



**Partners in Population and Development (PPD)
A South-South Initiative**

**The Regional Meeting of Parliamentary Committees of
Health in Eastern and Southern Africa (SEAPACOH)**

OPENING REMARKS

By

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Executive Director**

**Imperial Royale Hotel, Kampala, Uganda
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RT Honorable Rebecca Kadaga, Speaker of the Parliament of Uganda

Hon. Sylvia Ssinabula, Member of Parliament of Uganda

Honorable Blessing Chebundo, Member of Parliament from Zimbabwe and Chair SEAPACOH

Dr Ochan Wilfred, UNFPA Representative

Dr Janet Byaruhanga, Representative of Africa Union

Mr Jerry Lanier, US Ambassador to Uganda

Dr. Musinguzi, Regional Director of PPD Africa Office

Honorable Members of Parliament from Africa

Representatives of International Organizations,

Distinguished Delegates, Ladies and Gentlemen,

I am pleased to welcome you to this Regional Meeting of Parliamentarians for Southern and Eastern Africa Region organized by Partners in Population and Development in collaboration with the Government of the Republic of Uganda. I would like in the first instance to express my heartfelt thanks and gratitude to the RT Honorable Rebecca Kadaga, Speaker of Parliament of the Republic of Uganda for sparing her precious time to be with us this morning, despite her busy schedule. Your presence among us this morning Honorable Speaker is a great honor to us and is indeed a testimony of your commitment to our endeavor. I present to your Excellency on behalf of the Chair of PPD, the Minister of Health and Family Welfare of India, Hon. Ghulam Nabi Azad and on my own behalf, the very warm greetings of PPD Board Members and Ministers from our 25 Member States. Thank you again your Excellency!

I would like also to thank the Hon. Matia Kasaija, Minister of State for Finance, Planning and Economic Development of Uganda and PPD Board Member, for his support to PPD ARO and who unfortunately could not be with us this morning because of his other pressing engagement and has conveyed his best wishes to all of you. I also thank all members of the Southern and Eastern African

Parliamentarian Committees on Health together with UNFPA, Africa Union and other stakeholders, including the director and staff of the Population Secretariat and PPD Partner Country Coordinator, for their support and assistance in the organization of this very important meeting here in Kampala. I should not miss this opportunity to congratulate my staff at the PPD Office in Kampala and their Director Dr Musinguzi for having spearheaded this event with such fervor and enthusiasm that it deserves. I wish also to thank over and above all, the people of Uganda for their legendary kindness and warm hospitality.

Hon Speaker, Ladies and Gentlemen, we feel honored and privileged to be with parliamentarians and in the presence of the speaker of the house. This is indeed a rare occasion for a person like me who identifies himself as a member of your constituency. When we look at you honorable members of parliament, we perceive you as superior beings, pardon me Madam Speaker for my indulgence, and it is as such that we look at you as our representatives in the Parliament. When we hear and see you speaking at the august House of Parliament, Madam Speaker, and honorable members of parliament, we feel our voice is being uttered through your mouth; we feel a great sense of belongingness and pride to have contributed through you to advance the welfare of our citizens. We feel our presence in Parliament. Your voice Hon members of Parliament is the voice of your constituencies, is our voice and whenever we hear you, we always feel of dropping a note to you to remind you of our preoccupations and concerns and the bee in your bonnet. We do have trust in our representatives and we are convinced that our views and concerns would be heard, understood and taken care of.

Ladies and Gentlemen, we wish that this meeting be one that addresses our concerns on salient and burning issues that are likely to impinge on the attainment of ICPD goals and the MDGs, but also and perhaps most importantly we wish to come up with commitments for concrete actions that would alleviate the sufferings and improve the lives of millions of our brothers and sisters in the developing world.

In Africa we have become the most afflicted and also the most vulnerable population on planet earth. More than 90% of all increase in world population happens in Africa. The quality of life as reflected by per capita consumption level or per capita income is the lowest in Africa. It is not only that we consume less, but also the least in terms

of quantity and quality in Africa. It is predicted that more than 30% of African Population would be food insecure by the end of this year. We are already finding the looming specter of famine in some parts of Africa like Somalia, Ethiopia and elsewhere. Does Africa produce less than what it should? I would like to speak under correction of those who have visited a vegetable market in a big city like London, New York or Amsterdam. The bringel, cauliflowers and cabbages that you find in these rich cities are so perfect that you would question their authenticity and freshness...and yet all these are genuine and come from developing countries mostly in Africa and Asia. We produce quality products that we do not consume. Ladies and gentlemen, this should not continue. We are all entitled to reap what we sow. There is a structural imbalance between the haves and the haves-not that needs to be corrected immediately, and the solution lies in empowering countries of the south.

These imbalances exist because of our own failure in addressing the basic and intrinsic variables that are responsible to improve living conditions at home. If we want to progress we need to put order at home first. If Africa can produce the best, it is also entitled to consume the best and it this message that we wish to promote today. To be able to move forward in this direction and achieve the MDGs and the goals of ICPD we need to continuously invest in our people.

We need to invest most importantly in health, education and social security. Empirical data show that poor sexual and reproductive health is a leading cause of death and disability in the developing world. It limits life expectancy, hinders educational attainment, diminishes personal capability and productivity, and thus directly affects economic growth and poverty reduction.

Every year, more than half a million women die during childbirth, with more than 95 per cent of them in Africa and Asia. This should stop! Every minute, 10 people are newly infected with HIV and 3 million people die of AIDS each year with 90% in Africa. This should stop! We are at the brink of famine and starvation and we cannot allow our brothers and sisters to become so destitute. We are caught up into the vicious circle of poverty making the achievement of the Millennium Development Goals almost unreachable. While we do recognize some progress in some parts of Africa, the situation remains still precarious and the MDGs are unlikely to be met by year 2015 in most parts of Africa.

Hon Speaker, Ladies and Gentlemen, I wish not to be pessimistic. I am by conviction very optimistic and am confident that we will be able to attain greater heights and with your support we will win. We can proudly say that the Cairo Agenda has not remained a blueprint. It has ushered important changes in many parts of the world and ICPD must indeed be applauded for having been the turning point that has reshaped policies and programs addressing Women's Reproductive Health, Adolescent Sexual Health and many other culturally sensitive issues. We note with satisfaction that for the past 17 years since ICPD in 1994, the broad concept of reproductive health which was adopted at Cairo has been incorporated in increasing number of government policies. Substantial progress has been made in increasing Contraceptive Prevalence Rate and Total Fertility Rate and in reducing Population Growth Rate in Africa. However in some parts of Africa, like in Uganda, Total Fertility Rate is still high. In other parts of Africa access to SRH commodities and services is almost inexistent.

Ladies and Gentlemen, challenges ahead are daunting. We will reach a world population of 7 billion in October this year. We wish to reflect on the capacity of our world to accommodate this ever-increasing population. We are here questioning the very survival of human species on earth. We have reached a stage where complacency kills and the cost of apathy could be staggering. We need to reposition Family Planning into the development agenda, integrate HIV/AIDS and Family Planning for a more concerted effort and positive result. While we need to find new champions for Family Planning and promote greater resource mobilization for Reproductive Health programs, we need perhaps more importantly to reinforce political commitments and promote good governance, in line with the Paris Declaration on Aids Effectiveness. We urge that our policy-makers understand the urgency of the situation, the need to look global and act local. While most of our poor countries need massive funding, many of them suffer unfortunately from poor absorptive capacity and political instability.

We wish however to state strongly that we have among us the capacity and capability, the know-how and expertise to make "change" happen. If only we could adopt a vision that recognizes and values our potentials and have a mission that systematically galvanizes all our efforts together, develop and implement a Plan that translate our dream into concrete actions effectively and efficiently, our battle is won. We recommend countries of the South which have

all similar background to “cluster” around each other, utilize their respective comparative advantages, consider the specificities of each and act with one spirit to promote the health of all. South-South Collaboration for the attainment of ICPD and MDGs targets is one of the most viable strategies; one that recognizes potentials in the South and urges nations in the developing world to join hands together to address a common goal. It is based on the spirit of solidarity among nations with common interest.

Ladies and Gentlemen, amidst all the crises which have gripped Africa, the hope of a better future still shines. The uniqueness of our natural and human resources gives us an indisputable lead over the rest of the world. It is my firm conviction that by forging and invigorating partnerships between and among all cross -sections of the society, we will be able to respond to the challenges and opportunities that confront us and that health will be promoted effectively together with social justice and equity. We believe in our own potentials and capacities, and together we will reshape the health environment of Africa, and better the quality of life of our brothers and sisters in the Continent.

Let us reunite our efforts and create a new synergy to address FP/RH and Population concerns and adopt a comprehensive approach that would encompass **capacity building, knowledge sharing, exchange of best practices, promotion of access to RH information and services, networking and partnership building**. I am convinced that the political will is already here and your presence testifies. We need that commitment be translated into concrete action to make reproductive health and rights a reality. We need to move from speeches lines to the creation of specific budgets lines for SRH. Honorable parliamentarians, we have faith in your conviction and in the role that you are playing and we trust you will be with us to push the agenda forward.

Our effort today will shape the destiny of our children. We cannot bequeath to our children what we ourselves had enjoyed. We cannot compromise the future of the next generation. Let us put our hands together and move forward with the ardent urge to make the 21st century, the great Century of Transition that will reposition Africa on the World Map and make our planet earth a better place to live in.

Hon Speaker, Ladies and gentlemen, thank you for your attention.