
As prepared for delivery

**Ambassador's Remarks at
Makerere University College of Health Sciences
School of Public Health – CDC Fellowship Program
Dissemination Event for 2013/14 Fellows**

**Wednesday, 17 December 2014
Silver Springs Hotel, Kampala**

- Representatives of Makerere University, The College of Health Sciences, and The School of Public Health;
- Officials of the Government of Uganda;
- The Fellows whom we celebrate here today;
- Invited Guests, Ladies and Gentlemen;
- All Protocols Observed.

Good afternoon.

I am delighted to be here for this dissemination event and to celebrate the graduation of new members of the Makerere University-CDC Public Health Fellowship Program. Congratulations to you all.

This partnership between CDC and Makerere has graduated over 2000 fellows in its short, medium, and long-term programs - an impressive accomplishment that is having a direct impact on the lives of Ugandans across the country. In 2002 the founders of the Fellowship recognized the need to build the leadership and management capacity of the country through the hands-on training of public health professionals like yourselves. The thirteen fellows who graduate today after two years of hard work are now part of something extraordinary - over 90 percent of the long-term fellows graduated since 2002 are now senior health managers in either the private or public sectors right here in Uganda. Now that is a tremendous achievement!

Programs such as this help to build a nation's valuable human capital. You will help to shape the

country's future as you build upon the skills you have nurtured in the program and the American Embassy is excited to partner with you in helping to build that future.

Despite your personal successes, however, the challenge of developing Uganda's human capital more broadly is daunting and will require your committed and focused leadership to make a difference in the years ahead. Today I'd like to touch on three areas which I believe to be of critical concern as we seek to build a broader bank of human capital in Uganda: population growth, education, and delivery of health services.

At the outset, I think we all recognize that population growth may be the single-most important variable affecting human capital development in Uganda because of its cascading effects. Most estimates suggest that within 35

years Uganda's population could range from 80-100 million at current rates of growth. That's staggering. How will the nation meet the health and nutritional needs of that population? Where will the teachers and schools come from? Where will the jobs be for this ever more youthful society? Can we develop them into the capital the nation needs for the future?

Current realities show us the challenge we face. Fifty-two percent of Uganda's current 35 million people are under 15 years old. 11 million of them are of school age but only 8.5 million are actually attending school. More troubling, according to the Ministry of Education, only 32 percent of them are likely to complete secondary school. The data also show that 90 percent of students leaving P7 can actually only read at a P2 level. This is NOT building the human capital we need.

If current trends continue without a significant change in policy, in the year 2040 approximately half of Uganda's estimated population of 61 million will not be skilled enough to help transform the Ugandan economy. We need to focus today on the quality of education to create a generation of job makers, not job seekers.

And, the fact is, that education not only grows the economy but it also is critical to controlling population. All the recent data clearly demonstrate that the best contraceptive for controlling population is the completion of secondary education by a girl. Girls who have completed secondary education have fewer children. Education to this level makes a girl more self-confident, introduces more science into her decision-making, and generates new aspirations that affect how she views her future and family size.

And if we are committed to human capital development then, as a nation, Uganda must commit to the future of the girl child. You cannot leave half your nation's people underserved and the current reality is that the situation for girls is far worse than for boys: more of them drop out of school; more are victims of gender based violence; more get married before they are 15.

This picture needs to change and the good news is that when policies improve the situation of girls, the education of boys also improves. Just as importantly, fewer girls having fewer children means lower infant and maternal mortality and less strain on an already stressed health sector. Thus, a relatively small investment in girls' education can pay huge dividends in human capital.

The current budget allocation of 12 percent for education cannot fund the transformation required or close the significant gaps in access, retention, and quality so urgently needed. The challenge for the Fellows and all future leaders here today is how to innovate, prioritize, and shape public policy that builds the future you seek.

Ensuring citizens' health is equally central to effective human capital development as controlling population growth and providing quality education. Unfortunately, among other health challenges, more than a third of Uganda's children suffer stunting; malaria remains a killer and drain on productivity; and too many mothers die in childbirth. Then there is the scourge of HIV/AIDS where adolescents are increasingly an at-risk population and where there are over one hundred thousand new infections each year.

The government has a laudable goal of 90-90-90: hoping that by the year 2020, 90 percent of all people living with HIV will know their HIV status; 90 percent of all people with diagnosed HIV infection will receive sustained antiretroviral therapy; and 90 percent of all people receiving antiretroviral therapy will have viral suppression. To achieve this, Uganda will need to more than double the number of people on treatment from 640 thousand to 1.4 million.

But how will it be resourced? The government's own business case says that HIV treatment currently costs \$380 million per year. The 2014 budget allocates \$38 million for HIV/AIDS. The resulting 90 percent funding gap is currently met by development partners -- with over \$320 million of it from the United States. The 90-90-90

scenario would increase funding needs to \$518 million dollars by 2020.

Neither my nation nor other donors can be expected to find the almost two hundred million additional dollars over current funding levels that will be needed. Quite simply, Ugandans will need to again think creatively about resources and priorities to ensure that victims of HIV are not wasted human capital.

The HIV challenge is further compounded by inconsistent messages from government about the use of condoms and the efficacy of circumcision even as the Health Ministry asks donors to fund these interventions. Successfully combatting an epidemic takes perseverance, planning—and money. We need the government clearly and resolutely on board in all aspects of winning this

fight—which includes both moral and financial commitments. Unfortunately, with the HIV AIDS Trust Fund apparently off the table and with current funding levels from the government so modest, realizing the 90-90-90 goals now seems little more than a distant dream. My government remains committed to this fight but Uganda needs to do more so that together we can make an AIDS-free generation a reality. Perhaps you will be the leaders who make that happen.

We also know that creating a healthy society for all Ugandans requires qualified, trained and committed staff working together in a transparent system with sufficient tools to deliver quality services. This fellowship has made great strides toward realizing that goal, but there are still significant gaps, reflected by high vacancy rates for medical staff, that demand attention. These are compounded by

high absenteeism and significant ghost workers on payrolls.

In addition, as a partner who has invested significantly in training medical professionals like yourselves, my government is deeply concerned to see that the Ministry of Foreign Affairs is recruiting highly-trained Ugandan medical personnel, needed to meet the needs of Uganda's citizens, to serve instead in foreign countries. As we work together to strengthen and improve the health workforce *in Uganda*, we cannot afford to have the government encourage and facilitate the exodus *from Uganda* of health workers who already possess the critical skills and training so badly needed here.

As you can see, effective human capital development in Uganda faces significant hurdles. I know that the

nation's budget is not unlimited, but tough choices are required. Not addressing these challenges now will undermine economic growth in the future due to lost productivity and ever increasing bills in health and education that donors simply cannot pay.

The experience of many other countries, and in Uganda's own history, demonstrates that when governments and development partners roll up their sleeves, sort out their differences, and work together to implement jointly identified priorities, real transformation is possible. As you leave here, I challenge you to think hard about how you can make a contribution to this process and how you can look beyond the strict lines of your portfolios to be leaders for Uganda's future. Whether the topic is population, education, health, or the challenge

of funding for all of the above, you should - no, you *must* - have something to say.

Remember that you are not just building careers. You are not just building hospitals. You are not just building a healthy community or even human capital. You are building a nation. *Your* nation. Build it well.

For God and *your* country I wish you, and Uganda, the brightest of futures.

Thank you very much.