



COMMUNIQUÉ
REGIONAL BUDGET SUMMIT ON STRENGTHENING SOCIAL
ACCOUNTABILITY IN HEALTH AND AGRICULTURE IN SOUTHERN
AFRICA
6TH TO 7TH MARCH 2019, LUSAKA, ZAMBIA

‘Strengthening Social Accountability in Health and Agriculture in Southern Africa.’

1. CONTEXT AND BACKGROUND

- 1.1 WHEREAS** a Regional Budget Summit on Strengthening Social Accountability in Health and Agriculture in Southern Africa was held on the 6th to the 7th of March 2019 in Lusaka, Zambia, under the auspices of the Partnership for Social Accountability (PSA) Alliance¹ and the SADC Parliamentary Forum.
- 1.2** The multi-stakeholder Summit was attended by 87 representatives drawn from four (4) SADC National parliaments, civil society organizations (CSOs), smallholder farmers’ associations, the media and government officials. The parliaments of the PSA Alliance’s project countries of Malawi, Mozambique, Tanzania and Zambia were represented.
- 1.3 Noting** that the Budget Summit was preceded by a Regional Learning Forum on Advancing Social Accountability Monitoring (SAM) in Health (SRHR) and Agriculture (food security) which was held on the 4th to the 5th of February 2019, Lusaka, Zambia.
- 1.4 Welcomed and appreciated** the social accountability monitoring findings undertaken by the (i) PSA Alliance members in 2017 and 2018 (ii) data from other national and regional research, and (iii) testimonies of civil society, smallholder farmers and young people, focused on HIV testing and sexual and reproductive health (SRH) services for adolescents and youth, as well as agricultural services for smallholder farmers, particularly Farm Input Support Programmes (FISPs);

¹ The **PSA Alliance** is a consortium of organisations led by ActionAid International (AAI) and including the Public Service Accountability Monitor (PSAM) of Rhodes University, Eastern and Southern Africa Small Scale Farmers’ Forum (ESAFF) and SAfAIDS. The PSA Alliance, with support from the Swiss Agency for Development and Cooperation (SDC), is implementing a regional project which seeks to improve public service delivery in agriculture and health by strengthening oversight and social accountability in the SADC region.

1.5 Cognizant of and reiterating the importance of regional health and agriculture and related instruments such as the **(i)** AU Malabo Declaration on Accelerated Growth and Transformation for Shared Prosperity and Improved Livelihoods (2014) **(ii)** AU Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases (2001) **(iii)** SADC Integrated HIV, SRH, TB and Malaria Strategy and Business Plan (2016-2020) **(iv)** Strategy for SRHR in the SADC Region (2019 – 2030) **(v)** SADC Regional Agricultural Policy (RAP) (2013) **(vi)** SADC RAP Investment Plan (RAIP) (2017 – 2022) **(vii)** SADC Food and Nutrition Security Strategy (FNSS) (2015-2025).

1.6 Noting the importance of social accountability for effective delivery of quality, affordable, accessible and gender responsive public services to all our people, and ultimately to the achievement of Sustainable Development Goals (SDGs) and regional commitments in health and agriculture.

2. OBSERVATIONS AND RECOMMENDATIONS RELATED TO AGRICULTURE

2.1 Observations

In the interest of Promoting Agricultural Services for Smallholder Farmers in the SADC Region, we observed the following:

- 2.1.1 Agricultural growth in the SADC region, in spite of the large scale investment through the farm input support programmes (FISPs), has been marginal and unsustainable falling short of the Malabo Declaration goal of a 6% annual growth rate, resulting in food insecurity;
- 2.1.2 Notwithstanding the fact that smallholder farmers contribute up to 80% of the food in the Sub-Saharan African region, the priorities of smallholder farmers, in particular women, do not form the basis for national agricultural planning and budgeting. This unfortunately results in agricultural programmes which exacerbate climate change and overlook key alternatives such as agro-ecology;
- 2.1.3 Challenges in social accountability in the management of public funds for agriculture, particularly on FISPs, including inconsistent spending and weak monitoring and reporting, have led to reports of widespread leakage, diversion, embezzlement and theft of vouchers and inputs;
- 2.1.4 Parliamentary scrutiny of the agricultural sector through portfolio committees in some Member States is hampered by lack of access to information, research and technical assistance.

2.2 Recommendations

Noting all of the above and the need to accelerate agricultural growth as a means to fighting hunger and poverty we therefore:

- 2.2.1 **Call** upon SADC Member States to progressively allocate budgets to agriculture that efficiently and effectively reach the Malabo Declaration target of at least 10% in order to sustain the desired annual agricultural GDP growth of at least 6%. It is further urged that there be greater efficiency and effectiveness in programming and budget utilization as a means of ensuring return on investment.
- 2.2.2 **Recommend** that National investments in agriculture be aligned with farmers' own priorities and focus on financing diversified smallholder support programmes such as extension services, research, climate change adaptation and financing, input support and improve farmers' access to finance and market.
- 2.2.3 **Encourage** the SADC Secretariat to urgently operationalize the establishment of the SADC Food and Nutrition Security Regional Steering Committee which was formed during the SADC Food and Nutrition Security Strategy Forum in Malawi (2014) to advise on regional food and nutrition policy frameworks and strategies. It is worth noting that this committee by design is both gender-balanced and inclusive of civil society and smallholder farmers' organizations.
- 2.2.4 **Urgently Call** upon SADC Member States to support innovative research and development as well as the implementation of alternatives to hybrid seeds and chemically intensive agriculture such as (i) integrated pest management (ii) use of community-based seed systems (iii) improvement of soil fertility through increasing soil organic matter and to (iv) facilitate the diversification of farmer support programmes and the redirection of funds towards the adoption of agro-ecological practices.
- 2.2.5 **Recommend** the conduct of performance audits of SADC Member States' agricultural extension services to assess their efficiency and effectiveness in capacitating smallholder farmers, particularly women, to sustainably contribute to the realization of food security goals in the region.
- 2.2.6 **Urge** the supreme audit institutions of SADC Member States to conduct forensic audits of all farmer support programmes, with a focus on FISPs, with the aim of identifying and addressing the systemic internal control weaknesses that allow for misuse of funds.

3. OBSERVATIONS AND RECOMMENDATIONS RELATED TO HEALTH

3.1 Observations

In the interest of Promoting HIV Testing and SRH Services for Adolescents and Young People in the SADC Region, we observed the following:

- 3.1.1 The national budget allocations to the health sector in the select SADC Member States of Malawi, Mozambique, Tanzania and Zambia has not reached the set 15% target as contained in the Abuja Declaration whilst the national allocation to SRH of the total national health budgets has been just below 2% in the last five years;

- 3.1.2 Notwithstanding the inclusive and participatory processes to ensure citizen participation in the national budget in some of the select countries, the participation of youth and women remains generally low and there is a mismatch between budget consultations and final decisions on budget allocation;
- 3.1.3 Health budget expenditures do not always follow the implementation plans, and delays in fund disbursements from central government results in underspending;
- 3.1.4 Inadequate staffing, unfriendly staff attitudes and inadequate health facilities has resulted in poor quality health services in general and all these are not facilitative of the SRH objectives for adolescents and youth in particular.

3.2 Recommendations

Noting all of the above and the need to improve SADC citizens' health in general and to promote HIV Testing and SRH Services for Adolescents and Young People in particular, we therefore;

- 3.2.1 **Call** SADC Member States to commit 5% of their national health budget for implementation of the SADC SRHR Strategy (2019-2030). Additionally, local government authorities, where relevant, should at least commit 10% of their own sources for the facilitation of the implementation by local health departments.
- 3.2.2 **Urge** the SADC Secretariat to establish a regional youth advisory committee to inform the implementation and operationalization of the SADC SRHR Strategy and Scorecard. It is further recommended that the committee be representative of young people from all SADC Member States and mirror national level structures that will co-monitor national progress.
- 3.2.3 **Implore** SADC Member States to undertake innovative and sustainable domestic resource mobilisation and ensure adequate budgetary allocations to SRH services for adolescents and young people. Tailored SRH services for adolescent girls and young women, in particular, should be prioritized.

4. GENERAL RECOMMENDATIONS

In conclusion and in pursuit of advancing SADC's stated health and agricultural objectives as contained in the regional instruments listed in 1.5 above, we finally wish to:

- 4.1 **Welcome and express support** for the SADC Online Monitoring and Evaluation System and encourage the SADC Secretariat to facilitate its full and regular use for reporting on the implementation of regional commitments on health and agriculture through (i) raising awareness (ii) ensuring easy access by all stakeholders, and (iii) simplifying documents.
- 4.2 **Implore** SADC to ensure the earnest implementation of regional commitments on health and agriculture as a means of deepening SADC integration and development and thus the improvement of the lives of the citizens of the region.

- 4.3 Request** SADC Member States through their relevant ministries and agencies to avail information related to health and agriculture in accordance with Access to Information legislation or to enact such legislation where it is non-existent. This will be instrumental in the exercise of oversight, monitoring and evaluation and targeting the interventions of different stakeholders.
- 4.4 Encourage** civil society organizations involved in the health and agricultural sectors, including grassroots organizations, to continue to undertake monitoring research and share evidence-based information and recommendations regarding these sectors.
- 4.5 Urge** SADC National Parliaments and the SADC Parliamentary Forum to promote awareness of the regional health and agriculture commitments at both the national and regional levels and ensure oversight of the same through appropriate mechanisms.
- 4.6 Encourage** the continuation and expansion of the Partnership for Social Accountability (PSA) Alliance to include other SADC countries to ensure greater reach and region wide promotion of social accountability.
- 4.7 Express** our profound appreciation to the Swiss Agency for Development and Cooperation (SDC) for its support of the work of PSA Alliance and commitment to strengthening social accountability in the SADC region.
- 4.8 Recommend** the continuation of the annual Regional Budget Summit series whilst urging the various stakeholders involved to implement their roles and report on the same.

Finally, this communiqué is hereby submitted to SADC and in particular (i) the Directorate of Food, Agriculture and Natural Resources (FANR) and the Directorate of Social and Human Development and Special Programmes (SHDSP), (ii) the SADC Parliamentary Forum's relevant Standing Committees of health and agriculture respectively, as well as (iii) civil society organizations (CSO) in the region, in particular, CSOs working on issues of health and agriculture at the national level.

