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Africa Regional Office

Working with Parliamentary Committees of Health to Tackle Health Issues in Africa

Achievements, Challenges and Opportunities of the
Network of African Parliamentary Committees of Health
(NEAPACOH)

Study Report prepared by African Institute for Development Policy (AFIDEP)

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Acronyms

AFIDEP	African Institute for Development Policy
APHRC	African Population and Health Research Centre
CHESSORE	Center For Health Science and Social Science Research
CWGH	Community Working Group on Health (Zimbabwe)
EQUINET	Southern Africa Regional Network on Equity in Health
GEQA	Global Equity Gauge Alliance
IDASA	Institute of Democracy in South Africa
MP	Member of Parliament
NEAPACOH	Network of African Parliamentary Committees on Health
PPD-ARO	Partners in Population and Development African Regional Office
SADC-PF	Southern Africa Development Community Parliamentary Forum
SEAPACOH	Southern and Eastern Africa Parliamentary Alliance of Committees on Health
SIDA	Swedish International Development Agency
TARSC	Training and Research Support Centre

Executive Summary

The Network of African Parliamentary Committees of Health (NEAPACOH, previously known as the Southern and Eastern Africa Parliamentary Alliance of Committees on Health (SEAPACOH)) is one of the active networks engaging members of parliament (MPs) in Africa to strengthen the delivery of their functions of oversight, legislation and representation, in tackling health challenges in the region. This study sought to understand NEAPACOH's contributions in strengthening parliamentary committees in Africa to tackle health and population challenges, and identify ways in which the network can become more effective in the delivery of its mandate. Given the integral role of information or evidence in the delivery of the parliamentary functions, the study had a special interest in understanding how the network promotes evidence-informed discharge of the health committee. The purpose of the study was to generate learning needed to strengthen NEAPACOH as well as inform future efforts aimed at strengthening the delivery of parliamentary functions in Africa.

The study's main research question therefore was: *What contributions has NEAPACOH made in strengthening parliamentary committees of health in Africa to effectively tackle health and population challenges in the region?* An inherent question of interest in this broad research question was: *How does NEAPACOH strengthen evidence use by parliamentary committees of health?*

This study used a qualitative case study design, which is widely employed in policy analysis studies. For data collection, the study conducted extensive and critical document review; in-depth interviews with NEAPACOH's leadership (members of the network's Executive Committee), MPs belonging to member

health committees, staff and development partners who have participated in NEAPACOH forums (34 interviews conducted); and a questionnaire administered to participants of the June 2016 NEAPACOH forum in Uganda.

The results show that NEAPACOH achieves its objectives through one major activity, namely, the annual forums that convene members of parliamentary committees on health, the staff who support these committees, and development partners working on the issues of focus. Beside the annual forums, NEAPACOH also provides country-level support to specific committees in the implementation of their commitments, and conducts training workshops for MPs and parliament staff to build capacity in the delivery of their functions. These two activities are conducted at a much smaller scale and less regularly.

NEAPACOH has realised various notable achievements including:

- Focused parliaments on tackling health and population issues in African countries. Member committees have realised increased budgets for various health issues, and brought about legal reforms to address health issues.
- Nurtured champions for health and population issues in African parliaments.
- Linked parliaments with development partners thereby facilitating the provision of technical and financial support in the delivery of parliament functions.
- Increased MPs' access to evidence on health and population issues in Africa. This has been mainly through the annual NEAPACOH forums

that convene MPs in parliamentary committees on health and experts on various health and population challenges in Africa.

- Increased the capacity of MPs and staff in delivering their functions. This has been mainly through the annual forums that enhance MPs' and staff's understanding of urgent health and population issues, and through training workshops for MPs and staff.

The study also considered the extent to which NEAPACOH had achieved its three priorities for the 2009-2013 period as stated in its Strategic Plan for this period. On the first priority of ensuring needs-based resourcing of the health sector, the results show that NEAPACOH has contributed to increased resourcing of some of the neglected health sector issues such as the family planning and maternal health in some countries. Even then, these issues still receive inadequate budgets in many NEAPACOH member countries, implying that this priority has only been partly met.

For the second priority on effective domestication, implementation and compliance with agreed upon commitments in the health sector by governments, we assessed this by looking at the extent to which member countries had achieved the Abuja Declaration on allocating at least 15% of national budgets to the health sector since this has been a recurring theme at NEAPACOH forums since 2008. Results showed that while some member countries had made progress (Malawi, Mozambique, Namibia, and Tanzania) others had not (Ethiopia, Gambia, Ghana, Kenya, Lesotho, Swaziland, Uganda, and Zambia). While this evidence means that NEAPACOH has been partly successful in achieving its second priority, it is important to caution that the progress made by member countries may have been stimulated by other factors or actors other than NEAPACOH.

On the third priority of ensuring sustainability of the network, this priority has not been achieved since the network is still fully reliant on development partners for its operations and so its sustainability is still an issue if development partners pull out. The shift to host the secretariat of NEAPACOH in the Uganda parliament in 2014 was an initial step towards sustainability, but a lot more needs to be done.

Still on considering the extent to which NEAPACOH had met its objectives, the study conducted a survey with MPs at the 2016 NEAPACOH forum to assess the extent to which NEAPACOH had been beneficial to them in the delivery of their functions. From the results of the survey, majority of the MPs rated NEAPACOH's support between 3-5, on a Likert scale with 1 being the lowest and 5 being the highest. This means that NEAPACOH has provided a considerable level of support that could have increased MPs' effectiveness in the delivery of parliament functions.

The study found that NEAPACOH has realised these achievements amidst many challenges, including:

- Inadequate resources, which meant that NEAPACOH did not, for a long-time, have the resources to have its own secretariat to coordinate its activities. Inadequate resources also curtailed the extent to which NEAPACOH could implement its strategy.
- Low levels of autonomy, which is linked to the inadequate resources challenge, with NEAPACOH entirely reliant on support from development partners. This support has come with implications, one of which is that development partners determine the focus of NEAPACOH's activities. This has meant that some health and population issues have received a lot of attention at NEAPACOH forums whereas other important health issues have not received much attention.

- The nature and context of parliament has been a challenge in the coordination and implementation of NEAPACOH activities. The high and frequent turnover of MPs every four to five years has resulted in lack of continuity of committees in implementing their annual commitments. Member parliaments' selection of different MPs every year to attend NEAPACOH forums (in a bid to extend participation and travel opportunities to members equitably) has also contributed to this challenge. Weak and non-effective protocol and communication structures have resulted in some parliaments not taking part in NEAPACOH activities because the correspondence did not reach the right people in the process of going through all the required procedures and protocols.
- As a voluntary network, NEAPACOH lacks an effective mechanism for holding committees to account in implementing their annual commitments. This has meant that some committees that have not implemented their commitments for various reasons have continued to benefit from NEAPACOH resources.

Based on the results of this study, the following recommendations are made.

Institutionalise NEAPACOH in African parliaments

Efforts to institutionalise NEAPACOH should focus on strengthening its secretariat within the Ugandan parliament as well as establishing NEAPACOH desks within member parliaments to support committees in implementing their commitments throughout the year. This is an important action towards enabling the sustainability of the network.

Strengthen funding mechanisms for the implementation of NEAPACOH's strategy

Current efforts to get member parliaments to contribute finances needed to implement NEAPACOH's strategy should be sustained and intensified. If member parliaments contribute finances to the operations of NEAPACOH, the network's sustainability will be assured beyond the availability of funds from development partners. If the secretariat is able to raise funds for its activities, then it will be able to gain more autonomy in the implementation of its agenda, which will ensure no urgent health issues are left out of the network's annual forums and other activities.

Institute a feasible mechanism for sustained country-level support to committees for all member countries

The few countries that have received country-level support throughout the year in the implementation of their commitments have realised notable success in the realisation of their commitments. This points to the need for NEAPACOH to institute feasible mechanisms for providing sustained country-level technical and financial support to all member committees in the implementation of their commitments throughout the year. This will ensure that committee efforts to implement commitments are sustained throughout the year, as opposed to committees remembering their commitments just before the next annual forum.

Design and deliver a sustained capacity building programme for NEAPACOH members

Although only a few capacity building workshops have been implemented within the NEAPACOH framework, beneficiaries of these activities have reported the notable importance and value of the skills acquired from these workshops to their work. It is therefore important for NEAPACOH to define and implement a comprehensive capacity building

programme for member committees so that every annual forum provides an opportunity for MPs and/or their staff to gain skills in critical aspects of their work. This will strengthen the implementation of the commitments that committees identify every year, and ultimately increase NEAPACOH's impact in tackling health and population challenges in member countries.

Expand opportunities for increasing evidence use by MPs involved in NEAPACOH

The results of this study have demonstrated the critical role of evidence in not only focusing MPs on tackling development issues, but also in generating actions by MPs that respond to urgent development issues. It is therefore recommended that NEAPACOH expands opportunities for increasing evidence use by MPs. Some of the actions that NEAPACOH could

undertake to expand these opportunities include: introducing a mechanism for regularly capturing evidence demands by member committees and establishing partnerships with technical institutions that can conduct rapid evidence syntheses to respond to these demands; introducing an active virtual platform for linking committees and experts to facilitate sustained exchange of information and e-discussions; among others.



Chapter One

Introduction

- 1.1. History of NEAPACOH
- 1.2. Network's Governance, Strategic Objectives, and Funding
- 1.3. AFIDEP's Involvement in NEAPACOH
- 1.4. Study Objectives

The Network of African Parliamentary Committees of Health (NEAPACOH, previously known as the Southern and Eastern Africa Parliamentary Alliance of Committees on Health (SEAPACOH)) is one of the active networks engaging members of parliament (MPs) in Africa to strengthen the delivery of their functions of oversight, legislation and representation, in tackling health challenges in the region. This study sought to understand NEAPACOH's contributions in strengthening parliamentary committees in Africa to tackle health and population challenges, and identify ways in which the network can become more effective in the delivery of its mandate. Given the integral role of information or evidence in the delivery of the parliamentary functions, the study had a special interest in understanding how the network promotes evidence-informed discharge of the health committee. The purpose of the study was to generate learning needed to strengthen NEAPACOH as well as inform future efforts aimed at strengthening the delivery of parliamentary functions in Africa.

1.1. History of NEAPACOH

The initiative to coordinate and focus the activities of Parliamentary Committees on Health in tackling urgent health challenges in Africa was launched in August 2003 in Johannesburg, South Africa (Strategic Plan 2009-2013). At the time, this initiative focused on the southern Africa region and it was spearheaded by the Southern Africa Development Community Parliamentary Forum (SADC PF), the Southern Africa Regional Network on Equity in Health (EQUINET), the Global Equity Gauge Alliance (GEGA) and the African Population and Health Research Centre (APHRC; which was then a member of GEGA). The very first meeting of the initiative, held in Zambia in January 2004, was attended by parliamentary health committees from Malawi, Zambia and Zimbabwe (TARSC, 2004). The purpose of the meeting was 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, GEGA, and IDASA. The MPs from the three countries formed an interim Steering Committee of the SADC Parliamentary Health Committees Alliance for Equity in Health (this is what transformed into SEAPACOH in subsequent meetings). This first meeting was supported by the Swedish International Development Agency (SIDA), EQUINET, GEGA, Action Aid, Institute for Democracy in South Africa (IDASA), Center For Health Science and Social Science Research (CHESSORE), Community Working Group on Health in Zimbabwe (CWGH) and Training and Research Support Centre (TARSC).

This first meeting was followed by a bigger meeting on January 26, 2005 in Zambia that formally launched the SEAPACOH network. This meeting was attended by two members of parliamentary committees on health and one clerk from each of the SADC countries and Kenya. The meeting was hosted by EQUINET, GEGA, SADC Parliamentary Forum, IDASA, CHESSORE. Other organisations that provided resources to the meeting included the national parliaments, Action Aid, SIDA, CWGH and TARSC.

At its launch in 2005, SEAPACOH's overarching objective was to enhance the effectiveness of the committees in addressing issues of inequity in health, HIV/AIDS, family planning (FP) and reproductive health (RH) through policy, resource allocation, budgetary and legislative oversight. In these early stages, EQUINET was the main agency driving the forums of this initiative, providing both technical and financial support as well as engaging other partners to provide similar support to the network. After the launch in 2005, there is no record of meetings or any

other activity of SEAPACOH in 2006 and 2007.

In 2008, the Partners in Population and Development Africa Regional Office (PPD-ARO) came in to support the work of SEAPACOH in collaboration with SEAPACOH's initial technical partner, EQUINET. This collaboration was manifested in the co-hosting of the first SEAPACOH annual forum for member countries in Uganda in 2008. Other institutions that had attended earlier forums that birthed SEAPACOH such as the APHRC also contributed to this first meeting of SEAPACOH both technically and financially. Since this first annual meeting in 2008, SEAPACOH has held one annual meeting every year except in 2015 when there was no meeting because of heightened political activity in Uganda in preparation for the February 2016 general election.

With support from both PPD-ARO and EQUINET, SEAPACOH developed its first Strategic Plan (2009-2013) at the 2009 annual forum. The network also launched a website the same year. Member countries in 2008/2009 included: Angola, Botswana, Kenya, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe. Its official membership at the time comprised 13 countries from East and Southern Africa even though some countries from other regions of Africa participated in SEAPACOH's annual meetings. Over the years, more and more countries became interested in the SEAPACOH forum and so in 2012 the network was expanded to cover the whole of the African continent. Although NEAPACOH is an Africa-wide network, not all African countries participate in the network's activities largely because of resource limitations. According to PPD-ARO, countries are invited to participate in NEAPACOH forums based on regional representation (East, South, North, Central and West), countries with best practices relating to the theme of the annual meeting, and some countries are

invited based on development partners' interests. As such, since the network was expanded, between 19-23 countries have participated in each annual forum. It is important to note that majority of the countries that participate in NEAPACOH's forums and activities are drawn from East and Southern Africa.

1.2 Network's governance, strategic objectives, and funding

The network is governed by an Executive Committee. In 2009, this committee comprised of Zimbabwe (Chairperson), Kenya, Malawi, Mozambique, Tanzania, Uganda and Zambia. Currently, the committee comprises of Ghana, Kenya, Malawi, Mozambique, Namibia, South Sudan, Uganda, Zambia, and Zimbabwe. According to SEAPACOH's 2009-2013 Strategic Plan, its vision is "Health for all as a fundamental human right", and its mission is "To provide consistent collaboration of the Parliamentary Committees on Health in the East and Southern Africa (ESA) Region in their representational, legislative, budgetary processes including appropriation and oversight roles to achieve health for all". The Strategic Plan outlines the mandate of SEAPACOH as including:

- To nurture a culture of health as a basic human right as well as establish consistent collaboration among Parliamentary Committees on Health in ESA Region as a means of achieving individual and regional objectives of health for all.
- To promote community participation and involvement in public health issues affecting the population.
- To strengthen linkages with key stakeholders including civil society organisations and state and non-state professionals in health at regional level in order to increase health promotion, strengthen

public participation, provide leadership and enhance responses to health challenges including HIV and AIDS.

- To undertake any other activities in line with the Alliance’s Vision and Mission.

The 2009-2013 Strategic Plan outlines the network’s priorities as including ensuring:

- Needs-based resourcing of the health sector,
- Effective domestication, implementation and compliance with agreed upon commitments in the health sector by governments, and

- Sustainability of the Alliance.

While the 2008-2009 meetings were convened by PPD-ARO in close collaboration with EQUINET, from 2010 onwards, EQUINET was not part of these meetings, and so these were convened by PPD-ARO with contributions from other development partners including APHRC, the African Institute for Development Policy (AFIDEP), the Health Policy Project, and UNFPA, among others. It is important to note that PPD-ARO has, since 2008, acted as the Secretariat for the coordination of the network’s activities in close collaboration with the network’s Executive Committee. In 2014, the Ugandan parliament offered to host the

Table 1. NEAPACOH Milestones

Year	Action	Partners
2003	EQUINET, GEGA & SADC PF meeting in South Africa moot the idea of a network of parliamentary committees on health to tackle health equity challenges in Southern Africa.	EQUINET Others: GEGA, SADC PF
2004	EQUINET convenes a meeting of parliamentary committees on health from Malawi, Zambia and Zimbabwe in Kafue Gorge, Zambia to strengthen the idea of networking committees on tackling health equity issues.	EQUINET Others: GEGA, SIDA, IDASA, Action Aid, CHESSORE, and APHRC.
2005	SEAPACOH is launched in Lusaka, Zambia. In attendance are health committees from Southern African countries; Kenya is the only East African country that participated in this launch.	EQUINET Others: GEGA, SIDA, IDASA, Action Aid, CWGH, and APHRC.
2006 – 2007	No record of any activity of the SEAPACOH network.	Not Applicable
2008	PPD-ARO joins hands with EQUINET to host the first annual meeting of SEAPACOH. At this meeting, more East African countries are involved in addition to the Southern African countries (namely, Uganda, Tanzania, Rwanda and Burundi, in addition to Kenya)	PPD-ARO & EQUINET Others: APHRC, UNFPA, etc.
2009	PPD-ARO & EQUINET host second annual meeting of SEAPACOH. Development of first Strategic Plan for SEAPACOH. Development of a website for SEAPACOH.	PPD-ARO & EQUINET Others: APHRC, UNFPA, etc.
2010, 2011	Third and fourth annual meetings of SEAPACOH. Meetings attract member countries from East and Southern Africa, but also invite a few countries from West Africa to participate as observers.	EQUINET Others: AFIDEP, APHRC, UNFPA, etc.
2012	Fifth annual meeting of SEAPACOH. Meeting makes decision to expand SEAPACOH into a continental network. So the network gets renamed the Network of African Parliamentary Committees of Health (NEAPACOH). This means all African countries interested in being part of the network are welcome to join the network.	PPD-ARO Others: AFIDEP, APHRC, UNFPA, etc.
2013	Sixth annual meeting of NEAPACOH. First annual meeting of the NEAPACOH as a continental network.	PPD-ARO Others: AFIDEP, APHRC, UNFPA, etc.
2014	Seventh annual of SEAPACOH; second annual meeting of the continental network, NEAPACOH. NEAPACOH’s secretariat is established in the Parliament of Uganda in order to transfer ownership and running of the network to parliaments. Before this, EQUINET and later PPD-ARO provided secretariat support.	PPD-ARO Others: AFIDEP, APHRC, UNFPA, etc.
2015	No annual meeting because of Uganda heightened political activity in preparation for the February 2016 general elections.	Not Applicable
2016	Eighth annual meeting of SEAPACOH; third annual meeting of the continental network, NEAPACOH.	PPD-ARO Others: AFIDEP, APHRC, UNFPA, etc.

secretariat for the network in efforts to start building ownership of the network by African parliaments as part of efforts to have the network's agenda driven by African parliaments and not by development partners.

In regard to funding and other resources, the network is a voluntary initiative funded by development partners and in-country technical and financial support. The initiative to have the network run its own secretariat from an African parliament was partly driven by the need for the network to have structures that can raise resources from African parliaments and elsewhere as part of its sustainability strategy.

1.3. AFIDEP's involvement in NEAPACOH

AFIDEP is a regional, non-governmental, non-profit, policy think-tank whose main purpose is to promote evidence-informed decision-making in tackling Africa's pervasive development challenges. AFIDEP therefore uses evidence to strengthen political support, commitment and investments in tackling urgent health and population issues in Africa. Since 2010, AFIDEP has contributed, both technically and financially, to the activities of NEAPACOH. Given AFIDEP's mandate, its main focus has been the presentation and discussion of evidence on urgent health and population issues in order to enhance MPs' understanding of these issues and generate their commitment to tackling the issues in their countries through parliamentary functions of oversight, legislation and representation.

While AFIDEP has had some success with this work, there has not been any systematic assessment and documentation of the effectiveness of the NEAPACOH platform in enhancing the effectiveness of parliamentary committees in tackling health challenges in Africa. Such an understanding is important as it can generate lessons on how NEAPACOH could become more effective in

supporting parliaments to tackle health challenges in Africa. These lessons also provide insights for future efforts that seek to use regional platforms to strengthen parliaments' roles in tackling development challenges in Africa.

1.4. Study objectives

This study sought to understand the contributions of the regional NEAPACOH network in tackling health and population challenges, and identify ways in which the network can become more effective in the delivery of its mandate. As noted earlier, the network's mandate is to strengthen parliamentary health committees in Africa to contribute substantively to tackling health issues on the continent. A central way in which NEAPACOH has worked to deliver its mandate has been sharing and discussing evidence with parliamentary committees in order to draw the attention of MPs to urgent health and population issues, enhance their understanding of these issues, and generate commitment for tackling these issues. This is because information or evidence is integral to the effective delivery of parliamentary functions. This study, therefore, had a special focus on understanding how NEAPACOH can strengthen its efforts in sharing and discussing evidence with MPs in order to promote and enable evidence-informed decision-making in parliaments in Africa.

The study's main research question therefore was: *What contributions has NEAPACOH made in strengthening parliamentary committees of health in Africa to effectively tackle health and population challenges in the region?* An inherent question of interest in this broad research question was: *How does NEAPACOH strengthen evidence use by parliamentary committees of health?*



Chapter Two

Methodology

- 2.1. Positionality
- 2.2. Data Collection Methods
- 2.3. Data Analysis
- 2.4. Study Limitations

This study used a qualitative case study design, which is widely employed in policy analysis studies (Gilson and Raphaely, 2008; Schramm, 1971). This design is relevant because the study is seeking to generate an in-depth understanding of how and why an ongoing intervention has achieved or failed to achieve its objectives; i.e., how and why the NEAPACOH network has achieved or failed to achieve its mandate, and drawing lessons for improving NEAPACOH, and providing understanding from African contexts on effective ways of engaging parliaments in development efforts.

2.1. Positionality

Given that AFIDEP has been involved in NEAPACOH over the years, contributing both financially and technically, it is important to declare our positionality in this study. We have been part of the NEAPACOH process for which we have now studied. Even then, our role has been largely from the margins, contributing a small portion of the finances for hosting the annual forums of NEAPACOH and presenting and deliberating evidence on specific issues. To ensure that our own views and experiences do not bias the study's findings, we made a decision not to interview AFIDEP staff who have been involved in NEAPACOH. Instead, we used the study as an opportunity to reflect on the effectiveness (or lack of it) of a process in which we have been part. As such, we went through a process of critical reflection during the analysis of the study's findings to draw insights that have largely informed the discussion of the study's findings.

2.2. Data collection methods

2.2.1. Document review

An extensive and critical review of literature was conducted to understand past efforts to strengthen parliaments' capacity to deliver their functions, history of NEAPACOH, its operations, achievements,

challenges and opportunities. These documents included research reports and papers, NEAPACOH constitution, strategic plan, and reports of annual and other meetings and activities.

2.2.2. In-depth interviews

In-depth interviews were conducted with MPs (and former MPs) belonging to parliamentary committees on health and who have taken part in NEAPACOH activities, parliament staff who have accompanied MPs to NEAPACOH annual meetings and other activities, and development partners who have participated in NEAPACOH meetings and other activities. In total 34 people were interviewed. While some interviews were conducted at the June 2016 NEAPACOH forum in Uganda, more interviews were conducted later with relevant actors in Kenya, Malawi and Uganda between August 2016 and June 2017.

2.2.3. Questionnaire administered at NEAPACOH 2016

We administered a questionnaire to NEAPACOH participants at the 2016 annual forum. Fifty-eight (58) participants out of a total of 145 responded to the questionnaire. Respondents comprised MPs (39.7%), parliament staff who accompanied MPs to NEAPACOH (20.7%), and development partners who participated in the forum (39.7%). Respondents were from the following countries: Angola, Botswana, Gambia, Ghana, Kenya, Lesotho, Malawi, Namibia, South Sudan, Swaziland, Uganda and Zimbabwe. 48% of the respondents were from Uganda as they formed the majority of the participants at the forum, which was held in Munyonyo, Uganda. Out of the 58 respondents, 48% were male, 52% were female. For 62% of the respondents, this was their first time to participate in a NEAPACOH forum, whereas for 37.9%, they had participated in earlier NEAPACOH forums.

2.3. Data analysis

Data analysis involved critical review of textual data from documents and interview transcripts and our own critical reflections and discussions at AFIDEP after the word ‘transcripts to identify emerging themes and sub-themes on the issues of focus. Identified themes and sub-themes were discussed by the study team during which some revisions were made.

2.4. Study limitations

Although the authors recognise the importance of politics, power and interests in the delivery of the functions of parliament, this study did not explore the role of these factors in NEAPACOH’s operations. Therefore, the study’s results have to be interpreted and understood with this in mind.

Chapter Three

Results

- 3.1. How NEAPACOH achieves its Objectives
- 3.2. NEAPACOH's Achievements
- 3.3. Challenges of NEAPACOH
- 3.4. Opportunities for Improvement

The results of this study are presented in four themes, namely: how NEAPACOH achieves its objectives (strategies), achievements, challenges, and opportunities for improvement.

3.1. How NEAPACOH achieves its objectives

The overarching goal of NEAPACOH is to strengthen parliamentary health committees in Africa to more effectively tackle health challenges in their countries. The motivation for this focus is the unique and powerful function of parliaments of oversight, legislation and representation. According to a respondent who has been centrally involved in NEAPACOH since 2008:

“NEAPACOH seeks to build capacity of MPs on the urgent health issues in their countries and how parliament can contribute to tackling these issues. It seeks for MPs to become advocates for health issues in their countries. And this is because MPs have unique responsibilities – legislation, oversight over government including budget oversight, and representation.” Development Partner Representative centrally involved in NEAPACOH’s activities.

To achieve this goal, NEAPACOH has mainly conducted one activity, which is the annual forums that convene MPs belonging to parliamentary committees of health in their countries, parliament staff who support these committees, and development partners who work at national, regional and international levels on various health issues. To date, NEAPACOH has held eight (8) such forums since 2008. Besides these annual forums, NEAPACOH has also conducted capacity building workshops to enhance MPs’ understanding of population and health issues and staff’s capacity to find and synthesise evidence for committees, as well as country visits or meetings to

facilitate committees in implementing their annual commitments in tackling health challenges in their countries. The following section describes these activities in more detail.

3.1.1. NEAPACOH annual forums

From the study results, the NEAPACOH annual forums serve four main functions:

1. Information sharing:
 - Present and discuss evidence on health challenges in Africa and within countries with MPs
 - Create awareness among MPs on international commitments relevant to health that their governments have committed to, such as the Abuja Declaration and the Maputo Plan of Action
 - Facilitate the sharing of experiences among MPs from different countries (south-to-south learning)
2. Generate commitments among MPs to tackle health issues in their countries
3. Provide an accountability platform for MPs to report on progress made or why no progress was made on their annual commitments
4. Provide a platform for connecting MPs with development partners (networking)

Annex 1 provides details of the eight (8) annual forums that have been organised by NEAPACOH over the years, their focus (themes), and participation of parliaments and other stakeholders.

Actors centrally involved in the organisation of the annual forums for NEAPACOH members reported that the identification of the theme for each annual meeting is informed by global and regional narratives

taking centre-stage at the time. They argued that before 2012, the themes were anchored around the Millennium Development Goals (MDGs) and the implementation of the agreements of the 1994 International Conference on Population and Development (ICPD). With the London FP Summit in 2012, post-2012 themes have since been around repositioning of FP/RH. Now with the Sustainable Development Goals (SDGs) and the 2017 London FP Summit, the themes will combine aspects of both FP/RH and SDGs.

The findings also indicate, however, that the themes of the annual NEAPACOH forums are informed by the interests or focus of development partners centrally involved in the organisation of the annual forums. As seen in Annex 1, the first two annual meetings of NEAPACOH focused on a wide range of issues in the health sector touching on equity in health and primary health care. These included:

- Health equity analyses in relation to regional goals such as the Maputo Plan of Action, Abuja Declaration, ICPD Plan of Action, and MDGs
- Sexual and reproductive health (SRH), reproductive health (RH) commodity security, HIV and AIDS, integration of RH and HIV/AIDS; as well as population policies
- Discussion of evidence and options for fair and adequate health care financing and for promoting equitable resource allocation, particularly in relation to budget processes
- International treaties and conventions on the right to health as well as health and trade issues that affect access to quality health care in African countries.

The two meetings were organised by PPD-ARO in collaboration with EQUINET and APHRC. It is clear

from the list that the focus of these two meetings was greatly influenced by the focus of the work of the three institutions that supported the meetings.

Unlike the first two meetings that focused on a relatively wide array of health issues, the focus of the last six meetings (2010-2016) has been narrow and mainly on issues of family planning (FP), SRH and maternal health. This can partly be attributed to the exit of EQUINET from the organisation and hosting of these meetings, leaving PPD-ARO as the main institution spearheading the organisation of the annual forums with contributions from other partners including APHRC, AFIDEP, HPP, UNFPA, DSW, etc. EQUINET's work focused mainly on health equity issues, health financing/budgeting, and health-related trade agreements, and as seen earlier, these were issues of focus in the first two meetings. The narrow focus of the subsequent NEAPACOH forums on FP, SRH and maternal health issues, following EQUINET's exit, reflects the influence of the supporting partners (PPD-ARO, UNFPA, APHRC), whose work is mainly focused on FP, SRH and maternal health.

Participation of parliaments in the annual forums

While some countries have consistently participated in the annual meetings of the NEAPACOH forum, others have participated only in a few. Being the host parliament, Uganda has participated in all the eight meetings; more Ugandan MPs have also benefited from NEAPACOH forums compared to other countries since all these forums have been held in Uganda. Given that the founding chair of NEAPACOH is from Zimbabwe, the country has also participated in all NEAPACOH meetings. Other countries that have participated in all the eight NEAPACOH meetings include Kenya, Malawi, Swaziland and Zambia. Countries that have participated in some meetings and missed others include Angola, Botswana, Burundi, Ethiopia, Ghana, Lesotho, Mali, Mozambique,

Nigeria, Rwanda, Seychelles, Senegal, South Sudan and Tanzania. The main reason why these countries have not participated in some NEAPACOH meetings has been mainly lack of responsiveness from their parliaments once the invitations for the NEAPACOH annual forums are sent by the secretariat.

Commitments of parliaments and achievements against the commitments over the years

At the first annual forum for NEAPACOH in 2008, MPs made commitments to specific actions they would undertake in the next year to tackle various health challenges in their countries. The commitments focused on health issues that had been discussed at the forum (see Annex 1). The section on achievements later in this chapter (3.2) discusses some of the achievements realised by NEAPACOH.

3.1.2. Country-level meetings

The 2012 and 2013 NEAPACOH forums noted that annual meetings are not enough in supporting MPs to tackle health challenges in their countries. As such, PPD-ARO together with a few other partners, initiated country-level support for some countries. Study results indicate that Ghana, Ethiopia and Malawi have benefited from this country-level support. Specifically, PPD-ARO and NEAPACOH Executive Committee held meetings in these countries with the parliament, parliamentary committee on health, Ministry of Health (MoH), and development partners. These country-level meetings were noted by study respondents as very useful in having generated support for the activities of the parliamentary committees from development partners in Malawi. The meetings were also noted as having been useful in strengthening the links between the parliamentary committee and the MoH.

“...at the beginning we didn’t do country to country support, but as time went on we

realised that we needed to go there and we worked with parliamentarians in their own countries in breakfast meetings and also engaging other stakeholders.” - **Development Partner Representative centrally involved in NEAPACOH’s activities.**

“Three months after travelling to Uganda, officials from NEAPACOH came to follow up on the commitments and facilitated meetings (between the MPs and the various stakeholders) to track the situation on the ground. It was a good and surprising thing to note that it was not just a one-off thing. NEAPACOH keeps the momentum going, which is essential to development.” - **Malawi-based Development Partner.**

Other member countries have not benefited from these country-level support and engagement due to limited resources.

3.1.3 Capacity building workshops

Another activity NEAPACOH has conducted in addition to the annual meetings has been capacity building for MPs and the parliament staff who support health committees. The capacity building has been mainly in the form of training workshops organised pre or post the annual forums. Two such workshops were conducted in 2013 and 2014, and they targeted women MPs from member countries, with the aim of stimulating and sustaining political momentum for the realisation of FP2020 commitments. While the workshops targeted primarily women MPs from focal countries for PPD-ARO and Health Policy Project (HPP), which supported the workshops (namely Ethiopia, Ghana, Malawi and Uganda), they were attended by representatives of MoH and civil society from these countries. Among others, the workshops trained MPs on budget tracking to assess budget

allocations to the FP programme as well as how the allocations are spent in expanding access to FP services to more women. Following each workshop, women MPs made commitments to undertaking specific actions to address challenges relating to the FP programme in their countries, which they reported progress in the subsequent NEAPACOH forums.

Another capacity building workshop was conducted in 2016 for parliamentary staff who accompany MPs to NEAPACOH on evidence-informed decision-making (EIDM). The workshop sought to strengthen the capacity of these staff in finding research and other evidence, assessing its quality and synthesising it into concise advice that MPs can use in their decision-making in parliament. The workshop was conducted by AFIDEP with funding from the Hewlett Foundation. The workshop attracted 16 parliament staff from 10 member countries.

3.2. NEAPACOH's achievements

Over the years, NEAPACOH has made strides towards the achievement of its objectives. This section discusses NEAPACOH's achievements in various categories.

3.2.1. Focused parliaments on tackling health and population issues in African countries

By providing a platform where MPs get to learn about and deliberate the urgent health challenges in their countries, identify and commit to actions that they will undertake to tackle these issues, and report achievements against these actions in subsequent years, NEAPACOH has stimulated and produced parliament actions that address health and population challenges in African countries. Common achievements among the countries have either been increases in the budgets to the health sector, and/or introduction of budget lines for FP in the annual

country budgets and increases in annual allocations to FP and/or SRH in general. This reflects the focus of the last six meetings on FP and SRH issues, where committees have mainly discussed these issues and made commitments to tackle the challenges around these issues.

While for some of the achievements, their realisation is fully attributable to NEAPACOH, for others NEAPACOH only contributed to their realisation amidst other efforts. It may therefore not be the case that NEAPACOH made all these achievements possible, but it is the case that NEAPACOH gave MPs the impetus to focus on tackling these challenges. By requiring MPs to report every year, NEAPACOH set timelines, which MPs worked towards meeting. The excerpts below from MPs illustrate the role that NEAPACOH played in making these achievements possible.

"Do you start tilling the land when there are no rains? No. That's what NEAPACOH does for us." - Kenyan MP.

"We have seen a number of countries committing themselves and doing exactly what they have said they will do whether it means changing the policy or changing the law or increasing budgets." - Development Partner Representative centrally involved in NEAPACOH's activities.

To further illustrate the difference that NEAPACOH has made in the various member parliaments, we summarise three success stories shared by MPs (and enriched by document review), which they attributed to their involvement in NEAPACOH.

Uganda: 2009/2010 Maternal health budget

Study results showed that a major example that illustrates the impact of NEAPACOH is the increase in Uganda's budget allocations to maternal health

in the 2009/2010 financial year. Ugandan MPs' advocacy efforts were successful in influencing the MoH to request a loan from the Ministry of Finance for maternal health issues, which resulted in a US\$200 million fund specifically for maternal health (Burunde, 2011). In January 2010, MPs refused to pass a supplementary budget for the financial year 2009/2010 until the World Bank loan on maternal health that had not been passed for the previous two years was considered. The World Bank loan was eventually secured and disbursed to the MoH to improve the health system in the country, including reproductive health (ibid).

A Ugandan MP who was centrally involved in these advocacy efforts in parliament had this to say:

"...we brought up a bill in parliament on the World Bank loan for maternal health. We stood up for this bill on maternal health having been given information from the NEAPACOH meetings. We stood up for the issues and said that we were not allowing that loan, it was a loan on mining, before we can have the loan on health and one focused on reproductive health. The Ministry of Health came up with a loan request for a hundred million for general health, but we said we want part of it focused on issues of reproductive health. That's when they added the thirty million. So, really there was so much information that was given to us during NEAPACOH meetings that gave us the ability to talk about issues not vaguely and not emotionally, but from the facts." - **Ugandan MP.**

It should be noted that Ugandan MPs who took part in NEAPACOH meetings were also part of a country-level network of MPs on food security, population and development. The network worked closely with Uganda's Population Secretariat and PPD-ARO,

which regularly provided them with information on population and development issues in the country (Burunde, 2011). It is therefore important to note that this particular success in Uganda may not be entirely attributable to NEAPACOH, but also to other country-level work that was ongoing parallel to NEAPACOH forums.

Malawi: Introduction of Budget for Family Planning and the Passage of law to stem under-age marriages

Before 2014, Malawi did not have a budget line for FP. During the 2012 and 2013 NEAPACOH annual meetings, Malawi MPs at the meeting identified and committed to facilitating the introduction of a budget line for FP in government's annual budget. Through sustained advocacy and active engagement in the budget process in parliament, Malawi introduced a budget line for FP in the health sector budget for the 2014/2015 financial year and allocated a budget of K60million. In the 2014 NEAPACOH annual meeting, the Malawi parliamentary committee committed to advocate for an increase in the FP budget and indeed following several advocacy meetings with ministries of health and finance, the 2015/2016 budget for FP rose to K75million.

"Malawi never had a distinctively specific budget for family planning. When they met for the NEAPACOH meeting, they committed to have a budget line for family planning and when they went back to their country, they engaged the ministers of finance and health and were able to have that line created and they even allocated money against that budget line for family planning." - **Development Partner Representative centrally involved in NEAPACOH's activities.**

Another important commitment that the Malawi parliamentary committee made at the 2011 NEAPACOH meeting was the need to address the issue of early marriages, which contributes to the country's high rates of teenage pregnancy. At the time, the country's marriage law allowed marriage at age 15 years. The committee conducted sustained advocacy efforts with parliament, government and civil society with support from various development partners operating in Malawi. Through these efforts, the country passed a new law on marriage that increased the age at marriage to 18 years in early 2015.

"For example, Malawi was a laughing stock at the regional level due to the low marriage age. This forced members to work hard to pass the bill and ensure they had a positive report at the next meeting." - Malawian MP.

Ethiopia: Tremendous increases in family planning/reproductive health budget

From the interviews and document review, Ethiopia was highlighted as one of the countries that have realised notable and sustained increases in the general health budget as well as the FP/RH budget over the years of being involved in NEAPACOH. The country's reports to the NEAPACOH forum in 2014 and 2016 noted increases in the general budget to the health sector by 2% (from 4.5 billion in 2013 to 4.6 billion in 2014). For the RH/FP budget, the country's parliamentary committee reported that the RH/FP budget increased by 57% (from 30 million in 2013 to 47 million in 2014). These notable budget increases have been attributed to various factors including:

- Sustained advocacy by the parliamentary health committee with the ministries of health and finance, as well as advocacy at lower levels of the health sector (Woredas).

- Formation of a caucus of women parliamentarians, which emerged from commitments made at NEAPACOH (in 2013). The caucus has been very active in advocating for increased budget for FP/RH over the years.
- Sustained monitoring of budget expenditures – the committee reported that it conducts quarterly monitoring of budget expenditures for FP/RH.
- Sustained community engagement on health issues – the committee holds regular community activities including regular blood donation events by MPs.

Why have some countries realised major achievements while others have not?

While most countries involved in the NEAPACOH forum have realised some achievements towards efforts to address health challenges, it is clear that some countries have made more notable achievements than others. This is not surprising since bringing about reforms is often a complex process influenced by many factors. Some of the reasons that could explain these differences include:

- **Substantive and sustained support from country-level technical partners** – For countries that have made notable progress in achieving their annual commitments such as Uganda and Malawi, we found that the parliamentary committees had established strong partnerships with country-level technical partners who supported and contributed to the committee's work throughout the year to sustain momentum of efforts to realise set commitments. Also, for Uganda, Malawi and Ethiopia, PPD-ARO and other partners have, in the past, facilitated country-level meetings with ministries of health, finance and planning, as well as meetings with country-level development partners and civil

society. This support was reported by some respondents as having been instrumental in facilitating the parliamentary committees in realising their set commitments.

- **Passion and drive of individual MPs involved in NEAPACOH** – Countries' success in implementing the annual commitments are partly shaped by the passion and drive of the individual MPs who participate in NEAPACOH forums to bring about reforms. Having participated in many NEAPACOH meetings, we have observed the involvement of different individual MPs from different countries in NEAPACOH forums and other activities. These observations point to the fact that the passion and drive of individual MPs to bring about change influences the success that countries realise against set commitments.
- **Political context** - Countries operate in different political contexts and so while for others driving change in their context may not be so difficult because of a supportive political context, others may find it difficult to drive any changes in cases where the political context is not supportive. For instance, the Malawi parliamentary committee reported little progress in the 2009 meeting, which it attributed to the focus of parliament on impeaching the then president in the period 2008-2009. South Sudan started participating in NEAPACOH in 2013/14, but the realisation of their commitments have been hampered by civil war in the country that erupted in December 2013. Heightened political activities in countries such as general elections or political conflicts have often been reported by committees as the reasons why not much was achieved on their commitments. Besides the periodic episodes in the political context, some countries generally have a political context that is not enabling to change,

and this can be a constant hindrance to the realisation of the commitments made at the annual NEAPACOH forums.

3.2.2. Nurtured champions for health and population issues in African parliaments

While parliament has the critical functions of oversight, legislation and representation, MPs are often not experts in development issues and/or are too focused on politics and pushing party interests to be able to effectively deliver these functions. As such, NEAPACOH has provided MPs with a platform through which they access and discuss information on urgent health issues in Africa and the actions they can undertake as MPs to tackle these issues. All the MPs interviewed reported a key benefit of attending NEAPACOH meetings as being getting information on health issues in their countries and a better understanding of what needs to be done to tackle these problems.

“...you get to know what is happening if you don't know, you get to know what others have done to tackle these challenges, and since the health challenges in Africa are not very different [between countries], you are able to learn and bench-mark from others” - **Ugandan MP.**

For many MPs, participation in NEAPACOH has transformed them into champions for health issues in their countries. This is an important step in efforts to effectively address health challenges in Africa given MPs' critical roles of resource allocation and oversight over resource expenditure, legislation and representation.

“The key successes we can point at...one is that we see more members of parliament in the African continent clearly speaking out

on these issues [health issues discussed at NEAPACOH meetings] in different forums. So I think the advocacy role has really improved.”

- Development Partner Representative centrally involved in NEAPACOH’s activities.

“NEAPACOH has empowered MPs as champions for improved health programming in Uganda. We have advocated for increased health budgets, essential RH commodities and human resources for health. We have also represented Uganda at international meetings and attracted attention of development partners to support Uganda’s health interventions, especially for family planning.”

- Ugandan MP.

By nurturing MPs into champions for health issues, NEAPACOH contributes to ensuring that MPs are focused on tackling key health challenges in Africa, which is important in keeping these issues on the agenda of parliaments and the Executive arms of government on the continent.

3.2.3. Linked parliaments with development partners

Another important achievement of NEAPACOH that has emerged from the study results is that it has linked parliamentary health committees with important development partners in their countries, regionally and globally. This is indeed one of the mandates of NEAPACOH, as noted earlier. Over the years, NEAPACOH has invited experts on health issues from various development partner agencies to participate in its annual forums. Through these interactions, parliamentary committees have established facilitative relationships with these agencies through which they receive evidence for their work in parliament or funding support to conduct various activities towards the realisation of the annual commitments.

Development partners who have supported parliamentary health committees largely because of their involvement in NEAPACOH forums include PPD-ARO, EQUINET, AFIDEP, APHRC, HPP, among others.

“NEAPACOH has let us meet partners such as AFIDEP and PPD-ARO and we have also engaged with various civil society in the country, the local ones to support parliament. We have created useful networks through NEAPACOH”. - **Malawian MP.**

3.2.4. Increased MPs’ Access to evidence on health and population issues in Africa

Limited access to evidence is one of the main barriers to evidence use in decision-making. NEAPACOH has, through its activities, increased MPs’ access to evidence on health and population issues in their countries. The annual meetings of the NEAPACOH are a major platform where experts present and discuss evidence on health and population issues with MPs. The annual forum was noted by many MPs as a platform that had enabled them to access evidence and gain understanding of urgent development challenges in regard to health and population, and what needs to be done to address these challenges. Besides the presentations made by experts, MPs also learn from each other through their country reports, and therefore able to improve their initiatives to tackle the urgent development challenges.

Training workshops conducted by NEAPACOH had also increased access to evidence by MPs and parliament staff who benefited from these workshops. The NEAPACOH website posts all reports of the annual forums, and therefore serves as a reference point for MPs and their staff on the evidence discussed at annual forums and the commitments made.

“NEAPACOH has given us a forum to interact with other countries and hear how they are using evidence in their work. Since it’s a network of parliamentarians we share and make commitments.” - **Malawian MP.**

“Learning from the commitment of the Parliament of Malawi on recruiting midwives helped us lobby for the same in the parliament of Uganda. This followed one of the NEAPACOH meetings, which focused on strengthening human resources for health. During the meeting, presenters emphasised the critical role that midwives play in saving the lives of women and children. When we returned to Parliament, we had both national and international evidence to lobby for increasing the number of midwives in the country”. - **Ugandan MP.**

“NEAPACOH provided information that parliamentarians used to lobby for increasing Uganda’s family planning budget from \$0.5 million in FY2009/2010 to \$7.6 million in FY2014/2015. Uganda also registered 100% utilisation of the FP/RH budget over the subsequent years because of the capacity of MPs and CSOs to track the allocated financial resources to ensure the funds are utilised to purchase family planning commodities”. - **Uganda Coordinator of UPPFSPD.**

3.2.5. Increased the capacity of MPs and staff in delivering their functions

Training workshops conducted by NEAPACOH for women MPs from select countries on budget tracking for country annual planning programme, and those conducted for staff on evidence use have enhanced the capacity of the MPs and the staff to deliver their

functions. Women MPs who benefited from the budget tracking training noted that the knowledge and skills gained from this training had been instrumental in enabling them hold governments accountable as well as advocate for increased resource allocation to the family planning programme.

“NEAPACOH has been useful in terms of training us on budget tracking and ensuring resources are used for the intended purpose. I now understand the budget process and can make inquiries as to current progress for my constituents. This is essential to avoid abuse of resources by District Councils where accountability measures are weak.” - **Malawian MP.**

The evaluation of the workshop conducted for parliament staff in 2016 on evidence use revealed a notable increase in skills to find, assess and synthesise evidence for MPs and committees. Trained staff noted that the training was very relevant and useful to their work. All staff who participated in the workshop recommended the training for all technical staff who support parliament in their countries, noting that the skills acquired were so critical for the effective delivery of their work.

3.2.6. Extent to which NEAPACOH’s Strategic Objectives for 2009-2013 were met

An important measure of NEAPACOH’s success is to determine whether its three priorities for the 2009-2013 period, as stated in the Strategic Plan, were met (see page 4). On the first priority of ensuring needs-based resourcing of the health sector, the results show that NEAPACOH has contributed to increased resourcing of some of the neglected health sector issues such as the family planning and maternal health in some countries. Even then, these issues still receive

inadequate budgets in many NEAPACOH member countries, implying that this priority has only been partly met.

For the second priority on effective domestication, implementation and compliance with agreed upon commitments in the health sector by governments, we assessed this by looking at the extent to which member countries have achieved the Abuja Declaration on allocating at least 15% of the national budget to the health sector since this has been a recurring theme at NEAPACOH forums since 2008. NEAPACOH meetings have focused on creating awareness among MPs on their countries commitment to this

Declaration and challenged them to take up the role of holding their governments to account for the realisation of this commitment. At the time in 2008, all countries attending NEAPACOH had not met the 15% budget allocation to health mark. Also, at the first meeting in 2008, a lot of the MPs who attended the meeting were not aware of their governments' commitments to increase health budgets as part of the Abuja Declaration. Table 2 below shows country progress against Abuja Declaration as at 2011. From the table, some member countries had made progress (Malawi, Mozambique, Namibia, and Tanzania) while others had not (Ethiopia, Gambia, Ghana, Kenya, Lesotho, Swaziland, Uganda, and Zambia).

Table 2: Country Status on Achievement of Abuja Declaration Commitments in 2011

Country	The Abuja Declaration and Health MDG status
Seychelles	On track
Mozambique	Making progress
Namibia	
Rwanda	
Malawi	
Tanzania	Achieved target of at least 15%
Angola	Insufficient progress
Swaziland	
Botswana	
Burundi	
Kenya	
Gambia	
Ghana	
Lesotho	
Mali	
Nigeria	
Senegal	
Uganda	
Zambia	
Ethiopia	

Source: World Health Organisation 2011. Countries highlighted in blue are those that are actively involved in NEAPACOH activities.

While this evidence means that NEAPACOH has been partly successful in achieving its second priority, it is important to caution that the progress made by member countries may have been stimulated by other factors or actors and not NEAPACOH.

On the third priority of ensuring sustainability of the network, this priority has not been achieved since the network is still fully reliant on development partners for its operations and so its sustainability is still an issue if development partners pull out. The shift to host the secretariat of NEAPACOH in the Uganda parliament in 2014 is an initial step towards sustainability, but a lot more still remains to be done.

3.2.7. MPs' rating of NEAPACOH's effectiveness in supporting their functions

At the 2016 NEAPACOH forum, we asked MPs to rate how NEAPACOH had helped them in improving their delivery of parliament functions. Table 3 below shows the MPs' ratings of NEAPACOH's support to their delivery of the different functions on a Likert scale with 1 being lowest and 5 being highest. From the table, majority of the respondents rated NEAPACOH's support between 3-5, meaning that NEAPACOH has provided some considerable level of support that has increased MPs' effectiveness in the delivery of parliament functions. Given that this is self-reporting,

the result should be considered with caution.

3.3. Challenges of NEAPACOH

Over the years, NEAPACOH has faced various challenges that have impeded progress towards the realisation of its objectives. These challenges can be classified into four main categories, namely, inadequate resources, lack of autonomy in driving NEAPACOH agenda, nature or context of parliaments in Africa, and lack of an effective or binding accountability mechanism.

3.3.1. Inadequate resources

NEAPACOH emerged between 2003 and 2005 from efforts supported by development partners (EQUINET and GEGA). Since then, the network's activities have relied entirely on funding from development partners. This reliance on development partners to implement activities has meant that the network's achievements have been largely determined by the availability of resources from partner agencies. Inadequate resources manifest in a number of forms and with varied implications for the network as discussed below.

Lack of own secretariat to manage the network's activities - One immediate challenge that limited funding has posed has been the lack of own secretariat to manage the activities of the network.

Table 3. Number of MPs rating the level of NEAPACOH's support in improving their delivery of various functions in parliament

	Rating					Total
	1	2	3	4	5	
Overall understanding of health issues	0	0	0	15	8	23
General debate in parliament	1	2	9	7	4	23
Oversight to executive	1	2	7	9	4	23
Debating budget issues	1	2	10	5	5	23
Conducting legislation	4	0	7	8	3	22
Others (please specify)	1	0	0	3	1	5

Without a secretariat, the running of the network's activities has largely been undertaken by partner agencies with inputs from the chair of the network (Hon. Blessing Chebundo) and his support staff at the parliament of Zimbabwe. At the initial stages, EQUINET provided the secretariat support and in subsequent years, PPD-ARO has provided the secretariat services. This support from development partners is commendable because without it, the network would not have achieved anything. Even then, this support has come with some undesirable implications for the network as we will see further on.

Limited funding – Without an independent secretariat, NEAPACOH has not been able to raise its own funding to implement its activities. As such, funding has come largely from the central partner managing its affairs (i.e. EQUINET from 2003-2007; EQUINET and PPD-ARO from 2008-2009; and PPD-ARO from 2010-to date) with contributions from other partners such as UNFPA, AFIDEP, and APHRC. These few sources of funding have translated into inadequate resources to fully implement the activities of the network. For instance, it was noted that although the need for direct country-level support to parliamentary committees in the implementation of their annual commitment was recognised during the 2012 meeting, NEAPACOH has not been able to support more member parliaments directly due to lack of resources.

A number of MPs and other respondents lamented that one meeting a year was not enough, but because the network lacked its own funds, it has had to rely on the limited resources provided by development partners.

“Another barrier is resources, they come meet, make commitments and when they go back to their respective countries you find that they don't have resources to engage their peer

parliamentarians. Resources in the sense that when they call for a meeting, they lack the resources to fund the meeting.” - Development Partner Representative centrally involved in NEAPACOH's activities.

3.3.2. Low levels of autonomy

As noted above, NEAPACOH's activities are largely run or managed by development partners. The implication of this is that the network has weak levels of autonomy in determining and implementing its agenda. This has had some undesirable implications for the network as below.

Skewed focus on tackling a limited set of health sector challenges at the expense of other issues -

One such implication has been that because of the reliance on partner agencies to run its activities, the agenda of NEAPACOH has largely been influenced by the partners supporting it. For instance, a review of the focus of the NEAPACOH forums over the years shows that while initial meetings touched on a slightly wide range of health and population issues including issues of interest to EQUINET and PPD-ARO, the later meetings have largely focused on FP/RH issues, which are the issues of interest to the partners who have supported these later meetings.

This has been the case despite the fact that the focus and mandate of NEAPACOH is the whole health sector and not just FP/SRH issues. Thus, the partners who have supported NEAPACOH have skewed the focus of its annual forums, which would likely not have been the case if NEAPACOH had an autonomous secretariat and funding for its operations. Decrying this issue, one respondent said:

“Because of the lack of autonomy in deciding our agenda as NEAPACOH, most of our annual forums have focused on FP and the need to reduce fertility. But you realise that

fertility is not a problem in southern Africa. For us, what would benefit our parliaments most is being supported to tackle our urgent health issues, and high fertility is not one these issues. Some countries have complained that they are being fed on the same information year in year out.” - Respondent from a southern African country.

3.3.3. Nature and context of parliaments in Africa

Parliament is a unique political space and development partners engaging parliaments around the world often face unique challenges. Also, parliaments in Africa present unique challenges given their context that often hamper effective engagement. Some of these emerged from the study and are discussed below.

Frequent turnover of MPs – General elections every four or five years means that MPs leave or new ones join parliament periodically. Also, there is a high turn-over of MPs in many African parliaments. This has been a major challenge to NEAPACOH’s activities because it results in lack of continuity of commitments and tackling of the health challenges identified in the previous years. This challenge was reported by many respondents. This has slowed country progress in tackling health challenges.

Lack of continuity in the selection of MPs to attend the annual forums – The other challenge related to the above is the fact that usually NEAPACOH secretariat leaves the selection of MPs to attend annual meetings to member parliaments. The result has been that parliaments often send MPs who have not participated in past meetings as a way of balancing travel opportunities for members of health committees. This results in lack of continuity, or slow progress in the realisation of country commitments.

Weak or non-effective protocol and communication structures – Another challenge with NEAPACOH has been the weak or non-effective communication structures within member parliaments. Email communications with the parliaments has not been effective as many of them do not respond to email communication either due to lack of Internet or other reasons. This means that such communication has to be followed up by telephone calls which are expensive and time consuming since often one has to make several calls to get the right people they need to speak to. Also, MPs are often too busy with other activities, and so getting their correspondence and commitment to attending NEAPACOH forums takes a long time. Also, correspondence to MPs on NEAPACOH usually has to follow the right procedure in parliaments and so it often takes a lot of time before responses can be received from parliament on NEAPACOH activities. All these have meant that partner agencies that support NEAPACOH in running its secretariat have to spend excessive amounts of time and other resources corresponding with parliaments to get their commitment to the meetings, for instance, which is not value for money.

“...Hon. Chebundo [chair of NEAPACOH] outlined a number of challenges that SEAPACOH has faced since its initiation in 2003 including...cumbersome/restrictive administrative protocols that some of the committees have to go through to facilitate participation...” - Report of the 2009 SEAPACOH meeting.

3.3.4. Weak accountability mechanism

NEAPACOH has been considerably effective in generating commitment from MPs to tackle various health sector challenges in their countries. However, the implementation of these commitments largely depends on the commitment and interest of the

MPs mainly because NEAPACOH is a voluntary network and there are no strict mechanisms for holding committees accountable on their set commitments. Committees therefore thrive on competition or the need to be seen by other countries as doing something to tackle health issues in their countries. Without a strict mechanism for enforcing accountability, many countries fail to focus on achieving commitments and sometimes come to the meetings to report the same successes reported in the previous years. This appears to have been the case for Ethiopia's report presented in 2016, which reported most of the achievements that were reported in 2014.

“...NEAPACOH has no enforcement capabilities for the countries...it is a body of which when commitments are made you would feel the obligation to write a success story as members for parliament...” - **Former Ugandan MP.**

The lack of direct communication or links between NEAPACOH and the leadership of the member parliaments also means that the network is not able to involve the leadership of member parliaments into its accountability framework. This means that if any parliament does not report any progress for years, it will still continue being involved in NEAPACOH activities, and as such, resources will continue to be expended towards its participation even in the absence of results.

3.4. Opportunities for improvement

The study also sought to get ideas of respondents on the improvements that need to be made for NEAPACOH to operate optimally as well as the opportunities that exist and which NEAPACOH can take advantage of. From the interviews, these can be categorised into two broad areas, namely,

improvements needed to strengthen and institutionalise NEAPACOH, and programme improvements. These are discussed in the following sub-section.

3.4.1 Improvements for strengthening and institutionalising NEAPACOH

Strengthen funding – Every respondent interviewed noted the need for NEAPACOH to have increased and sustained funding. It was felt that funding from member parliaments would ensure sustainability as well as strengthen ownership of NEAPACOH activities and embed autonomy in the running of the network's affairs. Already, NEAPACOH has written to member parliaments with a proposal for them to contribute US\$2,000 every year to the network to facilitate the running of its activities. Also, respondents argued that NEAPACOH needs to raise its own funds from a wide range of development partners in order to be able to implement its strategy effectively.

Strengthen own secretariat – NEAPACOH has, since 2014, established a secretariat in the Ugandan parliament. This is supported by a staff member of the Ugandan parliament. Respondents noted that this secretariat needs to be strengthened in order for it to effectively manage NEAPACOH activities without needing a lot of partner support. It was argued that if well established, the secretariat will be able to, among others, spearhead NEAPACOH's fundraising efforts, which are critical for the network's sustainability.

“There is an executive committee of NEAPACOH which is engaging the various parliamentarians to make sure NEAPACOH is institutionalised. In this regard, we are happy that Uganda has accepted to host the NEAPACOH secretariat which will be based in the office of the speaker, already there is staff identified to run the affairs of NEAPACOH in parliament and this way it will

create ownership. Countries have agreed to make an annual contribution of two thousand dollars and this is just the starting point the contribution is likely to increase in the near future. This is a way of NEAPACOH sustain itself.” - **Development Partner Representative centrally involved in NEAPACOH’s activities.**

Establish a NEAPACOH desk in each member parliament – In order to be able to provide sustained support to committees in delivering their annual commitments, respondents felt that having a NEAPACOH desk in each member parliament is important. It was felt that this desk would not only provide support to the health committee, but also establish and sustain collaborations with development partners based in each country that can continuously collaborate with the health committee throughout the year, providing both technical and financial support. Furthermore, this desk would ensure continuity when MPs leave parliament and/or when parliament selects different MPs to attend subsequent NEAPACOH meetings. This would address the challenge of lack continuity when new MPs join the health committees and/or when different MPs are selected to participate in the annual NEAPACOH forums.

3.4.2. Programme improvements

Sustained capacity building programme – So as to address the issue of high turnover of MPs as well as ‘new’ MPs attending NEAPACOH for the first time, respondents suggested that NEAPACOH should have a continuous capacity building programme that ensures that new MPs have the opportunity to learn about health issues in the region and in their countries as well as learn about what they can do about these problems. This programme could also support

exchange visits between countries to facilitate learning from those countries whose parliaments are doing better in tackling health challenges.

“Capacity building ... should be an issue of consideration given that there is a high rate of turn-over for new members of parliament. Continuous capacity building is needed so that they are kept abreast on the issues of reproductive health and family planning.” - **Development Partner Representative centrally involved in NEAPACOH’s activities.’**

Sustained and timely provision of evidence to African parliaments on health issues

– Respondents felt that the evidence that is discussed at the annual NEAPACOH forums has been very critical in strengthening health committees. As such, some argued that rather than wait for this annual forum, NEAPACOH should establish a system where it constantly synthesises and shares evidence with parliamentary committees through online platforms (emails and websites). A respondent argued that regular synthesis and sharing of evidence on various health issues with MPs in the form of evidence briefs would ensure that they are constantly informed about health challenges and therefore able to focus on addressing these issues throughout the year.

Virtual networking – Respondents noted that the annual forums were great opportunities for networking with peers as well as experts on health and population issues in the region. They said through these forums they learn a lot about how other countries are tackling health challenges. They therefore suggested the need for NEAPACOH to establish a virtual networking platform that would enable continuous networking throughout the year rather than relying only on the annual forum.

Engage regional forums of African leaders e.g. the AU summits of presidents – Given that a major role of NEAPACOH is to strengthen committees’ oversight role in holding governments accountable, respondents argued that it was important that NEAPACOH explores ways of engaging regional platforms that convene top government officials from member countries such as the African Union Summit for Heads of Estates. This would enable a collective regional level oversight by parliaments over governments on the regional and international commitments that governments make towards tackling health challenges in Africa.

“There are certain things, which I believe, NEAPACOH needs to do at the Africa regional level. For instance, if at all the leaders of Africa have agreed and signed declarations for instance the Abuja Declaration, NEAPACOH should act as the people’s representative at that level to ensure that Africa Union summit once it sits, it is reminded to ensure that the commitments they make are enforced in each of the countries which are a signatory. It shouldn’t be merely about discussing about health, but also putting pressure on the African leaders to honour their commitments and most commitments is about finance.” - **Former Ugandan MP.**

Chapter Four

Discussion

- 4.1. Regional efforts to strengthen parliaments need to go hand-in-hand with country-level support and institutionalized structures
- 4.2. Role of regional networks in strengthening evidence use in African parliament

This study sought to assess the effectiveness of NEAPACOH in strengthening parliamentary health committees in Africa to contribute effectively to tackling the many health and population challenges in the region. Given the central role of evidence in the delivery of parliamentary functions, the study also sought to understand the network's effectiveness in strengthening evidence use by parliamentary committees of health. Study results point to important themes and areas of learning that can inform future efforts in strengthening parliaments' functions to better tackle development challenges in Africa. These are discussed below.

4.1. Regional efforts to strengthen parliaments need to go hand-in-hand with country-level support and institutionalised structures

The successes that countries have recorded as a result of their involvement in NEAPACOH forums indicate the potential of a regional network to use evidence to focus parliamentarians on urgent development issues and stimulate commitments and actions that tackle the issues.

As a loose network of parliamentary committees on health in Africa, NEAPACOH has achieved notable success in focusing MPs on using their functions to tackle neglected health issues in their countries. The commitment of development partners such as EQUINET, PPD-ARO, and others in providing sustained support to the network over years, shows that sustained resourcing of such a network, with well-designed activities, can bring about change, if well coordinated. Without committed partners to coordinate and support NEAPACOH's activities, the network would not have achieved much. Indeed, that is likely to have been the case for the period between

2005-2007, when the network did not do much until EQUINET and PPD-ARO joined hands and put in resources to host the annual forums.

Results indicate that external support from development partners and the fact that the network's Secretariat has been managed externally have had some undesirable implications for the focus of annual forums. The themes of annual forums have been shaped by the areas of focus of supporting partners, with the result that some urgent health issues not part of the areas of focus of supporting partners, have not featured much in the annual forums. This is not surprising since partners have own mandates, and will therefore expend resources to activities that enable them realise their mandates. The fact that Uganda parliament is now hosting the network's Secretariat is a positive move towards addressing this issue, but member parliaments need to invest own resources into strengthening the Secretariat so that it can effectively manage the network's activities without over-reliance on technical and financial support from partners.

The plan to have African parliaments pay annual subscriptions to the Secretariat for the running of the network's activities needs to go hand-in-hand with capacity building to ensure a strong Secretariat that can raise funds for the activities of the network. This will greatly address the challenge of autonomy to enable the network take charge of defining its own agenda guided by the urgent health issues in different parts of Africa. What the results show is that without own funding and autonomy, such networks can end up serving the interests of the few organisations that have resources to support them at the expense of tackling a wide range of the urgent health issues in the region.

Issues of lacking continuity due to high rates of turnover of MPs and selection of different MPs to attend NEAPACOH meetings could be addressed

by ensuring that each member parliament has a dedicated NEAPACOH desk with staff to manage each country's NEAPACOH activities at country level. These staff should be permanent staff who are not rotated frequently like committee clerks. The staff should have the technical knowledge in the areas of health and population, as well as administrative capacity to manage and coordinate the activities of NEAPACOH at country level. This should include ensuring that the staff attend all NEAPACOH meetings and prepare reports that the MPs who attended NEAPACOH present to the whole health committees every year once they return from NEAPACOH. This way, the committees will own the NEAPACOH commitments and they will implement them as a committee rather than as individual members who attend NEAPACOH. In addition, the NEAPACOH desk in member countries should have clearly defined terms of reference to guide their focus, and these should include, in addition to reporting and coordination, establishing and maintaining relationships with relevant partner organisations at country level to attract partners' support needed to implement the annual commitments that committees make every year. If establishing a NEAPACOH desk would overstretch member parliaments, they should consider including NEAPACOH in the functions of existing desks for inter-parliamentary networks or associations in member parliaments.

Other parliamentary networks such as the IPU and the Pan-African parliament use this strategy of having facilitated desks in member countries to manage and coordinate network activities, which have enabled them to address the issues of lack of continuity when MPs change.

Study results clearly show that for a regional network of MPs to bring about results at country level, it requires strong country-level support both from within parliament (dedicated staff with capacity to

coordinate network's activities, build partnerships, and raise funds) and from local partners to provide technical and financial support to enable committees to deliver on their annual commitments. Loewenson and others (Loewenson et al, 2008) found that for parliamentary health committees in Africa to be more effective in tackling health issues, regional engagement needs to be complemented by attention to specific country level issues, and that actions on specific country issues call for parliaments to develop stable links for information exchange and other support from local technical and civil society partners.

4.2. Role of regional networks in strengthening evidence use in African parliaments

As already noted, information or evidence is integral to the delivery of parliamentary functions. The achievements and weaknesses of the NEAPACOH network, as well as the aspirations of member parliamentarians and partners on how the network could be improved, provide a glimpse into the strategies that work to stimulate and enable increased use of evidence in decision-making in parliaments, or otherwise referred to as evidence-informed decision-making. They also point to the important role of evidence in generating and stimulating parliamentary action in tackling development challenges. Important aspects in enabling increased use of evidence as shown in the results include increasing access to evidence, nurturing issue champions, strengthening linkages, and stimulating commitment of political leaders. These are discussed briefly below to highlight their implications.

4.2.1. Increasing access to evidence

A major barrier to evidence use that is widely recognised is the lack of access to evidence. Often evidence is not disseminated widely enough,

not packaged properly, not provided at the right time, to benefit decision-makers. NEAPACOH has responded to this barrier by offering a face-to-face annual platform where experts discuss evidence on health issues with MPs. The success of NEAPACOH in increasing MPs' appreciation and commitment to tackling issues illustrates that improved access to evidence has the potential to generate commitment and actions of political leaders in tackling development issues. Given MPs' 'busy' schedules and the dominance of interests and politics in many African parliaments, the annual forum gives MPs dedicated time to deliberate issues and identify actions for tackling these issues. This supports Shiffman's (2008) argument on the importance of focusing events in increasing political commitment for tackling neglected issues.

The PPD-ARO website also provides access to NEAPACOH reports and expert presentations of most past meetings, which is an important resource for MPs and the staff who support them.

These findings suggest that increased forums that provide MPs opportunity to deliberate health issues can greatly address the access barrier to evidence use. Such initiatives will need to go hand-in-hand with sustained provision of evidence to MPs throughout the year rather than waiting for the face-to-face forums. This points to the need for regular synthesis of emerging evidence into accessible evidence briefs for parliaments. MPs suggested the need for the evidence to be provided at the right time, and this can only be possible if NEAPACOH is constantly in touch with member committees to receive their evidence demands and coordinate technical experts to provide the evidence. Establishing a virtual platform would facilitate the regular sharing of evidence briefs with MPs and their staff on the platform, as well as provide a platform where MPs and their staff can request

for evidence. Such a platform would also facilitate exchange of information and experiences among member countries.

4.2.2. Nurturing issue champions

NEAPACOH has realised notable success in transforming MPs who lacked understanding/ appreciation of health issues upon joining parliament into ardent champions for neglected health issues such as maternal health, FP and SRH. The findings illustrate the importance of evidence in nurturing champions for neglected health issues. More importantly, the findings show that if well supported, issue champions could play an important role in tackling neglected health issues. The successes noted in Ethiopia, Malawi and Uganda were driven partly by issue champions produced from NEAPACOH's activities and supported by local partners to realise the notable changes in these countries. Given that engaging members of parliament in Africa can be an expensive endeavor because of the high costs associated with transporting and hosting MPs, this finding points to the fact that development partners could reduce such costs by targeting only a few MPs to champion development issues in parliaments. Except for Uganda, only 2-6 MPs have attended NEAPACOH forums from member countries, and they have been able to bring about considerable actions in their countries towards tackling neglected health issues. These findings support existing literature, which has noted issue champions as important for getting neglected issues onto political agenda of countries (Kingdon, 2003; Shiffman, 2008).

4.2.3. Building and sustaining linkages

Meaningful relationships between decision-makers and researchers are recognised as important enablers of evidence uptake (Innvaer et al, 2001; Oliver et al, 2014). The NEAPACOH network has provided a

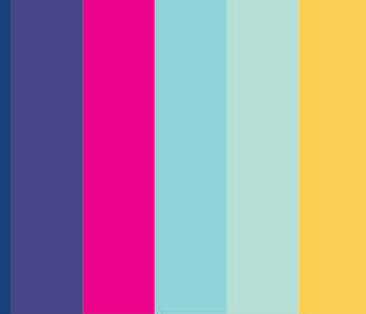
platform for linking parliamentarians with technical experts. Through the annual meetings of the network, MPs and technical experts establish relationships that enable MPs to access and understand evidence on health issues, and enable researchers/technical experts to understand the information needs of MPs in tackling health challenges in their countries. The findings point to the fact that the face-to-face annual forums could be enriched with virtual platforms that proactively stimulate and sustain exchange of information between MPs and technical experts or researchers. Some MPs argued that a virtual platform where they can pose questions to experts whenever they encounter issues and receive feedback would enhance their access and therefore use of evidence in their work. With the ever-improving information and communications technologies (ICTs) in Africa, virtual platforms for linking MPs and technical experts or researchers could potentially contribute to increased use of evidence. Even then, it is important to note that reliable Internet connectivity remains a challenge in many African parliaments, and could negatively reduce the impact of such a virtual linking mechanism.

4.2.4. Stimulating political commitment and action, and holding leaders to account

The study results illustrate how evidence can be effectively used to stimulate political commitment and action for tackling neglected health issues. NEAPACOH forums have focused on deliberating evidence with MPs on neglected health issues in their countries and the actions they can take to address these issues. Based on these deliberations, the forums challenged MPs to identify actions they will undertake to deal with these issues and report progress against the actions at the next NEAPACOH forum. An important dynamic in NEAPACOH processes that has contributed to the sustained interest and commitment

by MPs has been the competition and peer influence among member committees. While NEAPACOH does not require member committees to compete and it does not award those who record the best results, the fact that member committees identify and share commitments that they will undertake in the coming year and report at the next forum, gives MPs the impetus to focus on tackling health issues in their countries in order to have something to report about at annual meetings.

Another dynamic is the time-bound requirement to report back at the next NEAPACOH forum, which motivates committees to implement their commitments in order to have something to report at the next NEAPACOH forum. From the study results, some commitments take longer than one year to be realised, and the fact that committees are required to keep reporting on each commitment made, keeps committees focused on working towards realising these commitments.



Chapter Five

Conclusions and Recommendations

- 5.1. Institutionalise NEAPACOH in African parliaments
- 5.2. Strengthen funding mechanisms for the implementation of NEAPACOH strategy
- 5.3. Institute feasible mechanism for sustained country-level support to committees for all member countries
- 5.4. Design and deliver a sustained capacity building programme for NEAPACOH members
- 5.5. Expand opportunities for increasing evidence use by MPs involved in NEAPACOH

The results of this study have shown that NEAPACOH has made notable contributions in strengthening parliamentary committees in Africa to tackle health and population challenges. The network's activities have raised the profile of often neglected health and population issues in African countries, produced parliamentary actions in various countries that have contributed to tackling neglected health issues, produced champions in African parliaments for neglected health and population issues, and linked parliaments with technical and development partners, among others. The network has realised these achievements amidst challenges including inadequate funding, weak levels of autonomy, unsupportive communication and protocol structures within African parliaments, and weak mechanisms for accountability. This implies that if these challenges are addressed, NEAPACOH has the potential to positively impact health and population development efforts in member countries. Based on the results of this study, the following recommendations are made.

5.1. Institutionalise NEAPACOH in African parliaments

Efforts to institutionalise NEAPACOH should focus on strengthening its secretariat within the Ugandan parliament as well as establishing NEAPACOH desks within member parliaments to support committees in implementing their commitments throughout the year. This is an important action towards enabling the sustainability of the network.

5.2. Strengthen funding mechanisms for the implementation of NEAPACOH strategy

Current efforts to get member parliaments to contribute finances needed to implement NEAPACOH strategy should be sustained and

intensified. If member parliaments contribute finances to the operations of NEAPACOH, the network's sustainability will be assured beyond the availability of funds from development partners. If the secretariat is able to raise funds for its activities, then it will be able to gain more autonomy in the implementation of its agenda, which will ensure no urgent health issues are left out of the network's annual forums and other activities.

5.3. Institute feasible mechanism for sustained country-level support to committees for all member countries

The few countries that have received country-level support throughout the year in the implementation of their commitments have realised notable success in achieving of their commitments. This points to the need for NEAPACOH to institute feasible mechanisms for providing country-level sustained technical and financial support to all member committees in the implementation of their commitments throughout the year. This will ensure that committee efforts to implement commitments are sustained throughout the year, as opposed to committees remembering their commitments just before the next annual forum.

5.4. Design and deliver a sustained capacity-building programme for NEAPACOH members

Although only a few capacity building workshops have been implemented within the NEAPACOH framework, beneficiaries of these activities have reported the notable importance and value of the skills acquired from these workshops to their work. It is therefore important for NEAPACOH to define and implement a comprehensive capacity building

programme for member committees so that every annual forum provides an opportunity for MPs and/or their staff to gain skills in critical aspects of their work. This will strengthen the implementation of the commitments that committees identify every year, and ultimately increase NEAPACOH's impact in tackling health and population challenges in member countries.

5.5. Expand opportunities for increasing evidence use by MPs involved in NEAPACOH

The results of this study have demonstrated the critical role of evidence in not only focusing MPs on tackling development issues, but also in generating actions by MPs that respond to urgent development issues. It is therefore recommended that NEAPACOH expands opportunities for increasing evidence use

by MPs. Some of the actions that NEAPACOH could undertake to expand these opportunities include: introducing a mechanism for regularly capturing evidence demands by member committees and establishing partnerships with technical institutions that can conduct rapid evidence syntheses to respond to these demands; and introducing an active virtual platform for linking committees and experts to facilitate sustained exchange of information and e-discussions; among others.

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Annexes

Annex 1: NEAPACOH Meetings

Year	Theme & Objectives	Parliaments that participated	Stakeholders that participated
2008	<p>Health Equity and Primary Health Care: Responding to the Challenges and Opportunities</p> <p>Objectives:</p> <ul style="list-style-type: none"> Review the health equity situation assessment in the region in relation to regional goals (e.g. Maputo Plan of Action, Abuja Declaration) as well as international frameworks (e.g. ICPD PoA, and the MDGs) Review and discuss sexual and reproductive health, RH commodity security, HIV and AIDS, integration of RH and HIV/AIDS; as well as population policies, legislation and budgets Hear evidence on and discuss options for fair and adequate health care financing and for promoting equitable resource allocation, particularly in relation to budget processes. Explore the application of international and regional treaties and conventions on the right to health Update on current health and trade issues, including patenting laws and the EPA negotiations and more generally legal frameworks for ensuring protection of public health in trade agreements. Discuss developments in primary health care and essential health care entitlements Review and make proposals to strengthen SEAPACOH regional networking and organisation. 	<p>12 countries in East and Southern Africa including:</p> <p>Angola, Botswana, Burundi, Kenya, Malawi, Mozambique, Namibia, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe</p>	<p>PPD ARO in partnership with the Regional Network for Equity in Health in East and Southern Africa (EQUINET), the African Population Health Research Centre (APHRC), Venture Strategies for Health and Development, the German Foundation for World Population (DSW), the United Nations Population Fund (UNFPA), and the Southern and East African Parliamentary Alliance of Committees of Health (SEAPACOH) (Funders: Hewlett Foundation, DSW, SIDA, UNFPA)</p>
2009	<p>Objectives:</p> <ul style="list-style-type: none"> Promote, through country reporting and technical input, exchange of information and good practices on the implementation of the resolutions set at the September 2008 SEAPACOH meeting, discuss obstacles and barriers and propose follow up actions; Provide an update on the situation in the region in relation to implementation of regional SRHR frameworks including: Maputo Plan of Action; Abuja Declaration; the Ouagadougou Declaration on Primary Health Care (PHC); the Millennium Development Goals (MDGs) and explore the critical gaps that need to be addressed; Discuss priority areas of representation, legislation, budget appropriation and oversight roles of parliaments and review and discuss options for support of these roles; and Develop recommendations for parliamentarians to use to engage wider policy, technical and research audiences. 	<p>Ethiopia, Kenya, Malawi, Namibia, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe, the East African Legislative Assembly and the Southern African Development Community Parliamentary Forum</p>	<p>Partners in Population and Development Africa Regional Office (PPD ARO), the Regional Network for Equity in Health in East and Southern Africa (EQUINET), and African Population and Health Research Centre (APHRC)</p>

2010	<p>Repositioning Family Planning and Reproductive Health in the Eastern and Southern Africa Region: Challenges and Opportunities</p> <p>Objectives:</p> <ul style="list-style-type: none"> Promote exchange of information and good practices on the implementation of the recommendations set at the September 2009 SEAPACOH meeting, discuss obstacles and barriers and propose follow up actions; Update on the situation in the region in relation to implementation of regional sexual reproductive health and rights (SRHR) frameworks including: Maputo Plan of Action; Abuja Declaration; the Millennium Development Goals (MDGs) and explore the critical gaps that need to be addressed; Discuss priority areas of representation, legislation, budget appropriation and oversight roles of parliaments and review and discuss options for support of these roles; and Develop recommendations for parliamentarians to use to engage wider policy, technical and other audiences. 	Ethiopia, Kenya, Malawi, Mozambique, Namibia, Rwanda, Seychelles, Swaziland, Uganda, Zambia, Zimbabwe and the East African Legislative Assembly	Partners in Population and Development Africa Regional Office (PPD ARO), the United Nations Population Fund (UNFPA), Deutsche Stiftung Weltbevölkerung, the German Foundation for World Population (DSW)
2011	<p>Repositioning Family Planning and Reproductive Health in Africa: Lessons Learnt, Challenges and Opportunities</p> <p>Themes:</p> <ol style="list-style-type: none"> 1. Generate and Reinforce Political Will Within and Outside Parliament 2. Demonstrate Financial Commitment 3. Strengthen the Health System 	18 national and 1 regional parliaments including Botswana, Burundi, Ethiopia, Ghana, Kenya, Lesotho, Malawi, Mali, Mozambique, Namibia, Nigeria, Rwanda, Senegal, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe and the East African Legislative Assembly	PPD-ARO, UNFPA, USAID through the Health Policy Project (HPP), the William and Flora Hewlett Foundation, and the Bill and Melinda Gates and the David and Lucile Packard Foundation through the Advance Family Planning (AFP) Project
2012	Repositioning Family Planning and Reproductive Health in Africa: Challenges and Opportunities	15 parliaments participated including: Botswana, Burundi, Ethiopia, Ghana, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe	PPD-ARO, Advance Family Planning, UNFPA, DSW, Health Policy Project

2013	<p>Reproductive health and family planning in the post 2015 sustainable development framework</p> <p>Objectives:</p> <ul style="list-style-type: none"> • Provide a forum for exchange of information and good practices, achievements and challenges on the implementation of the commitments agreed at the Sept 2012 SEAPACOH meeting; • Discuss and share innovative practices and emerging issues related to reproductive health and family planning which need to be prioritised in the post-2015 development agenda; • Develop priority action plans for the parliamentarians to engage wider policy, technical and other audiences in addressing reproductive health and family planning in their respective countries; and • Come up with suggestions and recommendations for strengthening the institutional capacity of NEAPACOH as a continental network 	Uganda, Kenya, Malawi, Ghana, Ethiopia, South Sudan, Zimbabwe, Burundi, Swaziland,	PPD-ARO, AFIDEP
2014	<p>Achieving the FP2020 commitments to enhance the Demographic Dividend for Africa in the post 2015 development agenda</p> <p>Objectives:</p> <ul style="list-style-type: none"> • Assess progress made, challenges and lessons learned on achieving the country commitments made at the Sept 2013 NEAPACOH meeting; • Discuss and share innovative practices and emerging issues related to FP2020 commitments, challenges and successes, and lessons learned; • Develop country team advocacy objectives and strategies to engage wider policy, technical and other audiences for advancing FP2020 commitments over the coming 12 months. 	Member parliaments participated including: Uganda, Kenya, Malawi, Ghana, Namibia, Nigeria, Ethiopia, South Sudan, Zimbabwe, Zambia, Burundi, Swaziland, Gambia	This meeting is jointly organised by PPD ARO and partners namely African Institute for Development Policy (AFIDEP), Population Council through the STEP UP Project, and APHRC's Innovating for Maternal and Child Health in Africa (IM-CHA) project.
2016	<p>Theme: From Millennium Development Goals (MDGs) to Sustainable Development Goals (SDGs): Challenges and Opportunities for Parliaments to enhance Reproductive Health/ Family Planning.</p> <p>Objectives:</p> <ul style="list-style-type: none"> • Assess progress made, challenges and lessons learned on achieving the country commitments made at the September 2014 NEAPACOH meeting; • To have a common understanding of the challenges and opportunities for SRHR in the post-2015 development agenda; • Share experiences and innovative practices on the implementation of RH including FP commitments in the 2030 Agenda for Sustainable Development. • Enhance accountability, political leadership and stewardship for the implementation of RH/FP frameworks in the region in the context of the SDGs; and • Develop country-specific action plans for parliamentarians that promote RH/FP for implementation over the coming 12 months. 	Angola, Botswana, Burundi, Chad Ethiopia, Gambia, Ghana, Kenya, Lesotho, Malawi, Namibia, Nigeria, Senegal, South Sudan, Swaziland, Togo, Uganda, Zambia and Zimbabwe	PPD-ARO, APHRC, AFIDEP, UNFPA, among others







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