



Zimbabwe Aids Network
Civil Society Coordinating Platform on HIV/ AIDS, SRHR and Health



TRACKING THE HEALTH POLICY DEBATES AT PARLIAMENT
HANSARD ANALYSIS OF SRHR FRIENDLY POLICIES PARLIAMENTARY DEBATES
JULY 2019 – DECEMBER 2019

Background

The Zimbabwe AIDS Network with support from Amplify Change has been implementing a SRHR sensitive budgets and policies for Key Populations (KPs) which include LGBTIQ, People with Disability (PWDs) and Adolescent Girls and Young Women (AGYW). The main objective of the project is to improve accessibility, availability, affordability and acceptability to SRHR services by for these groups as well as enhancing the participation in development processes mainly health policies and budgeting. The initiative has been lobbying for increased domestic financing and investment for SRHR. Cognizant, of the role parliamentarians, play in providing oversight on policy and legislative development and public expenditure management, Members of Parliament were engaged in a bid to sensitize and lobby them to champion SRHR friendly policies and expenditures. The engagement process involved building the capacity and sensitization of parliamentarians so that they can effectively debate and lobby for the progressive realization of SRHR for KPs and vulnerable groups. National Assembly debates, which are sensitive to the development issues of people, are paramount in pushing for reforms, which are critical in creating a health nation.

Currently, delivery of SRHR services for the target groups is fragmented within the Ministry of Health and Child Care. Thus, lack of a clear institutional framework which can act as a one stop shop for SRHR issues creates gaps which the Parliament should address as they carry out their work.

The national budget as an instrument may help guarantee the realization of reproductive health needs and rights of the target population. It has also become a barometer used by Civil Society Organizations (CSOs) to gauge government's commitment to ensure access to SRHR services for KPs and other vulnerable groups. With this in mind, ZAN together with other CSOs has been actively engaging in community and national level advocacy pushing for SRH-friendly budgets and policies. At national level, advocacy thrust has targeted the institution of Parliament. One of the roles of Parliament is to approve the national budget. The project has thus sought to keep debate on ring fencing national income for SRH services is kept alive in Parliament and local communities.

Nonetheless, whilst progress in achieving increased allocation for SRHR-friendly budget in Zimbabwe is being slowed down by the shrinking fiscal space, ZAN recognizes that it has

become more important to deepen advocacy and lobby to ring fence public expenditure for SRHR friendly programmes and projects.

Role of Parliament in SRH Friendly Policies and; National and Local Budgets

Parliamentarians play multiple roles: lawmakers, constituents' representatives, watchdog and thought leaders and opinion makers. In all of these roles, they can make a critical contribution to supporting the development of budgets and policies which are sensitive to the reproductive needs and rights of the target populations.

Parliamentarians are well placed to promote gender sensitive health and, in particular, SRHR policies through legislative mandates, acting as public role models or spokespersons for gender equality and public openness about SRHR. Efforts to increase target populations' access to health services have, however, fallen short in many countries because of underlying economic, political, social, and cultural constraints and/or ideological-driven campaigns.

SRH related challenges faced by the target populations in Zimbabwe

Socio-demographic, cultural, community, government policies, and health system factors have implications for the target populations access and utilization of SRH services in Zimbabwe. Overall, major barriers for the target populations' utilization of SRH services are inherent in the public health delivery system. Some of the main challenges and barriers include:

- Existing SRH services tend to ignore reproductive health needs and rights of the target populations. AGYW seem to be the most affected especially considering that Zimbabwe's population is relatively young with more than 62 percent of its population below the age of 24.
- Limited service package e.g. family planning services, to respond to the high rate of unintended pregnancy (21% for the 15 to 19 years), unsafe abortion, and early marriage or school drop-out, sexually transmitted infections (STIs) including HIV/AIDS among young sexually active LBGTIQ, PWD and AGYW.
- The policy and legal environment remains an inhibiting factor, e.g. restrictive law on abortion which is forcing AGYW to engage in backyard abortions, resulting in increased deaths among AGYW.

- Gender-based violence is affecting AGYW, PWD and LGBTIQ.

Analysis of the SRHR Sensitivity of National Assembly debates for the period July 2019 – December 2019

From the analysis it was noted that the majority of the parliamentarians understood SRHR as a right of people enshrined in Section 76 (1) of the Constitution. While this is a vital aspect that the parliamentarians have general knowledge of the SRHR, it does not mean that the all parliamentarians have the same level of understanding on some of the salient issues of health. They include access to medical treatment after exposure, safe abortion, accessing quality maternal health care, menstruation health among others. Nonetheless, the level of understanding shows that much advocacy has been done around sexual education and the need for safe sex for both married and unmarried couples. This was observed through the motion and contributions that were raised on SRH for the period under review.

The Hansard analysis sought to establish the extent to which parliamentarians push for establishment and review of policies which deal with SRHR issues. Some of the debates have shown concerns to have SRHR policies and these were pushed for mainly by female parliamentarians. This shows that women believe that the presence of policies can go a long way in addressing their SRHR needs within the country.

Some of the parliamentarians gave interesting insights with one arguing that SRHR policies are very important especially in Zimbabwe because women's rights are being infringed without any recourse. Such policies will make it possible to hold those responsible to account. Others opined that policies are very important as they set the ground for changing culture and regulations in communities and organizations. They will basically set the norms and values of interaction.

During the prebudget consultations led by Parliamentarians, members from the joint committee on Health and HIV raised pertinent issues around prioritization of SRH in Zimbabwe considering rampant cases of drug stock outs and shortages of essential medicines. Zimbabwe AIDS Network petitioned Parliament on the stock outs of Antiretroviral Drugs (ARVs). Overall, the debate on the budget was dominated by Parliament's push to ensure the 15% Abuja threshold on health budgeting is met.

Parliamentarians also expressed concerns on the failure by the state to prioritize SRH issues in line with the 2012 London Family Planning Summit which encourages governments to allocate 3% allocations of the national budget towards SRH. Parliamentarians felt that the inadequate budgeting towards SRH is impacting on the delivery of direct services and information.

During debates Parliamentarians raised concerns on how the current economic crisis is impacting on health care delivery. For instance they cited the massive brain drain which has seen a number of qualified and experienced health care workers leaving the country; incessant shortages of basic medical supplies and deteriorating medical infrastructure. Coupled with this is the prolonged strike by medical doctors which started in early September and the flexi-working hours for nurses. As result, there has been a decline in the utilization of public health services in general.

Conclusion

Parliamentarians have generally demonstrated the aggressiveness and eagerness to contribute to the SRHR agenda, but are being frustrated by the government whose convenient excuse is the limited fiscal space. Nonetheless, there has been remarkable progress as result of Parliament's stance on SRHR, for instance the scrapping of all duties and taxes on sanitary ware and the commencement of debate to review the restrictive abortion laws.

Lastly, the potential for success is limited by the partisan nature of Parliament business, which forces Parliamentarians to take the political party position during debate. The ruling party which has the majority in Parliament has consistently demonstrated that it has other priorities other than health when it comes to budget allocations. This has seen the national budget being passed by Parliament despite its continually missing the 15 % Abuja declaration and the 11.3% SADC commitment on health budgeting. In the last three years, the average allocation for health was between 8-9% of the national budget.