

**Statement to the Commission on Population and Development
Acting as Preparatory Committee for the Special Session
of the General Assembly**

As written

STATEMENT

BY

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TO

**THE UNITED NATIONS PREPCOM MEETING
FOR THE COMMISSION ON POPULATION
AND DEVELOPMENT, ICPD+5**

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Mr. Chairman

Your Excellencies

Distinguished Delegates

My Delegation wishes to congratulate you and the Bureau on your election, by consensus, to steer our deliberations.

Uganda actively participated in the International Conference on Population and Development in Cairo in 1994 and committed itself to the Programme of Action and Recommendations of the ICPD. We pledged to mainstream the adolescents and youth, to empower women and to emancipate the elderly and persons with disability. We pledged to address Reproductive Health and Reproductive Rights.

We also pledged to involve civil society including the private sector and non-governmental organizations (NGOs) in population and development activities including the planning, designing, implementing and monitoring of such activities. We also agreed that population programs should put the human being at the centre of their development activities and that Government will provide an enabling environment so that individual men and women can play their rightful role in society and that only then can we attain sustainable development.

It is against this background that Uganda, soon after the ICPD, embarked on a series of post-ICPD activities. Using a participatory and inclusive process, the Government of Uganda initiated consultations with our partners including civil society, the private

sector and NGOs in order to establish the best way forward. By consensus, post-ICPD priorities for Uganda were identified and these priorities have since then guided our efforts and those of our development partners, including the civil society and NGOs in programming for the nation and our people. Uganda would like to acknowledge the assistance to our development partners like UNFPA, World Bank, WHO, UNICEF, UNDP, etc.

AIDS

Since then, Uganda intensified its fight against the HIV/AIDS epidemic through a multisectoral approach and an open policy. H.E. The President Yoweri K. Museveni of the Republic of Uganda went public over the issue of the HIV/AIDS epidemic and alerted the whole nation about the need to tackle the epidemic squarely. I am glad to say that our efforts have not been in vain. For the last 2 years, we have started witnessing a definite decline in HIV/AIDS epidemic, at least in the urban areas, according to surveys carried out in various parts of Uganda. What this means is that although HIV/AIDS has no cure, well conceived, deliberate policies can be effective and can work. Our open policy has also helped to galvanize our development and partners in assisting us. At this juncture, let me also say that we in Uganda are willing to share our humble experience in this and many other fields with those nations that may be interested.

YOUTH

Like other developing countries, Uganda has a **sizeable** young population. Since the ICPD, Uganda has paid more attention to adolescents and youth. We have embarked on programmes that address the hitherto neglected needs of the young people. I am glad to report that we are starting to see the benefits of these programmes.

WOMEN

Since 1986 when the National Resistance Movement came into power, Uganda Government has identified women as a group that had been marginalized and which needed to be mainstreamed and empowered. In order to empower women, Uganda took advantage of the recommendations of both the ICPD and also of the Women's Conference which took place in Beijing in 1995. Prior to 1994, the Government of Uganda had put in place a process of politically emancipating women through creating special elective seats exclusively for women, starting right **from** village to national level. I am glad to report that Uganda has many women elected as Members of Parliament. **Affirmative** action for women was also further enhanced through positive discrimination for girls entering higher education including University and we shall continue to ensure education for the Girl-Child. Access to education has also been improved through the introduction of Universal Primary Education.

As regards harmful traditional practices that impinge on Reproductive Health and Rights of women and girls, we have tackled the problem of female genital mutilation (FGM) through a cultural sensitive approach. I am glad to report that within a period of 2 years, we have witnessed a 36 percent decline in this harmful practice in the District of Kapchorwa. In recognition of this major achievement, the people of Kapchorwa were awarded the prestigious 1998 **United Nations Population Award**. We are looking forward to registering even more success in the future so that we can look forward to the day when this harmful practice will be eliminated. On December 3, 1998, H.E. The President of the Republic of Uganda made a major pronouncement suggesting that the people of Kapchorwa should abandon this culture. As in the case of HIV/AIDS epidemic we think we shall soon begin to see fruits **from** such commitment by the highest authority.

Uganda has high infant, child and maternal mortality rates. Government and other partners have now established programmes to address them and these programs should help reduce the current unacceptably high maternal mortality in the country.

In order to enhance advocacy activities, Uganda has enlisted the collaboration of Members of Parliament through the Parliamentary Forum on Population and Development and Food and Security. Members of Parliament are now acquainted with population issues and are outspoken advocates of Reproductive Health and rights and other population related issues. We have been also able to reach out to both the religious and cultural leaders. In Uganda, religious leaders of the Catholic, Protestant and Islam faith, just like the Kings of various Kingdoms in the country, have also lent a strong hand to our **programmes**. This has ensured the involvement of communities in programmes that target them.

In the context of South-to-South collaboration and at a regional level, the three (3) East African countries of Kenya, Tanzania and Uganda have established the East African Reproductive Health Network, which brings the 3 countries together to share experiences in Reproductive Health within the region. We have intentions of expanding this collaboration to our immediate neighbours in the region as well in the near future. The goal of the South-to-South collaboration is to share experiences and learn **from** each other in a cost effective and sustainable way.

Although Uganda has registered the above modest achievements in the field of population, Uganda's social indices remain poor by any standards. Maternal mortality rate remains high at 506 per 100,000 while infant mortality rate reduced **from** 122 in 1988 to 97 per 1,000 in 1995. Contraceptive prevalence rose from 5% 1988 to 15% in

1995 while **fertility** rate declined from 7.3 children per woman in 1988 to 6.8 children in 1995. Poverty reduced **from** 55% in 1992 to 46% in 1996, while life expectancy remains low at a mere 48 years.

The Government of Uganda regards the population programme as a high priority and we have done our best to allocate considerable resources to the sector. It is obvious, however, that despite all these good intentions and efforts, we still need more assistance from our development partners to supplement our own efforts if we are to improve the quality of life of our people. It is against this background that Uganda looks forward to the outcome of this important Prepcom Meeting and the 32nd special session in **June-July** this year.

I thank you, Mr. Chairman.