

**STATEMENT BY  
HON CHARITY KALUKI NGILU MP,  
KENYAN MINISTER OF HEALTH  
DURING THE INTERNATIONAL CONFERENCE ON ICPD  
PROGRAMME OF ACTION,  
TO PARLIAMENTARY ASSEMBLY OF THE COUNCIL OF  
EUROPE**

**STRASBOURG, FRANCE.**

**18-19 OCTOBER 2004**

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MADAM CHAIRPERSON,  
MS RUTH GENNER, PRESIDENT OF INTER-EUROPEAN  
PARLIAMENTARY FORUM  
MADAM THORAYA AHMED OBAID,  
EXECUTIVE DIRECTOR OF UNITED NATIONS  
POPULATION FUND,  
HONOURABLE PARLIAMENTARIANS  
DISTINGUISHED GUESTS,  
LADIES AND GENTLEMEN:

IT IS A GREAT HONOUR AND PRIVILEGE TO HAVE BEEN  
INVITED TO THIS ALL IMPORTANT 2004 INTERNATIONAL  
PARLIAMENTARIANS CONFERENCE ON THE IMPLEMENTATION  
OF THE ICPD PROGRAMME OF ACTION. TEN YEARS AGO, I  
PARTICIPATED IN THE FIRST INTERNATIONAL CONFERENCE  
ON POPULATION AND DEVELOPMENT IN CAIRO, EGYPT.  
AMONG THE MAJOR COMMITMENTS MADE IN CAIRO WAS TO

PROMOTE THE REDUCTION OF MATERNAL MORTALITY AND MORBIDITY AND OF UNSAFE ABORTIONS AS A PUBLIC HEALTH PRIORITY AND AS A REPRODUCTIVE RIGHTS CONCERN.

SINCE THEN, A NUMBER OF INTERNATIONAL FORUMS HAVE RENEWED SIMILAR COMMITMENTS TO INCREASE OFFICIAL DEVELOPMENT ASSISTANCE FOR POPULATION AND REPRODUCTIVE HEALTH PROGRAMS IN DEVELOPING COUNTRIES. HOWEVER, LIMITED PROGRESS HAS BEEN REALISED IN MOST DEVELOPING COUNTRIES DUE, LARGELY, TO LACK OF FUNDS.

IN KENYA, ACCESS TO REPRODUCTIVE HEALTH PROGRAMS IS LIMITED BY THE HIGH COST OF HEALTH CARE AND FALLING REAL INTERNATIONAL DEVELOPMENT ASSISTANCE TOWARDS HEALTH PROGRAMS. HIGH LEVELS OF POVERTY, WHERE 56% OF KENYANS LIVE BELOW THE POVERTY LINE AS A RESULT OF MANY YEARS OF BAD LEADERSHIP THAT WAS CORRUPT AND WHICH BROUGHT THE ECONOMY OF THE COUNTRY ON IT'S KNEES. THIS MADE MANY YOUNG WOMEN TAKE UP ABORTION FAMILY PLANNING METHOD.

AS KENYAN MINISTER FOR HEALTH, I AM DEEPLY PERTURBED BY NUMEROUS REPORTS OF FOETUSES IN MY COUNTRY, DUMPED BY THE ROADSIDE AND IN DUSTBINS.

MADAM CHAIRPERSON, LADIES AND GENTLEMEN, WE NEVER AGREED IN CAIRO THAT ABORTION WOULD BE USED AS A FORM OF CONTRACEPTION. BUT, YOUNG WOMEN IN MY COUNTRY

NOW USE IT AS A FAMILY PLANNING METHOD AND TOOL.

AT LEAST 600 ABORTIONS OF THIS NATURE ARE CARRIED OUT DAILY AND WHERE UNSAFE ABORTION CONTRIBUTES TO 30% OF THE MATERNAL MORTALITY RATE.

I BELIEVE THE SITUATION IN KENYA IS NOT DIFFERENT FROM THAT IN OTHER REGIONS OF AFRICA. THERE IS, AS YOU ARE ALL AWARE, A MAJOR DISPARITY IN MATERNAL MORTALITY RATES BETWEEN THE AFRICAN REGION AND THE WEST. IN AFRICA, THE AVERAGE IS 830 MOTHERS DYING DUE TO

PREGNANCY COMPLICATIONS PER 100,000 LIVE BIRTHS WHILE IT IS ONLY 24 IN EUROPE. FURTHER, WHILE THE CONTRACEPTIVE PREVALENCE RATE IN AFRICA IS ONLY 25% IT IS MORE THAN 70% IN DEVELOPED COUNTRIES. THIS SCENARIO IN AFRICA REFLECTS FAILURE ON OUR PART AS LEADERS AND POLICY MAKERS:

**WE TALK AND TALK BUT NO TANGIBLE ACTION FOLLOWS.**

***WE COMMIT OURSELVES TO LOFTY, LAUDIBLE GOALS, TARGETS AND PROGRAMS – SIGNING THESE WITH GOLDEN PENS-- BUT FORGETTING THEM AS SOON AS WE GO BACK HOME.***

WE CREATE HOPE AND SPREAD HOPELESSNESS AMONG THE POOR WHO ARE IN DIRE NEED OF THESE BASIC SERVICES.

SOMETIMES, I OFTEN FEEL AS AN AFRICAN MOTHER AND AS A MINISTER, THAT THE DEVELOPED WORLD SHOULD STOP MAKING THESE COMMITMENTS, WHICH CREATE FALSE, HOPE. IT MAY BE HEALTHIER TO LEAVE THE AFRICAN WOMAN ALONE IN HER POVERTY INSTEAD OF CREATING HOPELESSNESS.

THIS ISSUE OF FAILED COMMITMENTS IS OF GREAT CONCERN TO ME PERSONALLY AND TO THE WOMEN AND CHILDREN OF AFRICA.

AFRICAN COUNTRIES ARE UNLIKELY TO MEET THE MILLENNIUM DEVELOPMENT GOALS ADOPTED BY THE UNITED NATIONS IN 2000 BECAUSE, IN PART, WEALTHY COUNTRIES HAVE FAILED TO:

1. ESTABLISH FAIRER INTERNATIONAL TRADE POLICIES,
2. MAKE SIGNIFICANT INCREASE IN OFFICIAL DEVELOPMENT ASSISTANCE;
3. IMPLEMENT SIGNIFICANT LEVELS OF DEBT RELIEF;
4. ACCELERATE TRANSFER OF APPROPRIATE TECHNOLOGIES
5. TO HONOUR MANY OF THEIR DEVELOPMENT COMMITMENTS TO AFRICAN COUNTRIES.

WHAT IS EVEN MORE DISTURBING IS THAT THERE ARE NO SIGNS THAT WEALTHY COUNTRIES WILL MEET, ANY TIME SOON, THE COMMITMENTS THEY HAVE MADE IN SEVERAL

INTERNATIONAL MEETINGS, SOME OF WHICH I HAVE ACTIVELY PARTICIPATED IN.

MY MESSAGE TO THE 189 COUNTRIES AND 147 HEADS OF STATE WHO MET AT THE NEW YORK SUMMIT TO ADOPT THE UNITED NATIONS MILLENNIUM DECLARATIONS IS SIMPLE: -

***HONOUR YOUR COMMITMENTS AND PLEDGES***

AS KENYAN MINISTER FOR HEALTH, I FEEL THAT THE WEALTHY NATIONS NEED NOW TO BE HELD ACCOUNTABLE IN FORUMS LIKE THIS. IT SHOULD BE IN THE PUBLIC DOMAIN HOW MANY OF DEVELOPED COUNTRIES HAVE INCREASED THEIR OFFICIAL DEVELOPMENT ASSISTANCE TO AT LEAST 1% OF THEIR GDP? FOR INSTANCE, A PUBLIC DATABASE LIKE THE ONE MAINTAINED AT THE GLOBAL FUND WEBSITE SHOULD BE MARKETED TO INFLUENCE WORLD PUBLIC OPINION, IN DEVELOPING AND DEVELOPED COUNTRIES.

ALLOWING INFECTIOUS DISEASES TO SPREAD AND POVERTY TO INCREASE IN AFRICA, IS, AS MANY HAVE OBSERVED BEFORE ME, A MAJOR SECURITY RISK WITH LONG-TERM

IMPLICATIONS, PERHAPS FAR WORSE THAN THOSE FROM  
TERRORISM.

THE NATIONAL RAINBOW COALITION (NARC) GOVERNMENT  
CAME INTO POWER IN 2003 AND IMMEDIATELY EMBARKED ON  
MAJOR REFORMS AIMED AT ECONOMIC GROWTH, RENEWED  
CONFIDENCE AND REBUILDING OF OUR NATIONAL  
INSTITUTIONS THAT HAD BEEN DESTROYED BY THE  
PREVIOUS ADMINISTRATION THROUGH CORRUPTION, MISUSE  
AND NEGLECT OF 24 YEARS. AMONG THESE REFORMS, HAS  
BEEN THE INTRODUCTION AND IMPLEMENTATION OF FREE  
UNIVERSAL PRIMARY EDUCATION FOR ALL KENYAN BOYS  
AND GIRLS. THIS EDUCATION PROVIDES THE BASIC TOOLS  
WITHOUT WHICH PROVISION OF SEXUAL AND REPRODUCTIVE  
HEALTH CANNOT BE PROVIDED. WOMEN TOO HAVE BEEN  
ENGAGED BY MY MINISTRY AND OTHER GOVERNMENT  
MINISTRIES IN THE FIGHT AGAINST SEXUALLY TRANSMITTED  
DISEASES ESPECIALLY HIV/AIDS.

IT IS IN THE ECONOMIC AND SECURITY INTERESTS OF  
WEALTHY NATIONS TO MAKE GOOD THEIR COMMITMENT TO

INCREASE OFFICIAL DEVELOPMENT ASSISTANCE TO AFRICA. THIS IS THE ONLY SURE WAY OF ENABLING AFRICA EVER HOPE TO REALISE THE MILLENNIUM DEVELOPMENT GOALS. THE HEALTH PROGRAMS IN AFRICA ARE ALSO BEING DERAILED BY THE FLIGHT OF HEALTH PERSONNEL TO WESTERN COUNTRIES, A FLIGHT THAT MAKES IT DIFFICULT FOR US TO PROVIDE QUALITY HEALTH SERVICES AT OUR HEALTH FACILITIES.

IN ADDITION, WE ARE STILL GRAPPLING WITH PROBLEMS OF POOR HEALTH INFRASTRUCTURE AND INADEQUATE SUPPLIES. WE NEED SUPPORT IN THESE AREAS.

FOR FELLOW AFRICAN LEADERS, IT IS OF LITTLE USE TO MAKE DECLARATIONS LIKE THE ABUJA ONE THAT WE WILL ENSURE 15% OF THE GOVERNMENT BUDGET IS ALLOCATED TO HEALTH; SIGN THEN FAIL TO FOLLOW THROUGH WITH THIS COMMITMENT. COMPARING EXPENDITURES IN DEFENCE WITH THOSE IN HEALTH, ONE ALMOST SENSES LIKE THERE IS SOME CONSPIRACY AGAINST POOR PEOPLE. THE GREATEST DEFENCE MY FELLOW AFRICAN WOMEN NEED IS ACCESS TO

AFFORDABLE REPRODUCTIVE HEALTH SERVICES. AS MINISTER OF HEALTH, I HAVE OVER the last 2 years, SINCE MY APPOINTMENT SET-UP A REFORM OF THE NATIONAL HOSPITAL INSURANCE FUND INTO A NATIONAL SOCIAL HEALTH INSURANCE FUND. THROUGH THIS REFORM WHICH IS ONE OF THE FOUR KEY PILLARS OF KENYANS'S ECONOMIC RECOVERY STRATEGY 2003-2007, I INTEND TO ASSURE EVERY KENYAN, A BASIC HEALTH CARE PACKAGE WHICH INCLUDES REPRODUCTIVE HEALTH. THIS PIECE OF LEGISLATION HAS ALREADY BEEN APPROVED BY CABINET THROUGH A SESSIONAL PAPER AND A BILL IS AWAITING DEBATE AND APPROVAL BY PARLIAMENT IN THE NEXT FEW WEEKS. ONCE THIS BECOMES LAW IT WILL INCREASE MY HEALTH BUDGET BY 60% AND WILL ENABLE MY MINISTRY TO ATTAIN THE ABUJA TARGET OF 15%. OF THE NATIONAL BUDGET.

*WE CAN GIVE IT TO THEM. WE CAN DO IT. IT CAN BE DONE, IT MUST BE DONE NOW.*

*THIS FORUM MUST MAKE IT HAPPEN. IT IS THE REASON WHY WE ARE ALL GATHERED HERE TODAY.*

THANK YOU.

**HON CHARITY K NGILU MP,  
MINISTER FOR HEALTH, KENYA**