



REPUBLIC OF ZAMBIA

REPORT

OF THE

COMMITTEE ON HEALTH, COMMUNITY DEVELOPMENT AND SOCIAL SERVICES

ON THE

RATIFICATION OF THE INTERNATIONAL CONVENTION OF THE EAST, CENTRAL AND

SOUTHERN AFRICAN HEALTH COMMUNITY

FOR THE

THIRD SESSION OF THE THIRTEENTH NATIONAL ASSEMBLY

Published by the National Assembly of Zambia

FOREWORD

Hon Madam Speaker, pursuant to Standing Orders 209 (e) and 210 of the National Assembly of Zambia Standing Orders, 2024, the Committee on Health, Community Development and Social Services is vested with the power to consider International Agreements, Conventions and Treaties in accordance with Article 63 of the Constitution. Thus, the Committee was mandated to consider the Ratification of the International Convention of the East, Central and Southern African Health Community.

In order to acquaint itself with the ramifications of acceding to the International Convention of the East, Central and Southern African Health Community, the Committee held ten meetings and sought both written and oral submissions from stakeholders. The stakeholders, who appeared before the Committee, are listed at Appendix II.

The Committee is grateful to all the stakeholders who tendered both written and oral submissions. The Committee further wishes to thank you, Madam Speaker, for affording it an opportunity to carry out its work. It also appreciates the services rendered by the Office of the Clerk of the National Assembly and his staff throughout the Committee's deliberations.


Mrs Marjorie Nakaponda, MP
VICE CHAIRPERSON

March, 2024
LUSAKA

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1.0 MEMBERSHIP OF THE COMMITTEE

The Committee consisted of: Dr Christopher K Kalila, MP (Chairperson); Mrs Marjorie Nakaponda, MP (Vice Chairperson); Mr Masautso Tembo, MP; Mr Miles Sampa, MP; Mr Joseph S Munsanje, MP; Mr Leevan Chibombwe, MP; Mr Monty Chinkuli, MP; Mr Paul Chala, MP; Mr Heartson Mabeta, MP; and Mr Alex Katakwe, MP.

2.0 BACKGROUND

The East, Central and Southern Africa Health Community (ECSA-HC) is an inter-governmental health organisation that fosters and promotes regional cooperation in health among member states. ECSA-HC was established in 1974 to foster and strengthen regional cooperation and capacity to address the health needs of the member states through partnerships with diverse institutions. Member states of the ECSA Health Community are Kenya, Lesotho, Malawi, Mauritius, Eswatini, United Republic of Tanzania, Uganda, Zambia and Zimbabwe.

The ECSA-HC works with countries and partners to raise the standard of health for the people of the ECSA-HC region by promoting efficiency and effectiveness of health services through cooperation, collaboration, research, capacity building, policy development and advocacy.

The ECSA-HC collaborates with diverse partners to implement its programme activities, playing a crucial role in expanding its influence throughout the region. These partners contribute across a wide spectrum of health-related fields, providing both technical expertise and financial assistance. They play a significant role in advocating for the improvement of health policies and programmes, exchanging successful strategies, and amplifying effective interventions. In the past five years, the ECSA-HC has worked closely with partners in areas such as maternal and child health, reproductive health, HIV/AIDS and tuberculosis, nutrition, and bolstering health systems, among others.

It is worth noting that Zambia was among the founding members of ECSA-HC and had actively participated in various activities of the Community including consistently meeting the requirement to make financial contributions in order to ensure continued execution of the secretariat's functions.

With this background, the Government of the Republic of Zambia sought to ratify the International Convention of the East, Central and Southern African Health Community.

3.0 OBJECTIVES OF THE COMMUNITY

The objectives of the Community are as follows:

- i. to maintain and extend cooperation among member States for the improvement of health systems and services;
- ii. to undertake such activities as shall contribute towards the attainment of the highest standard of health for its people;
- iii. to promote access to health services that are efficient, effective, equitable and of the highest quality;
- iv. to promote the development of human resources for health through the establishment and strengthening of educational and training institutions and programmes;
- v. to encourage and facilitate co-operation between health administrations of member States and international health organisations and institutions; and

- vi. to encourage and facilitate the conduct of research, dissemination and application of health research findings.

4.0 SUMMARY OF THE PROVISIONS OF THE CONVENTION

The summarised provisions of the Convention are as set out below.

Article 1: Establishment of the East, Central and Southern Africa Health Community

This Article provides for the establishment of the East, Central and Southern Africa Health Community.

Article 2 - Membership

Article 2 provides for the procedure for becoming a Member.

Article 3 –Objectives of the East, Central and Southern Africa Health Community

The Article provides for the objectives of the ECSA-HC.

Article 4 – Organs of the ECSA - HC

This Article provides for the organs of the ECSA-HC which are the Conference of Health Ministers, the Advisory Committee and the Secretariat.

Article 5 - The Conference of Health Ministers

Article 5 provides for the establishment and functions of the Conference of Health Ministers which should be the supreme and governing organ of the ECSA-HC. The Conference should consist of Ministers responsible for health in the government of Member States.

Article 6 – Meetings of the Conference

Article 6 provides for when the meetings of the Conference would be held, who should attend the meeting and how the decision of the conference should be made.

Article 7 - Advisory Committee: Establishment, Composition and Functions

Article 7 provides for the establishment of the Advisory Committee, rotational membership to the Committee and the functions of the Committee.

Article 8 – Meetings of the Advisory Committee

Article 8 provides for the number of times the Advisory Committee is mandated to meet and the conditions when an extraordinary session may be called.

Article 9 – The Secretariat

Article 9 provides for the establishment of a Secretariat of the ECSA-HC and where it would be based. The Article further provides that, the Director-General shall be the principal Executive Officer of the ESCA-HC; for the functions of the Director-General and the appointment of other staff of the Secretariat.

The Article further compels Member States to respect the responsibilities of the Director-General and other staff of the Secretariat and not to influence them in the performance of their duties.

Article 10 – Budget and Financial Provisions

Article 10 provides for how the budget of the Community should be administered, sources of revenue for the ECSA-HC and expenditure.

Article 11 - Relations with other Regional and International Organisations and Development Partners

Article 11 compels the Secretariat to cooperate with other regional and international organisations and development partners, whose interests and activities are related to those of the ECSA-HC.

Article 12 – Amendments

Article 12 sets provisions for amendment of the Convention at any time by consensus of all Member States and the procedure to be followed.

Article 13 – Settlement of Disputes

Article 13 provides for the mechanism for resolving disputes arising out of the Convention between Member States and the procedure used.

Article 14 - Legal Status, Privileges and Immunities

Article 14 provides for the international legal personality of ECSA-HC. It further compels Member States to grant the ECSA-HC and its officers the privileges and immunities accorded to similar international organisations in its territory.

Article 15 - Rights and Obligations of Member States

Article 15 provides for the equal rights and equal duties of member States and undertakes to respect the provisions of the Convention.

Article 16 - Withdrawal of Membership

Article 16 provides for withdrawal of membership and the procedure for withdrawal.

Article 17- Entry into Force

The Article provides for the Convention entry into force with retrospective effect from 1st July 1980, upon ratification and deposit of instruments of ratification by two thirds of the member States.

Article 18 – Accession and Depository

Article 18 provides for the accession and depository of the Convention and instruments of ratification and accession.

Article 19 - Common Seal

Article 19 provides for the common seal of the Community, its custody and its use.

Article 20 - Savings and Transition

Article 20 provides for the replacement of the Convention of the Commonwealth Regional Health Community for East, Central and Southern Africa.

PART II

4.0 SUMMARY OF SUBMISSIONS FROM STAKEHOLDERS

All stakeholders who appeared before the Committee supported Zambia's ratification of the Convention. In line with the mandate of ECSA-HC, stakeholders submitted that the benefits outlined below would accrue to Zambia.

i) Regional Collaboration

Stakeholders submitted that ratifying the ECSA-HC Convention would strengthen Zambia's collaboration with its neighbouring countries in the East, Central, and Southern Africa region. This would facilitate information sharing, joint planning and research, implementation of health initiatives and coordinated response to health challenges; and fostering a sense of regional solidarity.

In addition, stakeholders submitted that epidemics were a global occurrence and they had no borders as an outbreak in one country affected other countries in the region. Therefore, it was important to ratify this Convention in order to make it easier for countries to collaborate in fighting epidemics.

ii) Specialised support and interventions

Stakeholders submitted that ratifying the ECSA-HC Convention would allow Zambia to have access to specialised support and interventions that were tailored to the unique context and needs of the East, Central, and Southern Africa region.

iii) Technical Assistance and Capacity Building

Stakeholders submitted that ratifying the ECSA-HC Convention would provide Zambia with access to technical assistance and capacity-building initiatives specifically designed for the region such as training programmes, workshops, and peer-to-peer learning opportunities.

In this vein, the Committee was informed that the Convention's focus on developing human resource for health aligned with Zambia's goals of enhancing its healthcare workforce and improving health outcomes, which would contribute to the country's long-term health resilience.

iv) Advocacy and Policy Influence

The Committee was informed that ratifying the ECSA-HC Convention would provide Zambia with a platform to advocate for its priorities and interests within the regional health agenda for increased funding, policy support, and technical assistance to address pressing health challenges; and also contribute to the development of regional health policies and strategies.

v) Enhanced Efficient and Effective Health Service Provision

Stakeholders submitted that Zambia stood to benefit from the organisation's array of services designed to enhance the efficiency and effectiveness of health service provision in the region. The ratification of the Convention would also open avenues for accessing services aimed at fostering efficiency and relevance in healthcare delivery.

vi) Employment Opportunities

The ratification of the Convention would provide employment opportunities to Zambians who may work with the Secretariat.

5.0 COMMITTEE OBSERVATION AND RECOMMENDATIONS

The Committee is in support of the proposal to ratify the Convention and observes that it is comprehensive and will bring great benefit to the country. The Committee makes the observations recommendations set out hereunder.

i) Article 3

The Committee observes that while the objectives of the Convention encompass a lot of important areas, it has left out some key aspects.

In this regard the Committee recommends that the objective of the Convention should also include health security and sharing of health information for pandemic prevention and control.

ii) Article 7

The Committee observes that there is a lack of pandemic experts on the Advisory Committee and recommends that these should be included in the composition of the Advisory Committee, especially considering cross-border dangers that arise from pandemics as witnessed from the COVID-19 and Ebola virus.

iii) Development of vision, mission statement and values

The Committee observes that the Convention does not have a vision, mission and values statement. In this regard, the Committee recommends that these should be enunciated in order for the Convention to serve the people better.

iv) Periodic review

The Committee observes that there is no provision for periodic reviews of the provisions of the Convention and is of the view that regular assessment will ensure continued relevance and effectiveness of the Convention.

In this regard, the Committee recommends that provision should be made for periodic reviews to adapt to evolving regional health needs and changing health landscapes.

v) Access to funding

The Committee observes that ratifying the Convention will create opportunities for the country to access funding. The Committee is of the view that international cooperating partners are more likely to fund regional bodies than individual countries. In this regard, the Committee strongly recommends the ratification of the Convention.

vi) The African Union and ECSA-HC

The Committee observes that under the African Union, the Africa Centre for Disease Control and Prevention was established. Its mandate is to support public health initiatives of Member States and strengthen the capacity of their public health institutions to detect, prevent, control and respond quickly and effectively to disease threats.

In this vein, the Committee recommends that there is need for ECSA-HC to align its work and find common ground with the continental organisation for the benefit of the regional membership.

6.0 CONCLUSION

In conclusion, the Convention of the East, Central, and Southern Africa Health Community contains progressive provisions on promoting and encouraging efficiency

and relevance in the provision of health services in the region. By ratifying the Convention, Zambia will join the international community in protecting citizen's health by improving access to safe, affordable, and quality health services.

The Committee is, therefore, in support of the ratification of the Convention as Zambia will benefit from a network of States parties and the international cooperation, assistance and exchange of experiences that comes with such network. Ratification of the Convention will also provide coordination and collaboration among States, which is particularly important for a land-linked country like Zambia.


Mrs Marjorie Nakaponda, MP
VICE CHAIRPERSON

March, 2024
LUSAKA

APPENDIX I - List of National Assembly Officials

Mrs Doreen N C Mukwanka, Director – Social Committees
Mrs Chitalu K Mumba, Deputy Director – Social Committees
Ms Christabel Malowa, Senior Committee Clerk (SC1)
Mrs Media Hachombwa Mweele, Committee Clerk
Mr Timothy C Lumba, Committee Clerk
Ms Catherine Chibuye, Administrative Assistant
Mr Daniel Lupiya, Committee Assistant

APPENDIX II - List of Witnesses

- i. Churches Health Association of Zambia
- ii. Ministry of Health
- iii. Ministry of Finance and National Planning
- iv. Health Professions Council of Zambia
- v. Policy Monitoring and Research Centre
- vi. Tropical Diseases Research Centre
- vii. University of Zambia
- viii. Zambart
- ix. Zambia Institute of Policy Analysis and Research
- x. Zambia Health Education Communication Trust
- xi. Zambia National Public Health Institute