



REPORT OF THE SADC PF STANDING COMMITTEE ON HUMAN AND SOCIAL DEVELOPMENT AND SPECIAL PROGRAMMES (HSDSP) TO THE 51ST PLENARY ASSEMBLY SESSION

THEME: “ENHANCING THE ROLE OF PARLIAMENTARIANS IN MONITORING THE IMPLEMENTATION OF PROGRAMMES AND SYSTEMS IN ACCELERATING HEALTH FINANCING FOR UNIVERSAL HEALTH COVERAGE (UHC) IN THE SADC REGION

Mr President, I beg to move that this Plenary Assembly do adopt the Report of the Standing Committee on Human and Social Development and Special Programmes to the 51st Plenary Assembly Session of the SADC Parliamentary Forum, laid on the table on 12th July 2022.

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1.0 COMPOSITION OF THE COMMITTEE

The Committee consisted of the following members:

1.	Hon Rosie Bistoquet (Chairperson)	Seychelles
2.	Hon Kassim Hassan Haji (Vice Chairperson)	Tanzania
3.	Hon Rachel Zulu	Malawi
4.	Hon Strydom Mpanza	Eswatini
5.	Hon. Luísa Francisco Pedro Damião	Angola
6.	Hon. Mokwaledi Moswaane	Botswana
7.	Hon. Deputy Speaker B. N'kolo Boniface	DRC
8.	Hon. Mphosi S. Nkhase	Lesotho
9.	Hon. Fiarovana Lovanirina Célestin	Madagascar
10.	Hon Ashley Ittoo	Mauritius
11.	Hon. Jerónima Agostinho	Mozambique
12.	Hon Agnes Kafula	Namibia
13.	Hon. Desmond Lawrence Moela	South Africa
14.	Hon. Julien Nyemba	Zambia
15.	Hon. Paurina Mpariwa	Zimbabwe

2.0 TERMS OF REFERENCE

The terms of reference of the Human and Social Development and Special Programmes Standing Committee are set out in Rule 42(e) of the SADC PF Rules of Procedure.

3.0 NUMBER OF MEETINGS HELD AND THEME

The Committee on Human and Social Development and Special Programmes held one meeting on Saturday 30th April, 2022 to consider the theme “Enhancing the role of Parliamentarians in monitoring the implementation of programmes and systems in accelerating health financing for Universal Health Coverage (UHC) in the SADC Region.”

4.0 BACKGROUND

According to World Health Organisation (WHO) 2000, health financing refers to the function of a health system concerned with mobilisation, accumulation and allocation of money to cover the health needs of the people, individually and collectively, in the health system. The purpose of health financing is to make funding available, as well as set the right financial incentives to providers, to ensure that all individuals have access to effective public health and personal health care.

Universal Health Coverage (UHC) means that all people have access to the health services they need, when and where they need them, without financial hardship.

It includes the full range of essential health services, from health promotion to prevention, treatment, rehabilitation, and palliative care, and health financing for universal coverage implies that reforms in collection, pooling, purchasing and benefit design are aimed specifically at improving one or several of those objectives and goals, as measured at the population or system level.

Access to quality health services, whether preventative or curative, remains a prerequisite for a population to attain health and achieve healthy lifestyles. The implementation of appropriate health financing strategies that safeguard financial risk protection underpin sustainable health services and the attainment of UHC. It is in this context that innovative health financing strategies in Sub-Saharan Africa are needed.

Empirical evidence shows that more than eight hundred million people spend at least 10% of their income on health care through out-of-pocket spending (OOPs), which pushes millions of individuals further into poverty each year. In Sub-Saharan Africa, twenty-seven out of forty eight countries were affected by direct out-of-pocket spending for healthcare services that was greater than 30%. Hence the need to strengthen domestic financing to avoid out of pocket spending, and Sub-Saharan countries ought to increase their allocated spending on primary health care by at least 1% of their gross domestic product (GDP) in order to meet the health targets of the 2030 Agenda for Sustainable Development.

With the unprecedented emergence of the Coronavirus Disease 2019 (COVID-19) pandemic, and the occurrence of natural disasters like cyclones, health care access and quality has remained a challenge in the SADC region, and has exacerbated the need to put in place programmes and systems aimed at moving towards UHC.

Parliamentarians play a key role in promoting health financing through their representative, legislative and oversight roles, including budget oversight. In addition, parliamentarians have a role in ensuring that ratified international treaties that promote health are implemented through domestic laws and those with potential negative impacts are not signed or ratified. These roles are used to protect or advance equity oriented public policy, promote health systems reforms and prioritise allocations to specific areas of health systems.

Against the above background, the Standing Committee on HSDSP found it prudent to hold a meeting and deliberate on matters relating to health financing towards UHC.

5.0 PRESENTATIONS

5.1 Key Issues from the Presentation on Health Financing in the SADC region

Having received a presentation on the matter, the Committee noted the following issues for consideration:

- a) That Health financing is a core function of health systems that enables progress towards UHC through financial protection and improved service coverage;
- b) That due to financial hardships millions of people in many SADC countries do not access health services;
- c) That the slowdown in economic growth coupled with the outbreak of Covid 19 has worsened health financing in the SADC region and this means that achieving UHC will require countries to put in place policies to fast-track recovery with the purpose of minimising out of pocket payments for health care;
- d) That over reliance on donor support towards health services coupled with low capital health expenditure had contributed to low and unsustainable health financing in the SADC region;
- e) That weak capacity to mobilise adequate, sustainable and predictable funds for the health sector to optimally deliver essential health services, is as a result of the following factors;
 - i. Substantial inefficiencies across all health systems at all levels of the healthcare delivery system,
 - ii. Weak participation of communities in financing of public health services,
 - iii. Underdeveloped optional paying services in public facilities
 - iv. Weak mobilisation of unconditional external funding to the health sector,
 - v. Ineffective population management,
 - vi. Lack of innovative health financing mechanisms.
- f) That substantial inefficiency and inequity in pooling and management of resources for the health sector in most of the countries in the SADC region is as a result of the following factors;
 - a. High fragmentation uncoordinated health sector funding,

- b. Failure to put into place governance and accountability mechanisms and structures for health financing,
 - c. Most counties have weak management and accountability frameworks for the utilisation of government and donor resources for health delivery services.
- g) That the region has witnessed unprecedented levels of weak institutional arrangements and systems for effective health financing at all levels due to the following factors;
- i. Most counties have weak institutional capacity in health financing and public o effectively implement health financing strategy,
 - ii. Most counties have weak systems for generating and use of evidence in health financing decision making processes,
 - iii. There is weak advocacy capacity for the health financing strategy.

6.0 RECOMMENDATIONS

Having deliberated on the matter concerning health financing and having considered the issues that impede smooth implementation of health financing systems and strategies in the region, the HSDSP Committee recommends that the Plenary Assembly should:

- a) **Urge** SADC countries to design and implement efficiency improvement initiatives across all health system levels and functions in order to enhance health financing in the region;
- b) **Implore** countries in the region especially those with low GDP per capita to explore options on potential participation of communities in financing of public health services and establish optional payments at public hospitals;
- c) **Recommend** that countries in the region should build capacity of health system actors in order to promote leadership, governance, and accountability for effective harmonisation of health financing decision-making across all levels;
- d) **Recommend** the need to facilitate revision and effective execution of resource allocation frameworks including public finance management systems across the healthcare delivery system;
- e) **Encourage** countries in the region to promote the use of evidence in health financing decision making at all levels and enhance lobbying and advocacy mechanisms for the effective implementation of the strategic or innovative health financing options;

- f) **Reiterate** the need for countries in the region to put in place mechanisms for effective donor arrangements including strengthening health sector wide approaches and platforms for multi-donor joint funding of health sector strategic plans;
- g) **Further reiterate** the need for political commitment to fast-track economic transformation for purposes of expanding the fiscal space that the health sector urgently needs;
- h) **Recommend** to the countries in the region to fast-track direct facility financing for purposes of catalysing community resource mobilisation;
- i) **Appeal** to countries in the region to take steps to strengthen community engagement and dialogue with policy makers on sustainable health financing options with the intention of minimising out of pocket spending which impedes accessibility to health services;
- j) **Recommend** that countries should fast track the implementation of appropriate health financing strategies that safeguard financial risk protection in order to enhance access to health services by vulnerable groups including women, adolescents and young people.

7.0 ELECTION OF CHAIRPERSON AND VICE CHAIRPERSON

In light of the fact that the term of the Chairperson and Vice Chairperson was coming to an end during that Session, the Committee elected new office bearers to hold office for the period 2022 to 2024 as follows:

- (i) Chairperson – Hon Rosie Bistoquet, MP (Seychelles)
- (ii) Vice Chairperson – Hon Kassim Haji, MP (Tanzania)

The Committee paid tribute to the outgoing Chairperson and Vice Chairperson for having steered the Committee successfully during their tenure and pledged their continuing support to the incoming leadership.

8.0 CONCLUSION

The slow economic growth resulting from financial hardships fuelled by the outbreak of Covid 19 has disrupted mechanisms to accelerate accessibility to health services by millions of people in the SADC region. Noting the importance of health financing as a mechanism for achieving Universal Health Coverage through financial protection and improved service delivery, the Standing Committee on Human and Social Development and Special Programmes deliberated on the role of Parliamentarians in monitoring the implementation of systems for achieving UHC, and more importantly, the meeting provided an

opportunity to the Committee to gain knowledge and a deeper understanding of issues pertaining to the health financing, and how parliamentarians could contribute to the realisation of the noble goal of moving towards UHC.

The Committee wishes to express its gratitude to the Secretariat and the Resource Person for the support rendered during the meeting.

Appendix – List of Officials

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| 1. | Mr Dennis Gondwe | SADC PF Secretariat |
| 2. | Ms. Agnes Lilungwe | SADC PF Secretariat |
| 3. | Mr Ronald Windwaai | SADC PF Secretariat |
| 4. | Ms Edna Kanguya | SADC PF Secretariat |
| 5. | Mr Lovemore Mabuku | SADC PF Secretariat |
| 6. | Ms Veronica Ribeiro | Angola |
| 7. | Ms Jabulile Malaza | Eswatini |
| 8. | Ms. Liva Norohanta H.Raharison | Madagascar |
| 9. | Ms BaoTsamina Bénédicte Ratahirisoa | Madagascar |
| 10. | Mr Jaime E Numaio | Mozambique |
| 11. | Dr. Natalie Leibrandt-Loxton <i>Virtually</i> | South Africa |
| 12. | Dr Dominic Nkhoma (<i>Resource Person</i>) | Malawi |
| 13. | Dr Sennyé Obuseng (<i>Evaluation Consultant</i>) | Botswana |