Webinar series

Strengthening the capacities of parliamentary staff in sub-Saharan Africa to support engagement with women’s, children’s and adolescents’ health

17 June, 24 June and 2 July 2020
10.30 a.m.—12.00 p.m. Central European Time

Concept note

The challenge

Between 2000 and 2017, sub-Saharan Africa reduced maternal deaths by 38 per cent.1 There was also significant progress on under-five mortality in the region, which saw a reduction of roughly 50 per cent from 2000 to 2018.2 Despite this progress, in 2017, sub-Saharan Africa accounted for two thirds of estimated maternal deaths in the world. While the lifetime risk of dying from pregnancy-related complications is 1 in 5,400 in high-income countries, that risk in sub-Saharan Africa is 1 in 38. High numbers of maternal and under-five deaths are a clear indication that many women and newborns are not receiving the basic health services they need.

The reduction of maternal and under-five mortality is among the most pressing global health priorities. However, while absolute levels of health spending are rising, they remain too low in many countries to finance universal health coverage.3 Health systems can also be put under strain from current and future outbreaks of disease such as COVID-19. In addition to the mortality and morbidity caused directly by the epidemic, the delivery of basic maternal and child services can be disrupted, with long-lasting consequences for the health and well-being of women, children and adolescents. Health crises also exacerbate inequalities, placing women, children and adolescents at risk. This includes an increased risk to women in their role as caregivers, and a greater likelihood that they will experience violence, and mental health issues. However, previous disease outbreaks, such as the 2014 Ebola crisis in West Africa, have shown that these factors attract less attention than the immediate problems generated by an epidemic.4

In addition, sub-Saharan Africa has a high level of maternal and child undernutrition that is coupled, in many instances, with the rapidly developing challenge of obesity and non-communicable diseases. Implementation strategies remain ineffective due to inadequate political support and leadership, unequal access to care, weak health systems, low workforce capacities and an insufficient ability to monitor progress and resources.5 Countries in the region with high levels of such problems now face a challenge: how to achieve universal coverage of effective health interventions while optimizing investments and enhancing accountability to improve the health of women and children.

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The opportunity

Notwithstanding these challenges, there are huge opportunities for accelerating progress to improve maternal and child health outcomes. First, evidence is available on how to intervene and why it is important to invest in interventions. Countries in the region have important stories to tell about how they successfully intervened and implemented delivery strategies. For example, Ethiopia scaled up the role of community health workers in providing primary health care for mothers, newborns and children. Parliaments have a critical role to play in efforts to protect the health rights of women, children and adolescents through the core parliamentary prerogatives of legislation, oversight, budget allocation, raising awareness and representation.

Second, country leaders unanimously adopted a political declaration on universal health coverage at the United Nations in September 2019. This represented a historic level of political commitment to improve access to quality, affordable health services, including for maternal and child health. In October 2019, the UN political declaration was complemented by a resolution that Member Parliaments of the Inter-Parliamentary Union (IPU) adopted: Achieving universal health coverage by 2030: The role of parliaments in ensuring the right to health. The resolution provides a road map for parliaments to move towards universal health coverage, with a strong focus on women, children and adolescents. It followed a 2012 IPU resolution on maternal, newborn and child health.

Changes in maternal and child survival also reflect the investments (including parliamentary budget allocation) of various stakeholders across sectors in many countries, as well as interventions across a range of social determinants of health, such as female education, empowerment, poverty alleviation, and improving health systems and good governance. The target date for achieving the Sustainable Development Goals is fast approaching. The know-how for action is available. Urgent work is now needed to fulfil commitments and work together to ensure that every mother and child counts.

Support to national parliaments

The IPU and the Partnership for Maternal, Newborn and Child Health (PMNCH) have been collaborating to help national parliaments strengthen action on health and improve access to health for women, children and adolescents.

To support these efforts, a new handbook for parliamentarians was developed. It provides an action-oriented framework for members of parliament to understand and address health challenges, develop and finance evidence-based policy solutions, and develop institutional oversight, public engagement and strong implementation mechanisms.

The IPU and PMNCH started rolling out the handbook across selected countries in sub-Saharan Africa so as to identify policy, legislative and budget-related bottlenecks, and how to resolve them.

However, strengthening parliamentary institutions requires more than developing parliamentarians’ capacities. It is also important to enhance a parliament’s institutional memory in order to address the challenge of losing skills after elections, especially in countries with a high turnover of parliamentarians. As the main potential resource for continuity and sustainable change in a parliament is the permanent secretariat, and in recognition of the complementarity between technical work and political action, PMNCH and the IPU will run a webinar series to train parliamentary staff on women’s, children’s and adolescents’ health (WCAH).

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Objectives

The webinar series will aim to:

- Introduce parliamentary staff to key WCAH issues and challenges, with a focus on accessing and understanding relevant data,
- Enhance legislative drafting capacity so that legislation across sectors supports access to health for women, children and adolescents,
- Provide training to analyse budgets through a WCAH lens.

Expected outcomes

To gain a deeper understanding of and enhanced capacity to access and use WCAH data, analyse budgets and draft legislation. These outcomes will enable parliamentary staff to better support parliamentarians in promoting evidence-based policymaking, so as to improve access to health for women, children and adolescents, and deliver on health and well-being.

Implementation

There will be three webinars:

- Understanding women’s, children’s and adolescents’ health
  17 June 2020, 10.30 a.m.–12.00 p.m. Central European Time (CET)
- Creating an enabling legislative environment for women’s, children’s and adolescents’ health
  24 June 2020, 10.30 a.m.–12.00 p.m. CET
- Making the budget work for women, children and adolescents
  2 July 2020, 10.30 a.m.–12.00 p.m. CET

The webinars will be in English.

Organizers: The IPU, PMNCH, World Health Organization, Countdown to 2030, and Living Goods

Countries: The webinar will be open to parliamentary staff from all countries in sub-Saharan Africa.

Target audience: This includes legal and research staff, staff supporting health and health-related parliamentary committees, and existing WCAH-focused parliamentary caucuses and networks. Civil society representatives working on parliamentary engagement in the selected countries will also be invited.