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**Wednesday, 28 June 2017**

*Parliament met at 2.49 p.m. in Parliament House, Kampala.*

PRAYERS

*(The Speaker, Ms Rebecca Kadaga, in the Chair.)*

*The House was called to order*

COMMUNICATION FROM THE CHAIR

**THE SPEAKER:** Honourable members, I welcome you to this afternoon sitting. Just to update you, last week I received a petition from the young people of Uganda, urging Parliament to spearhead the required policy to end the use and abuse of alcohol by the young people, especially in schools.

In that petition, they said alcohol is most commonly drunk among the youth and that it perpetuates violence in form of bullying, unruliness, sexual aggression and of course increases the risks of HIV/AIDS among the youth.

From their research, 46 per cent of the youth aged between 12 and 18 years take alcohol and that Uganda is one of the largest alcohol consumers in the world. It used to be Zambia but I think we are now leading.

According to them, there is absence of adequate policies to regulate the supply of alcohol to children below 18 years, worse still, no one is implementing the laws.

As you recall, honourable members, in the Ninth Parliament, we had a debate here on banning the sachets but those for the banning were defeated by those against the banning. As a result, the consumption and supply continued. Maybe we need to look at it again.

They are proposing that we require all those who are buying alcohol to produce their identity cards so that the sellers can understand their age – whether they are eligible to consume alcohol – as well as sensitise the opinion leaders and liquor sellers about the existing regulations. They also want us to bring a national policy on the consumption of alcohol as well as the laws that deal with that issue.

Yesterday, I was invited for a meeting under the Parliamentary Forum on Children and there were serious issues of child abuse in the country such as child sacrifice. I think we are not doing enough, as leaders, to talk against the practice and alert the population. Things are really not good. I hope hon. Bernard Atiku and his colleagues will bring the films that were shown about the ease with which people slaughter children and use them for sacrifices.

The third issue has to do with KACITA (Kampala City Traders Association). I have received a demand from KACITA that unless we enact the law on landlords and tenants, they are going to march in Kampala. They are under the mistaken impression that Parliament has delayed the law on landlords and tenants, which is not true.

In June 2016, this matter was raised in this House and the Minister of Lands, Housing and Urban Development said they were bringing the law. They have not brought it. As a result, we are now taking the flak on behalf of the ministry. I shall want to know when this law is coming because it has to do with a very important sector of our economy.

I would like to alert KACITA that the Bill is not in Parliament and it is not Parliament that is delaying it. Let the ministers pull up their socks and do the needful or come here and tell the country when that law will be brought. KACITA people are saying that if the law is not here by the 6th of July, they are going to do something. Anyway, for me I have warned you but I think hon. Mukitale has something.

2.54

**MR STEPHEN MUKITALE (Independent, Buliisa County, Buliisa):** Thank you very much, Madam Speaker. I rise on a matter of national importance, which requires an urgent comprehensive report from the Ministry of Education and Sports to the effect that we are in a season when tertiary institutions have already advertised and some are already admitting students.

However, the parents and students are now apprehensive after a mixed message from the Ministry of Education and Sports about the scrapping off of certificate courses – they said one-year-and-below certificate courses have been banned. That was in the media.

I was in Masindi, Hoima and Buliisa and the people there kept asking me the same question, yet at the same time the President is promoting skilling Ugandans. We are saying even those in the informal sector should get some skills. We have seen young people getting those short courses. We are even aware that with the very many degrees we have, many people are getting reorientation or retooling and require those short courses.

The ministry has not come to inform Parliament whether it is a Cabinet policy that Uganda shall stop having one-year certificate programmes. Some of these tertiary institutions are accredited to international institutions, which actually offer those certificate programmes. Very many certificates courses in professional bodies also fall under the one-year certificate programme.

Madam Speaker, it is very important that the minister brings a comprehensive report to that effect so that we do not confuse our parents, students and most importantly the tertiary institutions, which are supposed to offer these programmes.

**THE SPEAKER:** Honourable members and the Cabinet, this matter is important because children are already in schools studying for the certificates. I do not know whether they should now be sent home or they will eventually finish. If they finish, what will they do with those certificates? We really need to get information.

2.57

**THE LEADER OF THE OPPOSITION (Ms Winfred Kiiza):** Madam Speaker, I rise on a matter of national importance regarding the mining project at Kilembe Mines. On 6 September 2013, the Government of Uganda entered into a contract with a consortium of companies to take over Kilembe Mines, under the privatisation programme.

Madam Speaker, to note is the fact that when these investors were applying to take up the mining sector, they applied as a consortium of six companies. The biggest company that came was a motorcycle repairing company but it had sister companies that had experience in mining.

On the signing of the contract, which is to last for 25 years, there were conditions set. One of them was that they were supposed to pay the Government of Uganda $176 million. On commencement of the project, they were supposed to have deposited 15 per cent of that amount in form of performance bonds or to act as exploration guarantees. They were further required to pay an annual concession of $1.5 million.

Surprisingly, Madam Speaker, since the commencement of the project, Tibet Hima, which is a motorcycle repairing company that was supposed to work in collaboration with companies that had experience in mining, is managing the contract alone. They have never shown any commitment to the other companies they were supposed to work with.

Secondly, since the commencement of the project to-date, Hima has never paid a single coin to the Government of Uganda yet, like I said, this contract was signed on 6 September 2013. They were supposed to have paid the first installment of $1.05 million, to the Government of Uganda on 27 November 2015 and they were given a grace period of six months. However, since then, no single coin has come into the coffers of the Ugandan Government.

What is surprising is that this particular company, which is mining alone has not only failed to pay anything to the Government of Uganda but is receiving money from assets that originally belonged to the Government and owned by Kilembe Mines. Among the assets these people are receiving money from are: electricity, housing estates, a foundry that deals in fabrication of machines and they are selling machines and getting money but they have never paid the Government a penny. It is now almost three years, an investor is fleecing the Government of Uganda and the taxpayers of money but not paying anything to the Government of Uganda.

I would like to thank the Ministry of Finance, Planning and Economic Development. They took an appropriate step and gave a notice of termination. In addition to that notice, the ministry wrote a letter to the company asking them to cure the defect but that letter was not respected. The provisions of the contract were such that in case of failure to fulfill the conditions within 30 days and such a letter is written, the company was supposed to respond in 30 days. However, the 30 days elapsed long ago.

In April this year, the Ministry of Finance, Planning and Economic Development, wrote another letter indicating termination. According to the conditions in the Memorandum of Understanding (MOU) by the Government, they should have terminated the contract at the expiry of 60 days.

What is hurting Ugandans is that as the period is nearing, the investor is fleecing Government of Uganda of valuable resources. They have started vandalising the mines, ferrying away the equipment that they found on the site, which were passed over to them by the Government of Uganda in April and we even now hear that there is a project coordination committee, which has been put in place. This project coordination committee is intending to give them two more months within which they can sort themselves out.

Madam Speaker, our fear is that if these people are given two more months, they will not be able to recover or cure what they have not cured in three years. As a result, we shall find the whole mine depleted of whatever might be remaining for any investor who might want to take it up.

Madam Speaker, the other worry of the Ugandans living in the mine area is that they might tamper with some other objects that are holding the water within that mining area. That may cause water to flood to the population of Kasese. Therefore, Madam Speaker –*(Interruption)*

**MR CENTENARY:** Yes, it happens to be in my constituency because I am the Member of Parliament of that area. The information I would like to give is that the underground tunnels are already flooded with water. These people were under obligation to drain out that water so that it couldn’t flood into the town. It is a very high risk. If they do not do it with immediate effect, we are likely to face a very big disaster resulting from that water that is not yet drained from the tunnels. Thank you.

**MS WINFRED KIIZA:** Madam Speaker, our prayer is that these thieves who came in form of investors be told to pack with immediate effect or else they will continue to fleece the country of the little remaining resources.

Madam Speaker, from the electricity sale alone, on a minimum, they scoop Shs 200 million, from the people who are within their housing estates. We are not talking about the amount of money that they get from the rentals of their housing estimate. We are not talking about the money they have got from the sale of scrap and the money earned from machines they have fabricated from the foundry. They also treat poles for those who wish to do some partitioning of their plots using poles; they also sell such poles to Ugandans. No percentage of the money they are collecting has been paid to the Government of Uganda and yet this is a company that came as an investor; in fact, it is us investing in the company.

Therefore, our prayer is that this company should not be given two more months to continue robbing the country. We would be happy to see the ministry swing into action to ensure the termination notice is respected and fulfilled. If we are to save Ugandans and possibly, send message to other investors who intend to come to our country that this is not a country where you come to rob people.

Madam Speaker, stories are making rounds about these investors having used some ministers to get these contracts. We do not know whether it is true or not. However, my preoccupation this time is that even when they have robbed us, we should not allow this to continue happening in our country; for them to continue vandalising the mines. This is a problem to the communities neighbouring the mines. Thank you.

**THE SPEAKER:** Minister of Finance, Planning and Economic Development, would you like to speak to this one? It is very serious; the property was sold in trust for the people of Uganda. Tell us what is happening.

3.06

**THE MINISTER OF STATE FOR FINANCE, PLANNING AND ECONOMIC DEVELOPMENT (PLANNING)** **(Mr David Bahati):** Thank you very much, Madam Speaker. As the Leader of the Opposition has stated, we have already swung into action and the process of termination is on. We are doing this according to the law as well as protecting the assets of our nation and that will be concluded according to the law.

**THE SPEAKER:** When can you update the country on this matter?

**MR BAHATI:** Madam Speaker, with your permission, we can update the country next week on Tuesday.

**THE SPEAKER:** Okay, honourable members, we need to move.

**MS WINFRED KIIZA:** Madam Speaker, in conclusion, I would like to request the minister to also update us on how Ugandans will recover their money from this quack investor. This is important to know because it has become a practice for investors to come to this country and rob us of our assets and go scot-free. Can we get an account of how much they have collected and possibly, how we intend to recover this money from them so that we can be able to put it to use for Ugandans? I thank you.

**THE SPEAKER:** Could you make the agreements available to our committees to study as you do your part? Can we have the agreements?

**MR BAHATI:** Madam Speaker, I would like to request, with your permission, that we can come on Tuesday and make a statement, bring all the relevant documents and thereafter, Parliament can see whether it is important to refer this matter to a committee or not. However, what I know is that Government is making good progress on this matter.

**MS OGWAL:** Madam Speaker, I am standing on point of procedure. You will recall that last week, the Minister of Finance, Planning and Economic Development, promised to bring before Parliament, a comprehensive report on the Public Procurement and Disposal Assets (PPDA) loan.

However, up to now, we haven’t gotten that brief yet there is this other assignment. Therefore, I do not know how we are going to proceed. Thank you.

**THE SPEAKER:** I think the other matter is before the Public Accounts Committee. It is still being handled there and when they report, then we will be able to speak to it.

3.09

**MR ELIJAH OKUPA (FDC, Kasilo County, Serere):** Thank you, Madam Speaker. Last week, hon. Betty Nambooze raised the issue regarding vehicle inspections. Now that the deadline is a day from today with the Minister of Works and Transport not coming here to make a statement, what is the fate of the people outside Kampala and even some within Kampala? I don’t think even 10 per cent of the people have taken their vehicles for inspection because of many challenges.

The Minister of Works and Transport, before 30 June 2017, should be able to bring a statement to this House so that Ugandans know - there are only four stations in Kampala. What about the West, South, North and East where there are no stations?

Secondly, Madam Speaker, in your communication on the abuse of alcohol - in the Eighth Parliament, I remember hon. Franca Akello brought a motion and Government took it casually. In the Ninth Parliament, hon. Dr Medard Bitekyerezo did the same and just last year, the hon. Betty Nambooze brought here a motion to seek leave to introduce a Private Members’ Bill to regulate the use of alcohol. Unfortunately, Government said they were making a law and that hon. Nambooze’s Private Members’ Bill was not necessary. It is, however, now eight months since hon. Nambooze brought her motion.

Madam Speaker, now that there is a petition from the children, I think it is the right time for you to direct hon. Betty Nambooze to reintroduce her Private Members’ Bill because Government has now taken eight months without bringing theirs. This will help us to move faster. Otherwise, Government takes this matter casually yet our young people are dying and they are getting impotent because of alcohol. (*Laughter*)

**THE SPEAKER:** They should not be doing things at that age.

**MR OKUPA:** You are laughing? Madam Speaker, it is true they should not be doing things at that age. (*Member timed out.)*

**THE SPEAKER:** Okay, a half a minute for you to conclude.

**MR OKUPA:** Why am I bringing this matter of alcohol causing impotence? I remember some time back, on Agnes Nandutu’s NTV *People’s Parliament* programme in Gulu, there was a medical doctor who graduated from Makerere University with us in 1996 but abandoned his profession and while appearing on that programme he said, “Cigarettes are my children and alcohol is my wife.” He said this on television. He is a professional medical doctor who trained using taxpayers’ money but that is what alcohol has made him become. In fact, he confessed and said the faster the Parliament of Uganda makes a law regulating alcohol, the better for us; that was an alcohol taker confessing.

Therefore, Madam Speaker, once again, we need to ask hon. Betty Nambooze to bring her Private Members’ Bill on this matter because Government has failed us on it. Thank you.

**THE SPEAKER:** Honourable members, I felt really embarrassed because it was the children reminding us about our responsibilities. Therefore, I think we shall ask the hon. Betty Nambooze to revive her motion. On the vehicle inspections deadline, I will rule at the end.

3.13

**MR VICENT WOBOYA (NRM, Budadiri County East, Sironko):** Thank you, Madam Speaker. The matter I would like to raise is about the services of Uganda Broadcasting Corporation, specifically, the UBC Radio. It has come to our notice that the national broadcaster, UBC Radio, specifically, Butebo Channel, which serves the population in Eastern Uganda is always intermittent in its service. The signal is always on and off, constraining the flow of information to the public particularly the population in Eastern Uganda.

The transmitter, Madam Speaker, which is located at Buwalasi in Sironko District, is always technically off whenever information is coming out from the radio. We do not know whether it is out of sabotage or technical issues. To make matters worse, I am reliably informed that the Butebo transmitter in Kampala is also shared with China Radio International, which further limits the transmission of information particularly of local content to Ugandans.

My prayer, therefore, is that the Minister of ICT immediately institutes an inquiry in this matter and remedies the situation to enable Ugandans enjoy the freedom of access to information. Thank you, Madam Speaker.

3.14

**LT (RTD) PATRICK KASUMBA (NRM, Bujenje County, Masindi):** Thank you very much, Madam Speaker. I am very much concerned that on 25 June 2015, the Ninth Parliament discussed issues of establishing universities and a motion was tabled here - Gulu, Kabale and Soroti universities were established. However, the establishment of Busoga and Bunyoro universities was left pending. I am wondering when Bunyoro university will be operational. Thank you.

**THE SPEAKER:** Actually, Bunyoro, Busoga and Rwenzori are still waiting for their universities. I hope someone can give us the right information on this matter.

3.15

**MR ABACANON GUTOMOI (FDC, Erute County North, Lira):** Thank you very much, Madam Speaker. I am rising on a matter of national importance. I will be 68 years old next December. My concern is that when we went through Eastern and Northern Uganda two weeks ago, we noticed that the status of food production in this country has dropped down very drastically besides army worms attacking all kinds of crops around. Even as I speak, the rain is not favouring the farmers. Uganda is an agricultural country yet we have been talking about small scale irrigation systems.

Madam Speaker, the district authority in Lira last week went out to check on some schools and they realised that there were very few pupils and students in primary and secondary schools respectively. What surprised me was that they announced the students and pupils were with their parents harvesting some food crops at that time yet Lango sub-region that used to be the food basket for this country has not produced any beans, maize or groundnuts this season.

Therefore, I am concerned about preparing the status of the people of Uganda next year. It is obvious that the famine for next year is going to be the worst ever recorded because at the moment, the first rain has failed all the farmers and even the second rain season is not sufficient.

Madam Speaker, what is the Ministry of Disaster Preparedness and Refugees doing for this country? Have we put something in the budget to address what we are discussing? If so, can the line ministry let us know because people are worried and students cannot go to school with the death rate increasing - (*Interruption*)

**MS ALYEK:** Thank you very much, honourable member, for giving me way. Madam Speaker, I would like to give a very small piece of information towards what hon. Gutomoi has said. Our people who take ARVs are abandoning their medicine and some of them are now very sick. Most of them are not accessing treatment from the health centres because they lack strength to walk to the health facilities. Therefore, famine has become a very big problem in the country; not only in Lango sub region.

I am talking about people who are HIV/AIDS positive because countrywide, they are affected and are not getting proper nutrition which affects their adherence to ARVs. Some of them are dying; this is a very bad situation. Thank you very much.

**THE SPEAKER:** Honourable members, let me hear from the Government about the issues raised. However, on one of the SGS, tomorrow is 29 June 2017 and we want a statement so that people know what to do on 30 June 2017. The works ministry, must come tomorrow, we asked for them last week and we must have an answer tomorrow.

**MR MUKITALE:** The state of emergency was declared in the Parliament of Uganda - Madam Speaker, the matter of famine and hunger is the matter which we discussed last year in August. When we failed to get a solution from Government, Parliament on its part requested Government to declare a state of emergency as far as famine is concerned. We are again re-echoing that in all our areas there is crop failure for the second season of the year.

Parliament did its part; can Government now give us a response whether you are declaring a state of emergency because it is their mandate. If they are not declaring a state of emergency, what remedies does Government have to stop our people from dying of starvation as we struggle to become a middle income country?

3.21

**THE MINISTER OF STATE FOR FINANCE, PLANNING AND ECONOMIC DEVELOPMENT (PLANNING) (Mr David Bahati):** Madam Speaker, there are two issues which arose regarding the education ministry; one is to do with the certificates and another is to do with the status of the universities of Busoga, Bunyoro and Rwenzori. The education minister will update the House next week when you give permission on this issue.

Secondly, about famine, as we discussed here in the House and this afternoon we again discussed this issue in Cabinet; that we will continue to address the severe situations in terms of providing relief. However, the long-term solution is to ensure that people have water for irrigation and address issues of environment and climate change.

Therefore, we have agreed that beginning with July next financial year, we will be –(*Interjections*) - remember we made a provision of close to Shs 70 billion for water for production particularly focusing on irrigation. We are now going to focus on ensuring that we have solar-powered pumps provided to different areas of the country to address and assist people to plant crops that can mature in the short run as we address the long-term situation.

Even if it means reallocating within our own budget or looking for new finances; we must address this issue. The solution is in irrigation and addressing issues of climate change and environment. That is what the Government is going to focus on. Thank you.

**THE SPEAKER:** Honourable members, in the public gallery there is Mr Michael Wasagani the Sergeant-At-Arms of Mbale Municipality. I do not know where he is seated. Where is Mr Wasagani? You are welcome. He is here on attachment at the Department of Sergeant-At-Arms.

3.24

**MAJ. (RTD) DAVID GUMA GUMISIRIZA (NRM, Ibanda County North, Ibanda):** Madam Speaker, I am sure you have realised that these days, I rarely speak. I do so when it is absolutely unavoidable. There is evident danger of food shortage in the entire republic and when you listen to my brother, hon. Bahati, you see a lot of casual response to serious issues. We are saying we would like to see a comprehensive and well thought out Government strategy of addressing a possible calamity to the whole republic from east to north.

Western region which used to have a lot of food has absolutely nothing yet we are talking about long-term irrigation. When is the medium-term if you are talking in terms of long-term? When is medium term address to this big problem going to be? It is a big problem even in terms of security. Forget about Kony and guns; food is a bigger problem. Therefore, I was waiting for *Ndugu* Rugunda to raise these issues - (*Interruption*)

**MR BAHATI**: Madam Speaker, is it in order for the senior Member, hon. Guma, to insinuate that when we stand up here, we are speaking casually when the finance minister is telling you that we have allocated Shs 70 billion for irrigation? We are willing to reallocate the budget we appropriated to provide more funds for relief and irrigation. If you do not address the issue of irrigation and climate change, how will you address the issue of famine? Is he in order to insinuate that a serious finance minister can casually come to the Floor? *(Laughter)*

**THE SPEAKER:**  Honourable members, hon. Guma represents farmers and pastoralists who have no water, grass and food. That is his problem. He would like you to work faster; not just programmes but action.

LAYING OF PAPERS

APPOINTMENT OF ACCOUNTING OFFICERS FOR FINANCIAL YEAR 2017/2018 FOR LINE MINISTRIES, AGENCIES, MISSIONS ABROAD, REFERRAL HOSPITALS AND LOCAL GOVERNMENTS

3.26

**THE MINISTER OF STATE FOR FINANCE, PLANNING AND ECONOMIC DEVELOPMENT (PLANNING) (Mr David Bahati):** Madam Speaker, I beg to lay at the Table a list of accounting officers for financial year 2017/2018 for different line ministries, agencies, missions abroad, referral hospitals and local governments.

**THE SPEAKER:** Thank you very much. The list is now available for scrutiny by the committees of the House.

LAYING OF PAPERS

THE TREASURY MEMORANDA SUBMITTED TO PARLIAMENT TOGETHER WITH THE NATIONAL BUDGET FOR THE PERIOD ENDING MARCH 2017

**THE MINISTER OF STATE FOR FINANCE, PLANNING AND ECONOMIC DEVELOPMENT (PLANNING) (Mr David Bahati):** Madam Speaker, I beg to lay at the Table the Treasury Memoranda for the period ending March 2017.

**THE SPEAKER:** Minister what is it? I thought the Treasury Memoranda is to report back on - it cannot be 2017/2018.

**MR BAHATI:** I have corrected that, Madam Speaker, and said it is for the period ending March 2017.

**THE SPEAKER:** I see. Okay, it is sent to the Committee on Finance, Planning and Economic Development for perusal and report back. We had not resolved the issue of the broadcasting. The ICT minister should come and give us an explanation about the poor services in the East and also to remind you that our relatives and friends in the Sebei region do not get signals from Uganda; they receive from Kenya and it is a problem.

MINISTERIAL STATEMENT ON THE PROGRESS ON HEPATITIS B VACCINATION ACTIVITIES IN NORTHERN UGANDA

3.28

**THE MINISTER OF STATE FOR HEALTH (PRIMARY HEALTH CARE) (Dr Joyce Moriku):** Madam Speaker, I am presenting on behalf of the health ministry a statement on the progress on Hepatitis B vaccination activities in Northern Uganda. With your permission, the most important progress report is on the last page.

Madam Speaker, the first page is basically highlighting the magnitude of the problem which was presented to this Parliament some time back.

In the interest of time and with your permission, please allow me to start from page 3 since pages 1 and 2 are basically the magnitude of the problem of Hepatitis B; how it is acquired, transmitted and what response has been given right from the beginning.

Madam Speaker, on page 3, the funding that was required for the first phase for the 39 districts in Northern Uganda and Eastern Uganda is Shs 48,174, 529,438 billion. The Ministry of Health estimated that a total of Shs 220,023,238,890 is required for the entire country.

The Government had allocated Shs 10 billion for the Financial Year 2015/2016 as you are very much aware; to be vested in the interventions of Hepatitis B control programme.

Madam Speaker, the initial clinics of Hepatitis B were in Mulago Hospital, Arua Regional Referral Hospital and Adjumani Hospital, given the burden of the problem by that time.

However, to increase access to care and treatment for Hepatitis B, all regional referral hospitals in the country and some of the general hospitals have been instructed to offer Hepatitis B clinics operational and it makes a total of 17 active clinics in the entire country.

Madam Speaker, a follow-up support supervision and training of the healthcare workers for the clinics have been planned; to run effectively so that they are in position to run these clinics effectively.

Concerning the treatment with anti-viral drugs following the infection, not all persons with Hepatitis B test results are eligible for treatment. It is only people with chronic Hepatitis B, and that accounts for 30 per cent or less of those with chronic Hepatitis B, who are eligible for treatment.

Madam Speaker, our first line treatment for people with chronic Hepatitis B who are eligible for the treatment is Tenofovir which is available.

It is also estimated that 3.5 million of our population are infected with chronic Hepatitis B and out of this population; about 30 per cent which is equivalent to 1,000 people are eligible for treatment.

The National Drug Authority has approved the use of Tenofovir as the first line treatment. Entecavir is intended for children of 12 years and below but this has not yet been approved by National Drug Authority.

However, you recall that children of 15 years and below have been vaccinated against Hepatitis B; and that explains probably why most or all of them are not on anti-viral treatment.

It is also estimated that 488,255 clients from the 39 implementing districts in Northern and Eastern Uganda shall be treated and they will require 55,858,060 packs of Tenofovir equivalent to 30 parks per year.

As a follow-up, a team of experts from the Ministry of Health as well as Mulago Hospital and other institutions supervised all the 39 districts during the third quarter of the year to give technical guidance and to ascertain the availability of supplies.

There have been radio talk shows during the visits and a number of them were conducted in each of the regions as part of social mobilisation. Data has been collected for the 39 districts which has demonstrated a very good progress on the programme.

Colleagues, as a ministry we developed guidelines and tools for the Hepatitis B activities and this include among others a vaccination plan which was very clear; a care and treatment plan, which has been in implementation; a vaccination card and registers; device laboratory registers to include Hepatitis B virus and ICT material, which has been translated into five different languages especially in Lugbara, Madi, Luo, Ateso and Karimojong.

The printing of laboratory and vaccination registers; brochures in the local languages and the vaccination cards have been successfully done.

Madam Speaker, despite all the success stories we also encountered a number of challenges: There was and there is still a shortfall in vaccines and related materials. National Medical Stores has been informed to act especially at the end when the majority are receiving the third dose of the vaccine.

There was limited social mobilisation and community engagement that has been discussed with the respective districts. The programme being labour intensive has constrained the already understaffed healthcare professionals; and the routine health service; having no direct facilitation for the district health teams to do support supervision and support to micro planning meetings.

Not all healthcare professionals were trained; however the few who have been trained were offering mentorship to other healthcare professionals.

The programme is still running; this could be one of the reasons why we are probably taking long but most of the districts are progressing well. An issue of motivation of health workers is not available, the data tools distributed are still very few and the procurement process is on-going.

There are very high numbers of drop outs between doses as you will see in the last page; this has been discussed with the respective district officials in order for them to increase sensitisation for the entire population. It has taken too long to carry the activities in the five sub regions.

Madam Speaker, by September this year, it will be two years yet there are a lot of demands from other parts of the country. This calls for a scale up plan to complete possibly by December this year as we move to other parts of the country.

Madam Speaker, as I have pointed out the progress and what has been done so far on the last page from West Nile region, Lango sub region, Acholi sub region, Karamoja sub region and Teso sub regions. From each region, we have the respective districts and there is already projected total population and the target population in that district; the people tested in those districts and the percentage of the target population tested, we have those who are negative as well as positive. We also have the population in terms of the percentage of those who are positive that pointed out the burden of the problem in those specific districts.

Madam Speaker, you realise the doses of vaccines; the first, second and third are all in that column and the total from each dose is added at the end of each sub region. From the first to the third dose, there is a significant difference. As I have pointed out, a number of people have dropped out; others probably could have received it elsewhere because I believe people were sensitized on the timing of the third dose which is the projected number according to the region.

Madam Speaker, this is the summary of the progress so far we have made in terms of data collection, the number of people who have been vaccinated in each and every district within the region. Therefore, we hope that those who did not complete their vaccination still be in position to get it.

In most of the districts, the vaccines have been kept for those who have already got the first and second doses to enable them complete the cycle. In some districts, new people could not be put on board because of the challenges of finances which the Ministry of Health has gone through.

As I conclude, Madam Speaker, I would like to thank you for the support you have given to the Ministry of Health to ensure that resources were allocated although not adequate for the people of Uganda to enable them receive these important vaccines. I beg to move.

**THE SPEAKER:** Thank you very much, honourable minister. Honourable members, we have discussed this matter many times and this is a progressive report and, therefore, we have limited time.

3.42

**MS LOWILA CD OKETAYOT (NRM, Woman Representative, Pader):** Thank you very much, Madam Speaker, for the opportunity. Madam Speaker, as you will also notice from the report that has been presented by the minister, Pader District has the highest burden in the whole of Acholi sub region. Therefore, I would like to thank the minister for this statement. However, my concern is on some of the challenges that she even talked about; the shortfalls in vaccines and other related materials.

In Pader, there is some improvement at the health centres IV where we received some new refrigerators that use solar. However, there are challenges at the health centres III at the sub counties where we have old fridges that break down frequently and the health workers keep on transferring the vaccines from one health centre III to another and this is frustrating the giving of services to the people.

I, therefore, appeal to the Ministry of Health to ensure that they help the district so that these health centres III at the sub county levels get fridges that can keep these vaccines for effective services.

Concerning the issue of the limited social mobilisation, the issue of people coming and dropping out between doses, there is a big problem. You indicated that when a team from the centre went for monitoring and supervision, they went to the radio stations at regional levels, but there is a problem. We have the technical people at the district level who cannot go on the radio stations to sensitise the people. Therefore, these dropouts are due to limited sensitisation and we appeal to you as the ministry to ensure that adequate information is given to the people so that they can access the vaccines.

Furthermore, there is also a problem of inter-facility communication with some people who get doses from one facility and again go to receive the second one from another and the third from another facility. In the end, you find that there is no proper coordination, leaving communication gaps and this information is not reflected at a central place. Therefore, you need to – (*Member timed out.*)

3.45

**MS MARGARET** **BABA DIRI (NRM, Woman Representative, Koboko):** Thank you very much, Madam Speaker. I would like to thank the minister for updating us about the issue of Hepatitis B. In March 2017, I was moving around in my constituency and the first complaint my people raised is that they did not receive the third dose. We were supposed to receive the third dose after six months, but they never received it. I would, therefore, like to know whether it will be brought later. For instance, after eight months, will it still be effective? What do we do? Majority of the people did not receive vaccination not that they did not come, but because both the medicine and programme were not there.

My other concern is also about the issue of staff; you know very well that it is intensive work which requires extra staffing and yet you gave the few available staff there to carry on with the vaccination exercise and testing people. That is why the same thing dragged on and all the people were not vaccinated. I would like to know the plan you have put in place to ensure that you relieve those who are available so that the work is done once and for all. Thank you very much.

3.47

**MS JACQUELINE AOL (NRM, Woman Representative, Nebbi):** Madam Speaker, I have been itching to say this; I wish to heartily thank you for honouring my invitation during my thanksgiving in Nebbi – (*Applause*)- if I do not thank you now, I may not get another opportunity to do it.

However, I would like to appreciate the Ministry of Health for the information they have given us; I know it is through research. What I have observed and learnt is that we concentrate too much on symptoms rather than on the causes. When you talk about the vaccines, on the other hand, there are also researchers who are talking about the vaccines also being manufactured by the people who manufacture the viruses. Therefore, what are we doing as Members of Parliament? I think that the research about vaccines for Hepatitis, HIV/AIDS and cancer treatment - we need to concentrate more on cancer because it is a deadly killer; nobody is talking about it. I think that we need to do more research in addition to that of the medical team. Thank you so much, Madam Speaker, for giving me this opportunity.

3.48

**MR CHARLES ILUKOR (NRM, Kumi County, Kumi):** Thank you very much, Madam Speaker. I would like to state that this ministry is good at data collection but they are not good at addressing the prevalence.

However, I have just been looking at this Hepatitis B data collected on 17th June. I would like to draw your attention to Karamoja region, Amudat District, where they tested 36,741 people; 23,876 were found to be positive and 1,321 were found to be negative. How about the rest? Were they negative or positive? Can you tell us about the rest? Thank you, Madam Speaker.

3.49

**MR MICHAEL BUKENYA (NRM, Bukuya County, Mubende):** Thank you, Madam Speaker. I would like to take this opportunity to thank the Minister of Health for improved reporting, although not necessarily improved performance. There are issues that we have to look at critically:

One, the high dropout of the first dose versus the third dose means that they are not getting value for money. This is because if one gets half or quarter a dose, it means that one is not getting anything. Therefore, we need a full dose. If the highest performing region has about 49 per cent for the third dose, it means we are wasting the vaccine.

Secondly, despite the numbers of people shown to be positive and approval of drugs that are manufactured even in Uganda for treatment of people, who are chronically infected, the report does not talk about treatment.

Thirdly, there are reports from the Ministry of Health that in spite of the fact that they are complaining of shortage of funding, about Shs 700 million or more may be returned to the treasury this financial year, yet it was allocated for Hepatitis B activities. This money was unutilised yet they have a high demand for Hepatitis B activities financing.

Lastly, there are reports of vaccines expiring in health centres, yet we have shortages everywhere. People are not getting their doses and they have not been telling us. There are many challenges that the ministry still has to improve in the programme. Thank you, Madam Speaker.

3.51

**MR BENARD ATIKU (Independent, Ayivu County, Arua):** Thank you, Madam Speaker. I would like to thank the minister once again for bringing this update. I also want to thank you, Madam Speaker, for allowing this matter to be consistently raised on the Floor of Parliament because it was raised here by several members and Government was forced to take action. Otherwise, some time back, they were treating it as an unfunded priority. It was not until we refused the people from the ministry from presenting their budget before the health committee that they went back and looked for money for this purpose.

I have followed the progress of this activity ever since the first batch of allocation was made. Madam Speaker, it is important that Members take keen interest in these updates because those of us, who were put on the first batch of investigation and vaccination, learnt a lot of lessons. The first batch of vaccines was sent without testing kits and now this created a gap for health workers, where they started charging money. For one to be tested, one had to part with Shs 5,000. These health workers went around and made announcements in churches and if one did not have the Shs 5,000, then one would not be tested. This happened and I am sure those who did not have the money would not benefit if it was not addressed. In fact, when we raised this issue in Arua, we got threats on our lives.

Two, Madam Speaker, the issue of confirmatory tests of the people tested positive. Once one was tested and found positive, one would go home without being counselled and no further information was given. This has caused grave problems back home because some families have broken up. Some children have committed suicide and others have dropped out of school because they went and tested some of these kids in secondary schools.

Madam Speaker, the process of administering the testing and vaccination has not been completed because the aspects of counselling and confirmatory tests are missing. MBN is now a point of reference; once one has been tested positive, one is referred to MBN. When one goes to MBN, one must have not less than Shs 300,000 to do the confirmatory test -

**THE SPEAKER:** What is MBN?

**MR ATIKU:** MBN is a private service provider in terms of laboratory services so they test the organs and check whether the Hepatitis virus has reached the liver. Therefore, Madam Speaker, the whole thing has become a business *–(Member timed out.)*

**MR GAFABUSA:** Thank you, Madam Speaker. I strongly believe in facts and figures and I have quickly looked at the data collection table presented in the statement. My quick arithmetic indicates that more than 80 per cent of the figures indicated here are wrong.

For example, just look at the first one; Adjumani District in the west Nile region. Look at the column of the number of people tested. It states that amongst 70,236, 70,412 tested negative. That alone is more than the number of people tested and then the positive is 1,491. If you add the two, both the positive and negative, they are far above the number of people they tested.

If the figures are not correct, how do I believe that the narrative is correct? Madam Speaker, are we proceeding right to continue talking about something we are not sure of being correct? The figures are not correct. I thank you.

**THE SPEAKER:** Minister, why do your figures have discrepancies?

**DR MORIKU:** Thank you, Madam Speaker and colleague. Yes, I would like to say that on the figures as you rightly pointed out; the tested do not equate to those who are negative and positive. What probably I have not pointed out is that those tested are the ones from the health facilities but you realise that there are people, apart from the Government facility testing centres, who test elsewhere. There are also people who turn up positive but they come to Government facilities for testing. Therefore, the numbers of negative and positive are cumulative.

However, Madam Speaker, what I have to say is that probably those tested positive and negative but elsewhere apart from what we projected from the health facility, have not been separated and a figure has not been added onto what we had tested at our facility. However, I certainly admit that what is on the paper did not give the cumulative figures on both sides.

**THE SPEAKER:** Honourable minister, are you saying that you are also supervising the private places?

**MS ADONG:** Thank you, Madam Speaker. I would like to get some clarification from the minister. Could it be that the discrepancies in the population is as a result of the influx of people who just flock in from Adjumani?

**DR MORIKU:** Madam Speaker, I think I will have to go back and harmonise the figures so as not to cause a lot of pulling ropes.

**THE SPEAKER:** Okay. Honourable members, this matter is so important that we need to get the right facts so that when we are taking decisions, it is based on information. The matter will, therefore, be deferred until the minister returns with the right figures.

MINISTERIAL STATEMENT ON THE STATUS OF MEDICAL EQUIPMENT PROCURED UNDER THE UGANDA HEALTH SYSTEMS STRENGTHENING PROJECT FINANCED BY WORLD BANK

4.00

**THE MINISTER OF STATE FOR HEALTH (GENERAL DUTIES) (Ms Sarah Opendi):** Madam Speaker, this matter was raised some time back in this House and it is my pleasure to inform you and the House about the challenge regarding the medical equipment procured under the Uganda Health System Strengthening Project.

The Government of Uganda received credit from the International Development Association of the World Bank, amounting to $130,000,000 towards the cost of implementation of this project. Out of the total funding of $130,000,000, $13.7 million was used to procure the medical equipment.

The breakdown of this medical equipment is as follows:

1. Emergency obstetric and pre-natal care equipment $4.3 million. This was distributed to 65 hospitals and 165 health centres IV country wide.
2. Nineteen hospitals and 27 Health Centres IV supported by the project received general equipment and this came to a total of $.14 million.
3. Medical instruments and specialised equipment and medical furniture were also procured under this project.

The procurement of the above equipment started in 2012 and was completed in 2014. Nineteen hospitals received x-rays worth $2.89 million, dental equipment and laundry equipment. This equipment required pre-installation works and this procurement started in 2015. The installation was completed between March and June 2017.

However, some of the medical equipment and furniture procured under this project worth $1.95 million that is about Shs 6.8 billion was rejected by the National Advisory Committee on medical equipment. This is because it failed to meet the specifications that were provided by the Ministry of Health. The supplier was subsequently requested to withdraw the equipment from the health facilities in March 2014. After protracted discussions, the supplier finally conceded and accepted to withdraw this sub-standard equipment from our health facilities in September 2015.

The withdrawn equipment included but not limited to patients’ beds and mattresses, operating tables, bowl stands, cupboards, examination couches, filing cabinets, instrument trolleys, patients’ screens and delivery beds.

It should be noted that the Government did not lose any money from this transaction since we still had part of the contract value that had been retained and was payable upon installation and acceptance of the equipment.

When the equipment was rejected, these funds were available for us to use to replace this equipment. In rejecting the equipment, the ministry consulted and informed the relevant departments that included the PPDA, the Solicitor-General, Ministry of Finance and the World Bank that were our funders. The Solicitor-General approved our request to reject and replace this equipment.

In January 2016, the World Bank approved our request to start a new procurement to replace the equipment and the advertisements were placed in the newspapers. The procurement has been on-going. I may not read word for word in the interest of time. The suppliers are now expected to deliver the equipment to the health facilities by the end of August 2017.

Allow me to add that we have experienced delays because we had to take much more caution and had to request the Uganda National Bureau of Standards to test and confirm the samples. We requested them to also have schedules to carry out pre-shipment inspections to confirm that the quality standards are adhered to so that we do not have similar challenges like we had before. That is regarding the equipment and we hope that by the end of August, the health facilities where we withdrew this equipment from will receive the replacements.

On the use of the equipment, several of our partners in Government have taken keen interest in the procurement and use of equipment including the Auditor-General’s report, the Auditor-General’s Office and the Internal Auditors.

Several reports have previously highlighted that some of the equipment procured have actually not been put to effective use. The World Bank was equally concerned and they recently conducted an independent and very comprehensive review and count of the equipment supplied. They have produced a report which fortunately confirms that the equipment procured under this project were delivered save for those that we withdrew and are available in the health facilities. They also note that some of the equipment is not in use.

Well aware of the use of some of the equipment in health facilities, we commissioned a review as a ministry to establish which equipment are not in use and planned to re-distribute this equipment to other facilities that may be in need. The teams have prepared a report which we are subjecting to a secondary review and approval so that we can re-distribute some of this very critical equipment to facilities that are in need.

The key categories of the equipment affected are the ventilators, the defibrillators and anaesthetic machines. The main reasons for some equipment not being put to effective use are:

1. The absence of anaesthetic officers in some health facilities; this is major challenge. We do not have many officers available to work in the public health facilities.
2. Lack of reliable supply of oxygen for these ventilators.
3. General lack of skilled personnel to operate the equipment.
4. Lack of adequate user-training and intermittent power connectivity.

We, therefore, plan to avoid the supply of sub-standard equipment and also utilisation of equipment should not be taken to health facilities where we do not have the staff to operate them. This is what we are now trying to tackle.

Starting with the replacement of the above medical equipment, we now require UNBS to test samples for quality and to carry out the pre-shipment inspection from the country of manufacture before the equipment is shipped into the country.

The ministry has also prioritised the training of anaesthetic officers and bio-medical engineers to make sure that we have adequate skills and competencies to use the equipment and to provide routine maintenance.

Allow me to inform you that in the public service structure, we do not have positions for bio-medical engineers and this is something that we have now resolved with the Ministry of Public Service.

Robust needs assessment will also be carried out for all new equipment to confirm the health facilities intending to receive the equipment and to ensure that they have the staff and required skills to use the equipment before they are actually taken there.

The ministry henceforth will sign maintenance contracts with suppliers of high value equipment for a period of three years and this will carry out preventive maintenance and repairs in case such equipment breaks down.

Madam Speaker, this is the statement regarding the medical equipment procured under the Uganda health systems strengthening. I beg to move.

**THE SPEAKER:** Thank you very much, honourable minister.

**MR MACHO:** Madam Speaker, I do not know if we are proceeding well, whether the *Hansard* is getting all the information that is here since the newly installed ICT system is itself out of order.

**THE SPEAKER:** I think the *Hansard* has a very efficient system. Even when there is no power, they listen. However, I hope the Clerk can address that issue.

**MR BASEKE:** Thank you, Madam Speaker. I thank the honourable minister for the statement but I seek clarification.

The minister said that Government did not lose any money because 25 per cent of the contract sum was retained. However, she talked about the equipment that was withdrawn. I need to know from the minister if this contract sum, the 25 per cent, was equivalent to the cost of the equipment that was withdrawn. What was the cost of the equipment that was withdrawn which was not got?

**MS ADONG:** Thank you, Madam Speaker. I would like to thank the minister for the statement. I am happy today that the minister is talking about utilization of this equipment.

Madam Speaker, it is very common, when you visit these health facilities - from health centres to hospitals - to see wards without some of this equipment, besides what she has narrated here. You will also find that in the stores there are mattresses and bed but they are not being used.

Madam Speaker, I would like to urge the Minister of Health to save this country and do some inspection. They should not only leave it to the districts. At least when they see frequent visits by health teams from the ministry, maybe these people can get scared and serve the population. However, it is really so bad when you see people suffering and yet the equipment is there, including drugs.

There was a time we went to Agago for an on-spot visit, we found drugs that are almost expiring in the stores, and yet people go without drugs, even the storage facilities leave a lot to be desired.

I urge the Minister of Health to take charge of the health ministry and improve; otherwise, we are importing a lot of equipment but if there are no services and enforcement, then I think we are wasting money and giving it to the rats to feed on and enjoy in the stores. Thank you.

**MR OGUZU:** Thank you, Madam Speaker. I just need to seek clarification on a few things. However, before that I would like to note one of the reasons the vaccination programme for hepatitis B in my district, Maracha, was underperforming is because the equipment was not functioning. We wrote to the ministry and up to now, there has not been any provision for refrigerators and that has led to expiry of vaccines.

Now I need to know from the minister what criteria was used to give equipment to the various hospitals since those that do not have cannot even get them despite expression of interest.

Secondly, the minister indicated in her report that equipment that was found to be substandard was rejected and the supplier was asked to withdraw it. What that means is that this equipment is not even good for our market. Usually, when Uganda National Bureau of Statistics (UNBS) finds equipment or any goods to be of substandard, they destroy them. I would like to know what has happened to that equipment. Was it destroyed? –(*Interruption*)

**MR OLANYA:** Thank you, Madam Speaker. I would like thank my colleague for giving way. The information I would like to give is that we have other hospitals that were supplied with good equipment but there are no technicians to operate that equipment. In some hospitals, equipment that was supplied has taken more than three years without being used because the technicians are not there. Therefore, when you are supplying good equipment to the health centres, you should also train technicians to run the machines. Thank you.

4.15

**MR ATKINS KATUSABE (FDC, Bukonjo County West, Kasese):** Thank you Madam Speaker. I thank the honourable minister for her eloquent presentation. I have about five items to raise.

One, the minister talked about 19 hospitals. I was waiting to hear listing of those hospitals in terms of district and region. I also wonder what could have informed your choices of the districts. Did you perform or conduct a needs assessment or situation analysis so that you give based on need or maybe urgency, and you can say that I think hospital one or 19 really require the machine?

Madam Minister, midway, you were confronted with a crisis. In your presentation, I am yet to get your immediate, medium and long-term position as far as handling the situation is concerned.

Lastly, since we are talking about procurement, how far have you gone with the procurement of the cancer machine, honourable minister? I went to Mulago Hospital about two weeks ago to check on a patient who unfortunately succumbed to cancer. When you check in the Uganda Cancer Institute, you break down. Our citizens are going through a lot of untold pain, unattended to, and the answer is the cancer machine.

Madam Speaker, we have just been told that the cancer machine that is about to come or we are about to procure is cobalt-60. This machine has been internationally condemned because it is outdated and yet we have a linear machine that could perform or work on cancer patients with a lot of precision. I wonder whether it is already late for our Government to reverse the procurement. Instead of procuring cobalt-60, we go for a linear machine. Thank you.

4.18

**MS AOL BETTY (FDC, Woman Representative, Gulu):** Thank you, Madam Speaker. I thank the minister for the statement. However, the last item the minister mentioned is a bit disappointing. The minister said that they will redistribute that equipment, which may not be used by some of those facilities.

I believe that when you supply that equipment, you supply it because the need was there. I would like to give an example of Gulu Regional Referral Hospital. Since the Eighth Parliament, we do not have a functional X-ray machine there. I know that it is supposed to come from the Italian Government not the World Bank. However, it is very unfortunate that we are referring people from a regional referral hospital to private clinics for X-ray services. In addition, we are over-burdened by supporting our people to pay for these services. My feeling is that you should talk a bit more about this redistribution.

I remember at that time, the late hon. Dr Mallinga told me that the ministry had an X-ray machine for Gulu Regional Referral Hospital but because the Italian Government had committed to sending one to the hospital, the one which was available was sent elsewhere.

Therefore, if you just send something or redistribute anyhow, you make people suffer instead of addressing the gap. The gap could be the lack of technical people to operate those machines or health staff; why do you have to redistribute? Thank you.

4.21

**MS JACKLET ATUHAIRE (Independent, Woman Representative, Sheema):** Thank you, Madam Speaker; I have finally caught your eye. I rise on a matter of national importance regarding the national identity cards *– (Interjection) -* Yes, the registration that is going on –

**THE SPEAKER:** We are not dealing with matters of national importance. You sent me a message that you want to raise a matter of national importance. You, hon. Nzoghu and hon. Akol will have to raise them tomorrow because we have already finished those matters. You are on my list for tomorrow.

**MS ATUHAIRE:** Thank you.

4.22

**MS ROSEMARY NAUWAT (Independent, Woman Representative, Amudat):** Thank you, Madam Speaker. Last week, we saw how 42 civil servants distributed Shs 6 billion among themselves. Today, I am seeing a company taking 75 per cent of the contract sum. I would like to get an explanation from the minister because she has told us that the supplier withdrew the equipment and 25 per cent of the contract sum was retained. Where is the 75 per cent? You have not told us.

My understanding is that 75 per cent was paid to the contractor and you kept 25 per cent as retention. Can I get that explanation? Thank you.

4.22

**MR GEOFFREY MACHO (NRM, Busia Municipality, Busia):** Madam Speaker, I would like to thank the minister for her submission. It was a bit thorough, although it was just to please. I do not know where we are headed to but since this is *kisanja hakuna muchezo*, we need to do a lot to improve.

I, therefore, request the minister to tell this august House the name of the company that was given the contract to supply medical equipment and failed to do so. In addition, tell us the new company that has been awarded the contract. This will assist us a lot in knowing these bad companies that are bringing a bad name to our NRM government.

Madam Speaker, I would also like to know the 165 health centres IV that benefitted from this medical equipment. In Busia, a health centre IV was built and left without medical equipment. It therefore comes to me as a surprise that a company was given time and money to supply equipment. When we get to know the company, we shall need the Government to help tell us who the directors are. We have a system in this country whereby companies are given tenders, they do shoddy work and take the money. I think we should make a law that in future, these companies must make sure that the money is refunded.

Secondly, we have a problem of biomedical engineers in this country where even for small equipment that can be serviced by a certificate graduate, we import somebody from Germany or China whose fees are even more expensive than the machine that he is servicing *–(Member timed out.)*

4.25

**Mr DAVID ABALA (NRM, Ngora County, Ngora**): Thank you very much, Madam Speaker. I would like to thank the minister for this report, although it brings up very many challenges that need explanations.

Some of the challenges are policy matters. Specifically, I would like to raise one matter. Madam Speaker, I am shocked that right from 2015 up to now, we are still in the procurement process and the equipment is going to be supplied at the end of August, according to this report. I wonder because it appears as if people have stopped falling sick. It appears as if these hospitals do not need this equipment. That is why I need clarification on this matter. You can imagine, those are three years and we are still waiting for the equipment.

Secondly, it also shows that the ministry neglected its duty; they did not monitor these things. Those are the real facts. You can see that they delivered some items, which were rejected. I want to thank those people who rejected this equipment. I would like to appreciate them very much and I pray that God blesses all of them. They actually deserve to be appreciated because our ministry ignored its cardinal role on this matter.

The other thing, which is very critical, is that the minister seems to be talking more about challenges other than plans. I thought by now we would be told what the ministry has done. I am only hearing the statement, “We are starting” - *(Member timed out)*

4.27

**MS JOVAH KAMATEEKA (NRM, Woman Representative, Mitooma):** Thank you, Madam Speaker. I would also like to thank the minister for the statement but one really wonders; hon. Abala said the procurement has lasted between 2015 and 2017 but it is actually from 2012. Five years on, we have equipment but not the people to operate this equipment.

Madam Speaker, it defeats one’s understanding that officers can conceive a project and have equipment procured without provision for training. Training should be part of the funding for the project. There should be no issue of not having technicians or anaesthetists to run these machines. For five years, we have not been able to train; why? I think that the officers who conceived this project and negotiated the terms should really be investigated.

As one Member said, although some of this equipment was rejected, most of it is good and first-class equipment. The problem is that we do not have people to manage it and this is very bad. People are dying yet the equipment is there. I found a big dental machine in one of the Bushenyi hospitals and for many years, it has not been running.

As I have said, training should be part of the project. Since we did not cater for training, is it any wonder that we accepted machinery that is unfit? I even wonder on what basis it was rejected because some of it has been rotting for years. If I was the company that procured it, I would not accept it after all these years –(*Member timed out.)*

4.29

**MS MARGARET BABA DIRI** (**NRM, Woman Representative, Koboko):** Thank you, Madam Speaker. I would like to thank the minister for the statement.

I would like to comment on the equipment that has been withdrawn. Medicine is a very special field and any equipment that is wrong and has reached the health centres or hospitals is likely to have been used already, and if it is bad it must have had very bad effects on patients already. Why did we allow bad equipment to reach the health centres and hospitals? I thought we have Uganda National Bureau of Standards (UNBS) that tests anything before it is used. What are they doing? I am sure that before they withdrew this equipment, many people died because of using the wrong equipment.

In addition, many health centres IV are not working because of the lack of anaesthesiologists. Honourable minister, you said you are training them; how many have you trained so far and when will they be enough so that every health centre IV has at least two anaesthetists? That is what is causing our health centres IV not to be operational. Thank you.

**THE SPEAKER:** I hope the minister will be able to tell us whether it is Government sponsoring those anaesthetics students.

4.31

**MS BEATRICE RWAKIMARI (NRM, Woman Representative, Ntungamo):** Thank you very much, Madam Speaker, for giving me the opportunity to speak and thank you, honourable minister, for your statement.

Madam Speaker, I would like to make a general observation about human resource for health. Much as we are building many hospitals and health centres and buying a lot of equipment in this country, I think that will not be useful if we do not look into issues of human resource for health.

Madam Speaker, the most critical resource for any country is its human resource. However, as a country, it seems we have not prioritised issues of health workers in this country. The minister is talking about training more health workers and anaesthesiologists. We are going to train them but Rwanda and other countries will take them away. I think we should focus more on remunerating these health workers. We can recruit but we should also ensure that we retain these health workers. Otherwise, we shall continue to train them for other countries.

Therefore, honourable minister, what strategy have you put in place to ensure that once we recruit these health workers, we shall retain them? I thank you, Madam Speaker.

4.33

**MS LILLIAN NAKATE (NRM, Woman Representative, Luweero):** Thank you, Madam Speaker. I would like to add my voice to the motion. I note, with dismay, that this song of confusion in the health sector is not about to stop, if we do come out strongly to condemn the way the ministry operates. We are going to be mired in confusion forever.

Madam Speaker, procurement is a process; someone initiates the procurement and in most cases, it is demand-driven. Someone approved this procurement. I would like to add my voice to hon. Kamateeka’s and say that people who initiate and approve procurements, which waste Government money, should be brought to book.

I do not know if we even have staff in Uganda National Bureau of Statistics like bio-medic engineers to do the approvals. I have seen a lot of equipment lying idle in most health centres because there are no competent staff to operate this equipment - (*Interruption)*

**MS FRANCA AKELLO:** Thank you, hon. Nakate, for giving way. I would like to give you information that the procurement processes require that pre-inspection is done before the final contract is signed. Therefore, one wonders how procurements are concluded without inspection results, unless someone ignored the pre-inspection report. Thank you.

**MS NAKATE:** Thank you, my sister. As I conclude, I strongly condemn the way the Ministry of Health operates. Thank you, Madam Speaker.

4.35

**MS JUDITH NABAKOOBA (NRM, Woman Representative, Mityana):** Thank you, Madam Speaker, for giving me the opportunity to speak. I have a few concerns.

One, we would like to know the name of the company that was involved in the procurement. We are talking about a company but it is not named. As Members of Parliament, we need to know the name of the company so that we can deal with it cautiously.

Secondly, I would like to thank Government and the ministry for what they are doing in Mityana. However, we have Sekanyonyi Health Centre IV, which was constructed with a theatre but does not have equipment. The doctors and other personnel are there but when mothers go to deliver babies and get complications, they cannot be helped; instead, they are referred to Mityana Referral Hospital. I would like the Minister of Health to explain when they are going to equip Sekanyonyi Health Centre IV.

4.37

**MR ANGEL DULU (NRM, Adjumani East County, Adjumani):** Thank you very much, Madam Speaker. We are happy about the efforts put in place by the ministry to ensure that equipment are available. However, last week I was in Arua and we invited officials from a number of districts including Kabarole, Kyenjojo and Kyegegwa. When we asked a few questions, we discovered that the number of people who are supposed to work, particularly in laboratories, are supposed to be 21. However, out of the 21, only four were present and these were laboratory assistants. We do not have laboratory technologists and laboratory technicians.

When we let such a big hospital be run by people of that calibre, what do you expect to happen to the machines we are talking about? First of all, the machines will be victims of the people who are trained but who do not know how to use those particular machines. Sometimes we blame the machines yet the problem is with training. This is something that we saw practically.

My argument is: much as the ministry has put those machines in place, there must be people who are well trained to use them. When we asked why the districts did not employ all the 21 laboratory staff, two issues came up. One is the ceiling put by the Public Service Commission and the other issue was the question of retaining people who are trained. Maybe the element of salary may also come in - (*Member timed out.*)

4.37

**MR ABRAHAM BYANDALA (NRM, Katikamu County North, Luweero):** Thank you very much, Madam Speaker. Let me take this opportunity to thank the minister, hon. Sarah Opendi, for the report she has submitted.

I was not comfortable when the minister constantly said the machines cannot be used because of lack of human resource. This is due to the mistakes we have made as a country. In engineering, we turned technical schools into universities, forgetting that one engineer needs about ten technicians.

In addition, Ministry of Health has put little emphasis on training people at the technician level. Their emphasis is more on doctors yet these are the people who are always going away for greener pastures. However, if technicians are trained, their chances of going for greener pastures are lower.

A medical assistant handles 80 per cent of the diseases, which disturb our people. Instead of training one medical doctor, you can train five medical assistants. With that, we would have beefed up all our hospitals and then utilised the few doctors we have in one central position. Therefore, I appeal to the ministry to put emphasis on training technicians to handle this equipment so that they can be put to use.

Secondly, Madam Speaker, the minister says they are going to return this equipment. However, when somebody supplies, there is a time within which you must return the goods. You cannot go after two or three years –(*Member timed out.*)

4.41

**DR SAM LYOMOKI: (NRM, Workers Representative):** Thank you very much, Madam Speaker. First of all, I would like to thank the minister for the statement. I know very well that the idea to purchase this equipment came at a time when there was a very serious concern at the beginning of the Ninth Parliament. At that time, I was the chairperson of the health committee and we are happy that procurements were done.

I have three concerns arising from this statement. The first one is on the National Advisory Committee on Medical Equipment. The equipment that was rejected was of lower nature, like beds; it was not high-level equipment like X-ray machines. We need to know the competence of this committee because they are looking at small-level equipment that was rejected. I do not know whether they looked at the other ones like X-ray machines because we might be having very dangerous X-rays being subjected to patients. Therefore, we need to know the competence of this committee –(*Interruption*)

**MR KASIBANTE:** Madam Speaker, we are discussing a very sensitive issue, something to do with health and we are talking about lives of Ugandans. However, the Leader of Government Business is sleeping from time to time. Is it in order for the Leader of Government Business to sleep from time to time when we are discussing very serious and sensitive matters? (*Laughter*)

**THE SPEAKER:** Honourable members, the Leader of Government Business is sitting near me and he is only thinking deeply. (*Laughter*)

**DR LYOMOKI:** Thank you, Madam Speaker. My point is that Parliament may need to get more information from the minister. It may not be possible now but we need to know the competence of that committee, the methodology it uses and the personnel who constitute it. From their report, I am not very sure that they have done good work in terms of evaluating the whole package of equipment.

Secondly, I am concerned that some of the equipment was not utilised. At the time that Parliament raised this matter, we had very serious concerns. We had –(*Member timed out.*)

**THE SPEAKER:** The three Members that I had mentioned will now speak on the trade issue. Let us have the minister’s responses.

**MS OPENDI:** Thank you, Madam Speaker. I would like to thank my honourable colleagues for being very attentive when I was making the statement and for raising very pertinent issues. The list is quite long although some of the issues were repeated.

First and foremost, the company that supplied this substandard equipment was Sino Africa. In re-advertising, they bid but the successful company that is going to supply this equipment in August is Simed from the Netherlands.

Madam Speaker, I think that there is a misunderstanding. This whole project cost US$ 130 million. The rejected equipment is only US$ 1.95 million, that is, about Shs 6.8 billion. Therefore, this answers hon. Kamateeka, hon. Nauwat and other Members who had concerns regarding this money.

Madam Speaker, the National Advisory Committee on Medical Equipment (NACME) is composed of very senior people. It is a committee that was put together after careful thought and is appointed by the minister. They serve for a three-year period and the minister reappoints others or the same people. Therefore, hon. Lyomoki, the issue of substandard equipment being used on people and maybe creating more complications like the X-ray equipment does not arise here.

You are aware that while the Ministry of Health procures this X-ray equipment, we have the International Atomic Energy Council that goes to the hospitals to look at these X-ray machines to find out how safe they are. Even MPs from Pallisa had contacted me and we have been advised to stop using some of these machines by this council, which is very active on the ground.

Madam Speaker, we do our monitoring and we are also supported by the Health Monitoring Unit in the Office of the President. The challenge that we have with these facilities is that while we monitor them, these general hospitals are under the Ministry of Local Government.

You are also aware that even where critical staff are needed, you will find the districts prioritising elsewhere. They may not recruit staff for the hospitals. They have a wage bill and they set their priorities. Even if we tell them that they need, for example, at least one nutritionist in every district, very few districts have them. Even if you told them that they need an anaesthetist in the general hospital, sometimes they may -

**THE SPEAKER:** Honourable minister, isn’t it risky to allow them to decide on who they want?

**MS OPENDI:** Madam Speaker, we advise them on what they are supposed to do. This is why very soon, we are coming to this House to have certain categories of staff in the general hospitals and health centres IV recentralised so that we can be the ones to recruit and even do the shifting of staff from one health facility to another –(*Interruption*)

**MS WINFRED KIIZA:** Madam Speaker, I am glad the minister is talking about the versatile Energy Atomic Council. It is true that these staff are working very hard. They have given serious reports on most of our X-ray equipment being found wanting in a majority of our hospitals but these X-ray machines are still in the hospitals. Even when some of them are discontinued from being used, the hospitals go ahead and use them.

What have you been doing, as a ministry, to ensure that the X-ray machines that have been found non-compliant by the Atomic Energy Council are done away with and possibly replaced? Have you been able to follow up these reports that are given by this serious council that does a great job? At least I am able to table some of these reports if you need them but have not received them.

**MS AOL:** Honourable minister, during the State of the Nation Address, His Excellency the President talked about district health officers and he criticised them as “district sickness officers”. I believe that they are under the Ministry of Health. Even if the local governments oversee them, the main overseer of those people should be the Ministry of Health.

Are you telling us that the Ministry of Health has very little to do with the district health officers, the health units in the districts and even the regional referral hospitals? Are you running away from your job?

**MS KAMATEEKA:** Honourable minister, don’t you think that the transfer of equipment will create imbalances in the districts? Since you have spent five years training officers, wouldn’t it be better to train and leave this equipment where it is so that you do not create imbalances in the nation? As it is, you are suggesting transferring and taking the equipment where there are staff who can manage the equipment.

**MS OPENDI:** Thank you, Madam Speaker. The Leader of the Opposition raised an issue regarding these X-ray machines that are supposed to be removed. Once the International Atomic Energy Council condemns certain equipment, it is supposed to be out of use. If there are any facilities that are using this equipment that has been condemned, please let us know because that is out of order; it is not proper. Therefore, please provide us with the information so that we can take the necessary action.

Madam Speaker, regarding the issue of the District Health Officers (DHOs), it is true the President said that they are “district sickness officers” at the launch of the Presidential Fast Track Initiative on HIV/AIDS. The DHOs are recruited by the districts and they report to the Chief Administrative Officers (CAOs) and the political heads of the district, the district chairpersons (LCVs).

We have gone to districts, sat and even made recommendations against certain DHOs but when we go back, no action is taken. Madam Speaker, this is why we are saying that very soon, we shall come here and request Parliament for support to bring these DHOs back to the centre so that we can be the ones to recruit, deploy, transfer and take necessary disciplinary action where they err.

Madam Speaker, equipment was procured. We did not have challenges with the bulk of the equipment. However, what I said is that for most of this equipment that is not being used, you will note that it was procured mainly for health centres IV and the general hospitals. Most of this equipment is functional where they have the staff but some of them are not functional because they lack the staff to operate them. This is why, at some point, we need to pay attention to the health sector and increase salaries of these health workers.

There may be a health centre IV in Kaabong, for example, and you are paying this senior medical officer maybe Shs 2.5 million. This senior medical officer can get employment anywhere in any of these other facilities within the town, so what is it that would motivate him to go to Kaabong? There is absolutely nothing, when he can be employed around Kampala, Jinja and so on.

This is why, at some point in time, we must deal with the issue of remuneration of the health workers, particularly medical officers, midwives and the other specialists. You may have the equipment but you cannot into the theatre to operate without an anaesthetic officer.

Therefore, what we had done is task shifting - getting some nurses and retraining them to be able to handle some basic anaesthesia at health facilities, so that some simple surgeries can go on. However, you find that once these people have completed their training, because they are double-trained - one may not only be a nurse but also an anaesthetic officer - they want to be paid something additional, which is not there. Therefore, at some point, we have to extensively discuss the issue of remuneration of health workers in the Cabinet and in Parliament so that we deal with this issue.

Madam Speaker, I apologise that I do not have the list of the 19 hospitals but we will list the health facilities and supply the list to the Members on their iPads. What informed us in having these 19 hospitals and the various health centres IV was their lack of equipment. As I said, they need this equipment but they do not have the staff to operate the equipment.

Regarding the issue of the technicians, as raised by hon. Byandala, you will note that training institutions were moved from the Ministry of Health to the Ministry of Education and Sports. However, I agree that we need to focus more on the lower health facilities where we have clinical officers who can be able to do basic primary healthcare at the health centres III, and of course laboratory assistants at the lower level because diagnosis is important.

However, we are discussing closely with the Ministry of Education and Sports to see how to strengthen the training in these institutions like the School of Medical Officers –(*Interjection*)– I am going to handle all the issues; I am moving systematically.

Madam Speaker, regarding the issue of the fridge inspection, it is true that it is supposed to be done before the procurement is concluded. However, the problem I mentioned here and why this equipment was rejected is that, what was supplied by Sino Africa is not what we had originally agreed on and that is why we rejected the equipment.

Madam Speaker, hon. Baba Diri’s question was similar to that of hon. Lyomoki - Why did the report take us so long? The statement that I gave was detailed enough. We had to go through the various processes; we had to consult the Solicitor-General and all the other relevant offices before we could go ahead to put this new advert in the papers to avoid litigation *-(Interjections)-*The rejected equipment was from the supplier; we rejected it and took it back. Maybe we can only follow up to ensure that it is not dumped in our lakes.

I know that there is a challenge in Mityana Health Centre IV and we will soon sort it out. This is because the general hospital is overcrowded and the staff are overwhelmed because of the non-functionality of the lower health facility.

Madam Speaker, the other question was whether we are the ones training these people and how many -

**THE SPEAKER:** I wanted to know whether you are funding the training of anaesthetists as Government so that they are available.

**MS OPENDI:** Madam Speaker, initially under the World Bank, we had scholarships that we were providing. The challenge is that there are a few people attracted to this area *–(Interjections)–* That is the truth -

**THE SPEAKER:** On scholarships?

**MS OPENDI:** I am giving information. Under the World Bank loan, which is now unavailable, we had four but at the end of the day - *(Interruption)*

**MR NZOGHU:** Thank you, Madam Speaker. The minister is misguiding the House because the problem lies in the process of identification and selection of the people to benefit from the scholarships. They only restrict it to their relatives, friends and in-laws and some of them do not even qualify.

Madam Speaker, is it in order for the honourable minister to lie to this House that the course does not attract candidates yet we have so many who are vying for these courses all over the country?

**THE SPEAKER:** I do not know; what I can add is that some time back, we were required to post a health expert to the World Health Organisation in Geneva and they posted someone who had no qualifications and the person was rejected - Someone else posted; not you. Please, conclude.

**MS OPENDI:** Thank you, Madam Speaker. We used to have scholarships under the World Bank project, which unfortunately ended. Our focus was on those who were going to study courses where we have few numbers, which is not the case now. This is why -

**THE SPEAKER:** Why did the scholarships end?

**MS OPENDI:** The funding was just for that period and it ended. We hope that in the future when we get another - There are other scholarships under the Ministry of Health but this particular training takes about five years and we have not had any admissions. I can bring the data of the ongoing students who are being sponsored under the Ministry of Health. I do not have the information here now. Moving forward, we would like to focus on courses where we have few cadres.

Madam Speaker, on the issue of the cancer machine that was raised by hon. Atkins Katusabe, we have plans to bring the linear accelerator, which is a more advanced equipment. However, that will be for the new bunkers which you are aware are being constructed at the Uganda Cancer Institute.

The cobalt-60 machine that is expected in the country by next month is an advanced machine, different from the old one that we had. It is going to be in the old bunker. We could not fit the linear accelerator in the old bunker because it could only accommodate a Cobalt-60 machine. Thank you.

MINISTERIAL STATEMENT ON THE CURRENT SUGAR SITUATION IN UGANDA

5.05

**THE MINISTER OF STATE FOR TRADE, INDUSTRY AND COOPERATIVES (TRADE) (Mr Michael Werikhe):** Madam Speaker, I beg to make a statement on the status of sugar in the country. I do not know whether this has been uploaded on the iPads -

**THE SPEAKER:** I understand it is there.

**MR WERIKHE:** Madam Speaker, Government has been concerned about the escalating prices of sugar nationally and in the East African region at large. There was evident shortage of sugar in the market, possibly due to low production by the mills and suspected hoarding of sugar by the traders.

In response, the ministry held meetings with the millers and distributors in order to discuss the possible causes of the shortage that had resulted into escalated sugar prices. The meeting was informed that the following were the main causes of the sugar shortage:

1. Low cane and sugar productivity in the cane fields caused by prolonged drought for a period stretching for over nine months in 2016 and part of this year.

2. Increased demand and scramble for sugarcane in Busoga region, leading to harvesting of immature sugarcane, of as young as 10 to 12 months, and yet the recommended maturity age is between 15 and 20 months.

3. The mills had also stepped up sugar exports especially to Kenya, which attracted high premium.

4. It was suspected that some traders and distributors were –*(Interruption)*

**MR OTHIENO:** Madam Speaker, there is a report that was uploaded on our iPads but what the honourable minister is reading is very different from what we have. I do not know whether he has got another report, which he did not circulate to the Members.

**THE SPEAKER:** He is the one who knows. Honourable minister, tell us what you are presenting.

**MR WERIKHE:** Madam Speaker, there were some errors in the first text and I am correcting them as I move along. Maybe I will be pointing out where these mistakes are.

**MR NZOGHU:** Thank you, Madam Speaker. It is very important that the document that the minister is reading is the same as the one Members are following. This is because at some point if issues are not clear with the Members, the honourable minister can run away from such kind of issues tactfully.

The motive under which he came with a different document from what we already have could be known only to him. However, Madam Speaker, wouldn’t it be procedurally right for the honourable minister to withdraw the statement that was uploaded on our iPads and give us the one that he has so that we move together?

**THE SPEAKER:** Honourable minister, how many statements do you have?

**MR WERIKHE:** Madam Speaker, at last I have got the right copy - the one which came belatedly. This is the one I had at first but I have got the right one, which is on the iPad. I beg to proceed with the one which has been uploaded on the iPads.

**THE SPEAKER:** I do not know which one I have.

**MR MUHUMUZA:** The minister has just indicated that the statement we have on our iPads was the first draft and there were gaps and mistakes. He also had the abridged version, which had corrections and more details which we all do not have. At the same time when it was raised, he accepted to go back to the draft, which has gaps.

Madam Speaker, is it in order for the minister to continue shifting goalposts, meandering and going back to the statement that has gaps as he indicated?

**THE SPEAKER:** Honourable members, I do not know whether what he has is substantially different from what is on the iPads. The issue of sugar is very important to the people of this country; I do not know whether we could not just – unless it is substantially different.

**MR KASIBANTE:** Madam Speaker, it appears the minister was delegated by a senior minister and the statement that was initially uploaded on the iPads was signed by a senior minister - *[HON. MEMBER: “It is not signed.”]* - At least, it bears the name.

It appears, therefore, that the junior minister is only making amendments to the statement that was given to him by his senior. It becomes a very tricky situation for a junior minister to change what was given to him by a senior minister. Therefore, Madam Speaker, are we proceeding correctly when we have a junior minister, who is likely to have been delegated, changing and now misrepresenting facts as given by a senior minister? Thank you.

**THE SPEAKER:** Honourable members, I think we should be happy that there is somebody from the ministry. You have been complaining that all the ministers are not present in the House, but the minister of state is present. The issue about sugar is a very sensitive matter in this country. I have asked whether it is substantially different and if it is not, let him present the statement because the people of Uganda would like to know where they are going to get sugar from.

**MS FRANCA AKELLO:** Thank you, Madam Speaker. When the minister read the statement, he made two substantial improvements especially on the causes of sugar shortage. Therefore, we do not know whether the original statement had the two reasons he is giving us. Unless, it is clearly stated here by the author of the statement, we cannot authenticate it because the minister may deny.

**MR MACHO:** Madam Speaker, with the shortage of sugar in this country, I would like to request my colleagues that since the minister is on record that he has a subsistent report –(*Laughter*)– If he has that report that he has owned -

The sugar crisis in this country is serious, to an extent that our people were lamenting wherever we went. This has become a serious matter even in Busia where I come from –*(Interjection)*– Madam Speaker, the Colonel is not in order to say that my people are smugglers. My people are border traders but not smugglers.

I think that we should allow the minister to present since he was delegated as a minister to present that report, so that we can have time to discuss it. As I speak, the price of sugar has not reduced in this country. Thank you, Madam Speaker.

**MS NYAKECHO:** Thank you, Madam Speaker. I think it is only correct for us, since this is an issue of national importance and the prices are so high, to give the minister an opportunity to present the report he feels is more updated. We can follow with this summary as we make corrections and notes because this is a serious matter, Madam Speaker.

**MR OLANYA:** Thank you, Madam Speaker. I would like to request, if the honourable minister can allow, that the minister withdraws the previous statement and confirms that he will use the information which is on our iPads. We then can allow him to continue since the issue of sugar is very serious for this country. I request him to withdraw the previous statement and we adopt this report and he continues presenting. Thank you.

**THE SPEAKER:** Honourable members, the sugar issue is very important in this country for the population. Minister, read what was given to you and do not add anything.

**Mr WERIKHE:** Thank you, Madam Speaker. I beg to present the statement, which is uploaded on our iPads. I, therefore, withdraw the one I had started presenting.

Madam Speaker, I thank you for this opportunity to inform this august House and the country at large about the current sugar situation. Government is concerned about the escalating prices of sugar nationally and regionally.

In response, the ministry has held meetings with millers and distributors and in the discussions, the following were the main causes:

1. Prolonged drought for a period stretching for over nine months.

2. Harvesting of immature sugarcane.

Regionally, there was increasing demand caused by a gap of over 300,000 metric tonnes in Kenya and 40,000 metric tonnes in Rwanda.

Measures agreed upon:

1. The Government has urged the millers to ensure that the factories maintain normal production. In this regard, Kakira Sugar on 12May 2017 resumed normal production and postponed its regular maintenance. Lugazi Sugar Works also agreed to postpone its maintenance programme from June to October 2017 such that normal sugar production is maintained.

 With improved rains, the millers expect normal supply of sugarcane from the out growers to normalise and this will result into increased sugar production.

2. The millers have pledged to give priority to the domestic market so that the consumers are assured of a stable sugar supply.

3 (a) The ministry is committed to continue monitoring sugar supply stocks from millers, distributors and retailers to ensure that the retail price of sugar does not exceed Shs 5,000 per kilogramme.

 (b) Millers will continue to provide the ministry with monthly stock levels and streamline distribution of sugar to their registered agents.

Sugar Price Trends

The ministry has continued to monitor sugar prices on the market, which have significantly dropped from an average of Shs 8,500 to Shs 5,000 per kilogramme.

On the other hand, Kenya and Rwanda have obtained duty remission import of 100,000 and 70,000 metric tonnes respectively. This will address the regional shortage that has partly contributed to the problem.

Conclusion

The ministry, therefore, strongly condemns any continuous hoarding and speculation in the sugar market in the country. If these malpractices persist, the ministry will be compelled to take alternative measures.

The ministry will closely continue monitoring the sugar market situation and will take alternative measures to ensure that stability in the sugar market prevails. I beg to present.

**THE SPEAKER:** Honourable minister, I just wanted you to explain to us who has permitted the duty remission import for Kenya and Rwanda. Who has given the remission?

**MR WERIKHE:** Madam Speaker, this is under the East African Community arrangement. These two countries have been allowed to import sugar outside the region to mitigate the shortage that prevails in the East African Community region; that is how we have actually been affected.

Yes, we have been exporting sugar to Kenya but because Kenya had millers closed almost completely, there was no way they could actually meet their internal demands. Therefore, this encouraged speculators and traders to take almost all the sugar that we were producing here. Hence, it was under the East African Community arrangement.

5.22

**MS JUDITH ALYEK (NRM, Woman Representative, Kole):** Thank you very much, Madam Speaker. I would like to thank the minister for the report that he has just presented.

I am not very comfortable with the action point on the measures that had been agreed upon for the millers to continue providing the ministry with monthly stock levels and to streamline distribution of sugar to their registered agents. This is because it is the responsibility of the ministry to go and assess the situation on the ground in the factories, where these millers are.

As the Ministry of Trade, Industry and Cooperatives, it is our oversight role and we have to implement this. If we give the responsibility to these people to give us information, first of all the quality of the sugar that we might have on the market may be compromised. We, therefore, request the minister that we take this up so that you go there, as your ministry is mandated to do, and get appropriate recommendations and action *–(Interruption)*

**MS NAKATE:** Thank you, honourable colleague, for giving way. The information I would like to give is that being a very good out grower and one who supplies one of the factories in the country, I am disappointed with the ministry. When the ministry came up with its recommendations, they did not go down to the out growers - the farmers.

In their response, they looked at the distributors and the millers but there is a lot down there. If the ministry had gone down and discussed with the farmers, I believe they would have discovered more problems that could solve this problem, including the fighting amongst the incoming factories in the country. That is the information I wanted to provide. Thank you.

**MS ALYEK:** Thank you. Madam Speaker, concerning the quality of the sugar in the market, we recently heard that sugar is being mixed with rice and I am happy that the Minister of Trade, Industry and Cooperatives made a great statement to that effect. We do not want adulteration of sugar in our market; the sugar that we are going to consume should be pure and clean.

Madam Speaker, about the price of Shs 5,000, I still feel that this is on the higher side because we face the calamity of famine. At least if the local community can have Shs 3,000 being the highest amount to be levied on sugar, then we shall be able to see our population get some energy that can enable them do some work in this era of famine. *(Member timed out.)*

5.26

**MS DOROTHY KABARAITSYA** **(NRM, Woman Representative, Kamwenge):** Thank you, Madam Speaker. I just want to thank the minister for this statement. However, we have just received a report from the Ministry of Health urging us to reduce the consumption of sugar but it is a necessity for our children.

Madam Speaker, I would like to ask the honourable minister to clarify to us because the statement he has given us does not exhaust the reason why this is happening. There have been rumours that the sugar factories are fighting each other and there is a lot of hoarding. One of the directors of the Lugazi sugar factory wanted to make sure that all those sugar factories that were being supplied sugarcane from the out growers up to a distance of 50 kilometres are stopped. This is because he wanted to dominate the market and supply to Ugandans as well as solely export the sugar.

There are also people that are trying to punish the director of Lugazi Sugar Works, who has been pretending and claiming that he has the capacity to produce enough sugar for this country and yet we still need more factories to create employment and even produce more sugar for export. I thank you.

5.28

**MS ROSE AYAKA (NRM, Woman Representative, Maracha):** Thank you, Madam Speaker. I would like to thank the ministry for the report they have presented on the situation of sugar in this country.

Some of the reasons they have cited for the shortage of sugar include prolonged drought and the immature harvest of the sugarcane. However, it seems something is being hidden because at the same time, they are talking about hoarding. Therefore, what is the exact situation? Do we have sugar or not? We must have a very clear explanation. In my understanding, there is some economic politics, which is not being revealed here. Some people are hiding and at the same time, they are causing this shortage and it is affecting the public.

We now have the lowest cost retained at Shs 5,000. Think about the rural population; can they get Shs 5,000 to afford the sugar? This is very unrealistic. I think we need to get a serious solution and yet the minister is talking about alternative measures. What do they mean by alternative measures? Can they explain? Thank you, Madam Speaker.

5.29

**COL (RTD) FRED MWESIGYE (NRM, Nyabushozi County, Kiruhura):** Thank you, Madam Speaker. Whereas I thank the minister for this report, I expected more details from the ministry. The ministry has the capacity to furnish this august House with the statistics regarding the annual production, annual consumption, what the country exports and imports, what is smuggled and what the shortage problems he has cited have created. All these statistics are missing in this report.

Therefore, this report is not sufficient to furnish this august House in order to take a stand. Thank you.

5.31

**MS SYDA BBUMBA (NRM, Nakaseke County North, Nakaseke):** Thank you, Madam Speaker. I would like to thank the minister for the report but also to register my dissatisfaction with it. I see a lot of gaps in the report.

They have talked about the drought as one of the reasons that have caused the shortage but we are told by the experts that by the time the drought set in, the sugarcane had already absorbed enough water.

I would have expected the minister to talk about the sugar authority because the problems concerned with the sugar shortage are based on indiscipline and irregular practices within the sector. However, he did not talk about a sugar authority. I would be happy if you could tell us when the sugar authority will become a reality.

These reasons given are addressing the shortage but not the increase in the prices. The foreign content in the sugar production is not much. One would have thought that the prices have gone up because of the dollar escalation but the dollar has not depreciated by 40 per cent within the period and yet the sugar price has gone up by 40 per cent within this period. We need to check the causes of the high prices.

There are regular problems with this sugar factories’ maintenance. All of them decide to do their maintenance at the same time. Why don’t they stagger it so that each factory does maintenance at a time when the others are in production? (*Member timed out.)*

5.33

**MR ACHIA TERENCE (NRM, Bokora County, Napak)**: Thank you, Madam Speaker. I thank the minister for the report.

Looking at the reasons which caused the escalation of prices of sugar both regionally and nationally, it is also mentioned here that there was a meeting with the millers. My concern here is how the issues addressed in that meeting were handled. They should have been able to take care of the short-term situations and the long-term ones.

The Lugazi factory maintenance is a short-term measure, for example, and it was anticipated to have the problems addressed. There are aspects of prolonged drought. This is a situation, which you could not even anticipate. There are situations like regional increase of prices. This is something that you cannot easily control because it is said that the price of sugar exports is a little better because it is of better quality than the one we consume here.

As for the drought, I would like to know from the minister what measures they have put in place in order to address these challenges. This is a situation that you cannot control. What strategic measures did you put in place in order to address such situations when they occur? Thank you, Madam Speaker.

5.34

**MS JALIA BINTU (NRM, Woman Representative, Masindi):** Thank you, Madam Speaker. I must express my interest. I am a sugarcane grower at a commercial level and the district I represent is predominantly a sugarcane growing area. We have one of the biggest factories, which is Kinyara Sugar Factory Limited.

The honourable minister has talked about drought. We know drought hit certain areas within the country. However, as my sister hon. Bbumba has stated, drought hit all of us but the sugarcane does not respond to drought. (*Interjections*) Yes! We were hit by the drought but my sugarcane plantation did not respond in any way to the drought. It is only affected by fires. For the honourable minster to tell us that drought is one of the causes, I do not believe him. There is more than the eye can see and there is more to what we are hearing.

At times, the sugar milling companies liaise with business people to hoard sugar so that the prices can rise and they hold Government at ransom, in order to import cheaper sugar and make profits. I would like to urge the honourable minister to take interest and study the details. The honourable minister has just told us that the two countries will be importing sugar. This is to point out to the minister that there is a time when one of the countries which have been mentioned here imported sugar and then that sugar found its way into Uganda and we again had a problem.

For us to say that once those countries import sugar it is going to stabilise our sugar prices here, I do not see it as workable. It may cause us more problems. They may even bring in sugar, which is not good enough for consumption in our country.

Madam Speaker, you know that sugar has many uses. It is used for syrups, medicines among others, and even our bodies need sugar. If we do not regulate this industry very well, we are likely to be faced with bigger problems –(*Member timed out.)*

**THE SPEAKER:** Okay. I give the grower half a minute to conclude her submission. *(Laughter)*

**MS BINTU:** Madam Speaker, there are varieties of sugarcane, which mature at 14, 16 and 18 months. For the honourable minister to tell us that the sugarcane is being harvested at 10 months and it causes a shortage in sugar provision - At 10 months the sugarcane is already old! We harvested our sugarcane when it got burnt at 10 months and the milling plant took it. We could not throw it away, and it was mature enough.

I, therefore, would like to support my sister’s proposal that the Government should regulate the milling plants when it comes to maintenance so that they maintain the factories in phases. It is not necessary for all of them to close at the same time. This will possibly save our country from sugar shortage.

Added to that, the sugarcane law, which the then Parliament passed, binds one not to construct a factory within a radius of 25 kilometres of another factory. However, now factories are being constructed within that radius, which is good, but let us make sure that these factories, which are being constructed, have nuclear farms which can feed their factory. If the factory does not have a nuclear farm, that means they are going to share on what is there and at one time, those factories are going to close and we shall even lose jobs. It is going to happen because right now, we are supplying the entire Busoga region with sugarcane. You see those trucks carrying sugarcane left and right from Masindi and even Uganda Revenue Authority (URA) is not charging for loading because those are agricultural products, they are not taxed.

I think the Government needs to sit and investigate in detail, to find out where the problem is and be able to help both the farmers and the country. Thank you, Madam Speaker.

5.39

**MR WILLIAM BEIJUKYE (NRM, Ruhaama County, Ntungamo):** Thank you, Madam Speaker. I thank the minister for the report. However, I would like to add one of the reasons why there is shortage of sugar, there is alternative use of sugarcane. You can get spirit from sugarcanes and one litre of spirit is now at Shs 7,500. Therefore, that can create a shortage because spirit is more profitable than sugar.

Secondly, Rwanda that imports sugar is selling it cheaply. A 50-kilogramme sack of sugar in Rwanda is at Shs 180,000. Therefore, this has made people smuggle sugar from Rwanda to Uganda because it is cheaper. When they get hold of you with sugar, they make sure that you are out of business. Today, a person who smuggled 100 sacks of sugar from Rwanda was fined Shs 29 million, when you add the Shs 18 million you used to purchase it, that is Shs 47 million. When you divide by 100 bags of sugar, he is buying a sack of sugar at almost Shs 400,000. That will push him out of business.

Therefore, let sugar be cheap so that people can afford it, that will reduce the smuggling and Government will get more revenue. Thank you, Madam Speaker.

5.41

**MR CUTHBERT ABIGABA (NRM, Kibale County, Kamwenge):** Thank you, Madam Speaker. The sugar problem in this country is big. However, when I look at the statement of the minister, a two-page document when I exclude the top page, it does not show that this is a big problem especially that it even lacks the statistics to convince us towards his conclusion.

There is also something that I picked up from my constituency when I was there over the weekend. The retailers are complaining that the packaging of the sugar is in wrong quantities. A bag is marked 50 kilogrammes but when you weigh, you find 45 kilogrammes. Therefore, to be able to recover the cost, the only alternative is to increase the price per kilogramme.

I do not know whether the minister is aware that the packaging in some areas might be wrong and might be the one responsible for the high cost of sugar. I beg to submit, Madam Speaker.

5.43

**MR FRANCIS ZAAKE (Independent, Mityana Municipality, Mityana):** Thank you, Madam Speaker. I will not even thank the minister for presenting this report because it is very short and not comprehensive. I am actually annoyed with his presentation. *(Laughter*) You were not ready to present this report; even when you were starting, you were presenting different things.

Sometime back, I went with the Leader of the Opposition to my constituency. I had got many products for my people and among them was sugar. I bought about two tonnes of sugar for my people but at Shs 6,000 per kilogramme. However, I found something interesting with some of the traders I bought from. They were even resisting giving me the two tonnes.

Whenever they hoard sugar, prices will go up. In your report, you are only condemning but not even telling us the ways you are going to stop these traders from doing so or these companies. I urge Government to copy what Zaake is doing. Buy sugar from wherever you are getting it because you have to look after Ugandans because people cannot afford sugar. If Zaake can buy sugar at Shs 6,000 and then my people get it at Shs 3,000, why can’t you do this? We do not need sugar to be at Shs 5,000 but we want to get it as low as Shs 3,000.

Thank you, Madam Speaker, but this is very bad for our country.

5.46

**MR MOSES KASIBANTE (Independent, Rubaga Division North, Kampala):** Thank you, Madam Speaker. I am a teacher and I would like to emphasise this. Causes determine solutions and the minister ably put the causes as follows: one, prolonged drought and two; harvesting immature sugarcane. Now look at the solutions, “Monitoring prices closely and taking alternative measures.”

Madam Speaker, the problem is not that the prices of sugar are very high but the ones in charge are sick. They are not even in charge. How do you solve prolonged drought by closely monitoring prices. You cannot solve harvesting immature sugarcane by having alternative measures, which measures are not actually mentioned. Even currently, what they are doing right now is not mentioned. Now, before we talk of alternative measures, what are the current ones? (*Interruption*)

**MR GAFABUSA:** Thank you, Madam Speaker and hon. Kasibante for giving way. I would like to inform you and the House that there is a lot of mismatch like the teacher is telling us. One of the measures the minister is suggesting, if you look at No.1, they are talking of “the factories agreed to maintain normal production by resuming production and postponing regular maintenance” meaning that one of the causes of this problem is that they had closed or reduced on production because they were doing maintenance of the factory.

Secondly, they are taking of giving priority to the domestic market meaning the problem is that they were exporting much of the sugar they were producing.

**MR KASIBANTE:** Thank you very much. Madam speaker, even putting sugar prices at Shs 5,000 is itself not enough. It was initially at Shs 3,000 what went wrong? How can you tell us that you are now solving the problem and it is stabilising at Shs 5,000; why? (*Member timed out.*)

**THE SPEAKER:** You were very generous with your time. (*Laughter*)

5.49

**MS FRANCA AKELLO (FDC, Woman Representative, Agago):** Thank you, Madam Speaker,for this opportunity. One of the core reasons I wanted to get up and speak was the mismatch which is already emphasised by hon. Kasibante. The second reason is that one of the causes of the shortage – which the minister was not able to mention – is that sugarcane farmers are demotivated because of the mistreatment and exploitation by the millers. I am not a sugarcane grower and neither are my people. However, I travel along the Masindi road and meet many trucks ferrying sugarcane all the way from Masindi and Kiryandongo to the central region here.

One of the reasons for the failure by sugarcane farmers to produce enough sugarcane is that, the millers are paying them less money for the sugarcane they cut from their gardens. This is one of the issues I wanted to put forward to the minister. If you want sugarcane production to increase, let the millers also treat farmers as if they are also doing it as a business because when you are doing it as a business, you have to get enough profits. Farmers are not making a difference between the cost of production and the proceeds from the sugarcane they sell *–(Interruption)*

**MR OLANYA:** Madam Speaker, in order to increase the production of sugar, Government needs to think of supporting and expanding more industries in other parts of the country. At the moment, we have one industry coming up in Amuru whereby the proprietor has already planted sugarcanes, which have already grown but the industry is stuck because there is no money to complete the construction.

This is the kind of support Government can raise to help the proprietor complete the industry so that we increase on the production level. We from Amuru are about to become sugarcane growers. This is the information I wanted to give.

**MS AKELLO:** Madam Speaker *-(Member timed out.)*

5.52

**MS SANTA ALUM (UPC, Woman Representative, Oyam):** Thank you very much, Madam Speaker. If it were not because of the importance of the subject matter, I would have loved to say that the minister takes back this report and brings us a better and more comprehensive one. I have been trying to read and see how this report will help us to solve the problem in the short and long run but I am failing to get it.

Look at the issue of prolonged drought. We are aware as a country that the issue of drought is there with us, and I do not see any solution that the minister is trying to give to address that particular concern. This means that this problem will be solved now but maybe after a short time, we shall be going back in circles.

My second concern is about the quality of sugar. Recently, we were informed that sugar is being mixed with many things such as posho and rice. Is it because of the lack of surplus that we are seeing all these kinds of things? I thought you would do this country due diligence to tell us exactly where the problem is.

Finally, is the issue of domestic demand *–(Interruption)*

**MS KAMATEEKA:** Thank you, honourable colleague, for giving way. On the issue of quality, we would have expected the Government to make sure that maintenance of these factories is done routinely rather than agreeing with the factories that they should continue production at the expense of the health of Ugandans. As hon. Bbumba said, it is important that they do the maintenance in a phased manner but they must be made to carry out this maintenance to ensure good health of Ugandans. It was said sometime back that some of this sugar contains iron particles. You can imagine what will happen when maintenance is not done. Thank you.

**MS ALUM:** Thank you very much, honourable colleague. I think the main problem is that most of these sugar factories and millers are not being monitored to see exactly what they are doing. Imagine even the farmers’ issues are not being addressed in the report of the minister. What is the solution to picking immature sugarcane? We have been told that this is the same problem with tea. This means that we have – *(Member timed out.)*

5.55

**MS ANNET NYAKECHO (Independent, Tororo County North, Tororo):** Thank you very much, Madam Speaker. I would like to thank the minister for bringing up this issue. Although it is not well researched, at least it is timely given the plight of the country in as far as the sugar prices are concerned.

Last evening, I went to the supermarket to buy sugar. I bought a kilogramme of sugar at Shs 6,600 and I was wondering that this is exorbitant. I thank the minister that he is here today and we are talking about sugar.

Madam Speaker, as you are aware, sugar is not a poor man’s food. In actual sense, sugar is a luxury. It is for the rich. This means that if you look at the population of Uganda, it is only a section of people – the middle class – who can afford sugar. Therefore, it should not have been a crisis to the country. This is because, first of all, it is not for everybody like salt. Just a few people can afford sugar. I wonder how we could cite *–(Interruption)*

**MS WINFRED KIIZA:** Madam Speaker, it is really sad that we are beginning to create classes and categories of Ugandans that are supposed to consume certain necessities of life. We know very well that even our old parents – grandmothers and mothers – need sugar. Our sick people will need sugar at some point. We shall need this sugar in syrups, which even the children of the poorest of the poor need in hospitals. It, therefore, ceases to be an item for only the privileged in society.

Is the honourable member, therefore, in order to allude to the fact that even if the prices went high they will not affect the common man and woman of this nation when we know that sugar is very paramount in as far as humanity is concerned? *(Applause)*

**THE SPEAKER:** Honourable member, can you substantiate why you are excluding the poor from sugar? *(Laughter)*

**MS NYAKECHO:** I was actually building on my point. Madam Speaker, this is why we actually need this sugar as a country because it is something very important to us.

Last year, I remember there was a sugar war going on within factories. I remember Mayuge sugar was fighting with Kakira over who should own which suppliers. I think that could be the genesis of the problem we have now *–(Member timed out.)*

5.59

**MR ABACANON GUTOMOI (FDC, Erute County North, Lira):** Thank you very much, Madam Speaker. I am not accepting this report for two reasons. First of all, it is very inadequate and it has no permanent solutions to the sugar price escalation in this country.

What I know and understand is that every after general election in this country, the price of sugar always goes up. I remember in the Seventh, Eighth, Ninth and now the Tenth Parliament – the honourable minister is not aware of this. What he has not included in this report is when the lowest price of sugar was before it shot up to Shs 8,500. I remember buying sugar at Shs 2,500 but you have not mentioned this anywhere here. You have not also bothered to tell us the permanent solution to address this.

I think the solution to this is not to hold any general election in this country, if the price of sugar is to be stable because after every general election, the price of sugar escalates anyhow. You remember when Gen. Otafiire lost some good amount of money in Mombasa; it was burnt down after that general election. If hon. Okot Ogong was here, he would tell you how he suffered because when the prices of sugar went up, everyone went to import sugar into this country.

On demand at regional levels, I do not understand if the population of Rwanda and Kenya thought at any one time that could cause the demand of sugar from Uganda; they could not import from elsewhere but Uganda. This is a very serious matter. When you tell me it was because of the drought; that is a serious lie. When do you plant sugarcane and how long does it take to mature? It is only this year that we have drought. However, before, we were buying sugar at a very high price yet it was already planted. There was no drought and even after, it was raining. It only coincided with this drought. Therefore, you are not doing your monitoring seriously and your monitoring is not going to give us a permanent solution. Please, get back to the drawing board and come back with correct information.

6.02

**MR ANTHONY AKOL (FDC, Kilak County North, Amuru):** Madam Speaker, sugar has become a problem in the country and I am not surprised that at one point, some people were importing sugar from South Sudan. You can see the importance of sugar in Uganda to the extent that we are importing from South Sudan; imagine that kind of situation. I am actually on the same view with the rest of the Members. This report is not comprehensive enough and I would like to request the minister to go back and come with a comprehensive report.

The other issue that surprised me is that when you are doing maintenance of a factory and then the ministry comes and says “Do not continue with maintenance”; you are actually causing more problems because we can have breakdown of the factory and that will create more problems than what we would have experienced. Above all, the report does not bring to us exactly what the Government will do to ensure that the businessman should charge Shs 5,000 for a kilogramme of sugar. You are just saying we have agreed with them that they should sell it at Shs 5,000. How? I am a business person. The reason I was charging Shs 8,500 is there. You do not come here and say, “We had a meeting and agreed that it should be Shs 5,000.” What is the Government doing to bring the price down to Shs 5,000? Those are questions that I think the minister should note down and goes back and then comes back on the Floor of parliament, with a comprehensive solution to this nation; we need sugar in the country. Thank you very much.

6.04

**MS REHEMA WATONGOLA (NRM, Kamuli Municipality, Kamuli):** Thank you very much, Madam Speaker. I would like to thank the minister for his report. I have two concerns. One is about the causes that he mentioned; the prolonged drought - when these factories request for authority to operate within Uganda, they give out sweet documents that can make the Government allow them to operate. They even inform the Government that they have capacity to irrigate in case there is drought.

Secondly, you mentioned something about harvesting of immature sugarcane. Whose responsibility is it? Is it the responsibility of the Government to monitor sugarcane that has been produced? You are actually informing the public that these factories do not have the capacity to handle their farmers because the farmers must harvest sugarcane that is ready.

Madam Speaker, the minister also talked about the measures that were agreed upon. I am worried, as a new Member of Parliament who has been in this august House for only two months - (*Laughter*) - the people of Kamuli are very poor. When you talk about the price of sugar at Shs 5,000, it shows that the millers will not even reduce the price because Government has already pronounced itself on Shs 5,000.

Madam Speaker, it is a serious issue that when we come out as Government and say the price of sugar should be Shs 5,000, means that the price of sugar will not reduce and it will be constant at Shs 5,000. The minister must go back and do something with these millers.

Finally, before, the existence of these new factories, Kakira and Lugazi had the capacity to produce sugar for the Ugandans. Why is it that –(*Member timed out.)*

6.06

**MR NATHAN TWESIGYE (NRM, Kashari County South, Mbarara):** Thank you, Madam Speaker. I would like to thank the minister for bringing the report forward but not the report itself because from what colleagues have submitted, it appears either the minister himself or the ministry is hiding facts. There should be a problem which is not coming up clearly as to why the prices of sugar have remained high. As one of the Members has alluded to, if you look at the agreed position on the solution to the problems, they lack content.

Madam Speaker, I think the ministry is not doing good work. I am not sure how the millers will not give priority to other countries or not find a way of selling their products, especially, if they are in private business. What justification is there from the ministry, to show that they have agreed with those private millers to reduce the prices and not export the sugar that they are producing to other countries?

I would like to thank the honourable members who have made contribution. I would like to plead with the minister that the ministry has technical officers who can produce a good report; bringing such a report on the Floor of Parliament is putting Government to shame. It is very unfortunate.

Madam Speaker, I would like to propose that the honourable minister goes back and makes a good report. I thank you.

6.08

**MR GEORGE KUMAMA (NRM, Bbaale County, Kayunga):** Thank you,Madam Speaker - (*Interruption*)

**MR MACHO:** Madam Speaker, this is my first time in Parliament. I do not know whether it is the order of Parliament that whenever ministers have very important issues concerning this country, they send their junior ministers.

On the issue of ticks, the minister brought a circular. Today, we expected a senior minister to come and present a statement but instead - I believe this paper is not for hon. Werikhe. I do not know whether this is how Government works –(*Laughter*)

**MR WERIKHE:** Madam Speaker, this paper belongs to the ministry. We write a paper as a ministry. We do not attribute any paper emanating from a ministry to an individual. Therefore, I am here in the capacity of the ministry irrespective of the status I hold.

We are in tandem with the senior colleagues and this is the paper of the Ministry of Trade, Industries and Cooperatives.

**MR KUMAMA:** Thank you so much, Madam Speaker –(*Interruption*)

**MS KAMATEEKA:** Madam Speaker, I wonder whether it is procedurally correct for honourable members of this House to belittle ministers of state. Once you are a minister, you are a minister. We should give them the due respect as ministers. Therefore, it perturbs me to hear honourable members belittling ministers of state. Are we correct to proceed in that manner?

**THE SPEAKER:** Hon. Kamateeka, you have a very valid point. I would like the Members to know that in our Government, the ministers of state are alternate Cabinet ministers. They are not deputy ministers. Deputies do not go to Cabinet but these ministers are all Cabinet ministers. Therefore, in the absence of the senior minister, the next minister takes charge. He has not said anything; it is unfair to anticipate he does not know what to say.

**MR KUMAMA:** Thank you, Madam Speaker. I would like to ask the ministry to avail this House with the information on how many sugar millers are in this country, how much sugar each of them produces and how much is always exported so that we are informed. I would also like to know how much sugar these millers produce every year and how much sugar we consume in the country. Do we produce what we consume or we produce less or more?

I also would like to know whether the ministry has a policy that guides on how much sugar is exported and how much is consumed locally without the millers deciding the quantities themselves. Is there a policy which guides these millers so that we have enough sugar in the country for consumption to avoid these escalating sugar prices? Thank you very much.

6.13

**MR RICHARD OTHIENO (NRM, West Budama County North, Tororo):** Thank you, Madam Speaker. Sugar has been a serious problem in this country for quite a while. Each time the country wants to get the solutions to the problems, the ministry falls short of providing these solutions. Sometime back, the blame for the escalating prices was heaped on the traders for hoarding sugar.

Madam Speaker, judging from the statement the minister has presented to Parliament today, it is very clear that either the ministry is not in charge of the sugar industry or the business sector generally or there is something the ministry is aware of but does not want the country to know.

Madam Speaker, the minister’s statement is very disjointed. Members have pointed out that there is no correlation between the causes and the solutions. They blame the high prices of sugar on Rwanda. How comes the prices are cheaper in Rwanda when you say they are causing high prices here?

Madam Speaker, it is disrespect to Parliament where the minister does not take time to make a comprehensive report that offers a solution that Parliament asked for. This is just a cosmetic solution. We are not here to pass time but we are interested in knowing the problem and solutions. Are the people in charge of the docket able to give us the way forward?

Madam Speaker, I would also add my voice that Parliament rejects this report –(*Member timed out.*)

**THE SPEAKER:** Honourable members, we have discussed quite a bit. Honourable minister, I do not think you know how much pleasure our people get from receiving some sugar; during Christmas, I normally give some of my people two kilogrammes of sugar each and they come back to thank me. They probably had not taken sugar for months because they cannot afford it.

Therefore, honourable minister, you need to do more work and help the country to ensure that the price of sugar comes down. Shs 5,000 is too high and people cannot afford it.

**MR WERIKHE:** Madam Speaker, I have actually taken note of your concerns and most of them require additional statistical information to the House.

Rather than responding to some of the issues without having statistical details, Madam Speaker, I request I get back to the House with a comprehensive report –(*Interjections*)- tomorrow is Thursday; maybe I should be given one week.

**THE SPEAKER:** Honourable minister, we do not want a report; we want a stratagem that can bring down the price of sugar. Thank you.

**6.17**

**THE LEADER OF THE OPPOSITION (Ms Winfred Kiiza):** I would like to correct an impression created. Madam Speaker, the impression the minister has tried to paste here that a kilogramme of sugar is currently at Shs 5,000 is not true. Actually, the lowest amount is Shs 6,000. There are some shops which are still selling at Shs 7,000.

There is also an impression created for Ugandans to think that possibly the ministry dropped the price of sugar from Shs 8,500 to Shs 5,000. It had not reached as far as Shs 8,500. The highest amount I paid for sugar and I know this because I am a mother and a wife who must provide for the family, is Shs 7,000. The highest price was Shs 7,500. Therefore, the price of sugar is not Shs 8,500; it is Shs 7,500 and it has not gone below that.

As you prepare your report, you should find out from the economists in your office how you are going to fix prices in a free market economy.

We would not want you to come back and say you are going to tell them to stop. As you negotiate, how are you going to balance this? I know it is possible; let him ensure he works on that.

The other issue that you should be preoccupied with is the issue of how to ensure that the forces of demand and supply in regard to our neighbouring countries with the balance of trade and payment are mitigated. Talk to the economists in your department so that when you are coming to address the House, all these issues have been talked about and then we can look at how these elastics of demand can be dealt with in as far as Parliament is concerned.

Otherwise, Madam Speaker, I can report that for us who are closer to the Congo border find it cheaper to import sugar from Congo and yet the Congolese will have bought it here. From Congo, we buy it at Shs 3,500 and yet in Uganda where the Congolese bought it, we are buying at Shs 6,000.

This is the same thing happening to us who are near the Hima cement factory. We are consuming the factory fumes but buying a bag of cement at Shs 35,000 when people in Kampala are buying it at Shs 28,000; in Congo, you can find it at Shs 23,000.

Therefore, you can see all these distortions and possibly the tax regime of our country that is making it hard for Ugandans to access the basics. My brother, the minister, as you go the ministry, ensure you consider that.

6.20

**MS CECILIA OGWAL (FDC, Woman Representative, Dokolo):** Madam Speaker, I would like to agree with the points that the Leader of the Opposition has raised.

I would also like to inform the minister that what we want is to find a solution. However, looking at the paper will discourage you more because you are urging and pleading with the millers who are agreeing to postpone lies. I have been an industrialist and nobody will tell you that he will postpone maintenance of the plants and machinery; it is part of.

Therefore, whether you like it or not, they will have to carry out the maintenance of the machinery. All you want to do is to deal with factors that you can and Parliament will help you to handle and leave the rest. You are now asking the miller to tell you his/her stock. I will have 10,000 tonnes and I tell you I have five. What control do you have?

Madam Speaker, what the minister has told us shows that he did not engage economists to do the work for him. You did not engage people on the ground to do work for you and you have not understood the psychology of these millers. These people do business and are not doing anything charitable; so they are in for profit not charity.

Madam Speaker, let the minister go there and be a business man and negotiate on along business terms and forget about this parturition and negotiation, which does not work. I thank you.

**THE SPEAKER**: Honourable members, I request that we receive this report.

BILLS

SECOND READING

THE NATIONAL BIOTECHNOLOGY AND BIOSAFETY BILL, 2012

6.22

**THE MINISTER OF STATE FOR TRADE, INDUSTRY AND COOPERATIVES (TRADE) (Mr Michael Werikhe):** Madam Speaker, I beg that the Bill entitled, “The National Biotechnology and Biosafety Bill, 2012” be read the second time.

**THE SPEAKER:** Is it seconded? Is the Cabinet not aware of the Bill? Okay. It is seconded by the back benchers. (*Laughter*)

**MR WERIKHE:**  Madam Speaker, this Bill is to provide regulatory framework that facilitates the safe development and application of biotechnology to designate a national focal point, a competent authority to establish a national biosafety committee and institutional biosafety committees; to provide mechanisms to regulate research, development and general release of genetically modified organisms and for related matters.

Biotechnology has been used in Uganda for many years by several industries to process wine and beer, production of cheese and yoghurt, leavening bread and extraction of cobalt. However, modern biotechnology which involves the use of genetic engineering technique to transfer useful characteristics like disease resistance or tolerance to drought, development of medicines, improving the environment is relatively new yet its use creates enormous opportunities for modernisation of agriculture, protection of the environment, enhance public health and industrialisation.

Madam Speaker, this is a very important Bill and I beg to move that we consider it. Thank you.

**THE SPEAKER:** Honourable members, the Bill has been read for the second time. Can we invite the chairperson to give us the report?

6.25

**THE CHAIRPERSON, COMMITTEE ON SCIENCE AND TECHNOLOGY (Mr Robert Kafeero Ssekitoleko):** Thank you very much, Madam Speaker. Before I move to present the report, allow me to lay at the Table a report of the Committee of Science and Technology on the National Biotechnology and Biosafety Bill, 2012 which is duly signed by 27 Members.

Allow me to lay at the Table a minority report signed by two members of the committee with dissenting views. I beg to lay the minutes of the committee meetings for all the time we have spent considering and examining this Bill.

Madam Speaker, the National Biotechnology and Biosafety Bill, 2012 was first read in this House on the 5 February 2013 in the 9th Parliament. The Bill was referred to the Committee on Science and Technology but it was unable to receive the second and third readings during that Parliament.

At the dissolution of the 9th Parliament, the Bill was among the business that was saved by the Speaker on the 15th of July –(*Interruption*)-

**MS AMODING:** Thank you very much, Madam Speaker. I would like to thank the chairperson for the attempt he is trying to make on the Floor. However, procedurally, I believe that this report which is being laid before the House is very important given the fact that the Bill is not ordinary and has a lot of controversies and challenges that we need to internalise.

We are a bit suspicious that this Bill is now being read at such a time our sugar levels - it is coming to 7 o’clock -(*Interjection*)- may I propose that we start on this Bill as the first issue on the Order Paper when we resume tomorrow? I beg to request. *(Applause)*

**THE SPEAKER:** Honourable members, the report requires you to only listen. The word I used was to receive. We are only receiving; we shall not debate it. It has been hanging around us for a long time. Let us receive and we shall debate some other day.

**MR KAFEERO:** Thank you, Madam Speaker, for the wise ruling. On the 15th of July 2016, the Bill was among the business that was reinstated by the 10th Parliament in accordance with rule 221 sub rule (2) and (3) of our Rules of Procedure. It was subsequently referred to the Committee of Science and Technology on the 15 November 2016.

The Bill is intended to provide a regulatory framework that facilitates the safe development and application of modern biotechnology in Uganda –

1. designating a national focal point and a competent authority;
2. establishing a national biosafety committee and institutional biosafety committees; and

(c) providing mechanisms to regulate research, development and release genetically modified organisms.

It should be remembered that Uganda does not have a specific law regulating the development and use of modern biotechnology. It should also be remembered that the Republic of Uganda ratified a number of protocols which include a Convention on Biological Diversities in 1993, the Cartagena Protocol in 2001, the Nagoya-Kuala Lumpur Supplementary Protocol in 2014.

Madam Speaker, if we may go straight to the findings and observations on page 4.

1. The committee learnt that biotechnology is broadly divided into four sectors namely: medical, agricultural, industrial and environmental biotechnology.

The biotechnology industry is fast growing with over 1,200 biotech industries, institutions and colleges from over 30 countries.

It is embedded in various sectors including but not limited to health, security, wildlife, veterinary, industrial, environmental and agricultural sector.

The committee observed, however, that the Bill did not adequately deal with all the sectors as mentioned above. It is on that basis that the committee will at an appropriate time table a motion to this House seeking leave to introduce a private members’ Bill which may cater for the other sectors of biotechnology.

In regard to medical biotechnology, we have recommendations on page 8 of the report; the committee recommends that the Ministry of Health, Ministry of Science, Technology and Innovation and the Ministry of Agriculture, Animal Industry and Fisheries should jointly prepare and build capacity to be able to prevent, detect and respond to epidemics and hazardous substances.

1. In response to the exponential increase of international travel and trade and emergences and re-emergences of international disease, it is now time that the Government of Uganda should implement the international health regulations, which binding instrument Uganda entered into with other 195 countries in 2007.

This may help to prevent, protect against, control and provide a public health response to the international spread of diseases in ways that are commensurate with the restricted to public health risks and which avoid unnecessary interference with international traffic and trade.

3. In the wake of modern biotechnology, the Government of Uganda should build capacity to be able to prevent, detect and respond to epidemic outbreaks and hazardous substance.

4. All Government departments should make collaborative effort to share information pertaining to bio-security.

5. By way of responding to some of the medical biotechnology portion, the committee has ensured that in its proposed amendments to the Bill, it has provided for the following which are recommended for approval:

1. Modern biotechnology risk management.
2. Promotion of public training and educational outreach to promote a shared culture of responsibility.
3. Mitigation of biological proliferation.
4. Safe procedures of transfer, handling application and utilisation of biological agents, GMOs and GMO products.
5. Establishment of laboratories licencing.

Madam Speaker, in regard to agricultural biotechnology, the committee learnt that some of the common genetically modified items include corn, well-known as maize here, soy bean, cotton, squash, papaya, tomatoes, sugar beets, potatoes, flax, rice, canola, baby foods, bakery product, confectionary, meat and meat products, soup, fruits and vegetables.

Agricultural biotechnology helps to, among others –

1. develop animal and plants with greater resistance to pests and diseases;
2. create animals or plants with capabilities of producing higher yields in order to address food security issues;
3. create raw materials that can be produced in larger quantities;
4. create products that can enhance growth such as production of growth hormones to increase milk production in dairy cows;
5. develop plant materials with earthnetic features, such as developing a rose flower with a green colour;
6. enhance nutrition.

It is thus no longer a secret that genetically modified plants and animals are already part of the food chain in the world, including Uganda.

The use is manifested in various ways such as animal feeds, breeds, through artificial inseminations and human feed such as cereals.

There are so many concerns in agricultural biotechnology and this includes possible health problems; creation of products with high allergic potential exposing the population to more allergic conditions.

Development of crop varieties that risk affecting soil fertility, genetic pollution which may arise due to cross-pollination hence wiping out traditional breeds.

Contamination of genetically modified organisms in cases where purification processes have not been properly done; for instance, some GMOs are produced from bacterial strains and inadequate purification can have dire health consequences and

toxicity.

Madam Speaker, in response to the above mentioned fears, the committee in its proposed amendments has provided for stringent evaluation process which should be evidence-based, efficient, effective, predictable and well-communicated to all parties concerned.

Madam Speaker, industrial biotechnology is one of the methods currently used to prevent pollution, conserve resources and reduce on cost of production. It has created new markets and, in ways, protected the environment. Of course, other benefits are listed and Members can read through since the report is uploaded on your iPads.

Environmental Biotechnology

This is the application of biotechnology to solve the environment problems in the environment and in the ecosystem. It helps to develop, efficiently use and regulate the biological system and prevent the environment from pollution or from contamination of land, air and water.

The committee was informed that there are five major types of application of environmental biotechnology, which you can read as stated there.

Our observations are in No.3; a regulatory framework that facilitates the safety development and application of modern biotechnology in Uganda. While the committee appreciates the fact that there is need to provide a framework to ensure safety of modern biotechnology in Uganda, it found it befitting to propose to the House a change of a name of the title of the Bill in order to align it with the intended purpose.

The Bill provides for designation of Uganda National Council for Science and Technology as a competent authority. The committee would have wished to recommend to Parliament to establish an independent authority in order to give it fair independence other than designating the council as a competent authority.

However, Madam Speaker, during the round table discussion on the 23 April 2017, it emerged that Government was disappointed with the performances of the already existing authorities in Uganda. Therefore, establishing a new authority may not be the best idea. Further noting that it is not proper for an institution to be given responsibility to take decisions, make regulations and at the same time promote Genetically Modified Organisms (GMOs) since the responsibility of the national council is to promote science and technology.

Noting that if designated as a competent authority, there is likely to be a conflict of interest, the committee noted that the Uganda National Council for Science and Technology which is a promoter of modern biotechnology cannot at the same time be designated the responsibility of regulating it. It is on that basis, Madam Speaker, that the committee proposed to establish a directorate of biosafety within the new Ministry of Science, Technology and Innovation which directorate is designated as the competent authority.

Reporting structures of the registration and inspection agencies

The committee observed that the reporting structure was not well stipulated in the Bill. Reporting structures and power centres have been a cause of several misunderstandings in Government structures and it should be avoided this time round.

The committee, therefore, recommends that the reporting structure of the biotechnology and biosafety institutional framework should be specified in the law to avoid ambiguities. In that regard, Madam Speaker, the competent authority should be the top most biotechnology and biosafety structure, supervising the national biosafety committee to which institutional biosafety committees should report.

Establishing National Biosafety and Institutional Biosafety committees

Further borrowing from the benchmarking studies in Kenya, Brazil and South Africa, among others, the proposed NBC and IBCs in the Bill are not comprehensively constituted to include people from relevant sectors. The committee will, therefore, in its proposed amendments to the House, propose to amend relevant clauses to make the Bill more inclusive than it is currently. The committee also found it necessary to enhance the functions of the national biosafety committee.

In regard to why the hurry to enact a law to regulate modern biotechnology - A section of Ugandans have questioned as to why there should be a hurry to enact a law to regulate modern biotechnology. It should be noted that the Government of Uganda through NARO is already in advanced stages of conducting research on crop plants produced through modern biotechnology in order to come up with products that overcome chronic problems such as insects and disease epidemic, drought stress and malnutrition.

A law is, therefore, required to provide for the safe development and release of the improved varieties resulting from biotechnology to the farmers. It should also be noted that many farmers in African countries and trade partners are already using products of modern biotechnology. Furthermore, Uganda’s borders are porous, hence necessitating a law to guide access and use of such products. It is also important to note that in a free market economy like Uganda, products are imported into the country from various parts of the world. Some of these imported products contain GMO material that may or may not be clearly indicated. There is need to provide for identification of GMO content in such products to give Ugandans an opportunity to choose to use or not to use GMO products.

In regard to the fear that biotechnology produces drugs that contain harmful biotechnology chemicals, the committee learnt that the first ever used biotechnology produced drug was quinine in an alkaloid found in the bark of the a cinchona tree. This was the best chemotherapy agent available to combat malaria until the 1920s and since then other plant extracts followed. The most recent being Artemisinin extract from the leaves of Artemisia annua plant used by the Chinese to treat malaria.

The committee further learnt that when medicines are produced through extracts from plants, they only undergo purification to get the pure chemicals needed for medicinal purposes. This explanation allays fears that GMO drugs contain pure biotechnology chemicals. Although GMO drugs are produced biotechnologically, they have no genetic residues, but are pure chemicals for medicinal use. A law may help to allay such fears because it will have well laid out procedures of releasing the genetically modified products. Besides this confidence, the committee also calls upon the National Drug Authority to tighten its control measures and systems to protect Ugandans from the unlikely events that may arise out of such circumstances.

In regard to the need to protect human life, animals and plants’ health, the Bill mainly focused on crop biotechnology but it did not provide for stages that a genetically modified product must go through before it is released.

The committee finds it necessary to submit applications of the project to the Institutional Biosafety Committee (IBC), which also submits to the National Biosafety Committee (NBC), hence the competent authority for approval. Before approval, the NBC is expected to review the proposal and make a site visit to determine whether the conditions exist for carrying out the work safely. Once the proposal is approved, development and testing can begin and must be performed in a restricted and controlled environment.

If the work site is a factory, for example, or a confined field or a field trial, the Ministry of Agriculture, Animal Industry and Fisheries should be in charge of supervising the experiment. Then before the Genetically Modified Organisms (GMO) products are commercially released, the NBC should evaluate whether the data collected corresponds to the established bio-security criteria.

Prior to its marketing, the GMO product should further be subjected to a technical assessment conducted by a number of members of the competent authority, who should decide whether it is advantageous or not for the country to launch a new product on the market.

Madam Speaker, in regard to the terminator gene, farmers fear that they may replant seeds from genetically modified crops which may fail to germinate. The committee has established that the seeds will germinate. However, the yield may be lower the first season of planting, just like conventionally bred hybrids that many farmers are already familiar with. Nevertheless, the committee, in its proposed amendment, has provided that terminator seeds should never be developed, imported or otherwise used in Uganda.

Madam Speaker, in regard to fear of environmental degradation by GM crops, the committee considered allegations that genetically modified crops can potentially cause environmental problems that result directly from engineered trade.

The public is hereby informed that the committee in its proposed amendment has ensured that the release of any genetically modified crops to farmers is done after thorough assessment, to ensure that the crops cause no significant negative effect on the environment.

To that effect, a liability clause has been proposed to address circumstances of both unintentional and intentional release as well as mitigation measures, in the case of emergencies.

In regards to fear of monopoly of seed distribution by seed companies, the Government of Uganda put in place systems and programmes to ensure a diverse and sustainable agricultural sector as stipulated in the Agricultural Development Investment Plan. Therefore, there will be no monopoly of seed distribution. Uganda is a free market economy and farmers will choose to grow what they want and to buy from any company of their choice.

Labelling

The committee observed that there was no provision in the Bill to provide for labelling of GMO products. As a party to Cartagena Protocol the committee has, in its proposed amendments, provided for that documentation accompanying genetically modified organisms that are intended for intentional introduction into the environment, should clearly identify the GMO as such. The documentation should also specify the identity and relevant traits or characteristics, among others.

Madam Speaker, in regard to protection of our indigenous varieties, a section of stakeholders expressed the need to protect indigenous materials. Other stakeholders expressed fears that indigenous seeds would be wiped out by the diverse and complex causes of crop genetic diversity losses, which include eco-system destruction, forest cutting, bush and charcoal burning, agriculture expansion, diversification and changing of agricultural practice, natural disasters, climate change, pests and diseases, changes in dietary preferences and use of habits, pollution, population expansion, land fragmentation, introduction of new high-yielding varieties, invasive species and uncontrolled harvesting from the wild were all acknowledged by the scientists.

Madam Speaker, the committee visited the Uganda National Gene Bank at Entebbe and established that it has a holding capacity of 50,000 accessions. This is however far less than the estimated 500,000 accessions that represent Uganda’s PGFA diversity.

Although its holding capacity is 5,000 accessions, at the time of the committee’s visit, there were only 3,781 accessions as samples representing 149 species, of which 85 were crop species of the known 96 crop species in Uganda. Other than the indigenous stores in Uganda, excess materials are transported to Spain for safe custody, as a gene bank that has the capacity to keep the materials for 50 years.

Madam Speaker, as a recommendation, the Government of Uganda should increase funding in national conservation for the future. It should also rehabilitate and sufficiently equip the Uganda National Gene Bank at Entebbe, in addition to protecting its land from encroachers.

Laboratory Experiments

The committee observed that while there exist guidelines for establishment of general laboratories, there is need to establish biosafety requirements for the issuance of permits to operate GMO laboratories or activities related to GMO -

**THE SPEAKER:** Honourable chairperson, you could probably just go to the recommendations because Members have all those areas.

**MR KAFEERO:** Most Obliged, Madam Speaker. Of course, we enlightened the GMO of reasons, offences and penalties. We also considered issues of human rights in No.4 and indeed we came out with brilliant recommendations.

We have general recommendations

The Institutional Framework

The National Biotechnology and Biosafety Bill should establish an institution responsible for establishing the biosafety requirements for the issuance of permits to operate laboratories, institutions and companies carrying out activities related to GMOs and GM bio-products.

A biosafety directorate should be established in the Ministry of Science, Technology and Innovation with a clearly spelt out mandate to establish technical standards regarding GMOs.

The competent authority should comprise of multi-disciplinary professionals, who should be responsible for the technical side.

We also said that the functions of the bio-safety committee indeed need to be enhanced.

We also recommend that the issue of labelling should be taken good care of and we establish serious offences and penalties.

In conclusion, Madam Speaker, on a global perspective, the biggest challenges are how to adopt the production of food in view of the climate change, and how to develop further the role of agriculture by technology in the combating of global challenges.

Crop varieties that are more resilient to drought, flooding, cyclones or acid soils and temperature extremes resulting from climate change, may be needed and adaptation related technologies, including bio-technology may play their part. Several GMO crops with these traits are already being researched on in Uganda and are in advanced stages. The enactment of an enabling law will, therefore, enhance the safe development of modern bio-technology.

Madam Speaker, I beg to move that the report be adopted.

**THE SPEAKER:** Thank you very much, honourable chairperson and the Committee of Science and Technology. I am really excited that for the first time, you have raised the conditions for gender equity; the human rights compliance and the SDGs. I think that should be the standard.

This report is full of technology and science. I think we need time to study the other studies and the technology. However, we also have the minority report but I think that our listening capacity has also gone down. We shall receive the minority report tomorrow and agree when to debate. However, I really would like to thank the chairman and the committee. Thank you very much.

Honourable members, thank you for the work today. House adjourned to 2.00 p.m. tomorrow, 29 June 2017.

*(House rose at 7.01 p.m. and adjourned until Thursday, 29 June 2017.)*