

**Speech**

**by**

**Hon. Matia Kasaija**

**Minister of State for Finance, Planning and Economic Development,  
Uganda**

**Guest of Honor**

**at**

**the opening the 2013 NEAPACOH meeting**

**Speke Resort Munyonyo, Kampala, Uganda**

**September 17, 2013**

**The Chair of the Network of African Parliamentary Committees on Health (NEAPACOH), Hon. Blessing Chebundo**

**Hon. Members of Parliament of the Network**

**The Regional Director of PPD Africa Regional Office, Dr. Jotham Musinguzi**

**UNFPA Representative, Uganda**

**USAID Mission Director , Uganda**

**Representatives of Development Partners**

**Distinguished Guests, Ladies and Gentlemen**

I would like to start by welcoming all of you to our 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.

I would like also to extend my thanks to Partners in Population and Development Africa Regional Office (PPD ARO) for inviting me to join you at the opening of this important meeting.

I am very pleased, that this meeting is organized under the theme of **“Repositioning Reproductive Health and Family Planning in the Post-2015 Sustainable Development framework”**. It is indeed a timely and a welcome initiative, since we are approaching the deadline for MDGs. We have just 835 days to go before the deadline to meet the MDGs. Although we shall applaud

the impressive progress we made so far in our various countries, much remains to be done. This is especially so in the area of poverty reduction, women empowerment and maternal health. It is, therefore, an appropriate time for reflection, on what remains to be done before 2015.

In Uganda, we have made some good progress on the eight (8) Millennium Development Goals (MDGs). In particular, we have reduced poverty and promoted universal primary education for both girls and boys. We have promoted women involvement in all spheres of our national development. We have also seen Ugandans living longer as a result of our pro-poor programmes. The Uganda Demographic and Health Survey (2011) has shown that we have reduced infant mortality very considerably although we have not yet reached where we want to be.

However, our progress on MDG 5 (improving maternal health) has not been as we would have liked to see. We are very well aware that we have only short time to the review of the MDGs in 2015. Of course, we are all aware that in most of our developing countries including Uganda, women continue to die needlessly during pregnancy and childbirth. Yet the causes of these deaths are well known and so are the solutions. The causes are largely preventable.

As developing countries facing many challenges, we have to move forward quickly towards implementing effective strategies to meet the targets of the ongoing MDGs as well as making strategic choices for the post-2015.

In our efforts to attain the MDGs, we should recognize that the experience of developing countries has varied widely. Some developing countries have registered strong achievements while others witnessed setbacks in different spheres of economic and social fields. South-south cooperation, as a cost effective mechanism, should be encouraged, deepened and enhanced including through bilateral cooperation.

### **Ladies and gentlemen**

As Board Member of Partners in Population and Development (PPD), I am very pleased to inform you that PPD is organizing a major international conference on South-South Cooperation in the Post-ICPD and MDGs. The meeting will be held in Beijing, China from 22 - 23 October, 2013. The goal of the conference is to galvanize commitments for South-South Cooperation for Reproductive Health, Population and Development in the context of Post-ICPD and MDGs. I wish to invite all the countries present here today to be represented at this international event. This will be an opportunity for all of us to look back and review our successes and shortcomings, and re-invigorate our efforts for the future.

We all know what needs to be done to improve overall health and reduce health inequalities. We need greater investments in primary and preventative health care, such as through programs like the Village Health Teams in Uganda, and we need more health personnel (human resources for health) to provide services. We also need to continue progress in making clean water and sanitation more widely

available, particularly for the poor, as well as building on the commendable immunization programmes we continue to see in our regions. The issue of widespread malnutrition is of particular concern to me as I move around our country Uganda. Malnutrition of children affects not only their ability to physically be healthy, it affects their ability to learn at school and that means their future development as well.

As I conclude let me say again that the challenges of reaching the MDGs and scaling-up good healthcare services includes, strengthening health system and increasing funding. As parliamentarians, your role is central in working on these challenges by advocating for the attainment of MDGs as well as equitable access to effective health interventions for our constituents.

It is my now my pleasure and privilege to officially open this year's meeting of the Network of African Parliamentary Committees on Health. I wish you fruitful deliberations.

Thank you.