to coordinate global efforts such as the High Level Taskforce on Innovative Financing, and International Health Partnership (IHP+) with African domestic resource mobilisation.

***As part of this coordination of global and African efforts, and in line with the Paris Declaration on Aid Effectiveness and Accra Agenda for Action*** - the 3 core committees of the Network of African Parliamentarians on Health Development and Financing (Health, Gender/Women, Finance/Budget) should liaise with members of appropriate committees of development partner parliaments on coordination of global solidarity and domestic resource mobilisation.

Towards ensuring collaboration with development partners on sustainable and long term financing for health from both global and domestic sources, further internal consultations will be held at PAP, REC and national parliamentary levels on the recommendations of the High Level Taskforce on Innovative Financing for Health.

15). ***The Network of African Parliamentarians for Health Development and Financing requests necessary technical and resource support from relevant health and development agencies*** - especially the WHO, UNFPA, UNICEF, UNDP, UNIFEM; other specialized health partnerships such as the Global Health Workforce Alliance; Partnership on Maternal, Neonatal and Child Health; Roll Back Malaria Partnership; Stop TB Partnership; UNAIDS, UNMC (and others as listed in (5) above; and key global development partners to ensure actualization of crucial parliamentary policy and budget action on health and development financing – towards meeting the Health Based and related MDG's.

This includes supporting: facilitation of policy and budget action on African and global health policies and frameworks; facilitating production and dissemination of population/social development/health based data, analysis and recommendations, factsheets and scorecards to ensure evidence based and informed decision making to build capacity of Network members; use of ICT to build and disseminate knowledge resources, enhance communication within the Network, and interaction of the Network with the African public; Coordination of African and global resource mobilization for health; Work of the Network Coordinating Committee (Composed mainly of Chairs of Health, Women/Gender, and Finance / Budget from PAP, EALA, ECOWAS, SADC-PF; SEAPACOH; and CAPAH); Organization of necessary meetings of the Network; and other crucial support.

**Participating Health, Gender/Women, Finance/Budget and Health MDGs related Parliamentary Committees:**

***(Continental and Regional Parliaments and Networks)***

- Pan African Parliament
- East African Legislative Assembly

- ECOWAS Parliament
- SADC – Parliamentary Forum
- Network of Southern and East African Parliamentary Committees on Health (SEAPACOH)
- Coalition of African Parliamentarians Against HIV (CAPAH)

***(National Parliaments)***

- Angola
- Benin
- Burkina Faso
- Burundi
- Cameroon
- Egypt
- Ethiopia
- Gambia
- Ghana
- Kenya
- Mali
- Mozambique
- Nigeria
- Uganda
- Zambia
- Zimbabwe

***(Inter-governmental Organizations, Agencies, and Development Partners)***

- African Union Commission
- United Nations Economic Commission for Africa (UNECA)
- World Health Organisation (WHO)
- United Nations Population Fund (UNFPA)
- United Nations Children Fund (UNICEF)
- United Nations Millennium Campaign (UNMC)
- World Bank
- Department for International Development (Dfid)
- Africa Public Health Alliance and 15%+ Campaign – Facilitating Secretariat, Network of African Parliamentarians for Health Development & Financing

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