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AT REGIONAL MEETING OF THE SOUTHERN AND EASTERN AFRICA PARLIAMENTARY ALLIANCE OF COMMITTEES ON HEALTH (SEAPACOH), HELD AT IMPERIAL ROYALE HOTEL, KAMPALA, UGANDA

SEPTEMBER 27, 2011

The Rt. Hon. Speaker of Parliament of the Republic of Uganda Hon. Chair of the SEAPACOH Hon. Members of Parliament in your respective capacities The U.S Ambassador to Uganda Africa Union Representative The Executive Director of Partners in Population and Development The Africa Regional Director of Partners in Population and Development Heads of different institutions represented Members of the media fraternity Ladies and Gentlemen

It is with great honour for me to speak to you at this very important meeting of the Southern and Eastern African Parliamentary Alliance of Committees on Health (SEAPACOH). In your functions as Members of Parliament, your respective constituencies have entrusted you to play very important roles in shaping a better future for our individual countries and collectively, for the region, by using evidence based legislative and oversight functions, and in mobilizing your constituents for development.

Chairperson, it is our understanding that this meeting is being organized to review performance of the SEAPACOH based on their resolutions in 2008. We applaud SEAPACOH and PPDARO for organizing such an event that make us re-examine our commitments and assess progress made in achieving them. It is an accountability mechanism – because we know too well that many a times, promises are made, but never kept!! Therefore, such a meeting not only reviews performance, but sends a strong message to others to honour commitments and be accountable in all that we do. UNFPA and other health partners call on SEAPACOH and national parliaments to champion debate and legislations and policies on the right to health, making sure that health services are made accessible, available, affordable, acceptable and are of high quality; and that every maternal or child death is a tragic and unacceptable occurrence.

Many times, very good legislations and policies that promote, respect and protect the right to health are put in place, but never implemented. Most times the execution gap is in institutional and technical capacities and inadequacy of the resources needed to translate the good laws and policies into concrete programmes and actions that benefit the right holders. Parliaments and parliamentary committees need to honour commitments they make through legislations by allocating resources to implement such laws and policies. They need to move beyond needs-based to rights-based resource allocation. They also need to follow through with oversight functions, whether or not what was allocated was used for the right purpose. Only this way can we bridge the gap between the policies and laws; and execution to bring about their benefits to the population.

We all know very well the status of health indices of our countries and the region. Chairperson, without going into the details of MDG performance of each country and the region in general (because the experts will present them later as per programme outline), I would like to note that as a region; we have made good progress in some areas. We could consolidate these and use them as basis for even greater actions. However, in other countries, including Uganda, more work needs to be done in MDGs 4 (reduce child mortality), MD5 (improve maternal health), MDG 6 (combat HIV/AIDS) and MDG 6 (ensure environmental sustainability). It is heartening to note that some countries within the region such as Malawi have already achieved a head of time, their MDG4 target from which we could draw lessons for replication. The MDGs and ICPD Plan of Acton represent commitments made by countries, and as you may know, ICPD and MDGs are closely linked in focus, targets and timelines. Therefore, achievement of MDGs will lead to achievement of the ICPD Plan of Action. We are glad to hear that in Uganda, MDG is fully embraced and there are on-going initiatives to set up a MDG Acceleration Fund to support under-performing areas.

One of the SEAPACOH resolutions of 2008 was to increase resources allocation to family planning. Chair and our Guest of Honour, I would like to add that family planning will remain the most effective and strategic interventions that impact directly on all the MDG targets. Well implemented, it would reduce household poverty, it would lead to higher enrollment with quality education, it would reduce maternal and child death significantly and impact on new HIV infections. It would bring huge cost savings from costs that would have otherwise been incurred in care for pregnancy and related complication. I would therefore urge the SEAPACOH to keep their commitment on family planning and Reproductive Health Commodity Security in general.

Finally, I would urge SEAPACOH to focus on the bulging youthful population in each of our countries and the region in general. They represent the today and tomorrow. They represent continuity and therefore could easily undo what we have done. They will be the ones making the very laws and policies we are talking about, so it is only appropriate that we invest in them. We should provide them with quality education, sexuality education and youth friendly health services, create for them opportunities for skills development, productive engagement and employment opportunities. When these conditions are met, then we will reap the demographic bonus and experience a demographic transition marked by reduction in mortality and fertility and concomitant change in age structure in which there is an increase proportion of working age group. This results in lower childhood dependency, increased productivity and per capita when employments are created. Therefore, the time is now for SEAPACOH to leave its mark in the socio-economic development of each country and the region by playing its rightful roles by investing where the returns is highest.

I thank you all for listening to me and wish you fruitful deliberations.