Gaining the Commitment of West African Parliamentarians for Increased Health Care Financing and Support for Population and Development Policies

BACKGROUND

In 2017, the Presidents and Speakers of the National Assemblies of the member states of the Economic Community of West African States (ECOWAS), as well as those of Mauritania and Chad, signed a declaration of commitment to exercise their legislative authority on behalf of increasing government funding for the health sector, securing the “demographic dividend,”¹ and fully implementing population and development policies. The declaration by these key stakeholders was issued during a high-level regional meeting of parliamentarians held in Ouagadougou, Burkina Faso, in July 2017.

This brief describes the steps that led to the final declaration. These steps included:

• Advocacy carried out in Burkina Faso by the Réseau de Champions en Plaidoyer pour le Financement Adéquat de la Santé (RCPFAS)²

• Meeting preparation involving the Parliament of Burkina Faso, the West African Health Organization (WAHO), and Agir pour la Planification Familiale (AgirPF), with support from the World Bank, the Sahel Women’s Empowerment and Demographics (SWEDD) Project, Health Policy Plus/Palladium, the Ouagadougou Partnership Coordination Unit (OPCU), KfW, AfD, and UNFPA

• The strategy employed in structuring the meeting’s program to arrive at a clear declaration of commitment

CONTEXT

The West Africa region has one of the fastest growing populations in the world and is characterized by a high proportion of youth. They have the potential to make significant contributions to economic growth, provided that their health and education needs are fulfilled. In 2001, recognizing the critical role of a healthy population and alarmed by the growing devastation of HIV and AIDS, African heads of state met in Abuja, Nigeria, and signed a declaration that they would allocate at least 15% of their national budgets to the health sector. Despite progress in some countries, no country has achieved the 15% target in the 16 years since Abuja, hampered in large part by population growth that has also impeded attempts to make other investments in human capital needed for national development.

1. The demographic dividend refers to the accelerated economic growth that is expected to result from a decline in a country’s birth rates and death rates and the subsequent change in the population’s age structure. With fewer births each year, the size of a country’s young dependent population will decline relative to the size of the working-age population. With fewer dependents to support, the society then has a window of opportunity for rapid economic growth if the right social and economic policies are developed and appropriate investments are made (PRB, 2012).

2. Known in English as the Network of Advocacy Champions for Adequate Health Financing.
The sustained high fertility in the region fuels the rate of growth in the population, threatening to erode health systems even if the Abuja target had been met; it also contributes to some of the highest maternal and infant mortality in the world and undermines national development goals. Its causes are primarily unplanned, mistimed, or unwanted pregnancies, which reveal a significant unmet need for family planning (FP) services.

Efforts to reinvigorate FP programs and to integrate population issues into national development planning were given impetus by the Regional Conference on Population, Development and Family Planning, which was held in Ouagadougou in February 2011. Soon after, countries in the region began to produce costed action plans for repositioning FP higher on national agendas, and conferences in Addis Ababa in 2013 and Senegal in 2016 broadened the focus of stakeholders to include reaping the dividend of a rapid demographic transition.

The objective of the actions described here was to obtain an explicit commitment of parliamentarians to use their authority and prerogatives in achieving increased health financing and in integrating population issues into development policies, to capture the demographic dividend.

Parliamentarians are key stakeholders who must understand and champion health, demographic, and development issues. They make the laws that express the will of the state and are the vehicle through which governments establish policies. They also scrutinize government actions to hold them accountable for implementing laws through regulations; assert control over national expenditures by approving the budget; serve as a forum for discussion on issues of national importance; advocate with their peers and with government on prioritization of problems and solutions; represent their constituents’ interests; and educate their constituents on issues. Successfully securing their participation in health, population, and development goals requires advocating with them to carry out specific actions and providing them with sound data.

METHODOLOGY

First, parliamentarians understood, through advocacy, that the health, demographic, and development issues merited a high-level meeting of parliamentarian leadership in the region. Second, the active participation of the Burkina parliament in financing and preparing the meeting conveyed the seriousness of the event and encouraged full participation of other national parliaments and partners. Third, the meeting program was structured strategically to provide persuasive data and facilitate interactions among participants, which helped them to articulate a common vision underlying the formal declaration.

Advocacy: The increased advocacy efforts including RCPFAS, the FP repositioning plans, regional conferences on population and development, and renewed efforts to meet the target of the Abuja Declarations made the difference. By 2016, they had launched advocacy activities aimed at securing increased financing for the health sector and funds for FP at national and municipal levels, among other objectives.

In October 2016, RCPFAS Burkina Faso conducted an advocacy meeting, with technical and financial support from AgirPF, aimed at engaging the National Assembly in increased health funding and the capture of the demographic dividend. The said advocacy and various additional actions led to a decision by the President of the National Assembly to propose a high-level meeting of parliamentarians and to provide a significant amount of the needed resources.

Central role of the Burkina Parliament in financing and preparing for the meeting: From the time that the meeting was agreed upon, the Burkina National Assembly’s president expressed on many occasions his personal commitment to a successful meeting. He also put personnel and other resources at the disposition of the organizing committee for preparations. He appointed the National Assembly’s fourth vice president to lead the committee, in collaboration with WAHO and AgirPF, and he personally monitored the progress of preparations.

A series of preparatory activities were carried out through in-country visits by the organizing committee on May 23–24, 2017; multiple conference calls were led by AgirPF, as well as an in-country technical meeting of all organizers and presenters on July 18–19, immediately preceding the meeting, with technical and financial support from AgirPF and WAHO.

Among other important preparatory activities, delegations of the Burkina Parliament traveled to six countries to meet with their peers to discuss the meeting program and encourage them to participate at a high level, as well as to involve them in encouraging their peers in other countries to attend the meeting. The Burkina National Assembly President took advantage of a meeting of national assembly presidents from francophone countries held in Luxembourg to advocate with his peers for their active participation in the forthcoming Ouagadougou meeting.
CONDUCT OF THE MEETING

After the formal welcome, a series of presentations were made, and participants divided into three groups to address the roles of parliamentarians in health financing, in achieving the demographic dividend, and in following up the use of health allocations. In the plenary sessions, each group reported its results along the following lines:

• An overview of different roles and the selection of the most feasible and effective roles

• The development of clear, specific, measurable objectives for fulfilling the role and a plan for obtaining the support of their peers for the chosen role

RCPFAS networks met to exchange best advocacy practices and to discuss a regional coordination mechanism of networks. Their report in the plenary session described:

• Reinforcement of their networks to more effectively contribute to their stated goals

• Governing texts and installation of Federation of Advocacy Champion Networks for Adequate Health Financing and the Demographic Dividend (F-RCPFAS-DD) and its follow-up of commitments

AgirPF moderated the meeting, using advocacy data generated for both the country and the regional levels by the project and made available through the advocacy tool known as Resources for the Awareness of Population Impacts on Development (RAPID) (AgirPF, 2016). The conference organizers distributed to each participant a resource document containing brochures presenting information from a “Regional RAPID” analysis.

RESULTS

The national assembly presidents and speakers adopted a declaration containing the following commitments:

• Exercise our authority to amend laws and arbitrate budgets to:

  • Secure annual increases of at least 2% of the budgets allocated to the health sector, to achieve the 15% target of the Abuja Declaration by 2025

  • Ensure the proper use of health resources

  • Include in our priorities problems related to financing national health systems

  • Continuously advocate toward attainment of Abuja Declaration target

  • Establish in each national parliament a monitoring committee chaired by the standing health committee to prepare an action plan to implement recommendations of this high-level meeting

• Give a mandate to the Burkina Faso Parliament to monitor the effective implementation of the national monitoring committees by December 31, 2018

• Accord favorable attention within Parliament to all population, development, and health policies to support the demographic transition and obtain the demographic dividend

• Actively support all strategies and interventions of governments that have the following objectives:

  • Empowerment of women and girls while respecting cultural values of our countries

  • Rapid, voluntary fertility decline through FP provision, women's education, and child survival

  • Improved health quality for the current and future workforce

  • Educational, vocational, and skills training to move toward emerging economies

  • Increased funding in national budgets for health—including reproductive health—and education

  • Fast-tracking of economic reforms and job creation

• Involve religious and traditional authorities and civil society in consultations on the demographic dividend

• Improve governance and accountability, which have a cross-cutting impact on all other interventions

• Advocate with governments and national institutional stakeholders for the policies and programs below

• Mobilize technical and financial partners to strengthen support for the demographic transition in the region

3. RAPID is one of a suite of models known as SPECTRUM, easy-to-use policy models that provide policymakers with an analytic tool to support the decision-making process. The models have been developed over the past four decades in response to needs expressed by donors, international development organizations, and national governments.
• Aim at an annual increase of at least 5% in the budgets of national FP repositioning plans for:
  ° A drastic reduction in maternal and neonatal mortality
  ° Creation of an environment conducive to FP
  ° A fight against early marriage of young girls
  ° A fight against early pregnancy of young girls
  ° A fight against harmful traditional practices such as female genital mutilation
• Aim to achieve total fertility rates of three lifetime births per woman by 2030
• Organize a national dialogue on the demographic dividend with faith-based and traditional entities
• Create an interparliamentary committee of ECOWAS, Mauritania, and Chad to monitor commitments

CONCLUSIONS AND RECOMMENDATIONS

Advocacy persuaded parliamentarian leaders of the need to play a role in increasing the health sector budget, obtaining the demographic dividend, and implementing population and development policies. One leader took the initiative to organize and financially support a meeting to articulate clearly their role. The strategy of the meeting ensured that parliamentarian leaders would be well-informed regarding the challenges they faced, and they signed a detailed statement of concrete commitments, as well as mechanisms they put in place for monitoring their progress.

The next step is to ensure that parliamentarian leaders follow through on their commitments by supporting the mechanisms they identified for monitoring, and through continued advocacy.

REFERENCES

