



Inter-Parliamentary Union
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IPU contribution to the Independent Accountability Panel (IAP) for *Every Woman, Every Child, Every Adolescent*

Report on the theme of Accountability to Adolescents' Health and Human Rights

Parliament is a key institution of accountability in each country. Its responsibility is to keep the executive to account for commitments made at national, regional and global levels and make sure that they make a difference in the lives of ordinary people, especially the most marginalized. Helping parliaments deliver on promises made in the area of women's, children's and adolescents' health in the framework of the 2030 Agenda for Sustainable Development is an important part of the IPU Strategy and the organization's political agenda.

The global organisation of parliaments, the Inter-Parliamentary Union (IPU), works closely with WHO, the Partnership for Maternal, Newborn and Child Health, UNAIDS and the Global Fund to Fight AIDS, Malaria and Tuberculosis to ensure access to health services for all without discrimination. This work includes development of required capacities and competencies in parliaments to contribute to better health outcomes for women, children and adolescents. The ultimate goal is to provide a strong contribution to some of the health SDG targets, expand access to health services, and implement the provisions of the Global Strategy for Women's, Children's and Adolescents' Health.

With the launch of the Global Strategy for Women's, Children's and Adolescents' Health, the IPU committed to renew efforts in support of parliamentary action. The objective is to assist parliaments in using their powers and prerogatives to ensure that all people and communities can realize the right to health and enjoy the highest attainable standards of health. Strong emphasis is placed on the particular needs of adolescents. In many of the activities that the IPU has carried out over the past years, cooperation between parliaments and key stakeholders such as civil society, media and international organisations was strengthened and intensified. IPU also facilitated strong collaboration between parliaments and WHO, PMNCH and the Every Woman Every Child movement.

IPU's programs of support to parliaments are carried out at the national level as well as globally through the IPU Assemblies. The last 136th IPU Assembly in Dhaka (April 2017) discussed different aspects of adolescent health and well-being in a number of high-profile events and panels. More than 200 MPs from the all over the world participated in these events and discussed parliamentary action in their countries. Some of the findings and recommendations arising from the debates feed into section 3 of this report.

1) What are the main accountability mechanisms in place and major accountability gaps for adolescents?

Parliament is a key institution of accountability in each country. Its responsibility is to hold the executive to account for commitments made at different levels and make sure that they make a difference in the lives of ordinary people, especially the most marginalized and vulnerable such as adolescents. In many parliaments, the capacity of MPs and staff to engage in these areas needs to be built and strengthened.

The following accountability mechanisms are most commonly used to ensure accountability for adolescent health:

1. Parliamentary Committees. The committees in parliament are central to ensuring efficiency, transparency and accountability. The job of committees is to systematically

exercise scrutiny of the executive, ensuring government accountability and transparency to parliament. The committees consider policy issues, scrutinise the work and expenditure of the government, and examine proposals for legislation.

2. Question time. Question time is a strong accountability mechanism for holding the executive to account for how it has taken action to live up to national, regional and global commitments. Through question time, members of parliament are given the opportunity to question government ministers about matters for which they are responsible. By so doing, MPs are able to detect and expose gaps involving the executive action, including on adolescent health, and demand for redress.

2) What promising solutions, approaches and practices are underway? For example, to improve services for adolescents? What results are being obtained and what resources are becoming available for adolescent health, development and rights?

Through its recent capacity building programs with parliaments, the IPU has identified the good practices and achievements presented below. Additional examples were collected through the IPU Assemblies. They are grouped according to the parliamentary functions: legislation, oversight and budget powers, and representation of the people.

Legislation. Upholding the right to health in national law is the first step to create an enabling legislative and structural environment for improved adolescents' health. It also enables parliamentarians to reach out to communities and raise awareness of the right to health and what it means in practice, especially for the most marginalized and hard to reach groups.

Rwanda

The Parliament of Rwanda and the IPU have worked together for a number of years to strengthen and enable parliamentary outreach to communities on issues relating to sexual and reproductive health. The capacity of parliamentarians to understand and engage on these issues was also strengthened. In March 2016, the Parliament turned the Reproductive Health Bill into law. Among other provisions, the law recognizes the right to access reproductive health and family planning services. It also puts into place provisions for more effective oversight of government action on sexual and reproductive health.

Malawi

In February 2017 the Malawi Parliament unanimously approved a constitutional amendment that bans child marriage in the country. This is a major step forward for adolescent health and it shows that there is cross-party support for the issue. The amendment rose the minimum age of marriage from 15 to 18 years for both girls and boys. The amendment aligned the Constitution with the Marriage, Divorce and Family Relations Act, which was enacted by the Parliament in 2015.

Oversight and budget powers. Without accountability, global, regional and national commitments risk to remain promises. It is parliament's duty to ensure that progress on commitments is on track and financial resources are allocated and spent in a fair, transparent and efficient way. Oversight powers allow parliaments to scrutinise instances of executive gaps and delays and take action when progress is off-track. For example, parliament's budget function does not only entail only budget approval but also oversight of its implementation and expenditure.

Malawi

Malawi created the first government budget line for contraceptives in 2013, at a time when the commodities were highly financed by donors. Members of Malawi Parliament needed evidence to oversee the effectiveness of expenditure of the allocated \$80,000. They reached out to national health institutions, international organizations and civil society to collect data on actual expenditure of the family planning budget, and they also held regular meetings with the Ministry of Health and Ministry of Finance. This careful scrutiny has ensured complete and effective expenditure of the budget in fiscal years 2013/2014, 2014/2015, and 2015/2016. It also helped increase allocations to family planning: \$80,000 in 2013/2014, \$136,000 in 2014/2015, and \$146,000 in 2015/2016.

Tanzania

On 4-5 February 2017, the IPU and the National Assembly of Tanzania organized an inception seminar on women's, children's and adolescents' health for the newly elected Parliament. Thanks to the contribution of experts from international organizations and civil society, MPs discussed recent trends in women's, children's and adolescents' health in Tanzania as well as how the country performed on achieving the Millennium Development Goals (MDGs). The debate focused on three main themes: (1) the role of the National Assembly in achieving national health objectives and therefore improving the health of women, children and adolescents; (2) budget allocation and oversight as critical factors for reaching national health objectives; (3) increased political will at all levels to promote accountability and prioritize the health of the most vulnerable and marginalized population.

MPs identified the actions and recommendations to advance their engagement on women's, children's and adolescents' health. Recommendations include making sure that health spending be more equitable, efficient and effective, cover all geographic areas of the country, especially the most difficult to reach, and be less reliant on foreign resources through stronger domestic resource mobilization; creating opportunities for dialogue with key stakeholders, including government members, citizens, civil society and academia, to assess and monitor evolution of needs and concerns from communities.

The seminar provided the opportunity for parliament, government and civil society to gather and identify national health priorities. In 2017, the National Assembly of Tanzania approved a budget that recognized health among the 3 top priorities in terms of funding for the fiscal year 2017-2018. Health budget lines totalled 1.1 trillion Tanzanian Shillings from 745 Billion in the 2016 Budget.

In 2016/17 a total of 4 billion was allocated for family planning commodities. Donor funding for family planning commodities has decreased due to change in US government policies and, therefore, the government significantly increased funding in the 2017/18 budget to 14 billion.

Availability of maternal and child health commodities are important to ensure that they access services free of charge. In 2016/17 Tsh 2 billion was allocated to procure selected maternal and child health commodities and in 2017/18 7 billion has been allocated. For HIV/AIDS 10 billion has been allocated for commodities in 2017/18 and Malaria 1 billion Tsh for procurement of SP in both 2016/17 and 2017/18. In addition to this, the 2017/18 budget has raised 30 bill Tsh from the World bank to upgrade 100 Health centres to be able to provide Comprehensive Emergency Obstetric and Newborn Care services and 38 health centres will be upgraded through external funding.

Increased funding aims to produce tangible results in the short- to medium-term. In this regard, domestic funding will be instrumental for:

- A. Training 241 health providers in five regions
- B. Establishing 7 blood banks in 7 regions that are highly affected by maternal and newborn mortality
- C. Distributing 67 Ambulances in all district councils at the lake zone as well as 8 cars to ease coordination of maternal and newborn health in three areas: Big Lake zone, Central zone and Western zone.
- D. Training 1649 health practitioners at the community Level under the community Health Care Programme.
- E. Giving family planning a top priority in line with its 2016/2020 Strategic Plan for Maternal, Newborn and Adolescents Health.

Uganda

With IPU's support, members of the Health and Budget Committees in the Parliament of Uganda received knowledge and skills on health financing and budgeting, budget analysis and expenditure tracking. As a result, in 2013 the Parliament managed to exercise its budget prerogative before the government and refused to approve the budget for the next fiscal year until the President of Uganda increased funding to health workers, especially to the ones operating in rural areas. In order to keep the momentum alive and further increase domestic funding for health, the IPU continues its support to the Health and Budget Committees. The aim is to help prepare budget advocacy plans to increase funds to health workers and health equipment, and improve adolescent-friendly services.

Representation. Parliamentarians have an important role of representing the views and concerns of their constituents and providing them with information on national and parliamentary issues. This role also requires feedback from the people regarding the effectiveness of government policies.

Rwanda

Following the approval of the Reproductive Health Law in 2016, MPs in Rwanda reached out to youth-friendly health centres and universities to share the main provisions of the law and sensitize communities, especially adolescents, on sexual and reproductive health. The cooperation between the IPU and the Parliament of Rwanda has resulted in nation-wide awareness campaigns on family planning and sexual and reproductive health. In this way, MPs also served as role models as they sensitized adolescents as well as their families, educators and community leaders on the importance of access to reproductive health services.

The campaigns also helped MPs identify a number of gaps that they will soon share with relevant Ministries to urge immediate action. The gaps identified include; 1) poor collaboration between schools, health centers, youth friendly centers, local leaders and parents; 2) overreliance on donor funding for the running of youth friendly centers which threatens their sustainability; 3) lack of health and counselling facilities at universities and other institutions of higher education despite a large number of young students of reproductive age; and 4) lack of updated books and manuals for teachers.

In 2017, before the draft National Budget Law was approved, a number of dedicated sessions with each Ministry, including the Ministry of Health, took place with the aim to present an overview of the activities carried out with the support of the IPU and share the findings identified and the recommendations made. During the session with the Minister of Health, the MPs who took part in the field visits expressed their concerns about adolescent health and sexual and reproductive health as well as family planning (FP). Concerns and recommendations were also presented before other Ministers, including the Minister of Education and Minister of Youth, as most of the findings relate to adolescent health and access of adolescents to health services.

Ministries and local administrative officials are aware of most of the findings and concerns of MPs about RMNCAH issues and they committed to address them during the current fiscal year. It will be Parliament's duty to oversee effective implementation of such a commitment. According to this, the Senate Standing Committee on Social and Human Rights has intensified efforts on accountability and oversight towards government commitments and has planned for the two-year period 2017-2018 robust government oversight on FP and SRHR. It will aim to assess whether this commitment is implemented by both Ministry of Health and its stakeholders. This activity is inspired and promoted by permanent advocacy activity on FP and SRHR that the IPU has been supporting for several years.

Bangladesh

With IPU's support, 12 men and women parliamentarians received training on causes and consequences of child marriage. They subsequently participated in the outreach constituency visit to Sirajganj district whose child marriage rate is about 60%. The activity brought together more than a hundred community members including local government officials, traditional and religious leaders, local officials in charge of birth and marriage registration, professionals in the health and education sectors, police officers, court officials, prosecutors and judges, male and female constituents, especially grooms, fathers and other senior male relatives, civil society organizations, women's organizations, youth groups and media representatives.

In view of discussions in Parliament on the revised version of the child marriage law, MPs gathered comments and concerns from all stakeholders who took part in the community outreach. Comments included keeping the minimum age for girls to marry at 18, promoting awareness-raising campaigns at community level to inform girls and parents about girls' rights, provision of financial support for vulnerable girls and parents, effective law enforcement from marriage registrars who should strictly scrutinize ages of both boys and girls before commencing a marriage, support from parliamentarians and local political authorities when it comes to notifying the responsible authority of cases of child marriage, involvement of religious leaders in informing the population about harmful consequences of child marriage, necessity of online birth and marriage registration system, and the need for the national identity card to be mandatory for all adults.

3) What recommendations do you have for strengthening accountability to adolescent health and rights?

The IPU would like to group its recommendations in the following way:

1) Multisectoral approach. Improving health outcomes is dependent on many factors that fall outside the health sector. In order to accelerate progress on adolescent health, parliaments should continue to strengthen partnerships with other key stakeholders in health and other

sectors. In addition, the IPU will provide technical support to parliaments to promote and oversee governments' implementation of multisectoral strategies and plans for adolescent health. This issue was discussed recently at the 136th IPU Assembly through a panel on "Breaking down barriers for improved health of young generations: A multisectoral approach". Additional information can be accessed at: <http://www.ipu.org/conf-e/136/mnch.pdf>.

In this regard, the IPU will soon provide support to the Parliament of Zambia who has taken steps to implement a country-wide strategy to tackle child marriage. The Parliament has adopted a strategy through which different parliamentary committees, such as the committees on health and community affairs; education; legal, gender and human rights affairs; and local governance are expected to come together to deliver as one in the effort to end child marriage.

2) Use of evidence to monitor progress and oversee government expenditure. Building on their oversight and budget functions, parliaments can fully and effectively discharge their powers if they hold government accountable for their commitments relying on robust scientific evidence. This is even more important in the area of adolescent health where misconceptions, taboos and myths still strongly influence behaviours and interventions.

3) Work across party lines. Parliamentarians should work across sectors but also party lines to build the political will to deliver on the Global Strategy for Women's, Children's and Adolescents' Health and the related SDGs. Parliaments should strengthen parliamentary mechanisms to spearhead work on the health of the most vulnerable and marginalized populations.

4) Promote and support the work of RMNCAH champions. RMNCAH champions in parliaments have an active role in promoting the multisectoral approach and evidence-informed policies. They also play a fundamental role in organizing country-wide campaigns to sensitize adolescents on their health rights and, as their representatives, voice into legislation and policies their needs. They act as role models not only towards their constituents but also their colleagues in parliament. It is in this spirit that the members of the [IPU Advisory Group on Health](#) continue to play such an important role in the global parliamentary community. They offer guidance to IPU Members on implementing relevant international commitments, design information and training material for parliamentarians, conduct field visits to learn lessons from national responses and expand the scope of parliamentary interventions by identifying more effective strategies.