

Can we better support parliaments to turn protocols into practice for equity in health in southern Africa?
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The SADC Health Protocol came into force at the 2004 SADC Mauritius Summit and now applies across the region. It outlines the priorities and mechanisms for regional co-operation in health. We look forward to the protocol being raised and discussed within the parliaments of the region to see how far we are making progress in the regional priorities and approaches signed on to by the heads of state in Mauritius.

Why should parliaments be important to struggles for equity in health? Parliaments are a watchdog of public policy and consolidate this policy in law. In their legislative role they are able to transform social norms and values into binding legal entitlements. Their oversight role on the budget and on the actions of the executive provides an important opportunity to ensure that these legal entitlements are realized in practice. For example parliaments are an important watchdog of the government Abuja summit commitment that at least 15% of government budgets are invested in the public health sector. They can give voice through various processes of debate, inquiry, public hearings and consultation to public views, including the views of those areas and groups where such voice may be weaker or less articulate.

In an EQUINET, GEGA and SADC Parliamentary Forum regional meeting in South Africa in August 2003, it was recognized that parliaments are uniquely placed to build alliances with the Executive branch of government, across political parties, between different portfolio committees and with civil society, health sector and other agencies at national and regional level in support of health equity. (The report of this meeting is found at www.equinet africa.org) The parliamentary reforms taking place in the region provide an enabling environment for this. At the August 2003 regional conference, delegates agreed that the establishment of parliamentary committees on health provided a forum for deeper review, policy monitoring and analysis, and noted that a range of health related activities were already taking place. These committees have held public hearings on laws and policies, visited and investigated conditions in the health system, held systematic hearings on the national budget and its consistency with national health policies and promoted public awareness on key areas of social norms and action in health, such as HIV and AIDS. In Zambia, South Africa and Zimbabwe, for example, with support from institutions in EQUINET and GEGA, parliamentary committees on health have analysed and made input on equity issues in the health budget and have visited districts to follow up on the equity issues raised. In Tanzania the parliament has established a parliamentary forum on AIDS at which key issues such as equity in access to Antiretroviral treatment have been debated. In Malawi parliaments have raised

and promoted debate on issues of migration of health personnel and on the quality of health services at the district level.

In June 2004, during the EQUINET regional conference on equity in health, parliamentary committees and organisations working on health equity agreed that these critical areas of work needed more consistent regional exchange of information and good practice, support and activity. They would also benefit from longer term co-operation with state, academic and civil society institutions working on health equity. How can this be achieved? Is a more regular forum of health committees needed, within the SADC framework? How can the current work and institutional partnerships with parliaments be better networked and more consistently supported to ensure greater exchange of information, learning and good practice? These issues were raised as matters of concern to organisations like EQUINET working with parliaments and we invite readers and institutions working with parliaments to give feedback to these queries. What experiences exist in the region of work with parliamentarians on equity in health? How can we better strengthen and support such parliamentary roles, particularly if we are to achieve our goals of equity and social justice in health, and the policy commitments expressed in the SADC Health Protocol?

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