



# UGANDA

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## Statement by

**Mr. W. Kisamba Mugerwa**, Head of Uganda Delegation,

to the

42<sup>nd</sup> Session of the Commission on Population and Development

in the

General Debate on “**National Experiences in Population Matters:  
Contribution of the Programme of Action of the International Conference  
on Population and Development to the Internationally Agreed Development  
Goals including the MDGs**”.

*New York, April 1<sup>st</sup> 2009*

*Please Check Against Delivery*

Madame Chair, Distinguished Delegates, Ladies and Gentlemen,

Uganda was part of the international community that agreed to the Programme of Action adopted by the ICPD in Cairo in 1994. Uganda is also a signatory to important decisions adopted by the various world conferences and summits in the 1990s including the MDGs. In this statement, my delegation will try to examine the prevailing situation in the country against the expected achievement in the context of these goals.

### **Population and Socio-economic Situation**

The population of Uganda has increased fivefold from 4.9 million in 1948 to 24.3 million in 2002. At an annual growth rate of 3.2%, Uganda's population is now estimated to be 30 million. The country has a young age structure, with children less than 15 years comprising 56 per cent of the population. This has a lot of planning implications.

Some of the components of this very high growth rate and bottom-heavy age structure are a high and constant fertility of about 7 children per woman; early child-bearing with 25% of the

girls giving birth while still teenagers; low modern contraceptive usage currently at 18.5%; and a very high unmet need for family planning at 40%.

The Government of Uganda also recognizes that there is still unacceptably high levels of illiteracy (30%); high infant mortality rate (76/1000 live births) high maternal mortality ratio (435/100,000 live births); low life expectancy (average of 51 years); and a high rate of HIV/AIDS (6.4%). It is important to note that apart from the population growth rate, fertility rate and contraceptive usage, all the other indices shown above have significantly improved over the last ten years. However, there still exist some cultural and gender challenges that are not favouring women emancipation and empowerment that we are continuing to address.

### **What has Uganda put in place to address some of the challenges faced with regard to population and development?**

In a determined effort to address the population and development issues, Uganda, in close collaboration with Development Partners, has put in place many key interventions that are aimed at improving the quality of life of the people, especially women and children. We are also happy to note that for the last 14 years the broad concept of “reproductive health” which was adopted at the ICPD in Cairo has been incorporated into the relevant government policies. In effect, a National Population Policy for Sustainable Development was promulgated by the Government in 1995. This was revised in 2008 in order to incorporate emerging issues.

#### **Poverty:**

Since 1997, Uganda has been implementing the Poverty Eradication Action Plan (PEAP) as the national development framework and medium-term planning tool. This has been revised every 3 years with a view to incorporating new evidence and lessons pertinent to Uganda's development objectives. Key elements of the ICPD Plan of Action have been integrated into the PEAP for coordinated implementation. The PEAP will be replaced by the 5-year development plan (NDP) being developed with underlying theme of "Growth, Employment & Prosperity". Population is identified as one of the "foundations for growth and transformation" and this will again enhance Government efforts to attain the MDGs.

#### **Education:**

Government introduced Universal Primary Education (UPE) in 1997. As a result of UPE policy, enrolment in primary school increased almost by 100%. However, the high rate of school drop-out at 78% at the primary school level, particularly among girls is a major drawback to the national policy of increasing education among the youth to reduce vulnerability; and calls for immediate attention. Government also started the implementation of Universal Secondary Education (USE) in 2007.

#### **Gender mainstreaming:**

The Government of Uganda has put in place a National Gender Policy which has an overall aim of promoting equality between women and men. Evidence shows that the sex gap in access to primary education has been closed. Uganda also has in place other affirmative policies in favour of women that have helped to greatly improve their socio-economic wellbeing as well as participation in decision-making. For example, women constitute 31% in the Parliament of Uganda and 40% at elected positions at the Local Government level. There is also a National Youth Policy (2001) to cater specifically for the welfare and interests of the youth.

**Infant and Maternal Mortality and Morbidity:**

In the year 2008, Government put in place a Road Map for Accelerating the Reduction of Maternal and Neonatal Mortality and Morbidity; which was signed by no other than H.E the President of the Republic of Uganda and this is awaiting budgetary provisions for implementation. In addition, there are several Safe Motherhood campaigns spearheaded by very high profile personalities such as the First Lady of Uganda and the Queen of Buganda Kingdom, in communities with support from the Ministry of Health, Village Health Teams, and private sectors. This has led to a growing awareness of rights to family planning among communities. Furthermore, measures are being taken to improve service delivery through the training of midwives with the objective of increasing national coverage.

**HIV/AIDS:**

It was recognized early enough that HIV/AIDS was not merely a medical problem. A multi-sectoral approach to the control of HIV/AIDS was therefore adopted. Latest figures show that prevalence has dropped from 29 per cent in some sites at its peak to about 6.4 per cent now. This was a major achievement attributed to the prudent approach that was used as well as the involvement and support of the highest offices in the country. However, there is new evidence that the incidence of HIV/AIDS is increasing in some specific sections of our population for which specific interventions are needed to arrest the development. In effect HIV/AIDS still remains a major influence on population and the achievement of the MDGs.

**Resource Mobilisation**

Mobilizing resources for population programmes has been one of the biggest challenges in the implementation of the Plan of Action in Uganda. At the International Conference on Population and Development (ICPD) in 1994 in Cairo, countries committed to increase their funding of reproductive health programmes. The World Social Summit held in Copenhagen in 1995 expanded the idea to the entire social sector programmes, and introduced the 20 –20 formula.

In Uganda, government funding of the social sector has been about 25 per cent of the total national budget since the early 1990s. This proportion has been increased to 29 per cent as per the 2008/2009 fiscal year. However, government funding still falls far short of the entire requirements of the sector, particularly in the area of population and reproductive health. We continue to appeal to donors to the population programmes in Uganda to increase their assistance in support of government efforts to enable effective implementation of our population programmes.

Madam Chair,

In conclusion, my delegation would like to underscore the importance of effective implementation of the ICPD agenda in achieving the MDGs in our countries. It is worth noting that the ICPD agenda is a pathway in attaining the Abuja Declaration (2001) on devoting 15% of national budgets to health, Paris declaration (2005) on Aid effectiveness which the Government of Uganda fully supports and is working hard to achieve. Uganda is also committed to investing more in reproductive health commodity security.

Uganda reiterates its commitment to the coordinated implementation of the ICPD Action Plan and the Millennium Development Goals, all of which we believe will contribute positively to the improvement of the quality of life of our people.

I thank you for listening to me.