

Parliamentary Alliances for Equity in Health in Southern Africa

BRIEFING ON RESOLUTIONS FROM R LOEWENSON, SEPTEMBER 2003

On 20-22 August 2003, EQUINET, GEGA and the SADC parliamentary Forum hosted a meeting on Building Parliamentary alliances for Equity in Health in Johannesburg, South Africa. The meeting reviewed the priority challenges to health equity in the region, the manner in which parliamentary representative, oversight, legislative and budget roles can play a role in promoting health equity, and some immediate areas where such roles can impact on health equity.

The meeting, held a few weeks before the WTO 5th Ministerial Conference in Cancun, Mexico, particularly noted the need to protect public health in trade negotiations and agreements. The resolutions of the meeting are shown below:

Hosted by Southern African Regional Network on Equity in Health (EQUINET) Global Equity Gauge Alliance (GEGA) in co-operation with the Southern African Development Community (SADC) Parliamentary Forum 20-22 August 2003 Birchwood Lodge, Gauteng, South Africa.

A meeting of representatives of parliamentary committees on health, health professionals, civil society and co-operating organizations from Kenya, Malawi, South Africa, Tanzania, Zambia, Zimbabwe and SADC, hosted by EQUINET and GEGA in co-operation with the SADC Parliamentary Forum confirmed the policy commitment in the region to equity in health and acknowledged the ongoing work towards implementing health equity policies. The meeting urged that greater effort be made to deal with differences in health status and access to health care that are unnecessary, avoidable and unfair.

The meeting noted that achieving health equity in the region demands that countries address economic, governance, food security, HIV/AIDS and other major challenges to health and for countries to create and protect sustainable, equitable and participatory health systems that are provided with adequate material and human resources.

Achieving health equity calls for countries to allocate more resources towards those with greater health needs, and depends on the extent to which different groups of people have the opportunity for participation and the power to direct resources towards their health needs. To this end, the meeting agreed that parliamentary committees on health promote health equity in the budget process.

The meeting noted that parliaments have an important role in promoting health equity through their representation, legislative and oversight roles. Parliaments can build alliances with the Executive branch of government, across political parties, between different portfolio committees and with civil society, health sector and other agencies at national and regional level in support of these roles.

The meeting observed with concern that some multilateral trade agreements do not fully address the health and development interests of our countries and region and, affirming the position of African Trade Ministers in Mauritius in June 2003 on the upcoming

World Trade Organisation (WTO) 5th Ministerial Conference in Cancun, Mexico resolved to recommend that. Countries protect their government authority in all trade agreements to safeguard public health and regulate services in the interests of public health;

- Government trade negotiators consult health ministries, parliamentary health committees and civil society on positions to be taken to trade negotiations for their public health implications;
- Governments assert their rights under the Doha Declaration on Trade Related Aspects of Intellectual Property Rights (TRIPs) and Public Health to define what constitutes a public health problem;
- Governments strengthen their efforts to take full advantage of the flexibilities and policy measures allowed in TRIPs to access cheaper medicines and protect indigenous knowledge systems;
- Governments ensure that national laws and regional policies provide for compulsory licensing, parallel importation, 'government use', and production of generic drugs;
- Given the central role of nutrition and food security in public health, countries retain the right to raise tariffs and demand elimination of subsidies on exports to protect food sovereignty in agricultural production;
- Governments not make any commitments under the General Agreement on Trade in Services (GATS) in health or health related services that compromise their right to regulate according to national policy objectives;
- Countries conduct a comprehensive 'health check' on GATS commitments made or proposed so far, with the active involvement of health ministries, parliamentary health committees and civil society;
- Countries call for a change to GATS rules that restrict them from retracting in commitments already made under GATS.

In line with the above, the meeting proposed that parliamentary committees on health request Trade Ministers to report to them on the negotiating positions to be taken to the 5th WTO Ministerial Conference in Cancun, Mexico, refrain from making commitments that conflict with the above provisions and report to parliament on the outcome after the WTO meeting.

The meeting recognised the importance of regional networking, policy and alliances within SADC and COMESA to defend and protect public health and health equity interests in Africa in the face of these challenges. The meeting proposed that health equity and trade and health issues be formally raised as an agenda item in the forthcoming SADC Parliamentary Forum meeting.