

**STATEMENT BY THE HON MINISTER OF HEALTH, DR JOYCE KADUCU MORIKU**

**Regional Consultation on Sustainable Development Goals.**

**13th, October, 2016, Imperial Royale Hotel, Kampala.**

Hon Minister of Foreign Affairs/ President Emeritus of the UNGA,  
Representatives of the International Development Corporation of Canada,  
Leaders of Regional Health Policy Think Tanks and Academic Institutions  
The Leadership and Staff of ACHEST,

Ladies and Gentlemen,

It gives me great pleasure on behalf of the government of Uganda in general and the Ministry of Health in particular to welcome you all to this Regional Consultation of Think Tanks and Academic Institutions on Implementation of SDGs for better Health Outcomes in Eastern Africa. I am also highly encouraged by the presence here of the representative of our Minister of Foreign Affairs, Hon. Sam Kuteesa who was the President of the United Nations General Assembly at the time that the SDGS were adopted by the international community in New York in 2014. This was an honor for Uganda and Africa and we look forward to benefitting from his experience.

Ambassador Arthur Kafeero who is representing him served as his personal assistant during this period and is therefore well placed to represent him at this meeting.

From the outset, I want to thank the government of Canada and the IDRC for providing the financial resources that funded the consultation. I also want to thank the African Center for Global Health and Social Transformation (ACHEST) for convening this consultation. The Ministry of Health and the government of Uganda are proud of Professor Omaswa and his team at ACHEST for the support that they continue to give to the health sector in Uganda and to the African region.

Ladies and gentlemen,

The evolution of health services in Uganda right from the colonial and post-colonial period presents a mixed picture. Prior to the upheavals that rocked the country during the 1970 to early 1980s, Uganda had one of the best performing health systems and best health indices in the region. The period of bad governance and economic collapse did not spare the health sector and resulted in neglect, looting of equipment and exodus of health workers to other countries and out of the public health sector.

The NRM leadership in 1986 ushered in a new phase with a new effort and new thinking across all sectors of government. The Poverty Eradication Action Plan (PEAP) introduced during the mid-1990s advocated for improved quality of life of the population through improved services delivery. Accordingly, all sectors were required to adopt Sector Wide Approaches (Swaps) to development and the health sector in Uganda was one of the early adopters with a new National Health Policy (NHP1) Health Sector Strategic Plan (HSSP1) launched in 2000 through a wide consultative process that lasted three years.

The implementation of NHP1 and HSSP1 under decentralization resulted in rapid improvements in a number of areas such as the utilization of public health services, immunization coverage, increase in physical access and the increased numbers of health workers recruited at central and district level.

The reforms across government especially decentralization to the districts of responsibility for services delivery have presented welcome results as well as challenges that need attention. The population growth rates have remained high at 3.1% yet budgetary allocations have fluctuated over the years. There are currently concerns in the media and general population regarding the current status of health services in the country.

It is against this background that the Ministry of Health welcomes the transition from MDGs to SDGs and in particular this Regional Consultation taking place right here in Uganda. It is my hope that this consultation will be a catalyst and trigger for government and the general public to engage in an open debate by all stake holders such as parliament, professional associations, academia, civil society, development partners and the media and will lead to a national consensus on the most practical approaches for responding to the vision of the SDGs in Uganda and the region.

SDG Goal No. 3 **“Ensure healthy lives and promote well-being for all at all ages”** embodies an implicit recognition of the fact that healthy people have stronger cognitive and physical capabilities and, in consequence, make more productive contributions to society; health policies contributes to poverty reduction through the financial protection inherent in universal health coverage. It links well with the definition of health in the Constitution of the WHO and in the Universal

Declaration of Human Rights in which health is recognized as “wellness, security, and access to basic necessities of life as a right for all throughout the life course”.

It is also to be noted that changes in population growth rates, age structures and distribution of people are also closely linked to national and global development. In addition, it is well known from the Report of Social Determinants of Health that it is also a beneficiary of policies in a wide range of other sectors such as transport, energy and urban planning. Indeed health is at the center of all the SDGS.

It is for these reasons that I welcome the entry of Health Policy Think Tanks and Academic Institutions that have a key role to play by providing essential and much needed Health metrics that measure status and progress across the economic, social and environmental pillars of sustainable development and identify bottlenecks that impede progress. We know for example, that Health outcomes can be defined precisely and are measurable. Measuring the impact of sustainable development on health has capacity to generate public and political interest in a way that builds popular support for policies that have positive or negative health outcomes. Notably, health is an important component of other holistic approaches to development that seek to replace or supplement Gross Domestic Product as the main indicator of economic progress.

Nationally and regionally based Think Tanks have the ability to strengthen Country ownership of the SDG agenda. By generating locally relevant data, Think Tanks can support their respective governments and populations to contextualize information and generate local solutions that are workable and are owned and

driven by the people themselves. Think Tanks and Academic Institutions can also serve to support mutual accountability by governments, civil society and the international community through the generation and analysis of information and its strategic dissemination.

Finally, I see Think Tanks as institutions with potential to improve performance of our health systems. At the present there is a huge implementation gap in many countries between what we aim to achieve and what we routinely attain. Through the streamlining of evidence into policies and programs, we should be able to ensure that we have quality in what we do and so that our performance is continuously improved and our targets are achieved and exceeded.

We in the government of Uganda and the Health sector in particular look forward to receiving the outcomes of this consultation and wish you fruitful deliberations. I also hope that you will enjoy your stay in Uganda as I am informed that some of you are coming to our beautiful country for the first time. Please do not hurry back home before you have seen the many tourist attractions here in the Pearl of Africa.