

Remarks by the UNFPA Representative at the Network of African Parliamentary Committees of Health (NEAPACOH)
Munyonyo Commonwealth Hotel, Kampala 16th to 20th 2013.

Ladies and Gentlemen

I feel privileged to have been invited to participate in this year's NEAPACOH meeting.

The theme of the meeting “Reproductive health and family planning in the post 2015 sustainable development framework” could not have been more befitting. The meeting is taking place towards the end of two major international development frameworks; the ICPD (2014) and the MDGs (2015).

While the timing provides us an opportunity to take stock of our achievements and lessons and to show case our accountability, Africa is facing some of the most trying challenges in decades. In Cairo in 1994, world leaders recognized and committed to putting individuals' reproductive health and rights at the heart of development policies. In this unprecedented conference attended by over 179 countries the ICPD agenda was put forth as a framework to guide the world's population and development.

African members of parliament were part of this meeting and subscribed to this landmark agenda

In subsequent population conferences, Ottawa (2002), Strasbourg (2004), Bangkok (2006) and Addis Ababa (2009), Members of Parliament deliberated and adopted strong Statements of Commitment. They promised to mobilize financial resources and create an enabling legislative and policy environment for ICPD implementation. They said they would marshal strong political will to finance our countries' programs. They promised to formulate and implement enabling legislation and policies for SRHR in form of laws, policies, and programs on population and development. This agenda remains unfinished. Above all opposition to the ICPD agenda is higher and more heavily funded than ever before.

It will be recalled that, the target of achieving universal access to reproductive health was only agreed and added as MDG Target 5.B in 2007. This means that targeted implementation has taken place for only five of the MDG's 15 years and there is much yet to be achieved.

The shifting population dynamics pose greater challenges. While young people are a crucial resource for development, millions of

them continue to face poverty, unemployment, inadequate access to education and limited access to health, especially reproductive health services and comprehensive sexuality education.

Conflict and civil strife in the region increasingly call for attention towards humanitarian response as the protection of the reproductive rights of women and young people in the context of humanitarian crises, conflict and post conflict settings become more complex. The protection of rights is a prerequisite for inclusive social and economic development and human security. These rights must be clearly upheld in the post-2015 agenda.

As we come towards the end of a most dynamic period, a key question remains. “How do we ensure that Reproductive Health and Family Planning remain a priority in the future guiding principles of international and national development?” and especially in the Post 2015 agenda?

To achieve the maternal, neonatal and child health outcomes that have already been agreed and to sustain progress for the future, the post 2015 agenda must uphold and further strengthen these commitments at global, region and national levels

Chairman, maternal mortality and morbidity are the biggest markers of inequity in the world. It is important that parliaments and parliamentarians look at maternal mortality and morbidity from this perspective. It is only then that parliaments will see to it that national health policies and strategies incorporate a gender perspective and that all interventions take full account of the existing gender differences in health. UNFPA would like to urge parliaments to introduce or amend legislation to guarantee equal access to health services for all women and children without discrimination, and to provide free essential health services for all pregnant women and children

Chairman, In March 2012, the Parliament of Uganda hosted the 126th Assembly of the Inter Parliamentary Union (IPU) under the theme **“Parliaments and People: Bridging the Gap”**. In the assembly parliamentarians from over 120 countries committed to addressing women’s and children’s health and resolved to uphold **“Access to Health as a Basic Right: They also discussed the crucial role that Parliaments and individual parliamentarians have to play in order to realize better health for women and children. This debate and commitment must continue in the post 2015 agenda**

As peoples' representatives, parliamentarians must speak on behalf of women and children and also be the people's voice to the executive arm of government. Parliaments have a key role in ensuring governments are held accountable to their commitments to prevent avoidable maternal and child deaths

In most African countries MDG 4 and 5 are the most off-course and most unlikely goals to be achieved by 2015. The right parliamentary action as exercised through your representative, legislative, budget appropriation and oversight roles can ensure these goals continue to be embraced in the post 2015 development frameworks.

In Uganda, Parliament has used the principal methods of questioning government ministers, debating, the investigative work of committees, pressure groups, and private members' bills to sponsor motions on matters related to maternal health. These should be replicated in all African countries

Chairman, as parliamentarians you are cognizant of the fact that no matter how well laws and policies are designed, they won't be effective if there is no funding to support their implementation. That is why Members of Parliament must not only commit to

making RH, FP and maternal health priority items on the floor of parliament, but also lead a movement to persuade Ministries of Finance to put their priorities right and make RH, FP and maternal health priorities in financing.

It is in this spirit Chairman, that UNFPA is calling upon NEAPACOH and all parliamentarians across Africa, both men and women, to take all possible measures to generate and sustain the political will as well as the appropriate resources needed to achieve the MDGs by 2015, and to put in place the policies and commitments needed for the post-2015 period;

It's critical to maintain the momentum and ensure that the commitments are implemented in all countries. Above all, national parliaments and regional parliamentary assemblies must keep health, including maternal and child health on the radar for oversight and accountability in the post-2015 development framework. The debate on progress towards realization of health as a basic right is on and must continue

Chairman, some progress is however being made. In Uganda for example, parliament has passed a distinct vote in the budget earmarked for medicines and supplies, an intervention that has

made contraceptives and other supplies increasingly better funded and more available. It will be noted that the 126th IPU added to this voice by encouraging parliaments to advocate for lines in the health budget to be earmarked for the provision of essential sexual and reproductive health services, including maternal, newborn and child health services to vulnerable women and children. Parliaments must however ensure that the domestic funds and aid allocated to women's and children's health are released and used for the relevant programs

In spite of the numerous challenges great strides have been taken in addressing global development challenges and the results are beginning to show. According to a recent United Nations report, the number of women dying of pregnancy and childbirth related complications has almost halved in 20 years. This shows that the enhanced effort of countries, and partners, is paying off. Our work must however continue to make every pregnancy wanted and every child birth safe

A coherent and strong Post 2015 agenda must ensure the following:

1. Uphold universal and equitable access to sexual and reproductive health and reproductive rights, including voluntary family planning and maternal health, in particular for women, girls and young people; while protecting vulnerable populations living in conflicts and emergencies;
2. Put young people at the forefront of development, adopting rights and gender based policies and investments that address young people's, including adolescents', sexual and reproductive health needs and reproductive rights and creating opportunities for young people to realize their full potential;
3. Embed gender equality as key to human rights-based development, aiming to remove the root causes of gender inequality and discrimination, particularly the cultural, social and economic barriers that prevent women, men and young people's access to sexual and reproductive health services;
4. Recognize and engage with the invaluable contribution that an understanding and inclusion of population dynamics offers to the success of sustainable development and hold development accountable for its intimate relationship to progress in sexual and reproductive health and reproductive rights.

Honorable parliamentarians, we know how to save women and children's lives. We know what must be done, we know what it will cost, and we know that the needed investment is modest in relation to the vast benefits that will follow.

As I conclude, I thank the Partners in Population and Development – Africa Region (PPD-ARO) and NEAPACOH for organizing this meeting. UNFPA renews its commitments to work with the Members of Parliament (MPs) and other partners to ensure that *Every pregnancy is wanted, Every child birth is safe and Every young person's potential is fulfilled.*

I wish you fruitful deliberations.