

JUST ADD WOMEN?

PARLIAMENTARY COMMITTEES AND THE HEALTH SECTOR IN AFRICA

Susan Dodsworth and Nic Cheeseman

INTERNATIONAL DEVELOPMENT DEPARTMENT,
UNIVERSITY OF BIRMINGHAM

A growing body of evidence shows that women have a substantive impact when they are included in legislatures, particularly when it comes to health. Yet, our understanding of how women in parliament achieve this impact remains poor. This policy paper helps to fill this gap by examining the extent to which parliamentary committees provide women in African parliaments with an avenue for influencing laws and policies in the health sector. It maps the inclusion of women in parliamentary committees across sub-Saharan Africa and presents a case study of Malawi, where in 2017 female legislators made use of parliamentary committees to influence a new law on HIV and AIDS – an issue of vital importance to women.



Photo: The campaign to increase women's political representation in Malawi's 2019 election.

Source: 50:50 Campaign Malawi. (used with permission)

KEY FINDINGS

- In Africa, membership of parliamentary committees is gendered. Women are typically overrepresented on 'soft' or less prestigious committees, such as those responsible for the health sector.
- This pattern is not surprising, but the extent of the discrepancy is: women are included in Health Committees at almost double the rate at which they are included in legislatures across sub-Saharan Africa.
- Parliamentary committees provide an important avenue through which women legislators can influence outcomes in the health sector by proposing amendments to key legislation. They also enable women's groups to access parliament, strengthening their voice.
- However, the number of women – in parliament, and on committees – is not all that matters. Women can make better use of parliamentary committees when: (i) they can leverage relevant professional expertise; and (ii) they can draw on alliances with civil society and male colleagues.

POLICY IMPLICATIONS

- Support to parliamentary committees can help to amplify the voices of women in parliament, particularly in the context of the health sector.
- Investments in parliamentary committees can benefit gender equality even when women's inclusion in legislatures remains a work-in-progress.
- Programmes designed to support women in parliament should move beyond a narrow focus on increasing the number of women to focus on building leadership skills and strengthen the ties between women legislators and civil society.
- Programmes that focus exclusively on women in parliament may make it harder for female legislators to build alliances with their male counterparts, limiting their impact. Policy-makers and practitioners should therefore look for inclusive ways to support women in politics.

In the last few decades there have been some notable advances in the political inclusion of women. Among the most visible of these have been important improvements in the representation of women in parliaments. While women made up just 11.3% of national legislatures in 1995, by the start of 2019 they made up almost a quarter – 24.3% – of these institutions.¹ This figure is still disappointing, but demonstrates that some progress is being made. Indeed, 2018 saw a record number of women elected to the US Congress, as well as electoral gains by women in several less prominent cases, including Costa Rica, Latvia, Armenia, Djibouti and Cameroon.

This raises an important question: What do women do once they get into Parliament? Perhaps more importantly, do they make a difference? Asking whether – and how – women make a difference in politics can attract criticism, most notably the complaint that these questions are very rarely asked about the men in parliament. Yet in a world where there are deeply entrenched barriers that prevent the entry of women into politics, it is important to talk about what is lost when women are left out of legislatures, and what can be gained by including them. Not everyone can be won over by arguments that focus on equality as a matter of principle, so there is value in more utilitarian arguments – if they can be backed up by empirical evidence.

Fortunately, there is a growing body of research that shows that women *do* have a substantive impact when they are included in national parliaments. One of the most notable areas where we see this effect is in the health sector. This is not entirely surprising: in sub-Saharan Africa, for example, surveys show women citizens and women legislators are significantly more likely to identify health as a priority issue compared to men.² Thus, health can legitimately be considered to be a ‘women’s issue.’ We now have statistical evidence that shows a correlation between greater representation of women in

parliaments and increased health spending,³ as well as statistical evidence that links increases in the number of women in legislatures to improved health outcomes, including in areas that are of great concern to women such as maternal mortality.⁴

Unfortunately, there are still limits on what we know about the impact of women in parliaments. In particular, our understanding of *how* women in parliament influence substantive outcomes remains poor. This is a problem for policy-makers and practitioners because it makes it harder to design effective programmes to support women in parliament. Existing research speculates, however, that parliamentary institutions – including parliamentary committees – may play an important role, offering women a space in which they can act as ‘critical leaders.’⁵

With this in mind, we have done two things. First, we have begun to build a database that maps the inclusion of women in parliamentary committees across sub-Saharan Africa. This is an interesting region to focus on because it is where we find the greatest variation in women’s legislative representation: sub-Saharan Africa includes some of the world’s best performers (in terms of the number of women in parliament) as well as some of the worst. Second, as a first step towards a broader comparative analysis we have completed a case study of Malawi, examining how women in the National Assembly made use of parliamentary committees to influence an important piece of legislation – *the HIV and AIDS (Prevention and Management) Act, 2017*.

Case studies that trace the legislative process from start to end are important because much of the research conducted so far has looked at whether or not legislation dealing with gender issues, such as violence against women, has been enacted by a parliament. This is of course

1 Inter-Parliamentary Union, ‘Women in Parliament in 2018: The Year in Review’ (Geneva: Inter-Parliamentary Union, 5 March 2019), <https://www.ipu.org/resources/publications/reports/2019-03/women-in-parliament-in-2018-year-in-review>.

2 Amanda Clayton et al., ‘In Whose Interest? Gender and Mass–Elite Priority Congruence in Sub-Saharan Africa’, *Comparative Political Studies* 52, no. 1 (2019): 69–101, <https://doi.org/10.1177/0010414018758767>.

3 Amanda Clayton and Pär Zetterberg, ‘Quota Shocks: Electoral Gender Quotas and Government Spending Priorities Worldwide’, *The Journal of Politics* 80, no. 3 (10 May 2018): 916–32, <https://doi.org/10.1086/697251>.

4 Aubrey Westfall and Carissa Chantiles, ‘The Political Cure: Gender Quotas and Women’s Health’, *Politics & Gender* 12, no. 3 (2016): 469–90, <https://doi.org/10.1017/S1743923X16000167>.

5 Christie Marie Arendt, ‘From Critical Mass to Critical Leaders: Unpacking the Political Conditions behind Gender Quotas in Africa’, *Politics & Gender* 14, no. 3 (2018): 295–322, <https://doi.org/10.1017/S1743923X17000502>.

an important issue, but overlooks the importance of *process*. Legislatures play a crucial role, not just by passing laws as they are put forward by governments, but by scrutinising and improving that legislation. This makes it essential to understand how women's participation in parliament can make legislation better.

Our research shows that women in parliament can influence outcomes in the health sector by working through parliamentary committees. Their success is influenced by a number of factors, including the relationship between women in parliament and the broader women's movement, the expertise and commitment of the individual women who occupy leadership positions within committees, and the extent to which men within parliament – and in particular within parliamentary committees – act as allies. Notably, the Malawian case demonstrates that women legislators can make use of parliamentary committees even when they remain under-represented in the parliament; in 2017, women occupied only 16.7% of the seats in Malawi's National Assembly. This finding is important for those working to support women in politics, suggesting that investments in parliamentary committees can benefit gender equality even when women's inclusion in legislatures remains a work-in-progress.

THE INCLUSION OF WOMEN IN PARLIAMENTARY COMMITTEES ACROSS AFRICA

Evidence from other regions – including Latin-America, North America and Europe – shows that women parliamentarians tend to be appointed to 'soft' and less prestigious parliamentary committees.⁶ This typically includes committees dealing with social issues, such as education and health. In contrast, committees that deal

with 'hard' issues or which are more prestigious – such as the budget and defence committees – often include far fewer women. There is debate about whether this gendered division of labour is the product of discrimination against women or rather reflects the agency of female legislators. As noted above, many women in parliament identify health as a high priority issue, so they may actively seek positions on these committees.

On the face of it, this gendered variation in committee membership adds weight to the idea that parliamentary committees may provide female legislators with an important avenue for influencing laws and policies in the health sector. Since women tend to make up a greater proportion of the committees relevant to that sector, parliamentary committees may help to amplify their voices. Yet, in the case of sub-Saharan Africa a shortage of comparative research makes it hard to tell whether the same patterns in membership of parliamentary committees exist – and thus whether we should expect parliamentary committees to help women influence outcomes in the health sector.

To shed light on this issue, we have worked with the country offices of the Westminster Foundation for Democracy (WFD) to begin constructing a database that maps the inclusion of women in parliamentary committees across Africa. Where possible, we have also drawn on data published on parliamentary websites, as well as information obtained directly from parliamentary clerks. The data that we have obtained from parliamentary websites must be approached with a degree of caution: parliamentarians often shift between committees during the life of a parliament, so the details published on official websites can quickly become out of date.

6 See, for example: Roseanna Michelle Heath, Leslie A. Schwindt-Bayer, and Michelle M. Taylor-Robinson, 'Women on the Sidelines: Women's Representation on Committees in Latin American Legislatures', *American Journal of Political Science* 49, no. 2 (2005): 420–36, <https://doi.org/10.2307/3647686>; Catherine Bolzendahl, 'Opportunities and Expectations: The Gendered Organization of Legislative Committees in Germany, Sweden, and the United States', *Gender & Society* 28, no. 6 (2014): 847–76, <https://doi.org/10.1177/0891243214542429>.

TABLE 1

The representation of women in African parliamentary committees

Country	Women in Parliament 2018 (%) ⁱ	Health Committee ⁱⁱ			Budget Committee ⁱⁱⁱ			Defence Committee ^{iv}		
		Women (%)	Chair	Deputy Chair	Women (%)	Chair	Deputy Chair	Women (%)	Chair	Deputy Chair
Angola	30.5	52.4	M	M	15.4	M	M	25.0	M	M
Benin	7.2	26.7	F	M	6.7	M	M	0.0	M	M
Botswana	9.5	0.0	M	-	0.0	M	-	0.0	M	-
Burundi	36.4	46.7	M	F	50.0	M	M	20.0	M	M
Cameroon	31.1	55.0	F	F	20.0	F	M	25.0	M	M
Cape Verde	23.6	66.7	F	F	0.0	M	M	33.3	F	M
Ghana	12.7	10.5	M	M	9.5	M	M	16.7	M	M
Kenya	21.8	21.1	F	M	22.2	M	M	21.1	M	M
Madagascar	19.2	88.9	F	-	0.0	M	-	5.9	M	-
Malawi	16.7	31.3	F	-	22.7	M	-	50.0	M	-
Mozambique	39.6	56.3	F	M	50.0	F	M	25.0	M	M
Namibia	46.2	85.7	F	M	50.0	F	F	38.9	M	F
Niger	17.0	44.4	M	F	12.9	M	F	13.0	M	M
Sierra Leone	12.3	25.0	M	F	12.5	M	M	0.0	M	M
South Africa	42.7	52.9	F	-	36.4	F	-	16.7	M	-
Tanzania	37.2	37.5	M	M	30.4	M	M	36.0	M	M
Togo	17.6	12.5	M	M	10.0	F	M	0.0	M	M
Uganda	34.3	59.1	M	F	23.1	M	M	27.3	F	M
Zambia	18.0	25.0	M	-	11.1	M	-	12.5	M	-
Average	25	42	53% Male	57% Male	20	74% Male	86% Male	19	89% Male	93% Male

i. As at 1 December 2018, using data compiled by the Inter-Parliamentary Union. In cases of bicameral parliaments, figures are for the lower house.

ii. Where there is no named health committee, we have used data on the most relevant committee, typically that tasked with social affairs. In both Madagascar and Namibia, the most relevant committees are those whose remit includes gender (among other things). This explains why there is such a large percentage of women in these two cases.

iii. Where there is no named budget or appropriations committee, we have used data on the most relevant committee, typically the finance committee.

iv. Where there is no named defence committee, we have used data on the most relevant committee, typically that responsible for security.

These data limitations are slightly less problematic when one is interested in general patterns of committee membership across the region (as is the case here), than in the exact identities of the individuals on specific committees in a single country. The composition of committees at the beginning of a parliamentary term is also likely to be particularly telling because it tends to represent the first preference of legislative leaders and parliamentarians.⁷ This data should also reflect the composition of committees during the period in which parliament is typically most active.

To date, we have collected data on 19 countries in sub-Saharan Africa.⁸ Our data, which constitutes a 'snapshot' of current parliaments,⁹ suggests that committee memberships do vary on the continent in a gendered way, similar to what has been found elsewhere.

Women are typically underrepresented on 'hard' committees, relative to their representation in parliaments, and overrepresented on 'soft' committees. In itself, this finding is not surprising. What is surprising, however, is just how pronounced this pattern is when it comes to the health sector. As shown in Table 1 (above) women form an outright majority of Health Committees in 7 countries and are overrepresented – compared to their share of the overall legislature – in 14 of the 19 countries for which we have collected data. On average, women make up 42% of the membership of Health Committees across our sample – almost double the rate at which they are included in these legislatures. In comparison, women make up 19% and 20% of the committees responsible for defence and the budget, respectively. On those committees, women are underrepresented, rather than overrepresented, but the magnitude of the discrepancy is substantially smaller, relative to their inclusion

7 Paul Chaisty, Nic Cheeseman, and Timothy J. Power, *Coalitional Presidentialism in Comparative Perspective: Minority Presidents in Multiparty Systems* (Oxford: Oxford University Press, 2018), chap. 3.

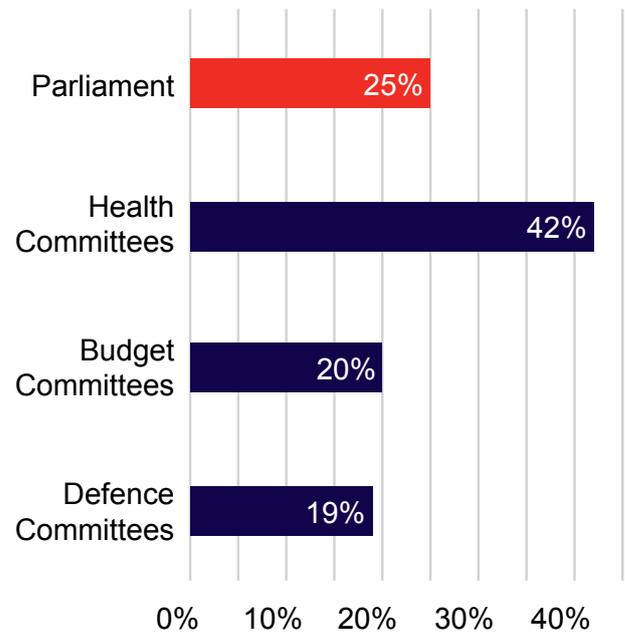
8 These are: Angola, Benin, Botswana, Burundi, Cameroon, Cape Verde, Ghana, Kenya, Madagascar, Malawi, Mozambique, Namibia, Niger, Sierra Leone, South Africa, Tanzania, Togo, Uganda and Zambia. In some of these cases data on committee leadership is missing or incomplete, for example because some parliamentary websites do not identify the deputy chairpersons of committees. In cases where there is a bicameral parliament, our data relates to the lower house.

9 We collected our data in late 2018 and early 2019.

within the legislature. Women also do much better when it comes to leadership positions in Health Committees, where they represent 47% of Chairs and 43% of Deputy Chairs – a radical difference to the situation in Defence Committees, where the leadership is overwhelmingly male.

FIGURE 1

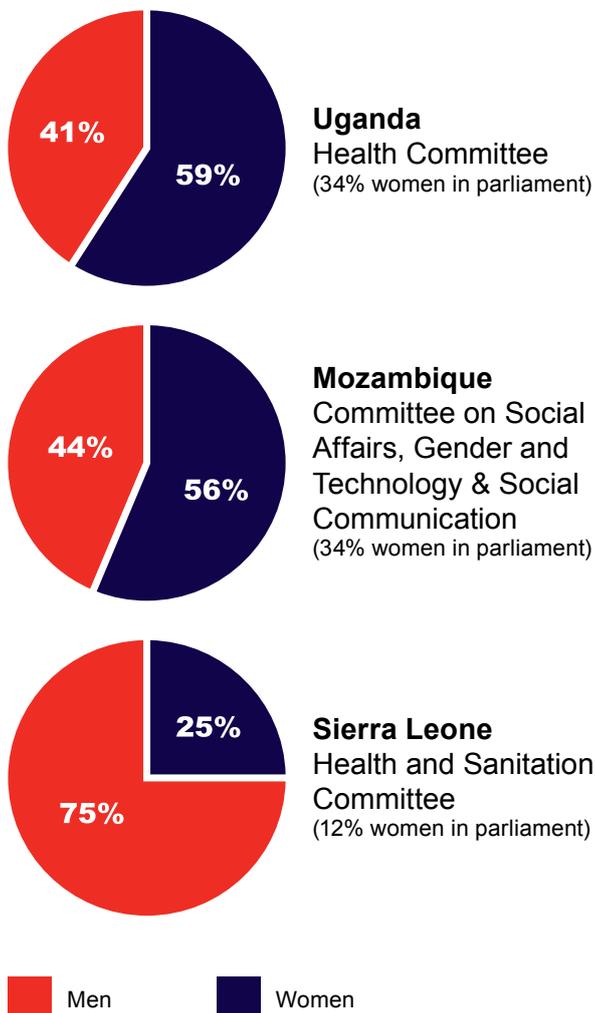
Average proportion of women in parliament in 19 African countries



These gendered patterns of committee membership are found both in parliaments with very few women, and in parliaments where women occupy a greater proportion of seats. As illustrated in Figure 2, in 2018, women made up 34% of the Ugandan Parliament, but more than half (59%) of the Health Committee. In Mozambique (which lacks a dedicated health committee), women made up 40% of the parliament and 56% of the Committee on Social Affairs, Gender and Technology & Social Communication. In Sierra Leone, only one quarter of the members of the Health and Sanitation Committee were women, yet this is quite impressive given that women made up just 12.3% of the legislature. In all three of these cases, a woman was either Chairperson of the committee (Mozambique) or Deputy Chairperson (Uganda and Sierra Leone). Similar patterns are found with respect to HIV and AIDS committees, where they exist.

FIGURE 2

Gendered patterns of committee membership



In contrast, women are typically very poorly represented on committees that deal with defence and national security, even when we factor in the extent of their inclusion in the Parliament. Indeed, based on our data, women were entirely absent from these committees in a number of countries, including Benin, Botswana, Sierra Leone and Togo.

Women are also frequently underrepresented on committees that oversee the budget, though by smaller margins compared to Defence Committees. Again, in some cases – such as Botswana, Cape Verde and Madagascar – they appear to be entirely absent. However, the patterns here are less consistent: in a small number of cases women were quite well represented on Budget Committees. This includes Mozambique, where in 2018 women made up half the Planning

and Budget Committee, as well as Sierra Leone, where in 2018 the percentage of women on both the Finance Committee and Planning and Economic Development Committee was reasonably high (12.5% and 18.75% respectively) given that women make up just 12.3% of the legislature.

The key point here is that the patterns of variation that we see in the allocation of both committee membership and committee leadership suggest that parliamentary committees may well constitute an important avenue through which women in African legislatures are able to influence outcomes in the health sector – even when their numbers in parliament remain low. Our case study of the *HIV and AIDS Act* in Malawi allows us to better understand exactly how and why this is the case.

“IT’S NOT ABOUT THE NUMBERS”: THE HIV AND AIDS ACT IN MALAWI

BOX 1

WHY MALAWI?

To date, case studies of women in African parliaments have focussed on just a handful of cases: Uganda, South Africa, Rwanda and Tanzania.¹⁰ There is therefore value in focussing on Malawi because it is not one of the ‘usual suspects.’ Malawi is also an interesting case to examine because it helps us to understand how and why parliamentary committees might be useful to women MPs even where women remain underrepresented in the parliament. Between 2014 and 2019, women made up just 16.7% of Malawi’s unicameral National Assembly. Yet during that period they were relatively well-represented on two parliamentary committees, making up almost a third the Health Committee and just over 17% of the HIV, AIDS and Nutrition Committee in 2018. They also

10 Gretchen Bauer, “‘Let There Be a Balance’: Women in African Parliaments”, *Political Studies Review* 10, no. 3 (2012): 370–84, <https://doi.org/10.1111/j.1478-9302.2012.00272.x>.

occupied leadership positions within those committees; Juliana Lunguzi as Chairperson of the Health Committee, and Esther Jolobala as Deputy Chairperson of the HIV, AIDS and Nutrition Committee. Thus, Malawi is a paradigmatic example of where we should be able to identify the impact, if any, of women committee members on the health sector.

The HIV and AIDS (Prevention and Management) Bill was introduced in Malawi's National Assembly in June 2017. Although some aspects of the Bill were progressive, it also contained a number of provisions that were problematic from a gender perspective. The most notable of these were provisions relating to:

- *Compulsory testing.* In its original form, Clause 18 of the Bill imposed compulsory testing on pregnant women and their sexual partners. This had the potential to deter pregnant women from accessing health services, both due to a reluctance to undergo testing themselves, but also because they would then face pressure to persuade their partners to be tested. Advocates raised concerns that this would increase the risk of gender-based violence.
- *Pre-recruitment testing.* Though Clause 27 of the Bill prohibited the imposition of HIV testing during recruitment for employment, it carved out exceptions for individuals seeking to serve in the police and security forces, as well as domestic workers. Critics raised concerns that this was discriminatory and, in the case of domestic workers, would leave women vulnerable to abuse (including sexual assaults) by their employers.
- *Criminalization of HIV transmission.* Clause 44 of the Bill criminalized negligent or reckless conduct leading to the transmission of HIV. This had the potential to criminalize women who (for example) failed to take anti-retroviral treatments during pregnancy or while breast-feeding, and so transmitted HIV to their children. Critics also raised concerns it would prove counterproductive, as it might discourage individuals from undergoing HIV tests.

Generally, civil society activists who engaged

with Parliament on the issue described the Bill as reflecting a paternalistic approach that prioritized the protection of the public over the rights of individuals living with HIV and AIDS. Although the Minister for Health, Dr. Peter Kumpalume, claimed that the Bill reflected a human rights-based approach when he tabled the Bill in Parliament, he staunchly defended the criminalization of HIV transmission. During the final debate on the Bill¹¹, he argued "I think we have got to be fair to our children and innocent people in this country who become victims of such malpractice. We must stand firm and protect those people."¹² Records from the parliament show that it was, almost exclusively, male parliamentarians who expressed support for such an approach on the floor of the house. However, their female counterparts did not universally reject the legislation, despite the fact that it would have a disproportionate and discriminatory effect on women. Indeed, some women parliamentarians were initially sympathetic to the logic of 'public protection' that presented women as victims of HIV. As one expert involved in consultations around the Bill explained, "it's not that women automatically thought that this was a bad piece of legislation ... they wanted to protect women."¹³

From a gender perspective, the challenge was not to prevent the passage of the Bill in its entirety – both local CSOs and international donors saw it as an important part of the Government's response to HIV/AIDS. Instead, the challenge was to ensure that it was amended so as to remove or alter these problematic provisions. Since the Bill was referred to the HIV, AIDS and Sanitation Committee for closer examination, this required two things: (i) the adoption, by that committee, of a report recommending such amendments; and (ii) the adoption, by the Parliament, of each of those amendments.¹⁴ On the face of it, the first of these was achieved relatively easily; just two weeks after the Bill was introduced to the Parliament, the Committee presented a report

¹¹ Although by this point, a cabinet reshuffle meant that Dr. Kumpalume was no longer the Minister for Health.

¹² National Assembly of Malawi Debate (28 November 2017).

¹³ Interview 3, with Sarai Chisala-Tempelhoff (Women Lawyer's Association of Malawi), by Susan Dodsworth, 14 February 2019, Lilongwe.

¹⁴ In contrast to the UK's House of Commons, the committees of Malawi's National Assembly cannot amend Bills directly.

recommending that all of the more problematic provisions be removed. Yet in interviews, those involved in the preparation of that report, as well as the broader advocacy campaign surrounding the Bill, stressed that at this stage, success was by no means guaranteed. Some members of the Committee reportedly remained sceptical of the amendments, preferring the Bill's original paternalistic approach. Moreover, the task of persuading a majority of the Parliament to adopt those amendments remained – civil society activists felt that there was a real risk that these amendments might be rejected.

BOX 2

WHY THE HIV AND AIDS ACT?

We focus on this particular piece of legislation because the gendered impact of HIV and AIDS in Africa is well documented. For example, it is estimated that in the 15-24 age group in Eastern and Southern Africa, women are twice as likely to be infected with HIV as men.¹⁵ This pattern is reflected in Malawi, where a 25-year old woman is almost three times more likely to be HIV positive than her male peers.¹⁶ This is due to a combination of social, economic and cultural factors that raise their risk of infection. Malawi has, however, had some notable successes in its response to HIV and AIDS, making significant progress in reducing rates of mother-to-child transmission over the last 10 years. The government has also worked with international donors to address other important drivers of HIV transmission, for example through programmes designed to eradicate child marriage. These efforts have led to a significant reduction in the number of new HIV infections each year.¹⁷

However, over time, a consensus built among the women on the relevant committees – and then within the Parliament more broadly – that the problematic provisions of the Bill should be changed. This consensus developed through a series of 'stakeholder engagements' involving the relevant parliamentary committees (including both the Health Committee and the HIV, AIDS and Nutrition Committee), the chairs of other parliamentary committees, civil society groups and – at times – Members of Parliament (MPs) more broadly. This led to the changes proposed by the HIV, AIDS and Nutrition Committee in its report (including the deletion of the most problematic provisions) being adopted by the Parliament during the final debate on the Bill.¹⁸ As noted above, this outcome was far from guaranteed – in interviews, legal experts, civil society activists, parliamentary clerks and parliamentarians observed that there had been a real chance that the amendments proposed by the committee would be rejected.

According to individuals involved in these meetings, women parliamentarians – particularly those on the relevant committees, as well as the leadership of the women's caucus – played a crucial role in building support for the proposed amendments to remove the most problematic provisions in the Bill. They did this in a number of ways. Women parliamentarians provided a point of entry for civil society groups lobbying for changes to the Bill and worked to build support within the parliament behind the scenes. Many of these women, including some who had initially been sympathetic to the paternalistic approach of the initial Bill, ultimately 'adopted' the arguments put forward by activists. In some cases, civil society activists found themselves (pleasantly) surprised, reporting that it was often the women MPs who had been most supportive of the initial, regressive version of the Bill who ultimately became the loudest advocates for change.

15 Nic Cheeseman, Eloise Bertrand, and Hussaini Sa'eed, *A Dictionary of African Politics* (Oxford: Oxford University Press, 2019).

16 ICAP, 'Malawi Population-Based HIV Impact Assessment', Summary Sheet: Preliminary Findings (New York: Columbia University, 2016), 2, http://10.150.35.18:6510/phia.icap.columbia.edu/wp-content/uploads/2016/09/MALAWI-Factsheet.FIN_.pdf.

17 UNAIDS, 'Country Factsheets: Malawi 2017', UNAIDS, 2018, <http://www.unaids.org/en/regionscountries/countries/malawi>.

18 In some parliaments, such as the US Congress, committees are able to amend Bills directly (though their changes can then be rejected by a plenary session). In the case of Malawi, the committees can propose amendments, but these must be adopted by the Parliament in a plenary session.

BOX 3

POLITICS AND GENDER IN MALAWI

Over the last few decades, Malawi has seen progress in terms of women's political participation, including their representation within Parliament. However, that progress has been slow and subject to set-backs. In 2004, the proportion of women in the National Assembly was just 9.3%. In 2009, this figure increased to 22.3%, but fell in 2014, when just under 17% of the candidates elected were women. This drop was particularly disappointing given the precedent set by Joyce Banda, who served as Malawi's first female Vice President (2009-2012), and first female President (2012-2014) after President Bingu wa Mutharika died in office.

Malawi's slow progress towards gender equality in politics is typically explained by reference to a history of patriarchal rule, entrenched neopatrimonialism, and social and cultural norms that discourage women from entering politics.¹⁹ It is also due, at least in part, to Malawi's electoral system. Like many former British colonies, Malawi's parliamentarians are elected to single member districts under a first-past-the-post system. Such electoral systems make it difficult to introduce a quota system, necessitating either the creation of reserved seats for women (a solution that can stigmatize the women elected to these positions) or the imposition of internal quotas by political parties (a solution that is rarely politically feasible, since it requires parties to de-select male incumbents).

International actors seeking to increase women's political participation in Malawi have therefore had to look beyond quotas. They have found a number of alternatives. For example, the 50:50 Campaign – currently supported by WFD via the Scottish National Party, alongside several other organizations – provided women

candidates with financial assistance, mentoring and publicity during both the 2014 and 2019 elections. The Scottish National Party's WFD programme also provides assistance to the Parliamentary Women's Caucus, helping female legislators to increase the visibility of their achievements to constituents.

Women from the parliamentary committees also played a prominent role in advocating for amendments when the Bill was debated in the National Assembly. When the report of the HIV, AIDS and Nutrition Committee was tabled on 29 June 2017, Juliana Lunguzi, the Chair of the Health Committee, argued that HIV and AIDS "has a female face" and urged parliamentarians to "remember who we are coercing to have a test."²⁰ Similarly, during the final debate on the Bill in November 2017, Esther Jolobala, the Member for Machinga East, and Deputy Chairperson of the HIV, AIDS and Nutrition Committee, argued against the imposition of compulsory testing on pregnant women on the grounds that it would "victimise and become a burden to women."²¹ She also stressed that compulsory testing would prove counterproductive, driving women away from health services. Other women, who were not formally part of the relevant parliamentary committees, but had been closely involved in consultations about the Bill (either due to their expertise, or because they occupied leadership roles within other parliamentary institutions) also played a central role. For example, Agnes Nyalonje, the Member for Mzimba North, emphasized that compulsory testing would be ineffective and counterproductive, potentially acting as a trigger for domestic violence.²² Similarly, Jessie Kabwila, the Chair of the Women's Caucus, pointed out that "research has shown that when you criminalize HIV and AIDS in any way, you increase stigma and you decrease the number of people who are going to go for testing."²³

20 National Assembly of Malawi Debate (29 June 2017).

21 National Assembly of Malawi Debate (28 November 2017).

22 National Assembly of Malawi Debate (29 June 2017).

23 National Assembly of Malawi Debate (29 June 2017).

19 Rebecca Tiessen, 'Small Victories But Slow Progress', *International Feminist Journal of Politics* 10, no. 2 (2008): 198–215, <https://doi.org/10.1080/14616740801957547>.

The final outcome was ultimately a success for women and for those living with HIV. Though the final Act was not perfect²⁴ the problematic provisions relating to compulsory testing, pre-recruitment testing and the criminalization of HIV transmission were removed. Interviewees consistently expressed the view that women parliamentarians played an important role in securing these amendments, indicating that without their contributions there would have been a real chance of the amendments failing. Yet in doing so, interviewees placed greater emphasis on the expertise and strategies used by women MPs rather than on the simple number of women in parliament or on relevant committees. More specifically, those close to the process emphasises: (i) the expertise of certain women legislations, particularly those occupying leadership positions within the parliament and, (ii) alliances – both with civil society and within male colleagues within the parliament.

The value of expertise

Asked why certain women MPs had more impact than others, one civil society leader stated, “the numbers don’t matter, but where they are coming from,” explaining that what set these women apart was the fact that they were well-informed, well-educated and highly articulate.²⁵ Similarly, a legal expert who acted as a consultant to the HIV, AIDS and Sanitation Committee stated “there were few of them [women], but they were very vocal. Their contributions were very well-informed, so they had an outsized influence on the process.”²⁶ Another civil society activist stressed the importance of the professional backgrounds of women MPs, noting that those who played a leading role were those with expertise on health and gender: “The fact that they had professional backgrounds was important. It made it easier for them to become champions.”²⁷ This statement

24 Civil society activists noted that some concerns remained, for example regarding the potential for a person’s HIV status to be disclosed without their consent. However, those involved universally described the final outcome as positive.

25 Interview 5, with George Kampango (CSO), by Susan Dodsworth, Lilongwe, 15 February 2019.

26 Interview 11, with Khumbo Soko (Soko Lawyers), by Susan Dodsworth, 11 March 2019.

27 Interview 8, with Justice Zione Ntaba (High Court of Malawi), by Susan Dodsworth, Blantyre, 21 February 2019.

is backed up by records of the parliamentary debates. Indeed, the women who spoke to support the amendment of the Bill during the debates were overwhelmingly those with a claim to expertise, either due to professional experience in the health sector or by virtue of their leadership positions within parliament (specifically, within the Health Committee, the HIV, AIDS and Nutrition Committee and the Women’s Caucus).

Some of the women in parliament made explicit reference to their expertise when they contributed to the debates, a tactic designed to increase their impact. In contrast, their male counterparts very rarely framed their contributions in this way. For example, Juliana Lunguzi, the Chair of the Health Committee (who is professionally trained as a nurse), argued “as a woman, as a health service provider, and as somebody who has worked in the health sector, I would say we really need to tread carefully on the issue of making the test compulsory.”²⁸ During an interview, Lunguzi stressed the value of her expertise, stating that this, together with her position as a leader (including as Chair of the Health Committee) were important assets that enabled her to influence parliamentary debates and legislative outcomes.²⁹ Similarly, Agnes Nyalonje – although not a member of the relevant committees – framed her contribution by explaining “I am speaking from experience as for many years I was the Desk Officer for HIV and AIDS for Eastern and Southern Africa for UNAIDS in Geneva.”³⁰ This illustrates that when women in parliament are equipped with the right knowledge and expertise, they can influence outcomes even when the numbers are against them.

The importance of allies

While key actors involved in the amendment of the *HIV and AIDS Act* credited women parliamentarians with a central role, they also stressed that women did not achieve this positive outcome alone. Two groups of allies also made an important contribution: Civil Society

28 National Assembly of Malawi Debate (29 June 2017).

29 Interview 10, Hon. Juliana Lunguzi (Member of the National Assembly), by Susan Dodsworth, Lilongwe, 7 March 2019.

30 National Assembly of Malawi Debate (29 June 2017).

Organizations (CSOs) working on HIV and AIDS, and male colleagues within the parliament – and in particular within the parliamentary committees.

Civil society organizations working on HIV and AIDS played an important role in shifting the attitudes of MPs towards the Bill, particularly that of women MPs. As noted above, many of the women in parliament had – like their male counterparts – initially been sympathetic to the Bill’s paternalistic approach. A senior legal expert involved in the stakeholder engagements explained, “they [women MPs] made a lot of noise once they understood *why* these provisions would be bad for women.”³¹ One female member of the HIV, AIDS and Sanitation Committee described the impact of hearing testimony from women living with HIV: “We heard them ... it changed our minds. We will not allow our women to be criminalized.”³² As such, the positive and productive relationship between civil society organizations and the relevant parliamentary committees was vital in equipping female legislators with the motivation and knowledge required to influence the HIV and AIDS Act in a way that would ultimately benefit women.

Alliances between women in the parliament and CSOs also created entry points that activists used to influence a broader range of parliamentarians. In particular, the women on the relevant committees acted as conduits for getting the voices of women living with HIV into Parliament. Through CSOs such as the Coalition of Women Living with HIV and AIDS (COWLHA), women living with HIV and AIDS were invited to meet parliamentarians to provide first-hand testimonies about the potential impact of the Bill. This meeting occurred in November 2017, a relatively late stage in the engagement process, after campaigners realized that more legalistic and impersonal arguments were failing to gain traction with some of the less progressive members of the National Assembly. Many of those involved in this meeting (including some parliamentarians) described it as crucial, crediting the power of these first-hand testimonies with changing the minds of more sceptical parliamentarians and swinging the final, necessary support behind the amendments at the last moment. One female parliamentarian,

who had been sympathetic to the government’s initial approach in the draft Bill, described the impact of hearing directly from women living with HIV and AIDS: “We heard them... it changed our minds. We will not allow our women to be criminalized.”³³

Many of those interviewed also stressed the importance of support from male allies within the parliament. The most notable of these was the Chair of the HIV, AIDS and Nutrition Committee, Deus Gumba. He reportedly played a leading strategic role, advising both international actors (such as UNAIDS) and local civil society groups of the need to building a broad base of support for the amendments within the National Assembly. Gumba also created opportunities for women who were not part of the relevant parliamentary committees, but possessed relevant expertise, to participate in and influence the committees’ consultations on the Bill. In an interview, Agnes Nyalonje (who, as noted above, was previously the Desk Officer for HIV and AIDS for Eastern and Southern Africa for UNAIDS in Geneva, and at one point acted as the interim Country Director for UNAIDS in Malawi) explained that Gumba recognized the value of her expertise and invited her to participate in committee meetings “as an individual, as a resource.” This allowed her “to inject a level of information that swung some people [in favour of amendments].”³⁴

Another important ally within the Parliament – though one whose support for the amendments had not been guaranteed – was the (then) new Health Minister, Atupele Muluzi, who was appointed in June 2017, shortly after the Bill had been introduced to Parliament. In contrast to the Committee Chair, who acted as a facilitator and ‘opener of doors’ for women parliamentarians, Minister Muluzi’s primary contribution was a willingness to engage in genuine dialogue and debate about the amendments being proposed. Interviewees reported that the previous Minister (Dr. Kumpalume) had been extremely reluctant to amend the Bill, pushing back strongly against the proposed changes. In contrast, the new Minister, while not an immediate supporter of those changes, was at least open to persuasion. He

31 Interview 8, with Justice Zione Ntaba (High Court of Malawi), by Susan Dodsworth, Blantyre, 21 February 2019.

32 Interview 6, with Member of the National Assembly, by Susan Dodsworth, Blantyre, 20 February 2019.

33 Interview 6, with Member of the National Assembly, by Susan Dodsworth, Blantyre, 20 February 2019.

34 Interview 13, with Hon. Agnes Nyalonje (Member of the National Assembly), by Susan Dodsworth, Lilongwe, 13 March 2019.

was, according to interviewees, willing to listen to and engage with their arguments about why amendments were necessary. As a result, when it came to the final debate on the Bill, the Minister commended the work of the Committee and urged the Parliament to support the amendments it had proposed. He took particular pains to explain why some of the more controversial provisions needed to be removed, including those that would permit pre-recruitment testing and criminalize the transmission of HIV. He explained, “this is a Bill that is there to ensure that we are better in preventing and managing new HIV infections. In fact, very few countries outside of Africa have this type of legislation [criminalizing people with HIV].”³⁵ His contribution was important because strong opposition to these changes from within government would have made it harder to secure the numbers necessary to amend the Bill.

Given the importance of alliances with male colleagues, some of the women parliamentarians involved noted the risk of programmes that focussed on gender in a narrow or exclusionary way. One revealed that male parliamentarians sometimes expressed frustration or resentment at being excluded from programmes that targeted their female counterparts.³⁶ Another expressed concern that such programmes risked stigmatizing women in parliament by inadvertently reinforcing the perception that they were less capable than men.³⁷

MOVING BEYOND NUMBERS: IMPLICATIONS FOR POLICY AND PRACTICE

Our research shows that parliamentary committees do provide women in African parliaments with an important avenue through which they can influence laws and policies in the health sector. This is partly because of the gendered nature of committee membership: across sub-Saharan Africa women are frequently

overrepresented on ‘soft’ and less prestigious committees, particularly those responsible for the health sector. Women also occupy leadership positions within these committees much more often. Yet our case study of Malawi’s *HIV and AIDS Act, 2017* shows that numbers are not all that matters. Women are better positioned to make use of parliamentary committees when they are able to leverage relevant professional expertise, and when they are able to draw on alliances with civil society, as well as alliances with male colleagues within the parliament.

In recent years there have been a number of high-profile campaigns and programmes centred on increasing the number of women in parliaments. These are both important and valuable: with women making up only a quarter of legislatures around the world, it is clear that there is plenty of room for improvement. However, it is also important for policy-makers and practitioners to look beyond numbers and to support those women already within parliament to make a substantive impact. Our case study of Malawi shows both the value of expertise and leadership skills, some of which women acquired prior to their entry into parliament, but some of which they acquired by virtue of their positions within parliamentary institutions, including both parliamentary committees and the Women’s Caucus.

Our findings regarding the importance of expertise should, however, be approached with some care. While it appears that women felt the need to reference their experience in order to ground their interventions in parliamentary debates, most male MPs did not. In this sense, the significance of experience for female parliamentarians is itself evidence of the gendered nature of power in Malawi. This suggests that there is a real risk that expertise in sectors such as health or education (often the product of gendered social norms and bias in the education system) may become a double-edged sword. It could, for example, be used to justify and reinforce the gendered pattern of committee membership that we find in sub-Saharan Africa, and others find elsewhere. Expertise can be a valuable asset for women seeking to exert influence over particular issues, but a lack of expertise should not become an excuse for limiting women to ‘soft’ or ‘feminine’ topics. This is particularly true when it comes to parliamentary committees, which can constitute

³⁵ National Assembly of Malawi Debate (28 November 2017).

³⁶ Interview 7, with Member of the National Assembly, by Susan Dodsworth, Blantyre, 21 February 2019.

³⁷ Interview 10, with Hon. Juliana Lunguzi (Member of the National Assembly, by Susan Dodsworth, Lilongwe, 7 March 2019.

a valuable opportunity to gain experience. In the case of Malawi, this was precisely why one female parliamentarian had sought an appointment to the HIV, AIDS and Nutrition Committee. With a background in education, she explained that she saw her position on the HIV, AIDS and Nutrition Committee as a chance to acquire expertise in an area that had a direct impact on the lives of the people she represented: “It has given me knowledge to help people in my constituency. Knowledge is power, and I have learned a lot.”³⁸

Our case study of Malawi also suggests that programmes that seek to increase the impact of women in parliament by focussing *exclusively* on women may not just be ineffective, but counterproductive. In Malawi, some women in parliament expressed concern that male colleagues – who they saw as very valuable allies – sometime expressed resentment at being excluded from events and programmes that targeted women. Others were clearly frustrated at being defined by gender. One complained, “people keep coming to me because I am a woman... I don’t think it’s healthy,” and expressed concern that programmes targeting women in parliament might inadvertently reinforce negative stereotypes of women in politics.³⁹ This creates a challenge for practitioners and policy-makers: they must find ways to support women in an inclusive manner.

Finally, the success of women parliamentarians in Malawi in influencing the *HIV and AIDS Act* indicates that support to parliamentary committees can help to amplify the voices of women in parliament, especially in the context of the health sector. Notably, this case shows that investments in parliamentary committees can benefit gender equality even when women remain underrepresented in parliaments. This is useful to know. While progress has been made in terms of women’s political representation, it is clear that the vast majority of the world’s parliaments – both in Africa and beyond – have some way yet to go.

38 Interview 7, with Member of the National Assembly, by Susan Dodsworth, Blantyre, 21 February 2019.

39 Interview 10, with Hon. Juliana Lunguzi (Member of the National Assembly) by Susan Dodsworth, Lilongwe, 7 March 2019.