

Parliamentary Policy & Budget Action Plan for African Union Summit Decision on Maternal, Infant and Child Health and Development in Africa

Adopted by the Chairs of national finance / budget committees meeting with the members of the committees of health, monetary and financial affairs and gender of the Pan African Parliament

Johannesburg, South Africa. 2 October 2010

We members of African parliaments being Chairs of African Parliamentary Committees of Finance / Budget; and Pan African Parliament Committees of Health, Finance / Budget and Gender.

Meeting in Johannesburg, South Africa from 1 to 2 October 2010 to deliberate on:

- i. Ensuring policy and budget support for the AU Summit Declaration on Maternal, Infant and Child Health and Development in Africa; Including the Summit Decision for the Eradication of Mother to Child Transmission of HIV/AIDS.
- ii. Accelerating African Domestic Health Financing towards meeting the Health Millennium Development Goals, including the new Global Strategy for Women's and Children's Health;
- iii. Increasing accountability for the improvement of the health status of women and children through the monitoring of commitments undertaken by African Heads of States in Africa and Globally; as well as commitment undertaken by global partners;
- iv. Strengthening Collaboration with Chairs of Parliamentary Committees and Ministers from the following sectors: Health, Finance / Budget, Children / Youth, Gender, Women, Social Development, Planning & Economic Development on Sustainable Health Financing for Economic & Social Development in Africa;
- v. Coordinating global and African resource mobilisation for Health Financing and Development in line with the Abuja Declaration, Paris Declaration and the Accra Agenda for Action;
- vi. Implementing in an integrated manner health priorities as identified by the: AU Africa Health Strategy; Maputo Plan of Action for the Operationalisation of the sexual and Reproductive Health and Rights Continental policy, Campaign on Accelerated Reduction of Maternal & Child Mortality in Africa (CARMMA); International Conference for Population Development Program of Action; and Global Strategy for Women's and Children's Health;

Concerned that:

1. Although progress has been made in regards to the improvement of the health of women and children, it is not yet sufficient, and Africa is still losing 4.05¹ million children under the age of five and 207 000² women every year;

¹ UNICEF, WHO, The World Bank, the United Nations Population Division, [Levels and Trends in Child Mortality, Report 2010](#).

² WHO, UNICEF, UNFPA, World Bank. [Trends in Maternal Mortality 1990 - 2008](#). 2010

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2. The poor state of health of women and children is a great impediment to the development of the African continent, Global losses in productivity associated with maternal and infant deaths alone amount to 15 billion US dollars per year³

3. The state of women and children's health reflects the dire state of social determinants such as water, nutrition, sanitation, gender equality; and pillars of health such as human resources for health and vaccine coverage.

4. The failure to reduce to a barest minimum, preventable maternal and child mortality constitutes a violation of the human rights of our women and children

5. Access to health remains highly inequitable across and within African states, with the poorest often having the least access.

6. Despite these significant losses and inequalities, the funding gaps for meeting the Millennium Development Goals (MDGs) 4, 5 and 6 on child and maternal health, HIV/AIDS, malaria and tuberculosis are still greatest in Africa.

Recognising that meaningful and sustainable social and economic development cannot be achieved in circumstances where over half of the population suffers from inadequate health status, and lives of millions of children and women are being lost annually to preventable, treatable and manageable conditions;

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

1). The following actions should be held without delay at the following platforms:

- i. Regional Economic Community Parliament and country parliaments of AU member states
 - A joint meeting of Chairs of Committees of RECs and national Parliament and Ministers of Finance / Budget, Health, Gender and Women
 - A national level joint working meeting of Ministers of Health, Women, Gender, Finance and Chairs of the Parliamentary Committees of: Health, Finance / Budget, Gender, Women working with other relevant committees – to assess the state of health related MDGs 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 towards resolving challenges to actualizing the health related MDGs.
 - A national level joint meeting of Chairs of the Parliamentary Committees of: Health; Finance /Budget; Gender, Women and other relevant committees to identify a strategy for implementing actions and recommendations emanating from the joint meeting of the executive and the legislature;

2). Chairs of the Finance / Budget committees should in collaboration with Health, Gender, Women and other relevant Committees develop a national strategy with the support of national institutions, development partners and civil society organizations outlining key

3 UN. [UNSG's Global Strategy for Women's and Children's Health](#), 2010

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areas of intervention to support the implementation of AU Declaration on reproductive, maternal, infant and child health and the Decision for the Eradication of Mother to Child Transmission of HIV/AIDS notably:

- i. Development of new or alterations of existing national health plans which include provisions for:
 - Access to packages of reproductive, maternal, newborn and child health essential interventions including: family-planning information and services, antenatal, newborn and postnatal care, emergency obstetric and newborn care, skilled care during childbirth at appropriate facilities, prevention and treatment of unsafe abortion, and linkage of sexual and reproductive health and HIV prevention and treatment, including the prevention of mother to child transmission of HIV and other sexually transmitted infections, access to ARVs and treatment of opportunistic infections and Tuberculosis, exclusive breastfeeding for infants up to six months of age; vaccines and immunization including pneumococcal and rotavirus vaccines ; oral rehydration therapy and zinc supplements to manage diarrhea; treatment for the major childhood illnesses including pneumonia and malaria; nutritional supplements (such as vitamin A); and access to appropriate ready-to-eat foods to prevent and treat malnutrition.
 - Integration of care for better impact of health interventions
 - Coordination of efforts between health and other relevant sectors
 - Health system strengthening centered around: infrastructure, commodities, research and information – with a focus on community levels where the need is greatest in most countries
 - Sufficient, well trained, motivated and well distributed human resources for health
- ii. Budget support for these plans, through yearly increase in allocated funds, predicated upon:
 - The achievement of the 15% allocation to health sector target outlined in the AU strategy, through an increase in the attribution of national domestic resources to the health sector in incremental stages
 - Per capita estimates - of national financing gap - looking towards achieving the WHO recommended \$40 per capita level.
 - Full disclosure to and the inclusion of parliaments in discussions about external funding levels and implementation by donors and central wings of governments
- iii. Accountability measures (or their strengthening) to ensure effective and efficient implementation of plans and strategies through:
 - Agreed upon indicators to measure impact of plans and strategies
 - Results based financing to encourage effective use of funds
 - Community based investigations to determine level of performance of public health institutions
 - Community and stakeholder consultations on budgeting processes
 - Budget assessments to determine partner alignment with Paris Declaration and Accra Agenda for Action Principles

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- iv. Advocacy and community mobilisation
 - Advocate to executive arms to ensure the required political will to implement and sustain the required actions
 - Mobilise communities for health and social development
 - v. Legislation and policies
 - To support innovative measures of attaining additional funds outside of the presently available fiscal space
 - To protect maternal and child health as a human right
 - To integrate maternal, newborn and child considerations in labour, employment, and social development legislations
 - To address existing inequalities in access to health services - for instance by making access to primary health services free at the point of use for the poorest
- 3). The work of the committees should be guided by principles of:
- i. Increased efficiency in planning and utilization of existing funds - more health for the money through:
 - The use of innovation in leadership, financing, and service delivery
 - More efficient funding channels and coordination
 - Risk pooling measures to protect population from catastrophic expenses incurred during illnesses - social protection measures such as health insurance\
 - Zero tolerance for corruption
 - ii. Increased domestic resources - more money for health through:
 - Improvement of traditional revenue collection
 - Creation of more fiscal space using innovative measures such as untraditional levies and tariffs , equitable taxation of resources, and public-private partnerships
 - iii. Taking the views of affected communities into consideration – as a function of the representation role of parliaments.
 - iv. More effective partnerships with other stakeholders (including communities, development partners and civil society) at the national, regional and global levels to ensure improved outcomes
- 4). National level implementation should be led by 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.
- 5). Parliaments will encourage development partners to coordinate their efforts and provide capacity building to national and regional Members of Parliament for the implementation of activities in the identified key areas.
- 6). Pan African Parliament should provide a platform for the exchange of best practices between African Parliaments; and between African Parliaments and those from donor countries on the implementation of the Paris Declaration and Accra Agenda for Action.
- 7). Chairs of national and REC Finance / Budget committees commit to an annual consultative process and meeting with the Pan African Parliament and other relevant stakeholders through which they will review and report on progress on implementation and improve strategies for

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subsequent action. The Chairs of national Finance / Budget will report through the Pan African Parliament to the African Union Assembly.

8). The organizers (Pan African Parliament and partners) will ensure follow up and implementation of activities listed in this document.