

Speech

by

**Hon. Janet K. Museveni, M.P., Uganda's First Lady
and Minister for Karamoja Affairs**

at the

**Africa Regional Consultation on
Achieving MDG 5:
Challenges, Opportunities and Lessons Learned**

at

Speke Resort Munyonyo, Kampala

March 27, 2012

- **Hon. Dr. Christine Ondo, Minister of Health of Uganda**
- **Hon. Members of Parliament**
- **Commissioner Gawanas of the African Union**
- **Ms. Jill W. Sheffield, President, Women Deliver**
- **Dr. Jotham Musinguzi, Regional Director, PPD Africa Region**
- **Ms. Janet Jackson, UNFPA Representative in Uganda**
- **Hon. Martin Chungong, Director, Inter-Parliamentary Union (IPU)**
- **Ladies and Gentlemen.**

Let me start by saying how glad I am in joining you here in Munyonyo for the opening of the African Regional Consultation Meeting.

I would like to start by welcoming all of you to our beautiful country, Uganda. My special welcome goes to those of you who are visiting Uganda for the first time. For those of you who have been to Uganda before, welcome again. It is my sincere hope that the organizers of his meeting have made adequate arrangements for you to have time off your busy schedule, so that you can visit and see for yourselves what Uganda can offer outside the conference facilities.

It is a great delight to officially open this Africa Regional Consultative Meeting whose theme is, “**Achieving MDG 5: Challenges, Opportunities and Lessons Learned.**” I am particularly delighted that the focus of this conference is on the health of women, which resonates very well with Uganda’s as well as Africa’s priorities to invest in the improvement of women’s health and the overall improvement of their welfare and quality of life of the African people.

The situation of maternal health and women’s survival in Africa remains a cause for concern. You have heard for yourselves from those who have spoken before me of the dire situation and plight of Africa’s women. Here in Uganda, I have spoken on many occasions about the need for zero-tolerance of maternal deaths. I know the Government of Uganda is doing everything it can, as a nation, to ensure that women do not die in pregnancy and childbirth, so needlessly. I am equally aware that many African countries are doing exactly the same for the sake of women and children.

Maternal mortality is, and remains a critical indicator of the state of our health systems and it also reflects on the disparities among the rich and the poor. In Uganda, like the rest of developing countries especially in sub-Saharan Africa, a woman's risk of dying from treatable or preventable complications of pregnancy and childbirth is very high compared to her counterpart in developed regions.

The tragedy of maternal death does not just end at the loss of the mother. The children left behind experience untold sufferings. Every year, millions of children are left motherless and vulnerable because of maternal deaths. Children who have lost their mothers are 10 times more likely to die before the age of five, compared to those who have not.

For every woman who dies in pregnancy and childbirth, six (6) others survive but with chronic debilitating injuries and chronic ill-health.

Among such injuries is obstetric fistula, which is a very dehumanizing condition. I am referring to this particular condition because I know how it affects our women, especially the very young ones. In 2003, I personally launched a special programme at Mulago Hospital, here in Kampala, which was specifically aiming at improving services and outreach for these unfortunate women, most of them in their teenage (15–19) years. But I am also aware that globally, we lose not just women and children and their lives. We also tremendously lose on productivity and the economic contribution they would have made to society.

Ladies and gentlemen

Some of you will recall that following the 1987 Safe Motherhood International Conference in Nairobi, Kenya and the landmark International Conference on Population and Development which took place in 1994 in Cairo, Egypt, issues of reproductive health, family planning as well as maternal health were brought very much to the fore, to the attention of our governments and to the attention of the international community. In particular, the persistent high

maternal and infant mortality and morbidity rates were emphasized as they remain a major concern especially in our developing countries.

With increasing research, information and knowledge, we have come to gain better insights regarding the causes and underlying conditions that continue to undermine the health status of our women and children.

Mortality rates of both mothers and children in developing countries like Uganda continue to be unacceptably high. It is also true that the causes of death among our women and children are well known and are all largely preventable. Furthermore, low cost or relatively cheap, cost-effective technologies to prevent this tragedy also exist and are also well known. We therefore, have a solemn responsibility to ensure that women do not continue to die from preventable conditions whose remedies are available to us. We cannot just sit back and watch as our women continue to die so needlessly during pregnancy and child birth.

Ladies and gentlemen

Uganda's efforts to improve the health of mothers and children have not been as successful as we would like to see. The tribulations and frustrations that our women face in pregnancy and childbirth are many. As Patron of Safe Motherhood in Uganda, I have seen for myself the major challenge we have at hand.

Indeed, matters of improving maternal health and the health of their children continue to be close to my heart. For nearly 10 years now, I have been traversing this country in an effort to mobilize communities and galvanize Village Health Teams (VHTs) to help reduce the plight of Ugandan women who undergo untold suffering during pregnancy and childbirth. Almost 4 years ago, on October 17, 2008 here in Uganda, I launched Uganda's Roadmap to reduce maternal mortality and new-born deaths. This Roadmap is Uganda's comprehensive Strategy to bring all key stakeholders together to play their respective roles, each according to their comparative advantage. In this Roadmap, Uganda is very clear that its main focus of interventions will be antenatal care, safe deliveries under a

trained and skilled health personnel and improved human resources for health. The Roadmap is also very clear on the emphasis for repositioning Family Planning. Family planning is to maternal health what immunization is to child health. It is a low cost yet effective way of preventing maternal deaths whereby risky pregnancies are avoided.

Indeed on May 5, 2010, I together with Commissioner Gawanas of the African Union launched CARMMA at Namboole national stadium here in Kampala with a clarion call that **“NO WOMAN SHOULD DIE WHILE GIVING LIFE IN UGANDA AND AFRICA AS A WHOLE.”** CARMMA is Africa’s Campaign to accelerate reduction of maternal mortality.

Today, as we gather at this 2-day consultative meeting to discuss the health of women in the context of attaining MDG 5, I also have a message for the men of Uganda and Africa. In Uganda, men have remained largely unsupportive to their wives during pregnancy and childbirth. This behavior on men’s part has not helped the already complex situation of maternal survival. Men must

know that they have a role to play if they want their women to survive. It is also important to have the men and women discuss, together, the reproductive health issues because decisions about the health of women and children should be taken within the context of the African family. I am sure with men's support, we can make strong progress in tackling women's health even in poor countries like Uganda. What we need is to be more focused, working together.

If I have a message for men regarding women's health, I have even a stronger message for the reproductive health community both in our developing countries as well as our development partners. Improving maternal health has both health as well as socio-economic benefits that should surely galvanize all of us to do more to ameliorate the suffering of women. The reverse is also true. When a woman dies in pregnancy or child birth, this affects not only the family, the implications are also felt at the community as well as at national levels.

It is against this background that I wish to remind you of the theme of your meeting which is, **“Attaining MDG 5 in Africa - Opportunities and Challenges.”**

Although the work to improve maternal health in Africa seems to be an uphill task, the task is not impossible. Why do I say this? Let me give an example from Uganda. You are all aware that here in Uganda, and as a nation, we have been grappling with the HIV/AIDS epidemic. 31 years ago, in 1981, the first case of HIV/AIDS in Uganda was described by one of our doctors in a fishing village of Kasensero, on the shores of Lake Victoria.

When NRM came to power in 1986, Government adopted a comprehensive “Multi-sectoral Approach” to tackle the epidemic, the famous ABC Strategy, at that time. Uganda’s political leaderships, right from the top, provided unflinching support to the national coordinated efforts. Government provided an enabling environment for all stakeholders to play their roles. The stakeholders included Policymakers, Parliament, Government Ministries, Local Governments, Civil Society Organizations, Professional

Bodies, Academic, Private Sector, Religious and Cultural Institutions as well as Donors and International Organizations. As a result of this focused and coordinated effort, Uganda subsequently registered a remarkable decline in HIV prevalence from a high 30% to a fairly low level of 7%, currently.

Although a prevalence of 7% is still an epidemic by any standards, nonetheless, it is an achievement that remains a shining example of what can be done when we work together.

I am giving this example of our own efforts on HIV/AIDS to show that even a developing country like Uganda can effectively deal with an epidemic of such magnitude and succeed, if serious and focused efforts are made, backed by strong visionary political and committed leadership.

I have also learnt very recently that Uganda's infant mortality has improved rather dramatically. This again is very encouraging as it signifies to us that current and past

efforts are not in vain and that in fact things in Africa can get better.

Therefore, this 2-day consultative meeting bringing stakeholders in Africa and beyond to discuss the welfare of women's health is clearly a step in the right direction. Like we have done with HIV/AIDS epidemic, we can, together, with stakeholders and development partners, make a difference in the lives of women in Africa. I am counting on all of you to work with Africa to achieve better health for Africa's women and children. I look forward to receiving the report of this meeting and the concrete recommendations you agree upon.

Before I conclude, I would like to once again welcome all of you to this beautiful resort on the shores of Lake Victoria. I want to personally thank you for finding time off your busy schedule to travel to Uganda. In a very special way, I would like to pay tribute to Miss Jill Sheffield, President of Women Deliver for having worked closely with Dr. Musinguzi of PPD Africa Regional Office to host this important meeting here in Kampala.

It is now my pleasure to declare the Africa Regional Consultative Meeting on Achieving MDG 5 officially open and I wish you fruitful deliberations.

Thank you all and God bless you.