

PRESS RELEASE

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Parliamentarians Representing Health Committees in the Eastern and Southern Africa Regions Recognize the Importance of Family Planning to Improve Maternal and Child Health and to Achieve the MDGs

KAMPALA, UGANDA—Every day, around the world, about 1,000 women die due to complications during pregnancy and childbirth. 570 of these deaths are in sub-Saharan Africa.

Many of these deaths could be prevented if women in Africa have access to family planning, so they can delay the onset of their first pregnancy, prevent unintended pregnancies, and space their births for the health of their families. Family planning gives women time to recover between pregnancies and limits women's risk of maternal death. Family planning also reduces the number of infant and child deaths by reducing the number of high-risk births. Healthier mothers are able to better provide for nutrition and care of their children.

At the third Regional Meeting of Parliamentary Committees on Health in Eastern and Southern Africa with the theme of "Repositioning Family Planning and Reproductive Health in the Eastern and Southern Africa Region: Challenges and Opportunities," Parliamentarians from 11 countries and regional bodies in Eastern and Southern Africa met. This meeting also included civil society organizations and regional partners to promote information exchange, facilitate policy dialogue and identify key areas of follow up action to advance sexual and reproductive health policies and resources in the region.

Opening this meeting on 28 September 2010, Rt. Hon. Rebecca Kadaga, Deputy Speaker of the Parliament of Uganda, said that maternal mortality ratios in Uganda, as well as across Africa are "not something to be proud of. . . The right to decide the number and spacing of children is a human right. Family planning would save 1 in 3 women [who are currently dying during birth]. This is 160,000 women every year. The loss of every woman, even one, is a loss to the entire family."

The meeting was held at Munyonyo Commonwealth Resort, Kampala, Uganda from 28-29 September 2010, as a follow-up to review progress on actions proposed at the September 2008 and September 2009 Regional Meeting of Parliamentary Committees on Health in Eastern and Southern Africa. Participants were drawn from the Parliaments of Ethiopia, Kenya, Malawi, Mozambique, Namibia, Rwanda, Seychelles, Swaziland, Uganda, Zambia, Zimbabwe and the East African Legislative Assembly. They agreed to a Way Forward for the Southern and East African Parliamentary Alliance of Committees On Health (SEAPACOH), over the next year.

Participants agreed that family planning saves lives. "Investing in women is not only the right thing to do. It is also the smart thing," according to Dr. Jotham Musinguzi, Regional Director for Partners in Population and Development Africa Regional Office (PPD ARO) and Jill Sheffield, President of Women Deliver.

Universal access to family planning is essential to the achievement of all MDGs, especially MDG4 (Reduce Child Mortality) and MDG5 (Improve Maternal Health). Helping couples achieve their desired family size, helps to reduce total fertility in a country and thus, slows rapid population growth. A smaller population means that there is less pressure on education systems (MDG 2), and health services (MDGs 4-6) and less strain on the environment and natural resources (MDG 7). Analysis across countries shows that family planning is a “best buy” in today’s financially strapped environment.

The meeting noted with satisfaction that African Heads of State, in their July 2010 Summit held in Kampala, Uganda had agreed to provide “universal access to comprehensive sexual and reproductive health services in Africa by 2015,” including family planning. At the African Union Summit, they extended the Maputo Plan of Action (PoA) for the Operationalisation of the Continental Policy Framework for Sexual and Reproductive Health and Rights from 2007-2010 to 2007-2015.

During this meeting, Parliamentarians agreed to increase advocacy efforts to make family planning services and supplies available to all women and couples in their countries and in the region. This means increasing funding for family planning in the health budgets at national and district levels, and ensuring that family planning is included in donor basket funding. They also agreed to promoting private businesses to support family planning—private corporations should work with the public sector to increase access to health care for their communities. (The complete 2010 agreement, the “Way Forward for the Southern and East African Parliamentary Alliance of Committees On Health (SEAPACOH),” is attached.)

The Southern and East African Parliamentary Alliance of Committees of Health (SEAPACOH) was formed in 2005 and aimed to build a more consistent collaboration of the Parliamentary Committees on Health towards achieving individual and regional goals of health equity and effective responses to HIV and AIDS. The SEAPACOH Strategic Plan (2009 – 2013) has three main areas of focus: ensuring needs-based resourcing of the health sector; ensuring effective domestication, implementation and compliance with agreed upon commitments in the health sector by governments; and ensuring sustainability of the Alliance.

This September 2010 meeting of SEAPACOH follows previous meetings at the regional level in 2003, 2005, 2008 and 2009.

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