

**STATEMENT**

**BY**

**RT. HON. REBECCA KADAGA  
DEPUTY SPEAKER OF PARLIAMENT OF UGANDA**

**AT THE OPENING OF THE**

**REGIONAL MEETING OF PARLIAMENTARY COMMITTEES OF HEALTH IN EASTERN  
AND SOUTHERN AFRICA (SEAPACOH)**

**ON**

**SEPTEMBER 28, 2010**

**AT**

**MUNYONYO COMMONWEALTH RESORT, KAMPALA, UGANDA,**

**Honorable Minister of Health, Dr Stephen Mallinga**  
**The Regional Director, PPD Africa Regional Office,**  
**Dr Jotham Musinguzi**  
**The Chairman, SEAPACOH, Dr Blessing Chebundo**  
**Distinguished Hon. Members of Parliament both from Uganda and outside Uganda**  
**Representatives of Development Partners**  
**Ladies and Gentlemen.**

I am very delighted to welcome you all to this **“REGIONAL MEETING OF SOUTHERN AND EASTERN AFRICA PARLIAMENTARY ALLIANCE OF COMMITTEES ON HEALTH (SEAPACOH)”**. I wish, first of all, to start by thanking the organizers of this meeting, Partners in Population and Development Africa Regional Office, United Nations Population Fund (UNFPA) and the German Foundation for World Population (DSW).

**Ladies and gentlemen**

The theme of the meeting, **“Repositioning Family Planning and Reproductive Health in the Southern and Eastern Africa Region Challenges and opportunities”** resonates very well with Uganda’s national priorities to invest in programmes and services that positively impact on the welfare of our people. We in Uganda believe that investing in maternal and child health including emphasizing reproductive health and family planning is very crucial for the future of our nation.

I am particularly pleased to learn that parliamentarians from Southern and Eastern Africa Region are participating in this meeting. I am fully aware that you have a full agenda for two (2) days discussing the different modalities of repositioning Family Planning and Reproductive Health and how best to protect the lives of women and children and improve on the quality of life of our society.

Uganda has registered progress in various areas of our development, including in education, women empowerment, HIV/AIDS, poverty eradication, among others. However, improving women’s health has remained challenging. Some of the challenges why Uganda as a nation has not done so well on maternal health include a weak health system as well as inadequate human resources for health,

especially for reproductive health. Our reproductive health and family planning services remain mainly urban-based yet the majority of our women are in rural areas, some of them quite remote with poor accessibility. Yet we must do all we can to ensure that women do not die so needlessly. **No woman should die while giving life.**

You all know, as well as I do, that each generation builds on the ingenuity and resources of the preceding one and that family planning is one way to provide such opportunities to successive generations. You know, too, that Uganda is doing all it can to focus on the “family” in “family planning” and to bring a better life to its citizens. We still have challenges but we will get there. I am sure that your time in this remarkable learning environment will help provide lasting solutions for our countries and citizens as well as the populations and nations all over the world.

I have spoken on numerous occasions about the need for zero-tolerance to maternal deaths. Ugandan women suffer a high maternal mortality ratio of 435 deaths per 100,000 live births. We are doing everything we can, as a nation with limited resources, to assure women do not die in childbirth, because not only is it a gross inequity to human life but it also devastates the family when a mother is lost.

The population growth (3.2 % annually ) in Uganda remains very high resulting to a too young population, with more than half, or some 15 million, being under the age of 15. Each year our population gains almost one million new citizens. We must be sure they are adequately housed, fed, schooled and nourished. The 5 million or so young people between 15 to 24 years are in need to adequate employment, so they can launch their own families, protect their health and accumulate wealth as they age.

As for Uganda and other African countries, the continued rapid growth of the population remains a major challenge to government’s efforts to reduce poverty and provide adequate social services like health, education, water and sanitation, housing, food among others.

I have learned that Uganda’s high fertility rate (6.7 children/women) includes a significant number of births that are unwanted. I find it difficult to believe that one third of recent births were considered to be mistimed when there are plenty of family planning methods that help couples to plan their families

and avoid high-risk pregnancies. Nonetheless, if so many are finding it difficult to be pregnant when this happens, it means we should do more to help them become pregnant when it is most desirable and safest for themselves, their partners and their families.

The right to decide the number and spacing of children is also recognized as a human right itself. The United Nations Population Fund estimates that universal access to contraception would save the lives of one in three women who die of causes related to pregnancy and childbirth, or roughly 160,800 women per year.

At this SEAPACOH meeting of 2010 I hope you as policy makers will pledge to take the first steps to be sure that every birth is wanted, every pregnancy is healthy and every delivery is safe and that we have provided the means to enable this to happen.

It is also my hope that you all have a pleasant stay here in Munyonyo at the shores of this great lake, Lake Victoria, which is also the source of mighty River Nile. We hope you will have time to visit some other parts of our country to appreciate the beauty of Uganda.

On behalf of the parliament of Uganda, it is now my pleasure to declare this Conference officially opened.