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## RESEARCH BRIEF

# 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)

December 2017

### Introduction

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. NEAPACOH, set up in 2005, is an open network for African parliaments, and therefore, any African parliament interested in the network's goals can participate in its activities.

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 functions 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?*

### Methods

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 questionnaire administered to participants of the June 2016 NEAPACOH forum in Uganda.



Members of NEAPACOH during a past forum. Set up in 2005, NEAPACOH is an open network for African parliaments, and therefore, any African parliament interested in the network's goals can participate in its activities.

## Results

The results show that NEAPACOH achieves its objectives through one major activity, namely, the annual forums that convene members of parliamentary committees of 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 many 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 with examples from Ethiopia, Malawi and Uganda.
- 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 on 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 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.”***

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 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.



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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 were to 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.

**“Results [of the study] show that NEAPACOH has contributed to increased resourcing of some of the neglected health sector issues such as family planning and maternal health in some countries.”**

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 some considerable level of support that has increased MPs’ effectiveness in the delivery of health committee 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 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 excessive attention at NEAPACOH forums, while other important health issues have not received as much attention.
- The nature and context of parliament has been a challenge in the coordination and implementation of NEAPACOH activities. The 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



Members of parliamentary committees of health and other stakeholders in health during a past NEAPACOH meeting. The frequent turnover of MPs every four to five years has resulted in lack of continuity of committees in implementing their annual commitments.

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.

## Recommendations

### 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 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.

### 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 have realized notable success in the realization 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 are 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 attentions towards tackling development issues, but also in generating actions from 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 conducting 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.

***“Sustained country-level technical and financial support to committees for all member countries 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.”***

This brief is based on a study report that can be found on the AFIDEP website. The report is entitled: Working with Parliamentary Committees of Health to Tackle Health Issues in Africa.

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