



**Southern African Regional Network on
Equity in Health (EQUINET)
and
Global Equity Gauge Alliance (GEGA)**



**Concept note for a
Meeting and Programme for
Parliamentary Alliances on Equity in Health
in Southern Africa**

1. Background

Periods of significant gains in health in southern Africa have been a product of social action, directed resource investment and technical inputs. Despite these efforts, inequities in health inputs, in provision of and access to health care resources, and in health outcomes persist. While there are a variety of strategies to reduce inequities, legislatures (parliaments) are in a key position to enhance processes and decision-making to support the development of equity-sensitive policies and to monitor the implementation and effects of those policies. Parliaments have a range of representative, legislative, and oversight roles that have an impact on equity in health. There is evidence from existing experience that where parliamentarians are given the information and the requisite technical support, they are able to effectively carry out these responsibilities, with positive impact. Despite this, professionals and civic organizations working on health equity often do not sufficiently understand parliamentary processes to effectively support or work with them and parliaments may not be adequately linked with professional and civic networks working on health equity. Strengthening the processes of policy making, implementation, and monitoring would strengthen health equity initiatives.

There are already initiatives taking place in Malawi, Zimbabwe, Zambia and South Africa to build linkages between professionals, civic groups, and state officials working on equity in health with parliamentarians and parliamentary processes. Parliamentary reforms in the SADC region and the presence of a SADC Parliamentary Forum have strengthened the role of parliament in policy, law, and budget processes, and make

these links even more important for implementing national pro-equity policies. Parliamentarians have sought support in terms of information, evidence, and capacities to strengthen their role, while civic and professional organizations have sought to link with the representative, legal, and budgetary authority of parliament.

The Regional Network for Equity in Health in Southern Africa (EQUINET) and the Global Equity Gauge Alliance (GEGA) are both networks that are carrying out work to support pro-equity policies through evidence, engagement, and advocacy. EQUINET formally links with SADC in relation to this work (see www.equinetafrica.org and www.gega.za).

2. Objectives

EQUINET and GEGA thus seek to co-operate with key institutions in the region working in this area, and particularly with SADC¹, to

- ✍ strengthen and provide information and resource inputs for the partnership between parliament, professionals, and civil society to work towards building a common platform for health equity
- ✍ support networking of parliamentarians through their Portfolio Committees on Health, the secretaries/clerks to these Portfolio Committees, with technical and civil society personnel to enhance common work on health equity at the national level in several countries
- ✍ Provide information and technical support to national parliaments and to the SADC Parliamentary Forum on international protocols and agreements that have relevance to health in order to strengthen parliamentary responses and promote health equity within SADC positions on these policies .

3. Programme

It is proposed to take the work forward through a first phase programme in 2003/4 that will

1. Facilitate communication between parliaments and professionals and civic groups on health equity issues in which there is ongoing national work, or that are of priority concern
2. Strengthen networking and information sharing between parliamentary committees on health, their technical support officers, programmes supporting parliament and health professionals on health issues
3. Provide information and technical resources to parliamentary and professional networks on the WTO and other international and SADC protocols and agreements that have immediate relevance to health equity.

¹ EQUINET and GEGA will build co-operation with national institutions working with parliament on health, such as Training and Research Support Centre (TARSC) and Community Working Group on Health Zimbabwe, Malawi Health Equity Network, Malawi, Health Systems Trust South Africa; with technical support institutions for parliaments, such as State University of New York (working in Zimbabwe) and NDI (working in Malawi) and with the national parliament committees on health and technical departments and the SADC Parliamentary Forum

The first phase programme will include

- ? Commissioning two **papers as background support to the meeting:**
- ? **The first: A paper on national** parliamentary processes and powers, and their current application towards health equity goals
- ? **The second: A paper on WTO agreements and SADC protocols relevant to health equity.**

- ? Holding a **regional workshop**

- ? Presenting a **health equity situation report** to the SADC Parliamentary Forum

- ? Setting up and mobilising resources for a **follow-up programme** as defined by the workshop, potentially involving joint national research, information analysis, and review meetings on priority health equity issues, as well as regional research, documentation, review meetings, exchange visits, and engagement at SADC level.

3. Specific elements

2.1 The Review paper

EQUINET and GEGA will commission through TARSC two background papers for the meeting.

The first paper will explore

- a. The variations in parliamentary powers and roles in relation to their representative, legislative, and oversight functions across the SADC region, and how these are technically supported and resourced
- b. How these powers and roles have been used by parliaments and specifically parliamentary committees on health for dealing with health issues and the issues that have been addressed
- c. The manner in which SADC and international conventions relevant to health, particularly those relevant to WTO and GATS agreements have been taken up by parliaments at national level
- d. The strengths and weaknesses in the above processes and implications for supporting work with parliament to promote national health equity goals.

The paper will gather secondary evidence and carry out key informant interview, drawing experience from at least three SADC countries.

The second paper will be a briefing commissioned by EQUINET as a presentation of information on the major SADC and international protocols and conventions and agreements relevant to parliaments on health, particularly the WTO TRIPs and GATS agreements, the Millennium Development goals, the G8 agreements, NEPAD and AU charters and SADC protocols.

A **call** will be made by EQUINET/GEGA and TARSC in late March 2003 for applications for a grant to prepare the technical papers above. Applicants will be expected to submit a 2 page more detailed scope of work, based on the outlines above, which outlines the key issues to be addressed within each point, the major sources of information and the

countries to be covered in more depth.² The applications will be accompanied by a CV and by an example of a report written by the applicant. The application should give evidence of experience and competence in this area and of a conceptual understanding of the broad issues around which evidence will be presented. Applications will be reviewed by a panel jointly selected by TARSC, Equinet and GEGA, and the author selected by end April 2003.

The paper will be written between 1 May and July 7 2003.

2.2 The workshop

The workshop will be a two and a half day workshop held in August/September 2003 in southern Africa.

Objectives of the workshop are to:

- ✍ Profile and discuss the current work of parliamentary committees on health, the health priorities they identify, and the areas for support of their work
- ✍ Profile the technical work being done on health equity that could be a potential resource base for parliaments, drawing particularly from current work being done by GEGA, EQUINET, including with parliamentary committees
- ✍ Present and review information on current SADC protocols and the WTO TRIPS and GATS agreements, and their health equity implications at national and regional level
- ✍ Discuss possible areas of follow up work and how co-operation between parliaments and professional and civic resources within Equinet / GEGA and within parliament support agencies can support such work.

The workshop programme will blend presentation of parliamentary views with presentation of equity related work and participatory work towards building common agendas and work programmes.

Participants will draw from SADC and from selected SADC countries. The key target groups are parliamentary committees on health, (chairs and members) clerks or technical officers of committees, resource personnel with experience in health equity from GEGA, Equinet and SADC and parliamentary technical support institutions (such as SUNY and NDI).

Delegates identified to date include

1. Malawi: Health Equity Network (1) TB Equi prg (1) NDI (1) and parliament (3)
2. Zambia: Chessore (1) Inesor (1) Technical ? (1) and Parliament (3)
3. Zimbabwe: TARSC (1), CWGH, (1) SUNY (1) and parliament (3)
4. South Africa: Health Systems Trust (1), Cape Town Equity Gauge (1) UCT HEU or CHP (1) IDASA (1) and parliament (3)
5. Tanzania: TPHA (1) SUNY (1) Parliament (3)
6. Kenya: Equity Gauge (1) SUNY (1) Parliament (3)
7. Regional: Equinet (1) GEGA (1) SADC Social Directorate (1) SADC Parliament (2)

² The countries would be drawn from SADC countries.

8. Resource people: authors of commissioned papers (2), Seatini (1) UNDP Governance programme (1) SAfAIDS (1)

Each country-team will comprise representatives of the Portfolio Committees on Health (2), secretaries/clerks to the committees (1), representatives of in-country support personnel involved in EQUINET or GEGA work and in country parliament technical support personnel. Selected country teams will be interviewed for the background work for the background review papers.

4. Institutional proposers:

EQUINET: The Regional Network on Equity in Health in Southern Africa, is a network of research, civil society and health sector organisations. Seeking to develop and widen the conceptual understanding of equity in health, EQUINET identifies critical areas of work and policy issues and makes visible existing unfair and avoidable inequalities in health. EQUINET's main aim is to build alliances leading to positive policies on health both the local and regional levels. This is achieved by disseminating information and stimulating an informed debate on equity in health in southern Africa. EQUINET is presently undertaking work on: monitoring equity in health; globalisation and Macroeconomic policy; WTO agreements, governance, participation and health; resource allocation and health; health services issues including equity in HIV/AIDS treatment access and equity in health personnel distribution, and the role of health rights in equity. EQUINET carried out research, policy analysis, policy intervention and information support, and produces a website and monthly newsletter. EQUINET has a formal relationship with SADC through its health sector co-ordination unit. EQUINET is co-ordinated through TARSC, Zimbabwe, and further information on EQUINET is available from www.equinet africa.org.

GEGA The Global Equity Gauge Alliance was created to participate in and support an active approach to monitoring health inequalities and promoting equity within and between societies. The Alliance currently includes 12 member-teams, called Equity Gauges, located in 11 countries in the Americas, Africa and Asia. GEGA has secured grant support from the Rockefeller Foundation and the Swedish International Development Agency for the next two and a half years. GEGA currently includes more than 70 active members working with the Gauges, and many additional partners directly involved in the work of the Gauges, including research institutions such as the African Population Health Research Council, Kenya; University of the Western Cape, South Africa; Harvard University, USA; University of Ouagadougou, Burkina Faso; University of Beijing, China. Social and health development NGOs involved in Gauge work include Alternatives for Social Development, Ecuador; BRAC, Bangladesh. Political bodies include the Parliamentary Committee on Health, South Africa; the Urban Slums Development Project of the Nairobi City Council, Kenya. GEGA is also currently working in collaboration with a number of donors, bilateral aid groups, and technical organisations.