

Statement from the Honourable Minister of Health of Uganda, Dr Jane Ruth Aceng

Dr Jane Ruth Aceng's address to the Special Consultation on Governance for Health in Africa

The Sustainable Development Goals (SDGs) present us with an exceptional opportunity to respond to the health aspirations of our people. The Agenda 2030 is a global compact that we have been involved in negotiating and has in-built accountability mechanisms both at national and global levels. While Africa recorded impressive health gains during the Millennium Development Goals (MDGs) period, the continent still lags behind other regions of the world in terms of health indices. For example maternal mortality in Africa is five times higher than that of Asia and ten times higher than that of European countries. This gap should be a cause for grave concern and an incentive for us to redouble our efforts.

Africa is also heavily burdened by infectious diseases and as we speak now, we are putting a lot of resources to keep Uganda safe from the Ebola Virus Outbreak in the Eastern Democratic Republic of Congo. Indeed these viral diseases outbreaks are regular occurrences in this part of the world

and you will be hearing at this conference how Uganda has developed effective preparedness and response programmes for them.

Non-Communicable Diseases (NCDs) have also invaded the continent with exponential increases in the prevalence of cardiovascular diseases, diabetes mellitus, cancers and road traffic injuries. These constitute much more than a health challenge. It is about our lifestyles, our culture and work environment and solutions that are needed will not be easy to implement as they call for cultural and social transformations and cross-sectoral work.

I have looked at the programme and agenda for this meeting which is asking basic questions on what has happened since Africa gained independence from colonialism. What has worked well and what has not and the reasons why. You are going to be focusing on governance for health and on health workforce.

Indeed I agree that the two areas chosen are the key

pillars on which strong and resilient health systems are built. I urge you to look deep and explore the fundamental social and cultural roots of our challenges.

There is a common tendency in meetings such as this to concentrate on the political and financial aspects of Africa's health challenges which are secondary to the cultural and social aspects of societal values.

It is generally accepted that the most effective route to achievement of Universal Health Coverage (UHC) is through Integrated people centered Primary Health Care (PHC). However, PHC is about creating healthy environments for communities where people live and work. This environment has physical, social and attitudinal dimensions

all of which are necessary for promoting health and well-being by supporting people to remain healthy. This should be the face of UHC. Setting up PHC programmes is feasible in Africa using available resources provided that the mindset



of the population is right and they are empowered. I hope that you will go deep into this discussion and come up with practical solutions.

I am looking forward to the outcomes of this meeting and would like to encourage you to share them widely in Africa and globally. It is urgent that we create a global movement that will make it possible for all people to access the health care that they need with no one left behind.

Before I conclude, let me thank ACHEST team for convening this meeting and working as a CSO that supports African governments and aims at building synergies among African CSOs. In order for us to achieve our mission, there is need to develop mutually supportive and collaborative partnerships between governments and CSOs.

It is now my pleasure to officially declare this meeting open and to wish you fruitful deliberations.