



# WHERE ARE HUMAN RIGHTS IN HUMAN INTEREST STORIES?

*Analyzing the coverage of health issues in the Uganda  
mass media from a human rights perspective*

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**USAID**  
FROM THE AMERICAN PEOPLE



**CEHURD**  
social justice in health

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## TABLE OF CONTENTS

ABBREVIATIONS .....	II
EXECUTIVE SUMMARY .....	III
1. BACKGROUND .....	1
1.1 Introduction .....	1
1.2 Objectives .....	2
1.3 Methodology .....	3
2. OVERVIEW OF uGANDA'S MEDIA INDUSTRY .....	5
3. HEALTH IN THE NEWS .....	9
4. EMERGING ISSUES IN THE MEDIA COVERAGE OF KEY HEALTH PROBLEMS .....	13
4.1 Malaria .....	13
4.2 HIV/AIDS .....	15
4.3 Tuberculosis .....	25
4.4 Maternal and child health .....	27
4.5 Family planning .....	30
4.6 Nutrition .....	31
4.7 Cross-cutting issues regarding the health system .....	32
5. HUMAN RIGHTS IMPLICATIONS .....	37
6. RECOMMENDATIONS .....	42
CONCLUSION AND WAY FORWARD .....	42
ANNEX .....	43

She is dressed in a skimpy black skirt, a multi-coloured blouse that hardly covers her torso. She has orange tinted, unkempt hair. Her eyes are red and her skin bleached. This young woman probably in her mid -twenties struggles to respond to a health worker's questions. Her physical appearance explains it all, she is sleepy.

"Everytime I go to a health facility complaining of sexually transmitted infections (STIs) the health workers ask me to tell my husband to come along so that we are treated together and also screened for HIV. But I am a sex worker with no permanent sexual partner, the kind of information I cannot reveal to them" Juliet Nabisubi a sex worker at Katosi landing site in Mukono narrates her ordeal. She says, it is such conditions coupled with stigma that have kept her away from accessing health services at health facilities.

Nabisubi together with her peers at the Islands have to depend on community outreach services to get anti-retroviral drugs (ARVs), treatment for sexually transmitted diseases and condoms.

The head of HIV prevention at Uganda AIDS Commission, Dr Peter Mudiope says, although Uganda's HIV epidemic is generalised affecting all population groups, there are those who are most at risk populations (MARPS) with a high burden of HIV prevalence. They include: sex workers, fisher

## ABBREVIATIONS

ABC	Abstinence, faithfulness and condom use
ABH	Advocacy for Better Health (project)
ART	Anti-retroviral therapy
CEHURD	Center for Health, Human Rights and Development
eMTCT	Elimination of Mother-to-Child Transmission of HIV
HCT	HIV counseling and testing
HSSIP	Health Sector Strategic and Investment Plan
LGBTI	Lesbian, gay, bisexual, transgender and intersex
MSM	Men who have sex with men
NAFOPHANU	National Forum of People Living with HIV/AIDS Networks in Uganda
NMG	Nation Media Group
OSIEA	Open Society Initiative for East Africa
PLHIV	People living with HIV
TB	Tuberculosis
UAC	Uganda AIDS Commission
WHO	World Health Organization

## EXECUTIVE SUMMARY

### *Introduction*

This work is part of the USAID Advocacy for Better Health (ABH) project, which is promoting *improved quality, accessibility and availability of health and social services in Uganda* through enhancing capacity and mobilizing citizens and civil society to become effective advocates for health. The project is implemented by PATH and Initiatives, Inc. Center for Health, Human Rights and Development (CEHURD) has conducted this analysis as an implementing partner.

This work analyzes the coverage of health issues by leading media houses in Uganda, focusing on the issues highlighted by the media, while also analyzing the underlying human rights issues portrayed in media articles. This analysis contributes to the overall ABH project goal by promoting citizens' demand for improved quality services, and to effective advocacy for issues of citizens' concern in health and social sectors.

### *Objectives*

This work attempts to achieve the following objectives:

- 1) To map health issues highlighted by leading media in Uganda;
- 2) To identify opportunities and challenges in the media coverage of thematic health issues;
- 3) To identify core human rights issues that are often missed by journalists reporting health

### *Methodology*

This work reviewed the content of a sample of articles published by – New Vision, Daily Monitor, Red Pepper, Observer, and UBC. Published articles were accessed via online and physical newspaper search. One health writer from UBC and one from NTV were requested to submit a sample of health articles aired by their stations between January and December 2014.

The desk review was supplemented by written submissions from four seasoned health writers from Nation Media Group, UBC and Observer. Through the write-ups, the media resource persons shared their insights about health reporting in Uganda, and highlights from their experience covering health.

***Health in the news***

Health has had prominence in the mass media during outbreaks of deadly infectious, or of mysterious diseases, and during special health days. Otherwise, results indicate that health does not evenly compete for space and prominence with, for instance, politics.

While HIV, malaria and other health problems that have been around for a long time have received relatively high coverage, stories regarding them rarely get the prominence to be published or broadcast as lead stories.

The emergence of “market-driven” or “market-oriented” journalism and stiff competition are driving the media in Uganda toward a trend of “news” as preferred by audiences, resulting into better entertainment value but sidelining development issues.

At the same time, leading media are beginning to give prominent coverage to health, and on some occasions have dedicated the editorial to health issues. Many channels and newspapers have programs and pull-outs on health issues.

***Emerging issues in the media coverage of key health problems***

This section presents key issues raised by the media in stories published or broadcast that may require further advocacy on the thematic health problems – malaria, HIV/AIDS, TB, maternal and child health, family planning and nutrition – as well as system-related issues.

**On malaria;**

- Malaria is Uganda’s biggest health problem, mostly affecting women and children, and rural populations
- Growing levels of drug resistance
- Need for multiple interventions against malaria

**On HIV/AIDS;**

- A high and growing HIV/AIDS burden
- Limited access to prevention, treatment and support services
- The legal barriers to service access
- High levels of HIV-related stigma and discrimination
- Retention of mothers on ART is poor

- Misuse of ARVs
- Lack of consensus on priority HIV prevention strategies
- Insufficient civil society funding

**On tuberculosis;**

- Rising cases of TB
- Drug resistance
- HIV-TB co-infection

**On maternal and child health;**

- Maternal and child deaths remain too high
- Shortage of midwives
- Limited and poor state of maternal health services

**On family planning;**

- The high number of unintended pregnancies and unsafe abortions
- Low uptake of family planning
- Limited choice of methods at lower health centers and stock-outs of family planning commodities

**On nutrition;**

- Poor feeding habits
- Hunger, starvation and food insecurity
- High levels of malnutrition and anemia

**On cross-cutting issues regarding the health system;**

- Wastage, corruption and inefficiency
- Limited government funding for health
- Inadequate human resources for health



### *Human rights implications*

This work has found the media's sensitivity to human rights in Uganda wanting in many aspects. The recent tendency of the media to trivialize and dramatize news – almost making news items an aspect of entertainment – to have led to deterioration in the recognition of the human rights of news subjects.

This work found news articles that violated subjects' rights, such as the right to privacy and confidentiality of patients, the right to be treated with dignity, freedom from discrimination and others. In a large part, articles were lacking in the language of human rights and the gender perspective was in some cases not visible.

### *Recommendations*

- Media practitioners should build capacity and mainstream human rights in reporting health issues
- Stakeholders and journalists should exploit the opportunities presented by special days (World AIDS Day, World Malaria Day, World TB day, etc) to give a human rights analysis to these health problems and to promote debate on human rights-based programming to combat them
- Media have the responsibility to promote the health of their audiences by giving health issues more prominent, balanced and human rights-sensitive coverage



## 1. BACKGROUND

### *1.1 Introduction*

Mass media provide information to people at large, and as such research has shown that the mass media impact public awareness, perceptions and behavior. News in influential media has been shown to affect stock prices; lead to corporate collapses; cause falls in sales of products; result in the resignation of senior office-holders – and even bring down Presidents.<sup>1</sup> In the area of health, mass media display information about health and make people aware so as to prevent the spread of various diseases.<sup>2</sup> Indeed, there is evidence that many people rely on the news media for their health-related information.<sup>3</sup>

While advertising influences consumption behavior, editorial media content influences readers, viewers and listeners – sometimes even more than advertising. But unlike advertising, editorial content is highly variable in content and format; it may be critical, promote competitors, or raise issues impacting society.<sup>4</sup> Sometimes the main message is clear to the audience but it is also likely that some other meaning is produced in audience's minds unconsciously. Hence, there is great demand and need for accurate, relevant, rapid and impartial public health information by people, and a growing

1 Jim Macnamara: Media content analysis: Its uses; benefits and best practice methodology. *Asia Pacific Public Relations Journal*, 6(1), 1–34.

2 Achala Gupta and A. K. Sinha (2010)

3 Freimuth Vicki S, Greenberg Rachel H, DeWitt Jean, Romano Rose Mary 1984. Covering Cancer: Newspapers and the Public Interest. *Journal of Communication*, 34: 62-73.

4 Jim Macnamara

reliance on mass media as the main source of information makes the media a focus for advocacy.

This work analyzes the coverage of health and health issues by leading media houses in Uganda, focusing on the issues highlighted by the media, while also analyzing the underlying human rights issues portrayed in media articles. In a country where most leading media houses operate as businesses, health issues face stiff competition for attention if they are judged – correctly or incorrectly – that they can equally sell newspapers or buy audiences for television and radio channels.

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Given the power of the media in *influencing* public opinion, and the fact that it tends to *reflect* opinion and perceptions through reporting what people, companies, organizations and government are saying and doing, this analysis contributes to the overall ABH project goal by promoting citizens' demand for improved quality services, and to effective advocacy for issues of citizens' concern in health and social sectors.

### 1.2 Objectives

This analysis kick-starts CEHURD's engagement with the media, aiming to build the capacity of the media fraternity in a human rights approach to reporting health issues. This process is starting with identifying key issues highlighted by the media that may require further advocacy; and to identify existing capacities and capacity gaps within the media to inform the next steps, where a training of health journalists in the human rights based approach to health and mentoring program are planned to follow.

This work attempts to achieve the following specific objectives:

- 1) To map health issues highlighted by leading media in Uganda;
- 2) To identify opportunities and challenges in the media coverage of thematic health issues;
- 3) To identify human rights issues emerging from the editorial content of selected media.
- 4) To identify core human rights issues that are often missed by journalists reporting health



### 1.3 Methodology

This work is a result of a qualitative process that reviewed the content of a sample of articles published by – New Vision, Daily Monitor, Red Pepper, Observer, and UBC. The sample of media to review was selected purposively to include leading national media as these were considered to be more influential. Published articles were accessed from published hard copies of newspapers and via online search. Due to difficulties in independently accessing records of radio articles, health writers at UBC and NTV were requested to submit a sample of health articles aired by the national radio between January 2014 and December 2014.

The desk review was supplemented by written submissions from four seasoned health writers from Nation Media Group, UBC and Observer. A set of questions was provided to guide the write-ups. Through the write-ups, the media resource persons shared their insights about health reporting in Uganda, and highlights from their experience covering health. This also included information on the issues they have raised in their articles in a range of thematic areas, and what human rights issues, if any, they had raised in their reportage.





## 2. OVERVIEW OF UGANDA'S MEDIA INDUSTRY

Over the last two decades, there has been significant growth in Uganda's media and today, the industry is one of the most active and prosperous sectors of the economy.<sup>5</sup> This has its roots in the 1993 liberalization of the electronic media and the advent of private radio, with private television stations following later. Today, the country boasts hundreds of radio and TV stations and newspaper titles, and plenty of public dialogue – especially on radio – while growth in the use of Internet and social media is also steady.<sup>6</sup>

Today, the vast majority of media houses are private,<sup>7</sup> but they are also increasingly politically-aligned and/or owned by business people primarily to make money.<sup>8</sup> This matters for reporting development topics such as health, due to potential commercial and political pressures on media practitioners. This competition many times leads to entirely different aspects getting coverage in the five largest news publications in the country.<sup>9</sup>

In the newspaper industry, state-owned New Vision is Uganda's oldest and leading English newspaper, with the largest nationwide circulation. New Vision also owns several regional newspapers in local languages, as well as radio and TV channels. The Daily Monitor is the largest independent newspaper, owned by Nairobi-based regional media giant, Nation Media Group (NMG), which acquired a majority stake in the newspaper in 1999. NMG/Monitor also own radio stations (KFM and Dembe FM), a television channel (NTV), a cross-border circulating weekly newspaper (The East African), and more recently, a Luganda sports weekly (Enyanda). Monitor's attempts to establish a Luganda newspaper have not been successful. The two media groups dominate the country's media industry in Uganda and are involved in fierce competition.

Amid the competition, Daily Monitor has sought to establish itself as a critical paper – marketed as independent, but viewed by some within government as an alignment with the agenda of the political opposition – to counter the perceived government agenda fronted by the New Vision.<sup>10</sup>

In recent years, Red Pepper, which started as a saucy tabloid with typical sensationalism and erotica focus, has emerged as a major national daily after re-branding to assume

5 Media in Uganda: [http://en.wikipedia.org/wiki/Media\\_in\\_Uganda](http://en.wikipedia.org/wiki/Media_in_Uganda)

6 BBC 2012: Country case study: Uganda; Support to media where media freedoms and rights are constrained

7 African Media Barometer (AMB) Uganda, Friedrich Ebert Stiftung, 2010, p. 32

8 BBC 2012

9 Media in Uganda: [http://en.wikipedia.org/wiki/Media\\_in\\_Uganda](http://en.wikipedia.org/wiki/Media_in_Uganda)

10 Media in Uganda: [http://en.wikipedia.org/wiki/Media\\_in\\_Uganda](http://en.wikipedia.org/wiki/Media_in_Uganda)

a more political (while maintaining the sensational) outlook. It has an ambition to establish itself as a third major media group, having established a radio station (Juice FM), local language titles (Kamunye and Entasi), and a daily tabloid (Hello! Uganda).

The Observer, founded in 2004, is published three times a week and is known for its focus on political debates. East Africa Business Week, founded in 2005, is published weekly with a circulation covering the East African Community, focusing on business issues.

Besides the newspapers, there are also several magazines, the most influential of which is The Independent, published weekly by renowned journalist Andrew Mwenda.

While the circulation of newspapers remains overall low, and the majority of people have access to radio, newspapers have better established news networks, more experienced journalists, and are far more influential. Their major stories are reviewed and often discussed on radio and television, at times with the participation of listeners/viewers via telephone call-in.

In the television industry, Uganda Broadcasting Corporation or UBC (formerly Uganda Television or UTV) was for long the only television station in Uganda. Sanyu TV appeared briefly in the 1990s as an alternative. The television industry came to life after 2000, with the emergence of Wavah Broadcasting Services (WBS), and later Lighthouse TV, East African TV, Top TV, Nation TV (NTV) and others. Today, competition in the TV market has become fierce, where NBS, Record, New Vision-run Bukedde TV and Urban TV, UBC-owned Star TV and others are also active players.

Like in television, radio was dominated by the state-owned Radio Uganda (now part of UBC) until the early 1990s when the first independent radio stations were licensed. Sanyu fm and Capital fm were the first independent radio stations in Uganda, and have largely maintained an entertainment-dominated programming. Gradually other stations have joined the industry and as of November 2013, there were well over 100 different FM radio stations. Other popular stations include CBS, Radio One, Radio Two (Akaboozi), Simba, Top Radio, Super, Dembe and others. Programming on radio is dominated by entertainment (music and comedy), but call-in talk shows are also popular.

The internet as a media platform in Uganda is still quite new but is on a fast growth trend. All major newspapers in Uganda have online publishing, and have subscription options. A few radio stations have embraced online streaming and are accessible

beyond the country's borders.

The media faces widespread public dissatisfaction with its editorial and ethical standards – a result, in part, of a lack of effective newsroom training and mentoring mechanisms and the profession's inability to retain experienced staff on low wages.<sup>11</sup>

“An increasing crisis of quality” has been noted, as “there is widespread concern about falling standards of investigation, analysis and solid reporting”.<sup>12</sup> Salaries and payments for articles are very low in some media houses, with some radio stations reportedly paying as low as Ushs 1000 or less per article.

The African Media Barometer (2010) highlighted the problem of corruption in the media, stating:

“There is corruption in Ugandan newsrooms, and some media houses acknowledge as much. *Daily Monitor* and *New Vision* have recently been placing notices in their papers warning the public and providing telephone hotlines and email addresses through which to report any offending journalist. On 12 February 2010, *Daily Monitor* put out a full-page notice titled ‘Protecting the Integrity of Our Journalism’. It said in part: ‘Widespread corruption within some newsrooms appears to be a major aspect of the perceived erosion of journalistic integrity... We would like to emphasize, in particular, that our editors, reporters/correspondents and photographers are expressly barred from soliciting, accepting money or any form of payment or inducement for publication of news, opinion, or feature in any of our media’”.

<sup>11</sup> BBC 2012

<sup>12</sup> BBC 2012





### 3. HEALTH IN THE NEWS

There has been a growing trend for first reporting and investigative reporting, treating news as a commercialized commodity for mass consumption, filled with crime, legal disputes, politics, and others, with economic, social and development news taking a backseat. Media practitioners participating in this review agreed almost unanimously that health is not as much of a priority for the media in Uganda as politics for example, may be. “Health issues in Uganda have come a long way in fighting for space in most newsrooms in Uganda and almost elsewhere... Most are considered too academic or not sexy enough.”<sup>13</sup>

The tendency has been to give prominence to health news regarding outbreaks of deadly infectious or mysterious diseases. This has meant disproportional coverage to non-communicable diseases and to disease prevention. While HIV, malaria and other health problems that have been around for a long time have received relatively high coverage, stories regarding them rarely get the prominence to be published or broadcast as lead stories.

“Some media houses focus on sensational and fashionable stories in health because they are looking for money. This means they will give prominence to stories that carry humor in them and trash key health issues because they don’t sell to their audiences.”<sup>14</sup>

Given that most of the media houses are operating as business establishments, they have adopted “market-driven” or “market-oriented” journalism. The problem with this is that “adopting sensitivity to audience ratings similar to that of local television news, newspapers has diminished the traditional role of ‘professional’ journalists as arbiters of which events and issues are news worthy... Managers are telling journalists to let the public decide what becomes news by paying attention to what kinds of reports are most highly valued in the market place.”<sup>15</sup>

This market-driven model has four implications:

- 1) the audience is likely to learn less from the news;
- 2) the audience may be misled;
- 3) news may become manipulative; and
- 4) the audience may become apathetic about important issues.

<sup>13</sup> Florence Naluyimba

<sup>14</sup> Juliet Naiga

<sup>15</sup> Manus (1994): “Market driven journalism: Let the citizen be aware?”

It has been observed that media in Uganda are now moving to embrace such topics as parenting or hobbies or shopping, and willingness to billboard such subjects on the front page – often at the expense of news developments and policy discussions. Editors appear to have been convinced that large, colorful photographs, “personality journalism” and “*tabloidation*” (bigger, catchy headlines) are a viable counter to the visual and entertainment elements of visual channels. The observation may be that stiff competition for audiences is driving a trend toward trivial news and their dramatization because of their entertainment value, and oblivious of the violations of human rights of the subjects involved – blurring the boundary between news and entertainment.

However, there is some light at the end of the tunnel. Some leading media houses are beginning to give prominence to health news and features, and on some occasions have dedicated the editorial to health issues. While this may depend on the magnitude and nature of the issue at hand – as no newsroom will ignore an outbreak of such infectious diseases as Marburg and Ebola – media practitioners feel that overall, it is relatively easier to get a health story published in many media houses than was the case for instance, a decade ago.

Many channels and newspapers have programs and pull-outs on health issues. For instance, Bukedde TV has “Manya Obulamu Bwo” newsbeat in “Agataliko Nfunfu” 10:00 o’clock daily news bulletin, and “Buuza omusawo” program every Monday at 2:00pm. NTV and WBS have health alert in their bulletins, while NBS has a slot on health every day.

For UBC, the television channel has a special “health focus” program every weekday after the 8:00pm news bulletin. This program looks at emerging issues in health in the country and the world at large. For UBC radio, a five-minute slot is reserved for health in the “News Hour” program that airs Monday to Saturday. The slot focuses on topical issues in the health sector in and outside Uganda, and at times features interviews with experts or government officials.

In the print media, the leading newspapers - Bukedde, Daily Monitor, New Vision and The Observer have special weekly pullouts focusing on health, in addition to the day-to-day health stories carried basing on their prominence and as decided by the editors.

Malaria, TB, HIV, maternal and child health and more recently, non-communicable diseases, have in recent years received growing coverage. The work of civil society advocates in the areas of TB, HIV and maternal health has played a part in getting these issues covered in the mass media. Media practitioners however, complained of

fatigue and the “chronic” nature of health problems which makes articles seem “old same story”. HIV is one topic that one editor pointed out as being “too monotonous”, in absence of a major breakthrough on a cure or a vaccine.

“One time one of my bosses said, ‘The authorities who do nothing for a sick nation make me question whether we are relevant in the endless reports about the same topics... Don’t go for that story this time round.’”<sup>16</sup>

“In spite of the strides made by management to improve health coverage, a lot is left to be desired. One is the limited space allocated to health stories compared to political news. Apart from when the health story is a feature, I am required not to write health news of more than 500 words. This limits my potential as a journalist to explore all sides of a health story including context, background and expectations. Second is the issue of delays in publishing health stories. Sometimes, a health story may take up to two weeks without being published because health is not a priority niche at The Observer. Annoyingly, when it is finally published, it has been reduced from its original length to a brief. Third is the issue of lack of specialization among editors which curtails the salience of health articles. Majority of the editors at The Observer have been oriented in political news and therefore have meager interest in health issues apart from when health issues are controversial or if there is an epidemic outbreak.”<sup>17</sup>

“At the East African where I currently write, the newspaper covers a wide range of health issues, focusing on topics like health policy, funding, research breakthroughs and analysis.”

From personal experience, I see tremendous improvement in the coverage of health issues in the media generally, although this is not comparable to the coverage of politics, entertainment and gossip, crime, conflict, business and sports.

In the past, while most health stories that made it to the main pages of newspapers for example, were controversial subjects or disasters such as an epidemic outbreak, today there is more front-page news stories on topics like health workforce challenges, maternal health, obesity and child malnutrition.”<sup>18</sup>

One major challenge is the lack of a medical background and as such, many journalists do not have adequate understanding of issues relating to some technical topics in health, such as clinical trials. The same applies to human rights, with this process identifying knowledge gaps even among the industry’s most senior health reporters and established media houses.

16 Florence Naluyimba

17 Journalist at The Observer

18 Evelyn Lirri, The EastAfrican



## Uganda ranked high in malaria cases

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KAMPALA. Uganda has been ranked the third country in Africa with the highest number of malaria infections in 2013, according to a World Health Organisation report.

The report titled 'World malaria report 2014' showed that Uganda recorded approximately eight million cases of people infected with malaria,

falling under the 18 countries that accounted for 90 per cent of the infections in sub-Saharan Africa.

Uganda came third to Democratic Republic of Congo, which recorded 14 million cases and Nigeria with 37 million. Despite the high numbers, malaria related deaths have, however, reduced considerably, the report stated.

"Between 2000 and 2013, estimated malaria mortality rates decreased

by 47 per cent worldwide and by 54 per cent in Africa," the report stated.

Dr Peter Waiswa, a public health lecturer at Makerere University, said despite the high malaria burden in the country, there has been slackness in prevention and management interventions, a factor that has largely contributed to the low response towards reducing the malaria burden in the country.

## 4. EMERGING ISSUES IN THE MEDIA COVERAGE OF KEY HEALTH PROBLEMS

This section presents key issues raised by the media in stories published or broadcast that may require further advocacy on the thematic health problems – malaria, HIV/AIDS, TB, maternal and child health, family planning and nutrition – as well as system-related issues.

### 4.1 Malaria

Malaria is the leading illness in Uganda, and even though it is preventable and treatable, it is the country's number one killer, claiming close to 400 people daily. Its impact is especially ferocious on the poorest: those least able to afford preventive measures and medical treatment.<sup>19</sup> It impoverishes families and households through direct costs of treatment and indirect costs of reduced productivity. And above all, affects mostly pregnant women and children. In the articles reviewed in this work, the media highlighted the following issues in relation to malaria.

- **Malaria is Uganda's biggest health problem, mostly affecting women and children, and rural populations:** Uganda bears a high malaria burden. It is estimated that the country registers 30 million cases of malaria per year.<sup>20</sup> Malaria is the number one killer of Ugandans; accounting for approximately 400 deaths daily,<sup>21</sup> half the number being children under five years of age – even though malaria is preventable and treatable.<sup>22</sup> Ministry of Health reported that up to 60% of pregnancies miscarried were as a result of malaria.<sup>23</sup> Malaria is estimated to consume 10% of the health budget and 25% of household income.<sup>24</sup> Results from a two-year surveillance published in the American Journal of Tropical Medicine and Hygiene showed increasing cases of malaria in rural Uganda in spite of provision of bed nets and treatment.<sup>25</sup>
- **Growing levels of drug resistance:** The parasite transmitted by mosquitoes is increasingly resistant to existing medications. Limited testing, medication based on clinical diagnosis and self-medication are increasing the risk of drug resistance.

19 <http://unchronicle.un.org/article/poverty-malaria-and-right-health-exploring-connections/>

20 <http://allafrica.com/stories/201310090355.html>

21 <http://www.irinnews.org/in-depth/57927/10/uganda-anti-malaria-fight-set-back-by-global-fund-suspension>

22 <http://www.newvision.co.ug/news/666019-uganda-s-rural-areas-register-rising-cases-of-malaria-study.html>

23 <http://www.monitor.co.ug/Magazines/Health---Living/Fewer--malaria--cases---death--toll---high/-/689846/2698006/-/8f9clg/-/index.html>

24 <http://www.newvision.co.ug/news/666240-mosquito-nets-alone-can-t-stop-malaria-study.html>

25 <http://www.monitor.co.ug/News/National/Malaria-cases-increase-new-study/-/688334/2658044/-/coo23q/-/index.html>



# Premarital sex blamed for failing HIV campaign

**Adamancy.** Refusal by youth to pay attention to the cores of abstinence, being faithful and use of condoms has been cited as key in spreading the Aids scourge.

BY MARTINS E. SSEKWEYAMA  
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**MASAKA.** Lack of moral values and premarital sex have been blamed for escalating HIV/Aids infection rates among adolescents in Masaka District.

Ms Robinah Ssentongo, the director of Kitovu Mobile Aids Organisation, a local NGO, revealed that according to a survey made in Kyannamukaaka Sub-county by her organisation, the prevalence rate was discovered to be at 16 per cent, and more than double the national figure of about 7.3 per cent.

Ms Ssentongo attributed this to general complacency and people's refusal to pay attention to the core principles of abstinence and remaining faithful. She also said it has become much harder to persuade adolescents to avoid risky behaviour.

Ms Ssentongo said her organisation has come up with a project to reduce HIV infections which will involve forming 90 youth groups of about 25 members each and introduce a sports tournament punctuated with health camps during



Ms Robinah Ssentongo, the director of Kitovu Mobile Aids Organisation. PHOTO BY MARTINS E. SSEKWEYAMA

which the youth will be sensitised about the importance of testing and counselling.

Ms Bernadette Nansubuga, one of the adolescents from Bulegeya Village in Kyannamukaaka Sub-county agreed with Ms Ssentongo and said premarital sex leads to dropping out of school, teenage parenthood and prostitution which multiplies HIV infections. She also blamed parents for neglecting their role of inculcating good morals to their offspring.

## THE NUMBERS

# 16%

The HIV prevalence rate of HIV infections in Kyannamukaaka Sub-county.

- **Need for multiple interventions against malaria:** The media has reported the debate on including indoor residual DDT spraying among government interventions against malaria. Ministry of Health has argued that the intervention would be more cost effective, while those against argue that DDT is “a dangerous toxin, harmful to both the environment and human health.”<sup>26</sup> A study by the University of California and Makerere University found that the distribution of insecticide-treated bed nets was not sufficient, and recommended spraying homes with insecticides.<sup>27</sup> Quoting Ministry of Health, Daily Monitor reported that mosquito nets had been found to be 50% effective in fighting malaria.<sup>28</sup> People need sensitization about the use, care and maintenance of mosquito nets, as some have been reported using them for rearing chicken and other irregular uses<sup>29</sup>.

## 4.2 HIV/AIDS

Punitive laws have been shown to have negative effects on access to HIV services.<sup>30</sup> The criminalization of sex work has been found to leave sex workers vulnerable to sexual and physical abuse as well as extortion from police and other law enforcers – rendering sex workers particularly vulnerable to HIV. In countries with high prevalence of injecting drug users, police harassment of drug users has been shown to increase direct HIV risks - through increased unsafe needle-syringe practices and increased unsafe sex. Hence criminalizing some populations, including sexual minorities, may be counterproductive in realizing the right to health for such populations, and may undermine entire programs designed to fight HIV. These key human rights issues ought to come out in the media's coverage of HIV. Indeed, some of them have come out explicitly or implicitly in the articles reviewed in this work.

- **A high and growing HIV/AIDS burden:** The media in recent months reported new infections having dropped but also highlighted the fact that they are still high. Domestic violence, poverty, drug abuse and poor knowledge of HIV prevention and transmission are behind high HIV infections.<sup>31</sup> Uganda is one

26 <http://www.irinnews.org/in-depth/57927/10/uganda-anti-malaria-fight-set-back-by-global-fund-suspension>

27 <http://www.newvision.co.ug/news/666240-mosquito-nets-alone-can-t-stop-malaria-study.html>

28 <http://www.monitor.co.ug/Magazines/Health---Living/Fewer--malaria--cases---death--toll--high-/689846/2698006/-/8f9clg/-/index.html>

29 <http://www.redpepper.co.ug/six-arrested-charged-for-using-mosquito-nets-in-fishing/>

30 A review of HIV in Central Asia concluded that urgently-needed improvement in 'coverage of injecting drug users, female sex workers and clients, and migrants with prevention services... is impeded by legislative barriers to access, the stigma around behaviors linked with HIV, and by a lack of strong political commitment towards serving the needs of these populations'. Thorne, C., Ferencic, N., Malyuta, R., Mimica, J., Niemiec, T., "Central Asia: Hotspot in the Worldwide HIV Epidemic", The Lancet, Vol 10, July 2010, P486

31 Red Pepper, Dec 2, 2014: HIV Infections Double in Arua. <http://www.redpepper.co.ug/hiv-infections-double-in-arua/>

Red Pepper, Apr 16, 2015: Drugs cited as a Root Cause in HIV/ AIDS Spread. <http://www.redpepper.co.ug/>

# Condom use declines

By Juliet Waiswa

It has become increasingly evident that HIV/AIDS behavioural change messages that have been developed countrywide fall on deaf ears. To the fishing communities in particular, these messages seem to be misdirected and people hardly adhere to them.

This can be proved by the abnormally increasing HIV prevalent rates which have reached as high as 40% in some fishing communities compared to the national average of 7.3% according to reports from the Uganda AIDS Commission.

Uganda has about 750 fishing villages with a population of about two million Ugandans living in these communities out of which about 500,000 people are infected with HIV, a virus that causes AIDS. According to reports from both the Uganda AIDS Commission and the health ministry, HIV prevalence in fishing communities ranges from 25% to 50%. It is higher among women compared to the men.

A recent Uganda AIDS Commission report further indicates that access to condoms in these most at risk areas was way short by over 45%.

The assistant commissioner disease control at the Health Ministry Dr. Alex Opio, while speaking last month during an HIV stakeholders meeting on HIV Combination Strategy, noted that HIV/AIDS in fishing communities was increasingly becoming hard to manage because of the mobile nature of the fishermen and the lack of enough quality health facilities in the areas.

In recognition of this the UKAID funded initiative, Uganda's HIV/AIDS Knowledge Management and Communications Capacity (KMCC), is piloting communication activities



Fishermen at Kasenyl landing

Uganda has about 750 fishing villages with a population of about two million Ugandans living in these communities out of which about 500,000 people are infected with HIV, a virus that causes AIDS.

shores, designed through extension with community members.

The project manager, KMCC S revealed that widespread belief resulting in high risk sexual behaviour among the fishermen, which has made it difficult to change their irresponsible sex behaviour.

The misconception among them is that when sex takes place after a woman has been infected with HIV infection will not take place. The prevalence of this misconception is probably the main reason that condom use has declined

of the top contributors to new HIV infections globally; the country gets an estimated 380 new infections on a daily basis.<sup>32</sup>

Although Uganda's HIV epidemic is generalized, there are population categories that are more at risk of HIV infection. Women bear a relatively higher burden of the epidemic. Prevalence among women has been estimated at 8.3% in the latest survey, compared to 6.1% among men. Other groups that have been identified as being at an elevated risk are: sex workers and their clients, men who have sex with men (MSM), commercial motorcycle riders, fishing communities, long distance truck drivers and injecting drug users.

Recent studies have found HIV prevalence of 33-37% among female sex workers; 18% among clients of sex workers; and 13.7% among MSM. In Rakai district, a recent survey found HIV prevalence of 41% at Kasensero fish landing site and 19% in the surrounding communities. High prevalence has also been reported among uniformed security personnel, with police documented at just above 11%; university students; *boda boda* (commercial motorcycle) riders; and young women. The media has widely reported the perceived greater fear of pregnancy by young women/girls than of HIV infection, allegedly due to the complacency created by the availability of free HIV treatment.<sup>33</sup>

- **Limited access to prevention, treatment and support services:** And while overall ART enrolment has tremendously increased over the past few years, reaching 69.4% of eligible people by the end of September 2013 on the basis of the 2010 WHO guidelines for ART, this proportion falls to a mere 40% (UAC 2014) when viewed on the basis of latest (2013) WHO guidelines for ART, meaning that more than half of Ugandans who needed HIV treatment by the end of September 2013 were not receiving it.

On eMTCT, close to one third of HIV-positive mothers (28.3%) and close to two thirds (63.3%) of HIV-exposed infants (born to HIV-positive mothers) did not receive ARVs for eMTCT in 2013, largely due to low institutional delivery, estimated by the Health Sector Strategic and Investment Plan (HSSIP) mid-term review at 41%.

[drugs-cited-as-a-root-cause-in-hiv-aids-spread/](#)

The Observer, 18 March 2012: How Uganda is losing battle against AIDs. <http://www.observer.ug/component/content/article?id=17761>

32 Daily Monitor, Mar 31, 2015: Uganda among top contributors to new HIV cases. <http://www.monitor.co.ug/News/National/Uganda-contributors-new-HIV-cases/-/688334/2671488/-/14ksihpz/-/index.html>

Daily Monitor, Oct 9, 2014: Uganda gets 380 new HIV infections daily, say experts. <http://www.monitor.co.ug/News/National/Uganda-gets-380-new-HIV-infections-daily--say-experts/-/688334/2480290/-/7kxax1z/-/index.html>

33 New Vision, Aug 14, 2014: New HIV infections and deaths increase in Uganda a worrying trend. <http://www.newvision.co.ug/news/658719-new-hiv-infections-and-deaths-increase-in-uganda-a-worrying-trend.html>



# Together we must fight stigma



By Elvira Stanovska

**I**f you ask James Magerswa what he regards as the most difficult task in their work, he would, with some hesitation, say it is the fight against HIV/AIDS. Magerswa is quick to add that the struggle against HIV/AIDS will never succeed without addressing stigma. He has personally suffered external stigma and he knows that stigma can be more lethal than the virus.

"I am now living with a good Serranigan, after my previous being too harsh on me. My partner and my parents succumbed to AIDS, my partners could not stand me because I was HIV positive. He told me he is my father than I was going to infect them with my virus," says the 38-year-old Magerswa who was born with the virus.

For a long time people used to think that stigma in Uganda had reduced until the National Forum of People Living with HIV/AIDS Networks in Uganda (NAFOPHANU), an umbrella organization for PLHIV networks in Uganda, conducted the first ever stigma index survey in 2013.

Stigma can be external or internal. External stigma involves comments from the public and the attitude they develop towards people living with HIV. Internal or self-stigma has to do with the person living with HIV himself. The survey established that there was a lot of internal stigma. When a person is diagnosed with HIV, unrelenting stigma can come in a number of forms excluding being ostracized, being excluded from social activities, being unable to marry, being unable to have children, being unable to work, being unable to go to school, being unable to have the right to control their own lives.

- **The legal barriers to service access:** The likely impact of the newly enacted HIV Prevention and Control Act on service access has been widely reported in the media. The law was drafted in 2008, passed by parliament in May 2014 and signed into law by the President in August 2014. The Act has however, been criticized by human rights and HIV/AIDS activists for its retrogressive provisions. The Act makes HIV testing for pregnant women, their partners and victims of sexual offences mandatory and allows medical providers to disclose a patient's HIV status to others without consent, in breach of the right to confidentiality.

The act also criminalizes HIV transmission, attempted transmission and behavior which might result in transmission by those who know their HIV status. Under Clause 43, "a person who willfully and intentionally transmits HIV to another person commits an offence, and on conviction shall be liable to a fine of not more than one hundred and twenty currency points (US\$ 2000) or imprisonment for a term of not more than 10 years or both." It provides for a fine or a maximum 5 years in jail for those convicted of "attempted transmission". The clause is essentially saying that if you want to play safe so that nobody in future accuses you of intentionally infecting anybody, all you need to do is to avoid taking the HIV test.<sup>34</sup>

- **High levels of HIV-related stigma and discrimination:** The National Forum of People Living with HIV/AIDS Networks in Uganda (NAFOPHANU) released its first-ever "stigma index"<sup>35</sup> in 2013, quantifying the degree and types of stigma suffered by people living with HIV/AIDS. The organization was reported to have found that the most common forms of stigma were gossip, verbal insults and threats. It revealed that despite years of interventions, HIV was still a source of shame and guilt, and often prevents people from accessing treatment and care services.

The findings the NAFOPHANU survey showed that 11% of the respondents had been forced to undergo sterilization when they tested HIV-positive. Over 21% of the respondents revealed that they lost their jobs because of being HIV-positive. A further 41% said they were excluded from family activities, and 20% had been physically assaulted because of their HIV status.

In one touching story, Daily Monitor reported an HIV-positive child who was denied school fees by her father who learnt about her status and thought she was going to die soon.<sup>36</sup>

34 HIV bill: here's what constitutes a crime. [http://www.observer.ug/index.php?option=com\\_content&view=article&id=31657:hiv-bill-heres-what-constitutes-a-crime&catid=34:news&Itemid=114](http://www.observer.ug/index.php?option=com_content&view=article&id=31657:hiv-bill-heres-what-constitutes-a-crime&catid=34:news&Itemid=114)

35 A NAFOPHANU survey of 1,110 adults conducted between December 2012 and January 2013 in 18 districts in Uganda

36 Daily Monitor, April 8, 2014





The Open Society Initiative for East Africa (OSIEA) has also been reported to have documented cases and issues of PLHIV and people at high risk of HIV who have faced barriers to employment or education; discrimination in gaining access to medical care; violations of the right to medical privacy; forced HIV testing; and eviction from housing.<sup>37</sup> OSIEA reports that this has been especially true for marginalized populations that are most vulnerable to HIV-related human rights abuses – women (especially young women, widows, and women living in fishing communities), sex workers; orphans and vulnerable children; lesbian, gay, bisexual, transgender and intersex (LGBTI) individuals; and internally displaced persons.

Stigma and discrimination are not only rife in the general community of individuals living with HIV/AIDS but also within the LGBTI community itself. As noted, the prevalence rate of HIV among the LGBTI population is estimated at 13.7%<sup>38</sup> - almost double the national average of 7.3%. The elevated discrimination and stigmatization of these people poses a big challenge that hinder many of them seeking HIV testing and care services, and sometimes also affects drug adherence.

- **Retention of mothers on ART is poor:** Progress on mother-to-child transmission, but it clear more needs to be done. Up to 96% of the estimated 100,000 HIV positive pregnant women were put on free ARVs in 2013, as the elimination of Mother-to-Child Transmission (eMTCT) Option B+ program is being scaled up. As part of this scale-up, the number of accredited ART sites has catapulted. The eMTCT program has reached an estimated 1,726,177 mothers of known and documented HIV sero-status and provided ARVs for eMTCT to 71.7% of the HIV-positive mothers (123,754 or 7.2%) of women reached by the program in 2013.<sup>39</sup> The eMTCT program has contributed to a reduction of the number of babies born with HIV infections from an estimated 28,000 in 2011 to about 15,000 in 2013.

37 Open Society Institute (2008): HIV/AIDS, Human Rights and Legal Services in Uganda. <http://www.opensocietyfoundations.org/reports/hivaids-human-rights-and-legal-services-uganda>

38 W Hladik, J Barker, JM Ssenkusu, A Opio, JW Tappero, A Hakim, D Sewadda, "HIV Infection among Men Who Have Sex with Men in Kampala, Uganda—A Respondent Driven Sampling Survey" (2012) 7:5 PLoS ONE e38143.

39 UAC 2014

# New anti-gay Bill in advanced stages

**Carefully woven.** The new Bill avoids any explicit references to homosexuality, but co-opts sections of the Penal Code.

BY MIKKEL DANIELSEN  
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**KAMPALA:** Drafting of a new Bill which could broaden the scope of anti-homosexuality legislation to include promotion of the practice is in advanced stages, sources said yesterday.

The Bill is expected to replace the Anti-Homosexuality Act, which was signed by President Museveni in February, but expunged off Uganda's law books by the Constitutional Court, saying Parliament lacked a quorum when it was passed.

A committee comprising several MPs, including Kawempe South MP Latif Seebagala, Vice President Edward Ssekandi and David Bahati (author of the previous Anti-Homosexual Act), has been meeting since August over the proposed law.

Mr Seebagala told *Daily Monitor*:

to seven years for the promotion of homosexuality.

Funding for purposes of "promoting unnatural sexual practice" and protecting, housing or transporting homosexuals can also result in imprisonment of up to 10 years.

Ever since the Constitutional Court nullified the previous law, it has been a top priority for a section of MPs to reintroduce it.

Mr Bahati was hesitant to comment on the new Bill but maintained his position that the anti-homosexual laws should be implemented to protect "children of Uganda from being abused and recruited by homosexuals."

Opposition Whip Cecilia Ogwal (Dokolo Woman, FDC) agreed that homosexuality should not be tolerated in Uganda.

"As long as homosexuals target and take advantage of our children and vulnerable people, the Opposition will support an anti-gay law presented to us," she told *Daily Monitor*.

She said Opposition MPs, who



Among mothers, limited HCT has been highlighted in the media as a principal reason for the continued number of babies getting infected by their mothers. There is "very high" HIV incidence among pregnant and breastfeeding women aged 15-29 years. There is need for repeat testing during pregnancy and during the breastfeeding period. Women may have an HIV test during antenatal care and then be lost from care before receiving their test results, or may never be tested, or may be lost to follow-up.<sup>40</sup>

- **Misuse of ARVs:** There has been situational misuse of ARVs by patients such as sharing ones' dose with other patients who were not able to get their drugs in right time. This is compounded by various situations that create barriers to proper usage or access to ART.<sup>41</sup>
- **Lack of consensus on priority HIV prevention strategies:** Some leaders have been promoting abstinence, faithfulness and condoms (ABC), but some prefer the AB and are decampaigning other strategies. For instance, State Minister for Ethics and Integrity Fr. Simon Lokodo was reported to have told a forum that he always destroys condoms that are placed in hotel restrooms because they promote promiscuity.<sup>42</sup>
- **Insufficient civil society funding:** Organizations of women living with HIV and other gender and women's rights organizations are not accessing funding from funding mechanisms set up to support HIV/AIDS works in Uganda. A total of \$586.6m and \$579.7m was spent on the national response to HIV/AIDS in 2008/9 and 2009/10 respectively, increased funding nationally did not match with access by women organizations.<sup>43</sup> Whereas external multilateral funding sources are accessed by some women's human rights organizations, many women organizations fail to access funds due to technical and stringent requirements and the apparent limited capacity of the organizations to compete for funding.

40 New Vision, Feb 28, 2015: <http://www.newvision.co.ug/news/665346-breastfeeding-mothers-should-be-screened-for-hiv.html>

41 New Vision, Aug 14, 2014: New HIV infections and deaths increase in Uganda a worrying trend <http://www.newvision.co.ug/news/658719-new-hiv-infections-and-deaths-increase-in-uganda-a-worrying-trend.html>

42 New Vision, May 04, 2015: Lokodo shocks HIV experts - he destroys condoms <http://www.newvision.co.ug/news/667868-lokodo-shocks-hiv-experts-he-destroys-condoms.html>

43 New Vision, Apr 28, 2015: HIV funding not adequately reaching women, girls – study. <http://www.newvision.co.ug/news/667533-hiv-funding-not-adequately-reaching-women-girls--study.html>



# Govt to buy TB detection machines

**Background:** The 48 new GenoXpert machines will boost the 74 already deployed in the regional referral hospitals, according to Health minister.

BY JULIUS OJARA  
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**GULU** Health minister Elioda Tumwesigye has said government will buy 48 GenoXpert machines used to detect and combat multi-drug resistant tuberculosis (TB).

Speaking at national celebrations to commemorate the World TB Day, where he represented President Museveni, Dr Tumwesigye said the 48 new GenoXpert machines will boost the 74 already deployed in the regional referral hospitals across the country.

"These machines will help in the identification and testing of the bacteria that causes TB. We are working towards zero spread of TB in the country," Dr Tumwesigye said at the celebrations held at Kanunda Grounds in Gulu Town on Monday.

This year's celebrations were marked with the theme: "Reach the 60,000 patients in Uganda." The day's slogan was, "Find, Test, Treat and Sure for All." The minister said the machines will be purchased with funding from the Global Fund for combating tuberculosis.

He disclosed that government is to upgrade and install more sophisticated medical equipment at four selected regional referral hospitals in Gulu, Mbarara, Mbale and Arua to improve the fight against the spread



Tuberculosis patients at Gulu Regional Referral Hospital on Tuesday. PHOTO BY AGC/EL MARIKA

of tuberculosis.

"We wish to tell Ugandans that there should be no more TB infection rate and zero death from TB," said Dr Tumwesigye.

He noted that the TB prevalence rate in the country has significantly dropped as a result of the hard work by the government. "For instance, from 1990 to 2013, the TB incidence

reduced from 624 to 166 new TB cases per 100,000 population and the prevalence reduced from 492 to 154 TB case per 100,000 population," he said.

However, Mr Alfred Atube, a medical laboratory technologist at Gulu Regional Referral Hospital, said the hospital should be given an extra GenoXpert machine because the one

they have is not functioning well. "Only one chamber of the machine is functional. This affects the numbers of sputum samples tested in a day. It was handling 18 samples a day when it was just brought but currently it only handles six samples," Mr Atube said.

Mr Martin Ojara Mupenduzi, the Gulu District chairman, said a key

## ABOUT MACHINE

According to the World Health Organisation, GenoXpert machine is a cartridge-based, automated diagnostic test that can identify mycobacterium tuberculosis (MTB).

The machine provides the platform for initial diagnosis of people with suspected drug-resistant TB and for all people living with HIV/AIDS in whom TB is presumed. The test is highly-accurate, users require minimal training and results are available to health workers within two hours.

fundamental challenge is the insufficient supply of TB drugs, and lack of adequate isolation units at the hospital. He pointed out that the hospital also lacks transport, particularly motorcycles to enable supervision and follow up of TB cases.

"Given adequate funding to address these gaps, the management of TB in Gulu District will cease to be such a big challenge," Mr Ojara observed.

According to Dr Paul Otok, the Gulu District health officer, Gulu is currently hosting 32 multiple drug resistant patients. He advised the residents to support TB patients to adhere to their drugs and complete treatment on time.

### 4.3 Tuberculosis

World Health Organization (WHO) notes that TB is deeply rooted in populations where human rights and dignity are limited. It adds that while anyone can contract TB, the disease thrives on the most vulnerable – the marginalized, discriminated against populations, and people living in poverty.<sup>44</sup> Could this be the reason why TB has received so little attention from the media? Well, below are some of the issues raised by the media is its limited coverage of TB issues.

- **Rising cases of TB:** There is an increase in the number of Tuberculosis cases in Uganda. Statistics from the health ministry show that about 50,000 TB cases are reported annually, up from 37,000 in 2001.<sup>45</sup>
- **Drug resistance:** Of major concern to TB control is the resistance to first-line anti-tuberculosis drugs. Although TB is curable, more people are dying more than ever before because of failure to respond to treatment. TB treatment is often a success, but it is a long process that usually takes about six to nine months. The increased cases of Multi-Resistant Tuberculosis to inadequate treatment, treatment interruptions caused by the patients, and failure to ensure availability of medicines to the TB patients. Some patients cannot afford the cost of treatment. It requires about Ushs 8 million to treat one patient in duration of about two years.<sup>46</sup>
- **HIV-TB co-infection:** Conditions that facilitate the transmission of TB include living in crowded environments such as prisons, boarding schools, slums and camps. Most people are exposed to TB infection, however, the body has a mechanism of dealing with it. While it clears for some, for others, it remains dormant in the body. People living with HIV/AIDS are particularly prone to TB because the virus weakens their immunity.<sup>47</sup>

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“Although Uganda is ranked 15th among high burden countries of the disease, most Ugandans are still ignorant about it, and don’t understand that they can be cured if they take their medication consistently. Many also associate TB with HIV/Aids, yet not everyone with TB is also co-infected with HIV. As a result, there remains a huge stigma associated with the disease, which keeps many people away from accessing health services.”<sup>48</sup>

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44 <http://www.who.int/hhr/information/A%20Human%20Rights%20Approach%20to%20Tuberculosis.pdf>

45 New Vision, Feb 06, 2014: Why is TB on the increase? <http://www.newvision.co.ug/news/652211-why-is-tb-on-the-increase.html>

46 New Vision, Feb 06, 2014: Why is TB on the increase? <http://www.newvision.co.ug/news/652211-why-is-tb-on-the-increase.html>

47 New Vision, Mar 19, 2013: TB: Will Uganda meet the 2015 target? [http://www.newvision.co.ug/article/fullstory.aspx?story\\_id=640825&catid=10&mid=53](http://www.newvision.co.ug/article/fullstory.aspx?story_id=640825&catid=10&mid=53)

48 Evelyn Lirri, The EastAfrican





#### 4.4 Maternal and child health

The Constitution of Uganda guarantees the rights of women (Article 33) and rights of children (Article 34). In Article 33, the Constitution states, among others, that "Women shall be accorded full and equal dignity of the person with men;" and that "The State shall protect women and their rights, taking into account their unique status and natural maternal functions in society." In Article 34, the Constitution states, among others, that "No child shall be deprived by any person of medical treatment, education or any other social or economic benefit by reason of religious or other beliefs;" and that "The law shall accord special protection to orphans and other vulnerable children."

This review has found that maternal and child health has received increasing attention from the media, following an upsurge in advocacy activities around these issues by the civil society and increasing attention from government. Media practitioners highlighted maternal issues as some of the focal areas where the media has done an impressive job. The following are the issues raised by the media in this area:

- **Maternal and child deaths remain too high:** There was wide media coverage of Uganda's failure to achieve the Millennium Development Goal regarding maternal health, as deaths stagnated at 438 deaths per 100,000 live births, at an average rate of 16 deaths per day. On the other hand, 26% of these children die in the first month of their life, 76 newborns in every 1,000 do not reach the age of one, while at least 141,000 children die before reaching their 5<sup>th</sup> birthday.<sup>49</sup>
- **Shortage of midwives:** The media reported the launch, in Uganda, of the "midwives4all" campaign, an initiative of the Swedish Ministry for Foreign Affairs, to highlight the role of midwives in reducing maternal and child deaths; spark discussion on the benefits of investing in them; and to entice young people to join midwifery in countries with a heavy burden of maternal and newborn mortality.<sup>50</sup>
- **Limited and poor state of maternal health services:** Save the Children ranked Uganda 141<sup>st</sup> out of 179 countries in its annual scorecard of the best countries for mothers, meaning that Uganda is a worse country for mothers compared to neighbors Tanzania (136<sup>th</sup>), Kenya (138<sup>th</sup>), and Rwanda (121<sup>th</sup>).<sup>51</sup> The range of services is limited, with a focus on over bleeding, infections, poor health facilities and lack of enough medical personnel on site among others, ignoring

49 New vision, Why the death of every mother counts! <http://www.newvision.co.ug/mobile/Detail.aspx?NewsID=645337&CatID=4>

50 New Vision, Apr 10, 2015: Midwives critical in improving maternal, child health - Mrs Museveni. <http://www.newvision.co.ug/news/666880-midwives-critical-in-improving-maternal-child-health--mrs-museveni.html>

51 New Vision, May 05, 2015: Norway ranked best place for mothers, Uganda 141st <http://www.newvision.co.ug/news/667875-norway-ranked-best-place-to-be-a-mother-uganda-141st.html>

## women on family planning



...the health system fails 300 women on family planning

### Al Shabaab attack AMISOM headquarters in Mogadishu

One attacker dressed in a suicide vest reportedly blew himself up near a petrol station

MINISTRY OF INFORMATION AND COMMUNICATIONS TECHNOLOGY (ICT)

## Health system fails 300



Health system fails 300 women on family planning

...the health system fails 300 women on family planning

...the health system fails 300 women on family planning

poor post-delivery care,<sup>52</sup> post natal abuse by partners, frequent births, and lack of services for women with disabilities.<sup>53</sup>

- Another aspect of the poor state of maternal health services is the lack of basic health commodities, such as mama kits. The media widely covered the Constitutional Case by the civil society filed against government seeking a declaration that non-provision of basic health supplies in public health facilities, leading to the death of mothers, is a violation of their rights to health and life. The case was dismissed, and an appeal was filed in the Supreme Court.<sup>54</sup>

### 4.5 Family planning

At the 2012 London Family Planning Summit, world leaders committed to reaching 120 million new users of family planning by 2020, an effort now known as FP2020. During the summit, President Museveni pledged to commit \$5m (US\$ 12.5bn) annually to funding family planning services in Uganda. Accordingly, Ministry of Health recently launched a costed action plan, as government, for the first time, starts to invest in family planning. This presents a rare opportunity for advocacy around the issues currently affecting family planning in Uganda as raised by the media.

- **The high number of unintended pregnancies and unsafe abortions:** Media reporting on family planning has often highlighted the high unmet need for family planning that exists in Uganda. Meeting the need for both family planning and maternal and newborn health services are dramatic: Unintended pregnancies would drop by more than two-thirds annually, the deaths of 400,000 mothers and 1.6 million newborns would be prevented, and unsafe abortions and resulting complications would both drop steeply, by about 75%.<sup>55</sup>
- **Low uptake of family planning:** Uganda has widely been reported to have one of the highest fertility rates in the world, leading to a very fast population

<sup>52</sup> After giving birth, especially during the first three weeks of childbearing, a mother needs as much attention as she needed while still pregnant. During this time, most mothers suffer from mental disorders like post birth psychosis, a severe form of mental illness. With such a condition, the mother is extremely unhappy, has no appetite and will be crying most of the time. Some even attempt suicide and if no attention is paid to them, they end up succeeding.

<sup>53</sup> Daily Monitor, April 14 2012: Ignored causes of Maternal Death. <http://www.monitor.co.ug/Magazines/Full+Woman/-/689842/1385014/-/7tchxnz/-/index.html>

<sup>54</sup> The Independent, 19 February 2013: Civil Society to take Maternal Mortality Case to Supreme Court. <http://www.independent.co.ug/news/news/7481-civil-society-to-take-maternal-mortality-case-to-supreme-court>  
New Vision, Mar 20, 2014: Maternal health activists appeal to court

<sup>55</sup> New Vision, Mar 28, 2010: Family planning can reduce maternal deaths by 70%. <http://www.newvision.co.ug/D/8/459/714438>



growth rate. Utilization of modern family planning has been undermined by fears and myths relating to side effects. The situation is exacerbated by the irresponsible men who have taken to producing children and having multiple partners as “a safety net” for their survival.<sup>56</sup>

#### Resistance to family planning – Juliet Naiga

This is one topic which always raises dust whenever I write about it. Some men in rural Uganda even in urban areas think it's an intended elimination method to human race. It meets resistance when talked about especially by men while women always ask for men to always support family planning use. Several experts from the Reproductive Health Uganda (RHU) are always willing to talk but the stories I've done are always on demystifying stereotypes and falsehoods about family planning, also on the coverage of family planning in Uganda. Some of the falsehood we've tried to clear are that a woman stretching up immediately after live sex deters her from getting pregnant, that family planning methods cause cancer and fibroids, also that family planning causes barrenness.

The government is responding to the limited uptake of family planning, following the launch of the “Uganda Family Planning Costed Implementation Plan 2015-2020 (CIP),” seeking to increase the number of women using modern contraceptives from about 1.7 million currently to 3.7million by 2020, which will translate into 50% family planning prevalence rate.<sup>57</sup>

- **Limited choice of methods at lower health centers and stock-outs of family planning commodities:** At lower health centers, there is limited choice for women seeking family planning as only short term methods – injectables and pills – are usually available at that level, but which at times also run out.<sup>58</sup> Some women prefer methods they can use without the consent of their partners, many of who do not approve family planning.

56 <http://ghcorps.org/why-not-family-planning/>

57 Daily Monitor, November 29, 2014: Government launches Shs620b family planning scheme. <http://www.monitor.co.ug/News/National/Government-launches-Shs620b-family-planning-scheme/-/688334/2538130/-/651hnz/-/index.html>

58 New Vision, Mar 22, 2010: Family Planning- Uganda runs out of contraceptives. <http://www.newvision.co.ug/D/9/34/713688>

#### 4.6 Nutrition

Nutrition is another area that has not received as much attention from the media in Uganda, yet many people in Uganda are unable to realize their right to food. The right to adequate food is realized when every man, woman and child, alone or in community with others, has physical and economic access at all times to adequate food or means for its procurement.<sup>59</sup> The media reports reviewed in his work have raised the following issues regarding food and nutrition:

- **Poor feeding habits:** Many Ugandans eat too many oils and cholesterol, and too few vegetables and fruits in their food, pre-disposing themselves to weight gain and eventually the metabolic syndrome, which is a risk factor for chronic diseases.<sup>60</sup>
- **Hunger, starvation and food insecurity:** Food preservation and distribution are major areas of gaps. Uganda experiences the irony of food shortages in some locations and at certain times of the year while also experiencing excess food in some locations and at certain times of the year. Uganda's food productivity is increasing by 2.65% – below the population growth rate of 3.5% – due to declining soil fertility, diminishing farm size, and inadequate investment in food production.<sup>61</sup> One issue that has dominated media debate in recent past is about feeding of school children, culminating in a New Vision story about a government minister weeping during a fundraising ceremony over starving children.<sup>62</sup>

59 <http://www.ohchr.org/EN/Issues/Food/Pages/FoodIndex.aspx>

60 The Observer, 23 March 2015: Teach Ugandans nutrition – Musingo. <http://www.observer.ug/education/85-education/36911-teach-ugandans-nutrition-musingo>

The Observer, 02 December 2014: Why Ugandans should consume more fruits. <http://observer.ug/lifestyle/health/35274--why-ugandans-should-consume-more-fruits>

61 New Vision, Jul 21, 2014: AU applauds Uganda's efforts in fighting hunger. <http://www.newvision.co.ug/news/657830-au-applauds-uganda-s-efforts-in-fighting-hunger.html>

62 New Vision, Feb 19, 2015: Trade Minister Amelia weeps for hungry pupils. <http://www.newvision.co.ug/news/665022-trade-minister-amelia-weep-for-hungry-pupils.html>

#### When disease, poverty and hunger combine!

I'm passionate about Nodding Syndrome. To date, I will go with it. Since I started covering it, there's been a lot to talk about it including pregnancy amongst the females afflicted with NS most out of rape. It was my most important because it highlighted the plight of over 3000 people who are living as outcasts suffering from a disease they do not understand because even the scientists don't. Most just wait to die. Those who live, are in abject poverty, they have no access to health centers to go pick relief giving drugs from some symptoms. They are chronically malnourished with no hope of ever getting a good meal - I saw a boy eat soap; he had lost all sense of taste. It is heart breaking for the children in Northern Uganda yet a good number are now becoming adults in a community still perceiving them as alien.

-Florence Naluyimba

- **High levels of malnutrition and anemia:** Uganda experiences high malnutrition rates as reported in various surveys, and the media reported the country's challenges in meeting the MDG nutrition targets.<sup>63</sup> An estimated 8.4 million women in Uganda, representing half of the women in the country, are anemic and hence short of essential micro-nutrients like iron, zinc and Vitamin A, making them susceptible to infections and then death. Anemic women are susceptible to infections like worms and easily succumb to HIV compared to men. It is also the leading cause of high maternal mortality rates in the country.<sup>64</sup>

#### 4.7 Cross-cutting issues regarding the health system

A good health system delivers quality services to all people, when and where they need them.<sup>65</sup> To achieve this, the system requires a robust financing mechanism; a well-trained and adequately paid workforce; reliable information on which to base decisions and policies; well maintained facilities and logistics to deliver quality medicines and technologies. The media articles reviewed in this analysis highlighted the following cross-cutting issues affecting Uganda's health system:

- **Wastage, corruption and inefficiency:** The media have reported a government minister brag about destroying condoms purchased by donor money and placed in accessible public places. The Minister was reported to have told HIV/AIDS experts that he always destroys condoms that are placed in hotel restrooms "because they promote promiscuity".<sup>66</sup> In previous years, the media have also reported mismanagement of funds in the cases of Global Fund and GAVI. In August 2005, Global Fund suspended malaria grants totaling more than US \$200 million after an independent investigation found evidence of a "serious mismanagement of funds".<sup>67</sup> People living with HIV are leading desperate lives while those meant to help them are busy enriching themselves.<sup>68</sup>
- Bribery and self-aggrandizement have been reported not only among professionals providing specialized care in public facilities but in small private clinics. Red Pepper and Daily Monitor reported the arrest of health workers in Luwero, Ntungamo and Mbale who were taking bribes to issue false HIV test results to clients. Couples especially those preparing for marriage or engagement were visiting the culprits' clinic to know their HIV/AIDS status but some would pay bribes to get results indicating that they are negative yet they are HIV positive.<sup>69</sup>
- Limited government funding for health: The health sector suffers from critical funding shortages, and heavily depends on external funders. The media reported that the country did not have a ready alternative in the event that donors withdrew.<sup>70</sup> The HIV Prevention and Control Act (2014) proposes a National Aids Trust Fund, which has not been operationalized yet.
- **Inadequate human resources for health:** A strong, motivated and valued health workforce is one of the pillars of a strong health system. Unfortunately, Uganda faces absolute shortages, poor distribution and utilization, and attrition of health professionals of all categories. The New Vision, Uganda's leading Daily News paper published an Article on the 21<sup>st</sup> of February 2012 stating that out of 10,231 vacancies advertised for medical workers in August 2012, only 5,713 were recruited but 24% of those reported for duty at health centre IIIs and IVs citing lack of accommodation, poor working conditions and low

63 The Observer, 02 December 2014: Why Ugandans should consume more fruits. <http://observer.ug/lifestyle/health/35274--why-ugandans-should-consume-more-fruits>

New Vision, Oct 16, 2014: Uganda lags behind hunger reduction targets – FAO. <http://www.newvision.co.ug/news/660800-uganda-lags-behind-hunger-reduction-targets-fao.html>

64 New Vision: Over half of Ugandan women anemic. <http://www.newvision.co.ug/mobile/Detail.aspx?NewsID=315309&CatID=418>

65 [http://www.who.int/topics/health\\_systems/en/](http://www.who.int/topics/health_systems/en/)

66 New Vision, May 04, 2015: Lokodo shocks HIV experts - he destroys condoms <http://www.newvision.co.ug/news/667868-lokodo-shocks-hiv-experts-he-destroys-condoms.html>

67 <http://www.irinnews.org/in-depth/57927/10/uganda-anti-malaria-fight-set-back-by-global-fund-suspension>

68 Red Pepper, Dec 2, 2014: HIV Infections Double in Arua. <http://www.redpepper.co.ug/hiv-infections-double-in-arua/>

69 Laboratory Attendant, Cleaner Arrested For Issuing Fake HIV Results <http://www.redpepper.co.ug/laboratory-attendant-cleaner-arrested-for-issuing-fake-hiv-results/>

70 <http://www.irinnews.org/in-depth/57927/10/uganda-anti-malaria-fight-set-back-by-global-fund-suspension>



# Locals want health centre roof repaired



The structures that were damaged during the storm. Photo by George Bita

**KATUNGURU**

By George Bita

Residents of Magada sub-county in Namanuru district have expressed concern over the delay in re-roofing Kati Health Centre III. The health centre's buildings were damaged in February during a storm.

One of the affected structures was the kitchen, whose roof was blown off, leaving patients with no shelter to prepare meals.

Moses Wulubi, a resident of Kati, said the district authorities seem to be dragging their feet over the matter, which could have been solved much earlier.

The Magada LCH chairman, Spoke Mubinda, said more than 18,000 residents from Busana, Kati, Magada and Namanuru relied on the health facility for medical care.

Joyce Mubanda, the officer in charge of the health centre, explained that the leaking roof had forced medical workers to have to accommodate all the premises in tobacco elsewhere.

Dr. James Kirya, the district health officer, expressed concern over the delay. He, however, said the district's engineering department had promised to refurbish the facility.

The district chairman, Michael Sanyal, pledged that funds for the re-roofing would be released in two weeks.

"Lack of funds contributed to the delay in renovating the health centre," Sanyal said.

**Vox pop: Residents' voices**

Mumulemo Wulowa: "It hurts me to see that the damaged roof has not been repaired."

Grace Kaumbui: "The damage needs to be assessed by experts because the walls could have weakened and could collapse on the patients."

remuneration. The Doctor to Patient Ratio in Uganda is very high at 1:15,000 leaving a huge gap that may never be filled any time soon. This critical shortage of health professionals is behind the public outrage that greeted the widely reported proposal to export of Ugandan health professionals to Trinidad and Tobago, with civil society desperately trying to halt the process through parliament and court.<sup>71</sup>

71 <http://www.newvision.co.ug/news/664140-gov-t-sued-in-landmark-medical-brain-drain-case.html>

FACES OF HIV DISCORDANT COUPLES PUBLISHED IN NEWSPAPERS

### Couples with HIV have healthy children

Lawrence Mpora, 42, and Mirissa Nakira, 35 residents of Kamwenge district

Mpora, a carpenter, discovered that he was HIV-positive in 2006. He started by experiencing constant general body weakness and pain in the six legs. He later went to Ilorika Hospital for HIV screening, where he was found to be HIV-positive and immediately started on ARVs. Mpora kept the news of his HIV status did not shock him because he had got a lot of information through a talk show on Radio Vision. "I did not fear because through the programme, we were told that being HIV positive did not mean that one was going to die immediately," he recalls.

Mpora says when he reached home, he disclosed his results to his wife. The news left Nakira devastated. She says she thought that naturally she was HIV positive because her husband was positive. When Mpora went for his second appointment, he encouraged her with all go with him and get screened. She was tested and found to be HIV-negative.

The health workers counselled them and advised them to use condoms so that Nakira does not get infected.

The couple has three children since August 2008 and Nakira is still negative. Mpora says he took it upon himself to protect his wife from getting infected because he wanted her to remain healthy to look after their children.

Nakira says she has never thought of leaving her husband because she knows how to take care of herself and prevent reinfection. She also says she knows how important it is that her husband adheres to his treatment. Therefore, she always encourages him to do so.

5. HUMAN RIGHTS IMPLICATIONS

Human rights “derive from the dignity and worth inherent in the human person”.<sup>72</sup> Human rights are guaranteed by international standards, including legally-binding treaties; are legally protected; focus on the dignity of the human being; oblige states and state actors; cannot be waived or taken away; and are interdependent, interrelated, and universal. A range of human rights issue arise from the media’s reporting of health in Uganda. Some of the issues arise directly from the way the media has reported health, while others arise from reporting of violations by the media. This section concentrates on the former.

In the coverage of HIV/AIDS issues, several human rights implications arise, among them breach of the right to confidentiality of people living with HIV (PLHIV), right to dignity, and freedom from discrimination, among others. In one case, Red Pepper published a photograph of an emaciated man the newspaper said he had HIV/AIDS to illustrate to its readers some of the symptoms of the condition.



Red Pepper and Rolling Stone ran a campaign against sexual minorities, sowing seeds of violence and violating the right to privacy of news subjects

72 Vienna Declaration on Human Rights, paragraph 2.



### The case of Rosemary Namubiru

One case that probably illustrates the media's insensitivity to the human rights of suspects concerned a nurse, Rosemary Namubiru, who was accused of deliberately trying to infect a child she was treating with HIV. This was a complicated case by any standards, which had two main sides to the story – one by the mother of the child (who stated that the nurse tried to infect the baby intentionally), and the other by Namubiru (who said it was an accident resulting from a needle prick as the baby struggled in fear of the injection).

The two courts that handled this case agreed that there was use of a contaminated cannula on the baby, and that it was not an intentional act as the mother, police and media seemed to portray it, but a negligent one. Even before courts pronounced themselves, the media was referring to Namubiru as “HIV nurse”, “HIV injection nurse”, “killer nurse”, and the like.

Her health status became a subject of public discussion in the media. During her trial, antiretroviral medicine police seized from her home was used as evidence against her, although it was likely taking the ARVs may suggest her reduced infectiousness. The media did not take note of this well-known science. The issue of motive was not discussed as should have been the case in all pre-meditated crime.



*Police turn up Namubiru's face for the cameras as she was paraded to the media*

“Luweero police are holding Muhamood Walubiri and Teopista Nansubuga, a laboratory attendant and cleaner respectively at Penny Clinic for issuing forged HIV/ Aids results to patients.”<sup>73</sup>

This work has found the media's sensitivity to human rights in Uganda wanting in many aspects. The recent tendency of the media to trivialize and dramatize news – almost making news items an aspect of entertainment – to have led to deterioration in the recognition of the human rights of news subjects. In many news items reporting crime, some media reports have directly condemned suspects even before they have been given a fair hearing in a competent court of law. In other cases, TV channels have seemed to promote mob justice in dealing with cases of adultery, child abuse, theft and the like.

The language of human rights was largely found lacking in media reporting of health issues. This work found only a few articles, largely relating to the coverage of the Constitutional Case on maternal health, highlighting human rights issues in news and feature stories. Human rights issues seemed to come out clearer in commentaries and opinions contributed by stakeholders outside the media. Hence, it was clear that media practitioners have limited appreciation of human rights and were not applying the human rights based approach to health reporting.

Criminalized populations<sup>74</sup> have limited access to health care services, particularly HIV prevention and care services, and the media have highlighted the heavy burden of disease they shoulder: HIV prevalence is estimated to be 28 times higher among people who inject drugs, 12 times higher among sex workers, and two times higher among men who have sex with men.<sup>75</sup> The media have carried reports of police said to harass sex workers.

Media reporting has highlighted sexual minorities and contributed to stirring stigmatization and intolerance against them, and which may have contributed to further limited access to HIV services for this population. In August 2007, *The Red Pepper* newspaper published a list of people it claimed were gay. In September, the newspaper published a similar list of 13 women it said were lesbians. That year (2007), Amnesty International reported a rise in violence against LGBTIs in Uganda.<sup>76</sup>

On 9 October 2010, another local tabloid, *Rolling Stone* published a front page article

<sup>73</sup> <http://www.redpepper.co.ug/laboratory-attendant-cleaner-arrested-for-issuing-fake-hiv-results/>

<sup>74</sup> In Uganda, it is unlawful to use intoxicating drugs, to engage in commercial sex work, and to engage in homosexuality

<sup>75</sup> Daily Monitor, Mar 31, 2015: Uganda among top contributors to new HIV cases. <http://www.monitor.co.ug/News/National/Uganda-contributors-new-HIV-cases/-/688334/2671488/-/14ksihpz/-/index.html>

<sup>76</sup> <http://www.amnesty.org/en/region/uganda/report-2007>



A photo of "sex workers" published in the New Vision in December 2014

titled "100 Pictures of Uganda's Top Homos Leak" that listed the names, addresses, and photographs of 100 homosexuals alongside a yellow banner that read "Hang Them". This publication attracted international concern and condemnation from Amnesty International; No Peace Without Justice; and the International Lesbian, Gay, Bisexual, Trans and Intersex Association; and other human rights organizations.

#### Challenges of reporting on HIV

As a broadcast journalist I need a face to all stories I do especially if they are to appeal to the audience's emotion. With HIV however, I do tread carefully since it's still a sensitive issue. I at times file a story without a face, just experts, I have to hide faces and distort sound sometimes.

For children I definitely never show their faces. But I have learnt how to deal with working with whatever the field presents and some bold people who are tired of stigma have given me interviews on camera and enriched my stories. It's all a process which has taught me to be patient and understanding of the source's need, though I get to give them the benefits of sharing their stories. This stretches to health workers too.

It's not also big a challenge as long as I link up with organizations which deal with HIV. NAFOPHANU has been helpful since they have networks all over the country. Of course the Ministry of Health is a main source, you can't claim to be a health journalist who never can seek information from them.

A good working relationship with the PRO (Public Relations Officer) makes it easy for me to access the experts. UVRI has been a great source too and such make reporting easy. Get me an expert and I'll find my afflicted and affected people ever.

-Florence Naluyimba



## 6. RECOMMENDATIONS

- Media practitioners should build capacity and mainstream human rights in reporting health issues. In particular the media should avoid violating the rights of their news subjects; highlight the human rights implications of news developments; and protect the human rights of vulnerable individuals and groups
- This work has noted that there is more coverage of health issues during special opportunities, such as World AIDS Day for HIV; World Malaria Day for malaria; World TB day for TB; World Day of the Midwife for maternal health issues. These opportunities should be exploited to give a human rights analysis to these health problems and to promote debate on human rights-based programming to combat them
- Health is an issue that concerns everyone, and from the marketing point of view, has the potential to sell newspapers or grow audiences for radio and TV channels. On the social responsibility point of view, media have the responsibility to promote the health of their audiences. Either way, health deserves as much prominence in the media as any other issue.
- Media houses and stakeholders in the health and human rights field should build the capacity of journalists to competently report health, by among others promoting specialization, enhancing remuneration of news staff, forging alliances with scientists and civil society, among other initiatives.

### Conclusion and way forward

This analysis kick-starts CEHURD's engagement with the media, aiming to build the capacity of the media fraternity in a human rights approach to reporting health issues. This process has identified key issues highlighted by the media that may require further advocacy by the civil society and other stakeholders in the focal areas of HIV/AIDS, malaria, TB, family planning, and nutrition, as well as in the cross-cutting issues, such as governance, financing, and human resources. The key human rights issues arising from this analysis is the limited presence of a human rights language, especially in the coverage of issues affecting vulnerable groups. From the media reporting, this work has identified breaches of a range of rights, including the right to a fair hearing, the right to confidentiality of people living with HIV (PLHIV), right to be treat news sources/subjects with dignity, freedom from discrimination, and others. Results from this work lay the foundation for next steps in CEHURD's engagement with the media as part of a capacity building and mentoring program, starting with a training of health journalists in the human rights based approach to reporting health.

## ANNEX

ADVOCACY FOR BETTER HEALTH PROJECT

### ISSUES EMERGING FROM MEDIA COVERAGE OF HEALTH IN UGANDA

April 2015

#### Guiding questions for journalists participating in this assessment

- 1) Do you think health issues receive sufficient coverage and prominence in the media in Uganda overall, and in the media house you work for?  
If yes, why do you think so and how can this be improved further?  
If partially, what issues have been well covered, what issues have received insufficient coverage?  
If not, how can this situation improve?
- 2) What has been your overall experience writing on health? What have been easy for you; what has been challenging?  
Over the past one year, what are the major issues you have written about health?  
Are there any particular articles you want to highlight where you received feedback from readers?  
Is there an article you wrote that led the responsible people to act?
- 3) What has been your experience writing about the following:
  - a. Malaria
  - b. HIV
  - c. TB
  - d. Maternal health
  - e. Family planning
  - f. Orphans and other vulnerable children
  - g. Nutrition
- 4) To date, which one can you say has been your most important article on health? Why do you think was the most important?  
What human right issues, if any, were raised in this article?

# Uganda ranked high

BY SANDRA JANET BIRUNGI  
editorial@ug.nationmedia.com

KAMPALA. Uganda has been ranked the third country in Africa with the most number of mal

falling under t  
tries that acco  
per cent of  
in sub-Sah  
Uganda  
Dem

# Interventions for at risk populations

airred  
2014 11

# health centres decry poor TUI

Church war  
Diocese tests  
aspiring  
bishops for HIV

h centre  
orporate prostitution  
V/AIDS activists have quoted a new type of prostitution termed as "corporate prostitution", where prostitutes do not line up on the streets, but have built a network of customers and have a client list. Story on page 4

# Increase health budget for islands, legislators demand

# Health system fails

Aspiring bisk  
ordered to g  
for HIV tes

NEWS  
2  
There is a war in  
the Americas, the  
Latin American  
continent. Transp  
the Americas, the  
Latin American  
continent.

EDITORIAL  
A welcome  
reflection on  
our media  
Nearly 300 members and friends of the media  
industry spent last Tuesday afternoon  
at the Gold Coast hotel, Kampala, for a  
lecture



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