

Mariame Patience / Session Three

Social economic and cultural initiatives for effective RH and HIV/AIDS PROGRAM IMPLEMENTATION (Policy dialogue for Afro-Arab Parliamentarian in Nairobi 3-4th 08/09)
Discussed by Hon Mariam Nalubega (Parliament of Uganda)

The session chair,
Hon Minister and MPs
Distinguished delegates
Ladies and gentlemen

I wish first of all to extend my sincere appreciation to the organizers of this important dialogue, I.e., NCAPD, PPD and the David and Lucile Packard foundation for their invitation and for convening this meeting timely.

I would like also to thank our key note speaker Amb Dr. Eunice Brookman for the good and clear insight and broad analysis of the issues under discussion.

Key talking points

I want to start by reflecting on the communiqué of the high level segment of the substantive session of the economic and social council held recently in Geneva (July 2009 UN) and point out one fundamental resolution that emphasized the full and effective implementation of the Beijing platform for action, the ICPD programme of action and review of commitments relating to SRH, and the promotion and protection of all human rights in this context by all member countries.

Members also emphasized the need for the provision of universal access to RH including family planning and sexual health and the integration of RH in national strategies and programmes.

Social and cultural initiatives

As it has been alluded to by the key note speaker, women and girl's health is more than a medical issues; it is a cultural, political, economic, and an issue of social justice.

The 1994 ICPD Programme noted that the existing health and social services had largely ignored the reproductive health needs of young people, hence complication the health service delivery systems at all levels ;for early investments in health, delivers a good nation.

There exists a lot of barriers as mentioned by the key note speaker in effecting RH/HIV/AIDS program such as; religious beliefs, gender inequality, sexual taboos, low status and attitudes of women, life expectancy and high death rates; social economic factors, such as, low education levels, poor health service delivery systems, poverty and unemployment, budget constrains and political commitments

Actions/initiatives

1. Promote gender equity and meaning full empowerment of women and girls in order to participate in development and decision making.
 - .Girls should compete in all home disciplines and activities
 - .Women to be accorded same opportunity in the work place, equal pay and promotion benefits

Equal access to education e.g. 1.5 points in Uganda has increased the number of girls at university from 25% to 49% toppling boys and removal of tax on sanitary towels.

- . Access to basic services including PHC, Economic opportunities such as land ownership and inheritance Land amendment Bill

. Women participate in decision making at all level. A case in Uganda; 31% women in parliament and women councils all intended to address the barriers

. Address stereotypes and elimination of all harmful practices which constrain achievement of gender equity and empowerment of women e.g. Promoting and adhering to the CEDAW, FGM, Trafficking in persons, best practice, Uganda, enacted the Trafficking in persons Bill, DRB, SOB, GDVB and HIV/AIDS control and prevention Bill in progress; development of gender-sensitive multispectral health policies and programmes in order to address women's needs.

.Domestic and Update Laws and align policies to cater for the emerging issues in the health service delivery systems such as the issues of universal access to ARVS, FP commodities and regulating the legal structures and frameworks for dealing with offences of human rights, social rights nature in line with RH and HIV/AIDS pandemic. Uganda amended the Penal code to provide for aggravated defilement (death penalty).

Regulating and promoting traditional medical practitioners by integrating the approved health care services into the health service delivery systems.

Integration of RH, HIV/AIDS into programmes and budgets for PHC, multisectoral and interministerial approaches, fair distribution of health resources and ensure community participation and empowerment.

Economic issues

The worst financial crisis in generation threatens the progress in health that we have witnessed over the last decade. Investing in health (HIV/AIDS programmes) brought life saving drugs (ARVs) to people living with AIDS, delivered bed nets to prevent malaria and improved child health through immunization.

Unfortunately has countries scored high in these areas, funding for RH and FP has decreased from 55%- in 1995 to a mere 5% now. We are experiencing and observing high Maternal mortality rates,, infant mortality, unwanted pregnancies and unsafe abortions and high rates of schools drop outs among girls especially in the SSA.

Actions/initiatives

Invest in the health of women and girls to mitigate potential collapses in human dev't, especially in health. (M&M, Child mortality and HIV transitions, a big burden of women and girls, can be overcome).by

Funding YFS, Equipping health centers, recruitment of skilled works and address pay, IEC BCC for young people.

Eliminating hunger, Address issues of food crisis and food insecurity in countries which affects nutrition levels of population in DCs through promotion of agro-processing, increase national budgets for agricultural and irrigations systems.

Scale up the implementation of the MGDs and other international agreements, and ensure aid effectiveness.

Individual government should contribute at least 56% budget Investments in productive sectors, industrial development, energy, and infrastructural improvements.

Promoting environment conservation, address climate change that poses serious health risks by adopting new Bio-technology, urbanization and safety of cities, improve slums conditions.

Ensure fair, transparency, equitable and efficient frameworks for sharing of national resources and making health a priority in national programming.

Integrate Maternal and newborn health, FP, tuberculosis and malaria programmes with interventions for women's empowerment, micro finance for rural people, and poverty reduction and linking SRH with HIV/AIDS programmes.

We have to remember that health is wealth, and in these difficult financial times, the international community needs to stay focused on the simple message that health is an investment.

These and more will go hand in hand with increased political will, commitment and engagement at national levels supported by international cooperation to ensure the **4 AS** of health care services (acce'ty, avai'ty, accp'ty and affo'ty).

In conclusions,

I want to say that; People every where are looking to the leaders to put people first. It's crucial to focus on social protection, human dignity and equal opportunity to the most vulnerable (women and girls) so as to reach the MGDs and confront the global financial crisis.

Let me state that;, no smarter investment, with such high returns, than investing in the health of women and girlsf.RH offers women and girls greater control over their own destinies and affords them opportunities to overcome poverty. By guaranteeing universal access to RH we can reduce the global burden of disease, improve gender equity. Addressing the funding gap for RH and FP needs to be done urgently. Additional funding is vital so is enhanced dev't effectiveness, Gov'ts and dev't partners should capitalize on synergies and share their comparative advantages.

Cutting back on this investment will have severe repercussions both in short and long term.

If we fail to take action at these challenging times, we will pay a high price to the new generation.

A world that is greatly out of balance in matters of health is neither stable nor secure. I therefore call upon you all to stand up against these threats to public health.