



EAST AFRICAN COMMUNITY

EAST AFRICAN LEGISLATIVE ASSEMBLY

MOTION FOR A RESOLUTION OF EALA ON MDGS FIGURES, FACTS AND ISSUES ON GOAL 4; REDUCE CHILD MORTALITY RATES AND GOAL 5; IMPROVE MATERNAL HEALTH

MOVER: HON LYDIA WANYOTO

WHEREAS The MDGs help human development by providing a measurement of human development that is not based solely on income, prioritizing interventions, establishing obtainable objectives with operationalized measurements of progress (though the data needed to measure progress is difficult to obtain), and increasing the developed world's involvement in worldwide poverty reduction. The measurement of human development in the MDGs goes beyond income, and even just basic health and education, to include gender and reproductive rights, environmental sustainability and spread of technology. Prioritizing interventions helps developing countries with limited resources make decisions about where to allocate their resources through public policies. The MDGs also strengthen the commitment of developed countries to helping developing countries, and encourage the flow of aid and information sharing. The joint responsibility of developing and developed nations for achieving the MDGs increases the likelihood of their success, which is reinforced by their 189-country support (the MDGs are the most broadly supported poverty reduction target to ever set by the world).

AND WHEREAS Status in East Africa towards the MDG – Goal 4 is that; according to the Millennium Development Goals Report 2011, addendum 1 child deaths are falling, but not quickly enough to reach the target. New estimates show that substantial progress has continued to be made in reducing child deaths. The EAC Partner States except for Rwanda, has made insufficient progress on this goal. In 1990, all States had child mortality above 100 deaths per 1,000. These rates have been reduced in varying degrees with Rwanda having a 40% reduction while Burundi had only 11%. The expected reduction in 2015 is by 66% of the 1990 child mortality levels. The extent of

progress towards the MDG 5 target of reducing by three quarters the maternal mortality ratio, between 1990 and 2015, is a challenge. Despite proven interventions that could prevent disability or death during pregnancy and childbirth, maternal mortality remains a major burden in many developing countries.

TAKING INTO ACCOUNT The high child mortality rates are largely a result of high infant mortality. The same insufficient performance trends as for child mortality have been exhibited by the Partner States for infant mortality. In 1990, all States had an infant mortality above 65 deaths per 1000. Reasonable performance was achieved for Kenya and Uganda that had a 42% and 33% reduction in infant mortality respectively. Burundi on the other hand had an increased (9.7%) infant mortality rate. Many children in the EAC region are still dying of preventable diseases. Immunization is therefore a critical public intervention for reducing child mortality. There is some good progress in immunization as all countries are having at least 80% of children immunized against measles.

FURTHER TAKING INTO ACCOUNT Maternal Mortality; the EAC Partner States have very high maternal mortality ratios. These are maternal deaths per 100,000 live births. The estimates are based on 2005 -2008 data. The State of Burundi loses more than 1,000 women per 100,000 live births which is more than 10% of the women. The performance of other States is not encouraging either. The facts shows that causes of Maternal Mortality in the EAC region are severe bleeding, eclampsia, obstructed labour, malaria and HIV/AIDS. The other contributing factors are high fertility rates and the poor quality of health care services. The fertility rates are still very high in all the EAC States with the lowest being five children per woman for Kenya and Tanzania.

CONSIDERING Many children in the EAC region are still dying of preventable diseases. Immunization is therefore a critical public intervention for reducing child mortality. There is some good progress in immunization as all countries are having at least 80% of children immunized against measles. EAC established the East African Health Research Commission (EAHRC) and the Permanent Members of the Commission were nominated and approved. In a related development, the Sectoral Council of Ministers of Health approved the establishment of the East African Regional Inter-Parliamentary Forum on Health, Population and Development (EAPF-HPD). A "Regional Communication and Advocacy Strategy and Plan of Action for promoting Rational Use and Safety of Essential Medicines in the East African Community Partner States: 2008-2013" was developed and the 2nd Annual East African Health and Scientific Conference was held from 26th to 28th March 2008 in Arusha, Tanzania.

AND CONSIDERING Issues of promoting rational use of medicines are pertinent but not applicable to women as women do not control household incomes, and therefore have limited effective demand for health goods and services. On the other hand,

HIV/AIDS affects women more because of the power relations within the households that limit their negotiation for own sexuality.

NOW THEREFORE, THIS ASSEMBLY DO RESOLVE TO;

1. Urge Partner States to closely co-operate in the social welfare with respect to employment, poverty alleviation and healthy improvement.
2. Urge Partner States to start considering promoting the effective role of women in socio-economic development, this will encourage and help to promote human development and increasing the women's role and involvement in poverty reduction in the East African Community sub-region.