

Keynote Address

by

**Hon. Janet K. Museveni, M.P., Minister of State for Karamoja Region and
Uganda's First Lady**

at the opening of the

International Conference on Family Planning

Speke Resort Munyonyo Conference Centre

Kampala, Uganda

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**The Commissioner for Social Affairs Africa Union, HE Bience Gawanas
The Minister of Health Dr. Stephen Malinga
The UK Minister for Development Hon. Michael Foster
The Representative of USAID, Dr. Scott Radloff
The Representative of WHO, Dr. Michael Mbizvo
The Representative of UNFPA, Dr. Werner Haug
The Chair of International Steering Committee Dr. Michael Klag
The Dean of Makerere University School of Public Health, Prof. William Bazeyo
Distinguished Participants
Ladies and Gentlemen.**

I would like to start by welcoming all of you to our beautiful 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. It is my sincere hope that the organizers of this meeting have made adequate provision for you to have time off your busy schedule, so that you can visit and see for yourselves what Uganda can offer outside Kampala.

I am delighted to be here with you all and to open this International Conference on Family Planning. I am particularly delighted that the focus of this conference is on the health and wealth of women, which resonates loudly with our national priorities to invest in causes that uplift the welfare of our society, our families. We believe that investing in maternal, child and family health will surely yield high returns for the country in the future.

The situation of maternal health and child survival in Africa Uganda inclusive, remains a cause for concern. I have spoken on numerous occasions about the need for zero-tolerance of 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, to ensure that 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.

Maternal mortality is a critical indicator of the state of inadequate health systems and most accurately depicts the disparities among rich and poor countries. In sub-Saharan Africa, a woman's risk of dying

from treatable or preventable complications of pregnancy and childbirth over the course of her lifetime is very high compared to her counterpart in developed regions.

The tragedy of maternal death does not just end at the loss of the mother. The children left behind experience untold sufferings. Every year, more than one million children are left motherless and vulnerable because of maternal death. Children who have lost their mothers are up to 10 times more likely to die before age five than those who have not.

For every woman who dies in pregnancy and childbirth, six (6) others survive but with chronic debilitating injuries and chronic ill-health.

Among such injuries is obstetric fistula, which is a very dehumanizing condition. I am referring to this particular condition because I know how it affects our women, especially the very young ones. In 2003, I personally launched a special programme at Mulago Hospital, here in Kampala, which was specifically aiming at improving services and outreach for these unfortunate women, most of them in their teenage (15–19) years.

I am also aware that globally, we lose \$ 15 billion per year in women's productivity as a result of maternal deaths.

Distinguished participants

You will recall that following the 1987 Safe Motherhood International Conference in Nairobi, Kenya and the landmark International Conference on Population and Development which took place in 1994 in Cairo, Egypt, as well as the Women's Summit which took place in Beijing, China in 1995, issues of reproductive health, family planning as well as matters of gender were brought very much to the fore, to the attention of our governments and to the attention of the international community. In particular, the persistent high maternal and infant mortality and morbidity rates continue to be major concerns especially in our developing countries.

With increasing knowledge especially through research, overtime, we have come to gain better information and insights regarding the causes and underlying conditions that continue to undermine the health status of our women and children.

Mortality rates of both mothers and children in developing countries like Uganda continue to be unacceptably high. This is a well known fact. It is also true that the causes of death among our women and children are well known and are all largely preventable. Furthermore, low cost or relatively cheap cost-effective technologies to prevent this tragedy also exist. We therefore, have a solemn responsibility to ensure that women do not continue to die from preventable conditions whose remedies are available to us. We cannot just sit back and watch as our women continue to die so needlessly in pregnancy and child birth. That is the challenge we have today. **No woman should die while giving life.**

Distinguished participants

Uganda's efforts to improve the health of mothers and children have not been as successful as we would like to see. No woman should die while giving life. The tribulations and frustrations that our women face in pregnancy and childbirth are many. As Patron of Safe Motherhood in Uganda, I have seen for myself the major challenge we have at hands.

Indeed, matters of improving maternal health and the health of their children continue to be close to my heart. Over the last 5 years, I have been traversing this country in an effort to mobilize communities and galvanize Village Health Teams (VHTs) to help reduce the plight of Ugandan women who undergo untold suffering during pregnancy and childbirth. Only last year on October 17, 2008 here in Uganda, I launched Uganda's Roadmap to reduce maternal mortality and new-born deaths. This Roadmap is Uganda's national comprehensive Strategy to bring all key stakeholders to play their respective roles, each according to their comparative advantage. In this Roadmap, Uganda is very clear that one of its major thrusts in the coming years is to reposition Family Planning. I am sure that in your own countries, similar

efforts must be going on, to different degrees of intensity, to grapple with these and other national priorities.

Distinguished participants

Evidence from research shows us that there are four (4) pillars to reduce maternal mortality: antenatal care, emergency obstetric care; skilled attendance at birth; and family planning. I am very glad, therefore that the main theme of this International Conference is Family Planning.

We are all aware that among the existing, effective, low cost technologies to prevent unnecessary maternal death is family planning. The essence is to help couples plan for the next child as the mother recovers from the previous stressful pregnancy and labour. Family planning reduces maternal deaths by avoiding risky pregnancies that are either too early, or too many, or too close or too late.

Family planning needs to be promoted as a key strategy in reducing maternal mortality at different levels. At the individual level, family planning reduces the number of times a woman becomes pregnant and women with many children face greater risks in pregnancy.

Distinguished participants

Today as we discuss the health of women, I have a message for men. In number of countries, men have remained largely unsupportive to their wives during pregnancy and childbirth. This behavior on men's part has not helped the situation. Men must know that they have a role to play if they want their women to survive. It is also important to have the men and women discuss, together, the reproductive health issues because decisions about the health of women and children should be taken within the family. I am sure with men's support, we can make strong progress in tackling women's health even in developing countries. What we need is to be more focused.

Here in Uganda, and as a nation, we have been grappling with the HIV/AIDS epidemic. Almost 30 years ago, in 1981, the first case of HIV/AIDS was described by one of our doctors in a fishing village of Kasensero, on the shores of Lake Victoria.

The Government adopted a comprehensive "Multi-sectoral Approach" to tackle the epidemic, the famous ABC Strategy, at that time. Uganda's political leaderships, right from the top, provided unflinching support to the national coordinated efforts. Government provided an enabling environment for all stakeholders to play their roles. The stakeholders included Policymakers, Parliament, Government Ministries, Local Governments, Civil Society Organizations, Professional Bodies, Academic, Religious and Cultural Institutions as well as Donors and International Organizations. As a result, Uganda subsequently registered a remarkable decline in HIV prevalence from a high 30% to a fairly low level of 6.4%, currently.

Although a prevalence of 6.4% is still an epidemic by any standards, nonetheless, it is an achievement that remains a shining example. I am giving this example to show that even a developing country like Uganda can effectively deal with an epidemic of such magnitude and succeed, if serious and focused efforts are made, backed by strong visionary political and committed leadership. Of course this is not license for complacency and we should not lower our guard in our fight against the HIV/AIDS epidemic.

This international conference on family planning has come to Uganda, borne out of the sponsoring organizations' concerns about families and their plans for their children's wellbeing. I am pleased to see so many coming from our continent as well from without. I am grateful that the African Union Commissioner of Social Affairs herself is here in person and many senior officials from international and local organizations are here to share their wisdom, insights and experience. I am grateful too for the candid words from Mr. and Mrs. Muwesi.

This conference clearly offers a diverse programme of family planning topics. I am sure that our Ministries of Health, Finance, Planning, Environment and the Population Secretariat will benefit from the latest research and best practices being shared in the coming days.

As I conclude, I would like to applaud your strong sense of commitment to the agenda ahead of you in your next four (4) days here in Munyonyo. I trust you will rise to the occasion and come out with realistic and practical solutions that will enhance the health and wealth of women and children. I very much look forward to receiving the Re-Affirmation of the Global Commitments to Family Planning and follow up actions of this important meeting.

May I end by assuring you that the people and government of Uganda wish you an enjoyable and pleasant stay here. We hope you will have time to visit other parts of the country, for even as beautiful as this lakeside area is, Uganda has many more interesting places to visit that can enrich your education while you are in our midst. Until you are able to leave this beautiful compound, I wish you the best days of learning from and sharing with each other.

It now my pleasure to declare this Conference officially open and I wish fruitful deliberations.

Thank you.