



**CEHURD**  
social justice in health



**UGANDA NATIONAL CONFERENCE**  
ON HEALTH, HUMAN RIGHTS AND DEVELOPMENT



# CONFERENCE REPORT

📅 26th - 29th September 2023 | 📍 Mestil Hotel Kampala

**The Right To Health: A Vital  
Component In Achieving SDGs**

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# INTRODUCTION AND BACKGROUND

The Inaugural Uganda National Conference on Health, Human Rights and Development (UCHD 2023) was jointly hosted by the Center for Health, Human Rights and Development (CEHURD) and the Ministry of Health in Uganda from the 26<sup>th</sup> – 29<sup>th</sup> September 2023 at Mestil Hotel in Kampala, Uganda. It was held under the theme: ***The Right to Health: A vital component in Achieving Sustainable Development Goals (SDGs)***. Reflections and discussions were therefore focused on the country's advancement on realizing the right to health within the context of sustainable development goals (SDGs). Delegates engaged in deep reflections and discussions of progress, best practices, lessons, persistent challenges and innovative solutions across the five conference tracks which included: *health systems strengthening; sexual and reproductive health and rights (SRHR); Health, policy and the law; mental health, harm reduction and wellness and multi-sectoral collaborations, strategic partnerships, coalitions and movements.*

It was very clear from the conference deliberations that good health and wellbeing for all people, irrespective of their diverse backgrounds is a development issue, that cuts across the economic, political, and social dimensions. There was a powerful message on the influence of social determinants of health such as economic status, education, clean water and sanitation, healthy and nutritious food,

among others on health outcomes. The role of other SDGs such as ending poverty, zero hunger, quality education, gender equality and climate action on the realisation of good health and well-being (SDG 3) was exhaustively discussed with a strong call for the practical implementation of a multi-sectoral and multi-disciplinary approach for better health outcomes. Delegates agreed to an actionable outcome document ***“The Kampala Declaration on Health, Human Rights and Development”***- a commitment to which delegates will hold themselves accountable at the next conference in 2025 following two years of implementation of the priorities reflected in the declaration.

The pre-conference sessions and the conference fundraising dinner reiterated the right to health as a fundamental part of human rights and human dignity and the need for accelerated collective action for its full realisation. Voices of the most vulnerable people were given a central place at the conference – persons with disability, the young people, survivors of gender-based violence and health rights violations, those from the remotest settings in the country, Persons Living with HIV, ethnic minorities and members of the key populations. A detailed conference program and abstract book is accessible from <https://www.cehurd.org/uchd2023/abstracts/>



## THE PRE-CONFERENCE SESSION ON MOVEMENT BUILDING FOR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR) IN UGANDA'S CONTEXT

This pre-conference session was hosted by Planned Parenthood Global (PPG) jointly with the Center for Health, Human Rights and Development on the 26<sup>th</sup> September 2023 at Mestil Hotel in Kampala, Uganda. The session brought together 65 key players from the SRHR movement in Uganda, to reflect on the key milestones, enabling factors, persistent barriers, emerging challenges and opportunities for strengthening the Movement for accelerated collective action towards the realisation of universal access to SRHR. The session fed into conference track 2 on SRHR and track 5 on multi-sectoral collaborations, strategic partnerships, coalitions and movements.

Participants at this session represented a diversity of sub-movements, organisations and institutions. These included: Women's Rights and Feminist Movement; Adolescents and Young People SRHR (AYSRRH) Movement; SRH service providers, champions, advocates and beneficiaries; HIV/AIDS Movement; Reproductive and Maternal Health Movement; Key Populations Movements; Coalition to Stop Maternal Mortality Due to Unsafe Abortion and Abortion Rights Movements; the Legal Support Network; Women and Girls with Disabilities Movements; Academia; Media; Individual SRHR advocates working on the intersection of SRHR issues; Government of Uganda Ministries, Departments and Agencies (MDAs); Members of Parliament and Development Partners who are actively engaged in SRHR organizing in Uganda.

Participants reflected on the operating context for SRHR in Uganda and how the movement can continue to thrive and transcend the growing challenges which are manifested the rising and emboldened contestation of access to SRHR information and services especially for young people. They further discussed what an effective, inclusive and sustainable SRHR movement would look like, reflecting on lessons from the Movement for Community Led Development Uganda.

They took stock of the current state of the movement in Uganda and how key players can organise better for more impactful advocacy, programming, service provision, legislation, resourcing and meaningful collaborations. Progress made against commitments made by the SRHR movement stakeholders in October 2022 was reviewed as a way of accountability and emerging priorities were identified. New ideas for strengthening and sustaining the Uganda SRHR Movement within a fast-changing operating context and growing opposition from the anti-gender and anti-rights movements were discussed. The session further enabled a deeper understanding of the intersectionality within and across various SRHR issues in Uganda and connected various stakeholders across the SRHR sub-movements. The voices of young people on their SRHR challenges and effective solutions were central to the deliberations at the session.



“One in 4 women had rape as their first sex encounter. There are still crude illegal abortions, HIV is still on the rise among young people, cross-generational sex is happening right before us, myths and barriers concerning SRHR are still believed, intimate partner violence is happening and there are many undocumented cases of SGBV. Do young people even know their rights?” **Nadia Islam Tedoldi, 23-year-old UN youth volunteer**

SRHR work continues to be emotionally draining in a country which strongly believes in a values-based system and morality in formulating SRHR policies, laws and interventions. The pre-conference session provided a space and much needed opportunity for key players to heal, renew, unwind, and celebrate the key SRHR milestones and contribution of individuals, collectives, Community Based Organisations (CBOs), Civil Society Organisations (CSOs), coalitions and networks.

Stakeholders of the SRHR movement resolved and committed to break silences on the invisible and highly contested SRHR such as: safe abortion, consent to sex, marital rape, key population rights, sex worker right, contraception for young people, disability and sexuality, menopause, andropause and sexual rights of older persons.



*What is the movement visible for? Who is there for the movement to tell the truth of the movement to the government? What have we done to plant people in decision-making positions? Can we change the strategy to make the SRHR movement visible with the economic aspect? The young people have lots of information, but no power because of lack of economic empowerment. Unless we do this, the conference submissions and the declarations will remain on paper.” Hon. Margaret Ayebare Rwebyambu, Woman Member of Parliament, Mbarara District.*

Stakeholders left more committed than ever before to boldly and collectively advocate for reproductive justice and equity. They resolved to focus on a set of resolutions and commitments captured below.



## Summary of resolutions from the pre-conference session on SRHR movement building

1. A recognition that although the SRHR Movement in Uganda has grown and become more diverse, inclusive and participatory, it has stagnated and not able to effectively encounter the growing and more organised push-back on SRHR. Key players resolved to deepen and scale up SRHR Movement building interventions and build acritical mass of advocates across the country and across various sectors.
2. Embrace synergies and nurture strategic partnerships within the movement and address existing silos.
3. Explore joint resourcing for implementation of priorities and activities of the SRHR movement as well as sustaining advocacy for more domestic financing for SRHR programming.

4. Further ground the movement to a shared vision, mission, goals and values by developing a joint strategy and effective structure for the SRHR movement in Uganda.
5. Work with young people to integrate their SRHR needs in all programming within the movement.
6. Pick interest and pay attention to contemporary issues which interact with and affect SRH outcomes. These include but not limited to: gender equality, climate justice, education, quality education, the political economy and localisation.
7. Invest more in self-care, collective care and healing justice as well as safety and security of individuals and organisations at the helm of SRHR advocacy, service provision and knowledge production, recognising that SRHR work is protracted and creates enormous burn-out.
8. Position SRHR as a political issue ahead of the political elections in 2026.
9. Strengthening SRHR movement capacities to address the growing, more organised and coordinated opposition that is both internal and external.
10. Enhance strategic partnerships between Government of Uganda Ministries, Departments and Agencies and civil society organisations, groups and collective for more sustainable SRHR outcomes and impact. These must be nurtured beyond the Ministry of Health to continuously include the Ministry of Education and Sports; Ministry of Gender, Labour and Social Development; Ministry of Justice and Constitutional Affairs and the Uganda AIDS Commission, among others.
11. Collectively sustain advocacy efforts for inclusive SRH services and a progressive legal and policy environment to address persistent challenges. Priority areas include: repealing the Anti-Homosexuality Act 2023; passing of the National School Health Policy; ensure comprehensive sexuality education is undertaken at all levels; step up apprehension of defilement cases; decriminalize abortion; enhance SRHR community awareness; resource post abortion care along with ongoing training for healthcare providers; enhance self-care interventions for SRHR programming; step up parenting programmes at community levels; and increase resourcing for SRHR. Joint efforts between Government Ministries, Departments and Agencies, young people, CSOs, development partners and communities is critical.



❖ *“Planned Parenthood Global is proud to be part of this development in Uganda. We recognise the need to create a future where sexual and reproductive health and rights are a reality for all. We have trust-based partnerships and strategic collaborations to achieve this goal. Thank you everyone for the dedication to the transformation of change of the SRHR movement. **Dr Achieng Akumu, PPG Africa Regional Director** in her closing remarks.*



**20**  
YEARS



## CELEBRATED 20 YEARS OF HEALTH, POLICY AND THE LAW IN UGANDA

Another pre-conference event was the celebration of the growth of an important field that is central to the realisation of the right to health. The event was themed; **“20 years of Health Policy and the Law: Celebrating milestones in Health and Human Rights work in Uganda.”** This was hosted by the Center for Health, Human Rights and Development (CEHURD) to celebrate the work of the leaders who have contributed immensely to health, policy and the law and the benefits which have come with it to Uganda’s healthcare system as well as chat the course for the future of this field. The event was graced by **Retired Hon Chief Justice Benjamin Odoki** of the High Court of Uganda who presented a detailed Keynote Address highlighting the milestones realised in this field over the last 20 years of Health, Policy and the Law in the country. This address is accessible [online](#).

The celebration was attended to by **49 carefully selected distinguished** members from the legal profession, academics, healthcare experts, policymakers, and a handful of relevant stakeholders. The remarkable journey rooted in a Health and the Law course introduced at Makerere University

School of Law by Hon Lady Justice Esther Kisakye and later continued by Prof. Ben K Twinomugisha was recognised. The novelty of these two distinguished legal experts has transformed the healthcare system and many lives in Uganda. Driven by passion, students from this course such as Dr. Mulumba Moses, set up nonprofit institutions such as CEHURD which have since played a pivotal role in advancing the healthcare landscape in Uganda through research, litigation and advocacy.

CEHURD’s contribution to the SRHR discourse in Uganda was disseminated through a new publication titled: **“A Walk through CEHURD Garden; Situating Ourselves in the SRHR Movement in Uganda.** The publication is accessible [online](#).

The event came with inspiration to individuals and organisations to carry on the work of utilizing various approaches to shape and sustain the right to health for all in Uganda and beyond and contribute to the realization of SDGs by 2030. In his engagement with the selected delegates, Hon Benjamin focused on the evolution of health law and policy at various levels.



*“In Uganda, enforcement of health-related violations was not recognized as human rights violations until recently. This area of law was largely embedded within the law of tort under medical negligence, constitutional law under quarantines for reasons of public health and safety, and in criminal law under imposing sanctions on health workers for committing negligent acts.”* **Retired Hon Chief Justice Benjamin Odoki, in his Keynote Address**



*It is our collective responsibility to chart a visionary course; one that ensures every Ugandan, regardless of their background or circumstances, enjoys access to quality healthcare. We must strive for a society where no one is left behind, where justice prevails, and where human rights are inviolable.”* **Prof. Ben Twinomugisha, Lead champion for Health, Policy and the Law Course at the School of Law, Makerere University.**

The retired Justice appreciated organizations like CEHURD and UGANET for being on the forefront of advancing health, law and policy and tasked the institutions and individuals present to look into the future of this field. It was clear from the convening that the future was within the young generation that needed to be nurtured and cultivated into talking the leadership mantle forward. CEHURD was commended for introducing a communitarian approach to rights, which is what the communities desire. CEHURD’s Executive Director, Fatia Kiyange challenged participants to intentionally grow and sustain a vibrant movement on Health, Policy and

the Law in Uganda to nurture young leaders in the field and guarantee the future for social justice in healthcare.

Among the emerging issues and recommendations from this session were: importance of sensitising the public on how the right to health is enshrined in Uganda’s Constitution through precedents arising from public interest litigation; the need to bridge the gaps between the Constitutional Court decisions and the Constitution; the role of litigation in advocacy for sexual and reproductive health and rights



*CEHURD has showed us how to add rights to the Constitution. Thank you for helping us in keeping the Constitution relevant.”* **Retired Hon Chief Justice Benjamin Odoki as he closed his speech.**



## THE MAIN CONFERENCE

# Conference Rationale, Aim and Objectives

The three-day inaugural Uganda National Conference on Health, Human Rights and Development (UCHD 2023) was hosted jointly by the Center for Health, Human Rights and Development (CEHURD) and the Ministry of Health of Uganda was held from the 27<sup>th</sup> to 29<sup>th</sup> September 2023. Makerere University College of Health Sciences - School of Public Health was instrumental in supporting the scientific programme which delivered a wealth of learning across the conference tracks. The conference focused on the country's advancement on the realisation the right to health within the context of sustainable development goals (SDGs). /

This is in recognition of the fact that the right to health is a fundamental part of human rights and human dignity. It was also held to demonstrate good health and wellbeing for all people as a human rights and development issue which is incorporated in international and regional human rights treaties and in national laws, policies and strategies. The conference was held in a spirit of shared between

CEHURD and the Ministry of Health - *realizing good health and wellbeing for all people in Uganda.*

We work to ensure that all Ugandans have access to the health services they need, when and where they need them, without financial hardships. This is in alignment with Uganda's Vision 2040; National Development Plan III – Human Capital Development Program (HCDP); the Ministry of Health Strategic Plan 2020 – 2025 and the Third National Health Policy which is the country's commitment towards realizing Universal Health Coverage.



**This conference aimed to facilitate an understanding of the trends and progress being made on the Right to health in Uganda in an effort to realize SDGs and accelerate further action.**



## The Conference was held to realise the following objectives:

1. To facilitate an understanding of the trends and progress being made on SDGs in relation to health in Uganda and accelerate further action.
2. To provide a platform that brings together stakeholders to share evidence, lessons, best practices, strategic approaches, challenges and priorities for the future in realizing the right to health for all in Uganda.
3. To raise attention of stakeholders on areas of health and social determinants of health requiring joint efforts.
4. To renew commitments by decision makers in prioritizing issues of health including within the legal and policy frameworks of the country.

The conference was delivered through **10 plenary sessions** led by renown and inspirational speakers from across the five conference tracks: *health systems strengthening; sexual and reproductive health and rights (SRHR); Health, policy and the law; mental health, harm reduction and wellness and multi-sectoral collaborations, strategic partnerships, coalitions and movements*. A total of **70 break-away sessions** and **16 workshop sessions** were delivered at the conference. These demonstrated innovative and impactful work undertaken by multi-disciplinary and multi-sectoral stakeholders from all parts of Uganda.

These were aligned with the conference theme: ***The Right to Health: A vital component in Achieving Sustainable Development Goals (SDGs)***. Key reflections and discussions of progress, best practices, lessons, persistent challenges and innovative solutions for advancing the Right to Health within the context of SDGs across the five conference tracks are summarised further in this report.

The conference was sponsored by various donors and development partners, including: Planned Parenthood Global (PPG); the Swedish International Corporation Agency (Sida); the Hewlett Foundation; Wellspring Philanthropic Fund; Sonke Gender Justice; Population Services International (PSI); Reproductive Health Uganda through the Right Here Right Now Programme; Golden Tulip Hotel and Stanbic Bank.

Other development partners within and outside the country supported the conference in different ways, including pre-conference sessions and the conference fundraising dinner in support of justice for children who experience sexual violence in Uganda. CEHURD and the Ministry of Health wish to appreciate this support which is responsible for the success of this historical event – the Inaugural Uganda National Conference on Health, Human Rights and Development (UCHD 2023).



A summary of the conference content is captured in the **conference programme** and **abstract book** which are accessible online. We wish to invite you all to the next conference in 2 years – 2025!

# The Conference Opening ceremony



## The Opening Speech:

The official opening of the conference was graced by Dr. Charles Olaro, the Director Curative Services in the Ministry of Health, Uganda on behalf of Dr. Jane Ruth Aceng Oceru, the Minister of Health of Uganda. He emphasised the importance of recognising the intersection between health, human rights and development in the realisation of the right to health and securing the future of the country. Dr Olaro further observed that the theme of the conference underscored the fundamental principle that access to health care is not just a privilege for a fortunate few but a basic human right that must be available to all. He also noted that the conference theme resonated deeply with the United Nations' Sustainable Development Goals, which serve as a blueprint for a better, more equitable, and sustainable world by 2030. He also observed that the conference came at a time where the SDGs were discussed at the UN General Assembly 2023, with emphasis on the Right to Health. Dr Olaro recognised health as the greatest benefit of development and more so scientific development which aims to fight diseases and disability.

The conference timing coincided with the release of Uganda's 2022 Demographic Health Survey which revealed significant progress in some critical areas of health made by the country. Dr Olaro highlighted these improvements: maternal mortality ratio reducing by more than a half from 336 in 2016 to 189 per 100,000 live births; increase in number of deliveries in health facilities from 57% in 2011 to an impressive 91%; reduction in under-5 mortality from 90 per 1,000 live births in 2011 to a remarkable 52 per 1,000 live births, drawing the country closer to the set target of 30/1000 and a decline in infant mortality Infant mortality from 54/1000 live births to 36/1000. Uganda has also bolstered its healthcare workforce, with the

number of health workers (doctors, midwives, and nurses) per 10,000 Ugandans increasing from 22.5 in 2021/2022 to 25.8/10,000 in 2022/23. Additionally, HIV infections per 1,000 susceptible population have decreased from 1.3 in 2021/22 to 1.21 in 2022/23. Dr Olaro extended appreciation to the Ministry of Health, implementation partners and development partners for the contribution towards these achievements.

Dr Olaro also highlighted some of the persistent challenges for the healthcare system which require collection action in order to realise universal health coverage under SDG 3 and all other SDGs. Teenage child bearing among women age 15-19, who are mothers or pregnant with their first child has remained high with one in four (25%) against our target of 15% as set out in NDP III. The use of modern family planning methods had slightly improved from 35% in 2016 to 37% in 2022 and stagnated at 4% for traditional methods. Although Uganda has managed to reduce the unmet need for family planning from 28% to 22%, this is still far from meeting the country target of 10%. Just over half of the youth (50%), women (56%), and men (54%) have comprehensive knowledge of HIV, and this is disproportionately lower in the rural compared to the urban areas. He alluded to the systemic and structural challenges within the health system coupled with weak or lack of safety nets for the most vulnerable which requires more attention from all stakeholders. He also mentioned other challenges that included: disparities in health outcomes; the persistent scourge of preventable diseases; and unsatisfactory performance on indicators for sexual and reproductive health, including, maternal mortality, HIV prevalence and sexually transmitted infections, teenage pregnancies with related vulnerabilities such as unsafe abortions and gender-based violence. This is in addition to the increasing burden of infectious and Non-communicable diseases including mental health issues; the distribution of essential medicines and

commodities and road traffic accidents. Delegates were reminded about the COVID-19 pandemic and how it exposed and exacerbated existing disparities in health care access.

It was emphasised that good health and wellbeing cannot be realised without paying attention to other SDGs such as quality education (SDG4), gender equality (SDG 5), climate action (SDG13), partnerships (SDG 17) and others. Many of these constitute the social determinants of health, such as transportation infrastructure, economic opportunities, and access to critical medicines, commodities, and technology which are imperative in realising health for all. The director called on delegates to sustain collective action through a multi-sectoral approach which is rooted in the country's national development goals. The approach remains central to improving indicators for good health and well-being and must not be left to the health sector alone. He reminded delegates that education, gender, finance, the judiciary, trade,

internal affairs, agriculture, transport and parliament have key roles to play, not forgetting academia, researchers, Civil Society Organizations and the private sector, among others.

Dr Olaro reiterated Government of Uganda commitment towards strengthening financing for health through a national health insurance scheme; progressive increase in budgetary allocation; strengthening human resources for health and investment in essential medicines, commodities and technologies, among others. He observed that many of the legal and policy frameworks required to realise these commitments already exist, among which is the National Health Policy III which is in the pipeline. He called for collective and urgent efforts towards integrating the right to health into every facet of our development given that health is the foundation upon which individuals, communities, and nations build their futures. He emphasised the importance disease prevention approaches as reflected below:



*Health is made at home and only fixed in the hospital when broken, therefore preventive approaches achievable at family level must be promoted.”* **Dr Charles Olaro, Director, Curative Services, Ministry of Health, Uganda.**

Deliberations from the conference are expected to accelerate actions that can further refine the country's public health system. Indeed, delegates reflected on the country's progress on SDG 3 and the importance of giving attention to human rights and other SDGs as a pre-requisite for meeting national development goals and targets.

**The WHO opening statement:** Dr Yonas Tegegn, the WHO Representative in Uganda in his opening statement which was presented by Dr Elizabeth Adhiambo from the same office provided guidance on the realisation of the Right to Health. This guidance is captured below.

### ▶ **Entitlements pertaining to health, as defined in the 1946 Constitution of the World Health Organization (WHO)**

The right to health is an inherent and essential entitlement that should be universally accessible, devoid of any form of discrimination. It is imperative that everyone has equitable access to necessary health services, in terms of timing, location, and modality. Consequently, it is incumbent upon nations to fulfil their legal duty in guaranteeing the entitlement to health and justice as a fundamental requirement for Universal Health Coverage (UHC) and the realisation of SDGs. The significance of the right to health is predicated in its interdependence with other rights, freedoms and entitlements. Entitlement refers to the provision of optimal healthcare services to all individuals within the healthcare system.

The fundamental elements of health provision encompass the aspects of availability, accessibility, cost, and quality. It is imperative to engage in critical reflection regarding potential alternative approaches for addressing these components with particular emphasis on the hurdles and their potential impact on the most marginalized people. The WHO is dedicated to the achievement of the right to health by integrating human rights principles into policies and programmes through a comprehensive strategy including several sectors. Additionally, the WHO aims to incorporate the consideration of social determinants of health into its mainstream activities. The notion of diversity ought to be regarded as a valuable resource rather than a source of apprehension.



## The Keynote address:



This focused on the Right to Health – A vital component in achieving SDGs by 2030 and was delivered by Prof. Ben Twinomugisha, a Professor of Law and Former Dean, School of Law, Makerere University in Uganda. The address made a further elaboration of the Right to Health and the obligation of the state to respect, protect and fulfil this right for its citizens. He observed that SDG 3 in particular signifies collective dedication to guaranteeing that every individual has equitable access to high-quality healthcare,

irrespective of their socio-economic status, gender, age or geographical location. He further observed that the right to health holds significance in the pursuit of the SDGs, particularly in relation to fostering inclusivity and equity within the realm of healthcare. He applauded the Center for Health, Human Rights and Development (CEHURD) for its pioneering role in advancing the Right to Health in the country as demonstrated by precedents in areas that include sexual and reproductive health and maternal health. This is not to forget other key players – government line Ministries other than health, departments and agencies; the CSOs; the private sector and the people served by the healthcare system.

Prof. Twinomugisha reminded delegates that attainment of the right to health is a morally commendable objective, albeit one that is accompanied by numerous obstacles. Consequently, it is imperative to acknowledge the advancements made by the healthcare system in enhancing health outcomes throughout the years. He called on Government to increase its spending on health and reduce the dependency on development partners and emphasised the importance of prioritising social services in national budget allocation.



*Let us all remember that attaining the Right to Health transcends mere access to medical services. It encompasses incorporates additional fundamental human rights including the social determinants of health – clean water and sanitation, quality education, gender equality and social protection, among others. It also hinges on the principles of human rights – non-discrimination, active participation and accountability including the empowerment of women in the context of Gender Based Violence (GBV). The commercial determinants of health are often forgotten, yet play a significant role in influencing healthcare outcomes for communities and nations at large.” Prof. Twinomugisha reminded delegates.*

In his conclusion, Prof. Twinomugisha observed that conferences such as the first Uganda National Conference on Health, Human Rights and Development serve as a manifestation of leadership and dedication towards the attainment of the right to health and the SDGs.



## Response to the Keynote address:

Dr Mulumba, Moses, the Director General of Afya na Haki Institute (Ahaki) emphasised the interconnectedness between health, human rights and development and the need to utilise appropriate normative frameworks. He called on delegates to consider the utilisation of African treaties and commitments in advancing the Right to Health, in addition to the global commitments. This would accelerate the realisation of the African Health Agenda which includes contextualised Universal Health Coverage. He also noted the importance of generating and using local research evidence in advancing the right to health. He alluded to the broad

range of vulnerabilities and intersections within the realm of health and persistent challenges such as stigma and prejudice which continue to impede progress.



## Call for collective action:

In convergence with all speakers, Mr Akram Zziwa, the Chairperson, Board of Directors of CEHURD and the Executive Director, Ms Fatia Kiyange called for joint effort to improve access to quality healthcare services in Uganda through a multi-sectoral approach that goes beyond the Ministry of Health.



## Special awards for championing health and human rights in Uganda:

This year, the Awards made aimed to recognise institutions and individuals who have made exceptional contribution towards improving maternal health in Uganda.

☞ The Judiciary was awarded for the positive and impactful judgements placing the Right to Health as a Constitutional Right in Uganda;

☞ the Uganda Ministry of Health was awarded for the commitment and implementation of Petition 16 Maternal Health [Constitutional Court Judgement](#) and reduction of maternal mortality by 2022;

☞ Kole District Local Government - Health Office was awarded for the leadership and commitment towards reducing maternal mortality in the country in reference to Uganda's 2022 Demographic Health Survey;

☞ [Rhoda Kukkiriza from Mityana](#) and Mr Valent Inziku Drani from Arua were awarded for their client resilience over 9 years in Petition 16 maternal health case, therefore contributing to the precedent for improving maternal health and indeed advancing the right to health in Uganda.

☞ In recognition of the role of the media in advancing the Right to Health, Ms Jalia Namuwaya, a news reporter was awarded for her consistent and impactful reporting on issues of maternal health.

In evaluating the conference, delegates rated this awarding session as one of their best as reflected below:



*"The session I enjoyed most is the one in which CEHURD awarded a woman who stood with her daughter in law as she lost her life during labour."* **Response from one of delegates.**



☞ We applaud the **Mildmay Uganda Youth Group** for the edutainment which was based on original compositions with powerful messaging on good health and wellbeing and the special focus on infectious diseases such as HIV/AIDS.

# The Conference deliberations, emerging issues and recommendations

The conference was delivered through a series of plenary and break-away sessions consisting of speaker presentations and panel discussions. Throughout the duration of the conference, delegates reflected on the status of Uganda's healthcare system and the extent to which it is able to meet the health needs of its diverse population, and with a focus on the past, present and the future. This was realised through presentations from government ministries, departments and agencies (MDAs) led by the Ministry of Health and panel discussions which had representation from key stakeholders from the health, human rights and sexual and reproductive health field operating at all levels – national, sub-national and grassroots.

Other Government MDAs which actively participated included: Ministry of Education and Sports; Ministry of Finance and Planning; Ministry of Agriculture; Ministry of Gender, Labour and Social Development and the Parliament of Uganda.

Inclusivity and non-discrimination were well demonstrated in the choice of panellists and speakers to ensure that the needs of the health needs of the most vulnerable communities are brought to the forefront.

The voices of the most vulnerable communities including persons with disabilities, the young people, persons with multiple morbidities, key populations and those with lived experience of health rights violations were centered in the conference engagements enabling them to elaborate their diverse health needs for further attention. Civil Society Organisations, Faith Based Organisations professional associations, development partners, academia, health service consumers and the private sector shared their experiences and lessons from their interventions as well as recommendations for strengthening the health care system. Key deliberations, emerging issues and recommendations are elaborated under each conference track below.

1

## Health Systems Strengthening

This track focused the discussion on approaches to strengthen health systems. Uganda has demonstrated significant advancements in the implementation of the World Health Organization's six fundamental elements (building blocks) of health systems, including leadership/governance, service delivery, health workforce, health information systems, access to key medicines, and financing. There remains distinct and urgent concerns that have yet to be resolved within each of these fundamental components.

The track examined various aspects, including the availability and accessibility of essential medicines and health supplies, alternative financing models for healthcare services, the significance of strengthening Primary Health Care, meaningful community participation and social accountability systems, and interventions targeted at enhancing the public health system.

### ❖ The status of healthcare in the Uganda:



Dr Byakika Sarah, the Commissioner for Planning, Financing and Policy in the Ministry of Health updated delegates on the legal frameworks, policies and strategies which guide the management, direction and delivery of health services in the country. Key among these is the 1995 National Constitution; the

Public Health Act, 2000 as Amended 2023 and Local Government Act, 1997. These are complimented by 13 laws on specific health issues. Uganda is also bound by regional and international instruments, conventions, protocols, and agreements on health such as: Ouagadougou declaration on Primary Health Care (PHC) and Health Systems, 2008; the African Union Agenda 2063 to achieve UHC by 2030 and the UN Secretary General's Global Strategy on RMNCAH Health (2016 – 2030), among others.

In its Third National Health Policy, the Government of Uganda envisions a healthy and productive population that contributes to socio-economic growth and national development. Government sets out to provide high quality and accessible health services to all people in Uganda, including addressing broader determinants of health to attain socio-economic development and prosperous life. Uganda's priority is to shift from: *a predominantly disease-oriented care system to a Health Promoting Health System; a siloed, segmented sector specific intervention to an effective multisectoral action; predominant Facility based care to reinvigorated PHC and from a fragmented and episodic health care to population health management and integrated health systems and care.* She further elaborated the health service delivery structure, the health status and priorities for UHC for the country as outlined below.

- Strengthening community-led interventions through programs that build capacity of the community health workforce.
- Multisectoral collaboration for implementation of programs that address the social determinants of health e.g. water and sanitation, food security, education, safe transport and housing etc.
- Improving access and quality of health services to address the population needs across the life course.
- Increasing investment in health infrastructure, medical products, technology; and digitize health information
- Building capacity of health workforce in terms of numbers, skills, & capacity for research & development while addressing motivation & retention.
- Addressing financial risk protection through the introduction of the NHIS to protect households from catastrophic health expenditure.

**Her presentation came with valuable updates for further efforts towards advancing the right to health post conference, through health systems strengthening approaches.**

### ❖ Financing options for health:

It was observed that the government continues to be deficient in achieving the 15% health financing target in the Abuja declaration. Although a marginal augmentation in the health budget has occurred, its impact remains obscured by the ongoing obstacles confronting primary health care (PHC). Uganda's multi-sectoral programming was designed to contribute towards the financing of critical areas such as health through the different sectors, although this goal is yet to be fully realised.

The conference had representation from the Ministry of Finance, Economic Planning and Development. It was observed that the government is dedicated to addressing the prevailing financial gaps for health and this is well stipulated in the Public Health Financing Strategy. This strategy takes into consideration the needs of the social protection sector although it lacks a supporting legal framework. Its implementation is also constrained by the lack of sufficient financial resources. The insufficiency of resources during the COVID-19 epidemic was apparent, necessitating the Ministry to engage in fundraising activities and develop alternative measures to address the financial needs of the nation. The Ministry of Finance is formulating additional policies aimed at providing support to both the economy and the health sector. Financing options which the government is focusing on include: domestic resource mobilisation, private sector investments, public private partnerships, Islamic financing, and foreign sources such as grants and loans.

Delegates were updates about progress of the National health insurance scheme through which all Ugandans will make a contribution of about UGX15,000 per month. The Ministry of Health ought to undertake efforts to increase the public awareness and acceptance of the National Health Insurance Bill, which must ensure that both preventive and curative measures are considered. It was also noted that National Health Insurance might not be the sole means by which UHC can be attained. The

one-dollar initiative which is an innovative financing mechanism aimed at augmenting the current resources allocated to the HIV and AIDS response in Uganda has not received the required support. Yet this would operate as a strategy to achieve SDG 3 which aims to eradicate of HIV and AIDS by 2030. Other options include a community-based structure that facilitates the pooling of resources to enable community members avail themselves with high-quality healthcare services, as seen in Ethiopia and Rwanda.

❖ **The voices of healthcare beneficiaries on the kind of health system they desire:**



The young people, persons with disabilities, persons with multiple morbidities, persons from key populations and persons with lived experience on health rights violations spoke out at this conference. They were able to recollect situations where the health care system served them efficiently and specific instances of dissatisfaction with recommendations on improvements needed. Key among the issues which emerged from these voices were:

- ❖ The need to build the capacities of young people, giving them counselling and support on issues of sexual reproductive health including HIV was raised.
- ❖ The need for the country to finalise and implement a school health policy.
- ❖ Emphasis made on the role of health education and information for the most vulnerable groups.
- ❖ It was repeatedly emphasised that persons with disabilities (PWDs) continue to encounter difficulties in enjoying their right to health. The provision of services lacks inclusivity, resulting in certain individuals being marginalized and deprived of essential information and services.

- ❖ Negligence and inadequate skills of health care workers were reported as major factors responsible for health rights violations in health facilities in the country. Lived experiences of health care beneficiaries were shared. Litigation was highlighted as an intervention which has contributed towards access to justice by persons who have been affected by such violations.

❖ **Addressing the social determinants of health to realise Health for All: Reflecting on a multisectoral approach:**



Experts from the Ministry of Education and Sports; the Ministry of Gender, Labour and Social Development; National Population Council Makerere University School of Women and Gender Studies and Food Rights Alliance led this discussion. Key developments and plans across the various sectors were shared, with an elaboration of the importance of a multi-sectoral approach.

Education was strongly recognised as one of the key socioeconomic determinants of health and its role in realising improved health outcomes and vice versa. The correlation between menstruation hygiene and school dropouts particularly in rural educational institutions was illustrated as an example of this the relationship between health and education among

adolescents and young girls. Reference was also made on the issue of drug and substance misuse which has witnessed a surge among the younger population, requiring collaborative interventions between the Ministry of Education and Sports and the Ministry of Health. This is for both students within educational institutions and those outside the school system.

The Ministry of Education has undertaken the development of programmes like the Presidential Initiative on AIDS Strategy for Communication to Youth (PIASCY). Additionally, they are collaborating with the Ministry of Health to conclude the development of the National School Health Policy, which has been delayed for close to two decades. With the completion of the sexuality education framework as a guiding document, there are plans to formulate the guidelines for menstrual management. Panellists observed that the Covid-19 pandemic has exacerbated mental health difficulties among a significant number of school-age children. Learners with special needs require increased attention as they face multifaceted health challenges that should not be disregarded. Addressing these challenges requires the ongoing cooperation between the Ministry of Education and Sports, Ministry of Health, and other relevant partners. Service-related collaboration, coordination, and networking among government MDAs was noted to be weak, yet critical for the development and implementation of inclusive health and gender policies that aim to address persistent gender inequities. The importance of identifying additional options for engaging stakeholders such as religious and cultural leaders as well as parents in the finalisation of the school Health Policy was highlighted.

Transportation was cited as a barrier to accessing health care services in Uganda, a challenge which government representatives reported being addressed through district funding support to work on feeder roads. However, it was stressed that accessibility to health care goes beyond transportation and includes access to services and commodities at health care facilities.

Ms. Agnes Kirabo of the Food Rights Alliance urged the education sector to consider nutrition as a crucial aspect of school-based learning noting that the food and nutrition policy turns 20 years old in the making. This delay is straining the health care system in numerous areas. She called on actors in the health system to pay close attention to the rise in the number of anaemic, overweight, and obese women, stunting among children under the age of 5 years, the consumption of contaminated food that is still high in aflatoxins and the marketing of sugary beverages in the country, some of which constitute commercial determinants of health.

Dr. Betty Kyadondo from the National Population Council noted that the right to health is rarely associated with development, despite the fact that the two are linked. Family planning has not been fully embraced, and this is one of the underlying reasons why adolescent pregnancy has persisted in the country. Harnessing the demographic dividend is a reality which the nation needs to accept that young females are becoming pregnant and the urgent need to embrace family planning to prevent further pregnancies.

### Key observations, emerging issues and recommendations under this track:

- The realization of the right to health necessitates the presence of robust, efficient, and adaptable health systems. The system needs to align with the established international criteria pertaining to the right to health, which seek to guarantee the availability, accessibility, acceptability, and quality of health care.
- Uganda has a strong legal framework, policies and strategies on health. However, implementation to realise the intended outcomes remains a challenge. In addition, the national policy frameworks are not disseminated for use at the local government level. Government was called upon to allocate financial resources towards the implementation of laws, policies and strategies that are relevant for realising the country's health goals and targets.
- The practical implementation of a multi-sectoral approach is urgent and must be intentional to accelerate the realisation of good health and wellbeing for all people. This comes with a need to implement a health in all policies and sectors.

- Government passing of a National Health Insurance Bill and Law and its implementation is urgent if the country is to realise UHC and indeed SDG 3.
- The integration of the management of infectious and non-communicable diseases needs more attention taking into consideration lessons from the management of HIV. Cancer was highlighted as one of the country's most pressing issues for which Government has embarked on plans to decentralise interventions, with budget constraints remaining a challenge.
- The private sector was cited as a hindrance for access to high-quality health services, with examples of health rights violations shared.
- Adapting a Participatory Learning and Action for Disability (PLA-D) intervention for special needs groups, including learners with special needs. The integration of sign language into the curricula of health care workers was recommended to enable them qualify with basic sign language skills they can use to provide quality services to PWDs.
- Need for a multi-sectoral approach to address the health challenges of the young people including teenage pregnancies, mental health and drug misuse, among others. This should include the use of appropriate strategies for engaging religious, cultural leaders and parents.
- Increase meaningful participation of young people in the government planning and budgeting processes at the national and district level for improved health outcomes. There was a strong call to support collaborative spaces where young people and women can engage in health policy discussions and in social accountability engagements. This provides a better opportunity for them to propose interventions that meet their unique needs.
- The lack of a central data management system, with each sector tracking data on nutrition independently, makes it hard to determine the performance with inconsistent policy implementation, e.g. school feeding policy and lack of IEC materials on nutrition. There is a need to put in place an advocacy arm for nutrition-responsive strategies and budget, leveraging on the Parish development model to integrate food and nutrition. Capacity building of focal planning persons in budget planning based on nutrition and documentation to gather evidence and communicate findings to enable the public to appreciate the magnitude.
- Ensure integrated advocacy for enhancing service delivery with emphasis on gender mainstreaming and Legal Empowerment and Social accountability (LESA) methodologies.
- There is a need to strengthen the different community structures, recognise and appreciate the role they play in ensuring effective and efficient health services delivery as they easily understand and resonate with the prevailing health conditions resulting in positive health outcomes.
- African countries must prepare themselves for the next pandemic and this calls for regional corporation.
- The importance of involving the Ministry of Finance, Economic Planning and Development in engagements where critical health issues of the country are discussed is key to enhancing their understanding of the health situation and the role of health financing in addressing the challenges.

Engagement under this track focused on Uganda's progress in realising indicators for sexual and reproductive health and rights (SRHR) while acknowledging persistent challenges and potential solutions. This facilitated a more profound comprehension of reproductive equity and justice. Main areas covered included early and unintended teenage pregnancies, HIV and AIDS, sexual and gender-based violence, social and cultural norms that impact the realisation of sexual and reproductive health and rights (SRHR), post-abortion health care, contraception and other family planning services, maternal morbidity and mortality and sexuality education. Approaches such as self-care for SRHR, feminist approaches, masculinities and they affect the realisation of SRHR were examined. The intersection between SRHR and non-communicable diseases, specifically cancer and the importance of integrated interventions were interrogated.

### ❖ **Universal access to SRHR: Uganda's performance on key indicators:**



Mr. Paul Mbaka, Assistant Commissioner, Department of Health Information in the Ministry of Health highlighted presented updates on the country's performance against selected SRHR indicators being tracked using results of the Uganda Demographic Health Survey (UDHS, 2022) which was freshly released. Uganda has registered good progress in reducing maternal mortality, from 338 in 2016 to 189 per every 100,000 live births in 2022.

However, adolescent pregnancy rates remain high at 24%, with most pregnancies occurring in rural areas with Busoga and Bugisu regions registering the highest rates and contributing to infant and maternal mortality in the country. Data from a study on teenage pregnancies among refugees in West Nile

indicates a rate of 34% way above the current national average. Yet, it was reported that contraceptives use among females aged 15–19 residing in refugee settlement camps remains significantly limited. Sexual gender violence (SGBV) was also reported to be high in refugee settlements, where perpetrators are sometimes family members, carers, or individuals in positions of authority which undermines the ability to obtain justice. Uganda spends UGX 1.3 trillion on teenage pregnancy, a situation which should draw urgent attention to address the issue.



Mr Mbaka observed that majority of expectant women do not attend Antenatal care (ANC) in the first trimester, and only 1% of adolescents attend ANC. The use of family planning techniques is declining, with the Karamoja region having the lowest rate. Perinatal stillbirth was reported to be common in the Bunyoro region. These highlights triggered an important discussion through a panel which had representation of young people, including Hon. Phiona Nyamutooro, the National Youth Representative in Uganda Parliament with the following prominent themes. Engagements under this track had the participation of leaders of SRHR from Planned Parenthood Global; the United Nations Educational, Scientific and Cultural Organization (UNESCO) and AHF-Uganda Cares.

### ❖ **Information gaps on SRHR among young people:**

Ignorance was cited to be a major cause of teenage pregnancy in Uganda and other persisting SRHR challenges. Despite having a National Sexuality Education framework, sexuality education in schools is still a contested issue leaving information gaps and misinformation among young people. The level of knowledge among young people remains stuck

at approximately 50 percent (UNESCO Report 2020). Although the youth are contributing to the health system in different ways such as community health workers and Young Adolescent Peers (YAPs) in HIV care, their accurate and reliable information remains problematic in several domains, exacerbated by a lack of adequate platforms to disseminate this information to more young people.

### ❖ **Stigma and discrimination for survivors of teenage pregnancy and gender-based violence:**

The current policy on the integration of pregnant learners in school dwells on prevention and response to teenage pregnancies, with little attention paid to support survivors, including addressing the stigma associated with teenage pregnancy. This Guideline which aims at enabling girls to return to school has also not been well accepted by religious leaders in the country. Parents have not been fully brought on board to support such learners, yet contribute significantly to stigma and failure of access to justice for survivors and re-entry of teenage mothers into school. In most cases, defilement cases are settled through mutual understanding between the parents of the survivor and the perpetrator.

### ❖ **Inadequate psychosocial support:**



PLHIV and young people sometimes lack psychosocial support and people to talk to about their sexual reproductive health (SRH). The younger generation expressed a sense of disappointment with the absence of comprehensive policies and guidelines that would provide them with essential information on their rights and responsibilities pertaining to their health.



*We cannot hide in ignorance. We must provide sexuality education to the population especially the young people to address the persistent SRHR challenges.* **Prof. Seggane Musisi, Consultant Psychiatrist.**

### ❖ **SRHR of persons with disabilities (PWDs):**



The unmet need for SRHR services amongst Persons with Disability (PWDs) remains extremely high. The perception of healthcare professionals towards persons with disabilities seeking sexual and reproductive health services remains significantly unfavourable, resulting in a lack of equitable utilisation of services. The absence of sign language interpreters within health institutions and inadequate infrastructure, such as the lack of accessible beds, ramps, and the long distances to facilities, pose enormous challenges for individuals who rely on sign language for communication. It was also recognised that there are no national SRHR indicators being tracked specifically to inform programming for PWDs.



*"When women with hearing difficulties go to health facilities for maternal healthcare services, healthcare workers quickly write for them referrals to Ear, Nose and Throat (ENT) services. They assume that what they need are ENT services."* **Observed a member of the Uganda National Association of the Deaf (UNAD) attending the conference.**

### ❖ Approach of health care workers:

There is a lack of knowledge among healthcare professionals in lower-level facilities on SRHR especially on maternal and child care and Postpartum haemorrhage (PPH) management. According to research conducted by the Makerere School of Public Health, only 35.7% of health workers interviewed had up-to-date PPH management knowledge, a complete PPH kit, and adequate personnel.

### ❖ Participation of boys and men:

There is less participation of boys and men on SRHR issues, notably family planning, where some men with deeply ingrained cultural beliefs deny their spouses the option of contraception. Most of the interventions on awareness target girls and women, yet boys and men play a big role in influencing the utilisation of contraceptives. This contributes to the low level of autonomy among adolescent girls to make decisions that are lifesaving.

### ❖ Cultural and social norms:

Strong traditions within the community that prohibit access to sexual reproductive health information and services among young people continue to exist.

### ❖ Legal barriers and contestation of invisible SRHR issues:

While issues such as unsafe abortion and teenage pregnancy remain public health concerns contributing to maternal mortality, the laws on abortion and contraceptive use among adolescents remain restrictive.



*We do not have laws allowing adolescents to use contraceptives in Uganda, but do we have laws allowing them to get pregnant?"* **Dr. Betty Kyadondo, National Population Council.**

## Key observations, emerging issues and recommendations under this track:

- The promotion of differentiated SRH interventions including services was recommended to cater for the different urban and rural context.
- Importance of critical examination of norms that impede the realisation of SRHR and advocate for a perceptual shift of mindsets among community leaders on access to SRH information and services for young people. Consistent collaboration with cultural leaders in all SRHR interventions was strongly highlighted as they hold high level of influence in communities. Specific messaging must be developed for community social influencers and gate keepers including religious and cultural leaders to enable them appreciate the circumstances and context of young people affected by the persistent SRH challenges in the country and enable them to be part of the solutions. Tracking progressive changes in behaviour of these social actors is very important and transitioning them into SRHR champions.
- Ministry of Health should consider integrating SRH services for PWDs and develop indicators for tracking data on girls and women with disabilities and other vulnerable communities such as those in refugee in settlements. Disability inclusive outreaches provide a conducive environment for the provision of family planning and other SRH services to PWDs. The use the PWDs led organisation and PWDs local leaders at the grassroots is the best mobilisation strategy for PWDs for family planning and SRHR services compared to other strategies like radio announcement and use of community village mobilisers which has not yielded. This ensures all the persons with disability can be reached and served with SRHR services by both government and implementing partners. Health facilities should ensure that they include the Peer educators and VHTs representing the PWDs for easy mobilization of PWDs for SRHR services. A related article is accessible online.
- There is a need to incorporate sign language interpreters into mainstream healthcare to enhance and optimize communication between individuals with disabilities and healthcare professionals and reduce the information gap. This would also support confidentiality when PWDs seek for services.

There is a need to consolidate the service access points catering for PWDs into a unified entity, hence establishing a comprehensive facility that eliminates the need for individuals to traverse many locations.

- School health continues to matter and is a key contributor towards the realisation of SDGs. Coordinated campaigns aimed at advocating for the approval and implementation of a National School Health Policy must continue. Advocacy and other efforts towards the systematic implementation of the National Sexuality Education Framework aimed at the provision of age-appropriate information with proper documentation is essential. This must be done alongside the training for health workers on how to manage and provide SRHR information and services to adolescents. Sexuality information and education must also be adapted for adolescents and young people out of school based on their unique needs. Lessons from HIV prevention and care indicate that highly knowledgeable and skilled health care professionals effectively communicate with communities including young people and key populations with accurate and sufficient information on various aspects of healthcare, including but not limited to Urinary Tract Infections, sexual health, family planning, mental well-being, and the mitigation of stigma and discrimination.
- Schools and communities including parents and local government leaders should collaborate to promote girls' education after pregnancy as part of implementation of the Revised Guideline for the prevention and management of teenage pregnancy in school settings in Uganda.
- Nurturing family support by parents, other family members and community leaders to focus on acceptance, flexibility, safety, and inclusion of girls affected by teenage pregnancy could yield better outcomes compared to rejection and stigmatisation.
- Innovative approaches such as profiling role models with shared experience on teen pregnancy who returned to school and are successful in their lives could benefit teen mothers and communities.
- There is a need to designate days for youth at health facilities to have enough time, privacy, and confidentiality, thus facilitating increased access to youth-friendly services. Cost effective strategies such as digital healthcare and self-care for SRH are valuable approaches and must be allocated budget.
- To improve SRHR outcomes, a multi-sectoral approach must be adopted and integrated, with an inclusive movement that includes policy makers and legislators and ministers.
- Positive Court judgments on sexual and reproductive health and rights such as the landmark constitutional court judgement on petition 16 (maternal health); the judgement on sexuality education and stigmatisation of young people living with HIV need to be popularised in the simplest ways possible and implemented for communities to benefit from them.
- With the high teenage pregnancy rates in the country, key stakeholders including policy makers must boldly discuss the issue of access to contraceptives for teenagers. Uganda has sufficient evidence showing that adolescents and young people are engaging in sexual activities at an early age.
- The Human Rights Based Approach must be integrated into the delivery of SRH services for young people, including participation in discussions on health issues that affect them, and empowerment them to demand and hold duty bearers accountable, address the legality gaps and enforce the principle of non-discrimination. There is a need to come up with interventions that target the full involvement and participation of young people as champions of change.
- Need to empower youth leaders with the right information on HIV-related stigma and discrimination and its impact on the uptake of HIV services in the districts. More mentoring and capacity building of youth-led organizations to champion grassroots mobilization is urgently needed.

- There is a wealth of evidence on SRHR and the needs of diverse communities in Uganda conducted by different stakeholders. There should be deliberate effort to utilise this evidence in the development of legal and policy frameworks as well as programming by government MDAs and other key stakeholders. The implementation of evidence based SRHR interventions is critical for the country's realisation of SRHR indicators. Technical Working Groups of the Ministry of Health, district health/technical committees and periodic review meetings present relevant spaces and opportunity where stakeholders including CSOs can share research findings for utilisation including evidence from the grassroots level research.
- Uganda has National Male Engagement Strategy which should be utilised to engage male parents and young men in promoting access to SRH information and services as well as a violent free environment for an environment for girls and women. Involvement of Men and boys needs urgent consideration as key stakeholders in SRHR and the role they play in decision making in most communities.
- The Results Based Financing (RBF) approach for maternal health which is a tested approach in Uganda offers lessons for other areas of improving access to SRH information and services especially for the most vulnerable people. The Primary Health Care budget reduced from 39% in 2021 to 36% in 2022 and rose to 43% in 2023. This increase may be contributed to by RBF.

### 3

## Health, Policy and the Law

Through this track, delegates reflected on Uganda's progress towards upholding the right to health using policy and the law. This included a focus on the fulfilment of the state's legal obligations to respect, protect, and fulfil the right to health, as well as the utilisation of a human rights-based approach in the evaluation, formulation, and execution of laws and policies related to health. Delegates examined the implementation of health-related laws and policies, the underlying factors influencing health outcomes, the integration of the right to health into the agenda of health, political, economic, and social development, and interventions aimed at promoting health equity.

Leaders in the field of health, law and policy such as: Dr Charles Ayume, Chairperson, Parliamentary Committee on Health; human rights advocates and defenders; the Ministry of Health; the Association of Uganda Gynaecologists and Obstetrics (AUGO); Makerere University, College of Health Sciences, School of Public Health; the Uganda Law Society; CEHURD, representation of health care service beneficiaries and health care workers and Afya na Haki Institute participated as panellists under this track.

### ❖ Responsibility of the Uganda Law Society (ULS) in defending the right to health and other health rights:



Mr. Oundo Bernard, President of the ULS through his submission helped delegates understand the role of the Society in advancing the realisation of the right to health in the country. The ULS actively participates in the drafting process for laws. The Society is consulted on all new laws in order to guarantee that they respect human rights. ULS is a member of the Health and Law cluster which was initiated by CEHURD and comprises of health and law specialists. With learnings from this space, ULS established a strategic litigation department to prevent attorneys from working in silos and to ensure that health-related matters are

litigated effectively. The well-known petition 16 from CEHURD's maternal health case was cited as one of the rulings that prompted the Ministry of Health to resolve gaps in maternal health service delivery. ULS continues to ensure that the National Health Insurance Bill is enacted, as it is one of the means through which the SDGs can be achieved.

Critical questions were raised about the implementation of social justice in Uganda's healthcare system, as well as the injustices that must be addressed. Although the Ministry of Health was commended for attempting to establish systems to protect the right to health, there is still a lack of knowledge, particularly at the grassroots level, which contributes to violations of the right to health.



*...Our people are suffering in silence in the communities because they are not empowered enough to report. The licensing and supervision of clinics is not done effectively and this is where most violations occur.”* **Ms. Rose Kiwanuka, retired Palliative Care and Public Health Senior Nurse.**

### ❖ The role of Parliament in access to social justice in health:



The importance of Parliament in legislation was firmly emphasised as a prerequisite for ensuring social justice in health for all people. Dr. Charles Ayume observed that the Ugandan Parliament has been committed to enhancing health service delivery over the past three years. This is evidenced through a number of bills which have been proposed and passed, including the 2023 Public Health Amendment Act.

Because the population still prefers to seek health care from primary health care facilities rather than

hospitals, it is critical to have functional lower-level health care centres such as Health Centre IVs in all sub counties, which remains a challenge to the country. He further emphasised the urgency of operationalising a multi-sectoral approach given that health is multifaceted and involves transportation, agriculture, education and gender sectors, among others, which was further echoed by another panellist as captured below.



*“The health sector does not inherently cause the health sector’s problems. Road accidents that are caused by poor roads and other reasons end up in the health ministry with injured victims. Understanding the reasons of failure in the health sector and determining when to hold government and individuals accountable is critical. To establish a foundation for impact, the right to health must be clearly stated in the Constitution.”* **Dr. Chrispus Mayora, a Medical and Legal Practitioner, MUK School of Public Health.**

Dr Ayume spoke passionately about the health violations experienced by the intersex persons including sexual exploitation; police arrests and challenges in accessing SRH services due to fear of stigmatisation with little or no attention given to meet their SRH needs. Inter-sex persons continuously go through self-discovery and need to conform. He further observed that there is no program that targets intersex persons regarding access to SRHR information and services. The costs of corrective treatment are high, and their experience of accessing SRH services is negative.



*“As a medical doctor, I know these people exist and it is not their making but rather a genetic chromosomal defect. This is not something the current Anti-homosexuality law considered and as the Chair of the Parliamentary Health Committee, I plan to engage government on this.”* **Dr Ayume Charles, Chairperson, Parliamentary Committee on Health.**

## Key observations, emerging issues and recommendations under this track:

- Harnessing the role of the Parliamentary Health Committee, such as legislation, appropriation, policy formulation and providing oversight and monitoring of services places Parliament at the core of protecting social justice in health and stakeholders should continue to utilise parliament on these obligations.
- Over the past two decades, the healthcare system has demonstrated a commendable level of responsiveness in addressing the challenges associated with HIV, involving various stakeholders such as healthcare professionals and funders. Nevertheless, it is imperative to establish effective governance and get the support of all relevant stakeholders, ranging from governmental actors to individual households.
- The court system exhibits discriminatory practices against Persons with Disabilities (PWDs), as they are frequently sent to incarceration without due process, resulting in the infringement of their fundamental rights. Since 1995, the Government of Uganda acknowledged the significance of sign language. However, its execution continues to be almost absent as an integral part of social services such as health care. Relevant laws must be implemented to guarantee individuals with disabilities the realm of healthcare and the justice system without discrimination and stigma.
- Government should pay more attention to the health rights violations in the private sector. CEHURD was commended for using the law to address this growing challenge in the country citing the several successful cases handled. Delegates expressed an urgent necessity for the implementation of rigorous rules and licensing laws, as well as the provision of sufficient oversight for private sector health institutions.
- The remarkable success of HIV self-testing in Uganda demonstrates the power of self-care interventions when supported by forward-thinking policies and collective dedication to a shared vision of a healthier future. An enabling policy environment is catalytic for innovation to address the dynamic health needs of diverse populations effectively. Lessons should be utilised in other areas of health.
- The need to protect young people from sexual harassment in higher education institutions was highlighted.
- The establishment of safe spaces for young people living with HIV provides opportunities for them to share experiences and build support teams. Social accountability ensures that HIV/TB Prevention, Care and Treatment services are available, accessible, acceptable and of good quality and are offered in a stigma free and none discriminatory manner.
- Policy gaps in biosafety and biosecurity as emerging areas in Global Health, at regional and country level in the wake of Pandemics and terrorist attacks need to be addressed by government.
- There is a need for social protection to cover emerging risks in health, especially for non-employed in the informal sector. There is therefore a need to interrogate the Ugandan adoption of free health care services in public facilities, and how this has guaranteed the right to health for everyone. This calls for investment in research to underscore the importance of a rights-based approach in shaping and implementing UHC pathways, exemplified by the Free Healthcare Policy.
- The Anti- Homosexual Act will have a huge impact among sexual minorities in regard to access to HIV related services because of fear to be reprimanded. The AIDS Information Centre shared experiences of the declining number of members of key populations meeting their medical appointments.
- There is a huge gap in terms of the knowledge and capacity on mental health rights from Training institutions.

- Establishment of a policy framework and policies that allow other channels (vending machines, online pharmacies, drug shops), and re-classification into a general sales list are paramount for increased access to HIVST and other essential products and services.
- There is need to utilize strategic litigation as an advocacy tool to implore government to invest in the Health Sector and fulfilling regional and Global commitments. The application of the OPERA framework in advocacy efforts and how to hold Government accountable was recommended as a compliment to strategic litigation.
- The absence of legislative framework on the advancement of the right to food which is still in draft affecting budget allocations and prioritisation of food related interventions was a major concern.

## 4

## Mental Health, harm reduction and wellness

This track examined the effects of the Covid-19 pandemic on the mental health of the diverse population in Uganda; the assessment of mental health conditions among marginalised and vulnerable populations; the evaluation of the implementation of mental health legislation and policies, the provision of mental health services, the mitigation of the escalating issue of substance abuse, the availability of rehabilitation services, and the adoption of harm reduction strategies and exemplary methodologies. The concept of intersectionality between mental health and both infectious and non-communicable

diseases was explored. Among the experts who led engagements in this area was Dr Seggane Musisi, Consultant Psychiatrist; Dr Hafsa Sentongo Lukwata, Assistant Commissioner, NCDs and Mental Health, Uganda Ministry of Health; Mr Twaiibu Wamala of the Uganda Harm Reduction Network; Rose Mutumba, Angels Center for Children with Special Needs, Sheirat Namayanja, SRHR Alliance, Uganda; Agnes Kirabo, Food Right Alliance/CEHURD; Christopher Baguma, Afya na Haki Institute; Joanita Kiwanuka Nakiwala, Voice Life Health Organisation and Kyomya Macklean of AWAC.

### Key observations, emerging issues and recommendations under this track:

- It was highlighted that Government ought to embrace Harm Reduction Strategy as the only viable means to avert the current burden mental health and prohibited practices such drug abuse among the youth. There is urgency to carry out extensive counselling and guidance especially among the youth so as to empower them and cause a behavioural change.
- The allocation of funds towards Mental Health interventions is constrained, representing only 1% of the overall national health budget. This is further exacerbated by a scarcity of mental health practitioners, particularly in lower-tier healthcare facilities.
- The current application of Mental Health policy guidelines is constrained, with a lack of comprehensive knowledge regarding mental health. Additionally, prevalent societal and cultural misconceptions around mental illness further contribute to this issue. This has led to the manifestation of stigma and discrimination.
- The absence of a comprehensive regulatory framework regarding euthanasia, also referred to as mercy killing, is a growing concern within various communities. This issue is particularly prominent among children with disabilities, who are often stigmatised and connected with curses and misfortune.
- The incorporation of individuals with disabilities (PWDs) into mainstream information techniques, such as packaging and dissemination methods designed for them by all government MDAs, as well as other unique groups, such as intersex individuals, was of concern.

- There was a notable absence of interest in documenting information on disability in traditional tools that are currently accessible. There is a necessity to generate demand and enhance utilisation in the context of planning for individuals with disabilities (PWDs). The Health Management Information System (HMIS) forms utilised within healthcare facilities lack specificity regarding the particular nature or type of impairment.
- Healthcare systems often prioritise the physical infrastructure of their institutions while allocating relatively less attention to the quality of services provided. The disability centres exhibit a state of neglect and lack of supervision.
- The Ministry of Health needs to plan for the incorporation of mental health services within primary healthcare (PHC) programmes.
- There is a prevalent inclination towards seeking traditional therapeutic methods, such as consulting witch doctors, rather than adopting appropriate attitudes and behaviour towards mental health services.
- Need for government to raise the budget allocation for mental health from 1% to a minimum of 20% of the overall expenditure. One potential course of action is to provide mental health professionals with training to equip them with the necessary skills to address mental health concerns.
- Promote policy reforms that accord mental health precedence within the broader healthcare system. This entails enhanced financial resources, improved regulatory frameworks, and more seamless integration of mental health provisions within the healthcare system. To ensure the efficacy of these strategies, it is also vital that they be adapted to the specific social, cultural, and economic conditions of Uganda.
- To increase accessibility, mental health services should be integrated into primary care settings. This strategy increases accessibility to mental healthcare and decreases the strain on specialized mental health facilities, according to the available evidence.
- Government agencies, healthcare providers, educators, community organizations, and mental health advocates working in collaborations and synergies to complement each other.

## 5

## Multi-sectoral Collaborations, Strategic Partnerships, Coalitions and Movements.

This track focused on the effective establishment of partnerships and collaborative endeavours as a vital component in the achievement of the right to health, with a particular focus on addressing the social determinants of health. The different abstracts and workshops showcased the use of efficient and influential strategies across multiple sectors. Additionally, the research pieces presented prioritised the engagement of communities and individuals who have historically been marginalised in health interventions. Discussions on the enhancement of the public sector to ensure efficient delivery of

health services with emphasis on the significance of movement and coalition building, thus establishment and maintenance of meaningful and impactful partnerships, including public-private partnerships. The track had the leadership and participation of institutions and experts such as Commissioner Angela Nakafeero of the Ministry of Gender, Labour and Social Development; *Makerere University, College of Health Sciences, School of Public Health*; Uganda Network of Young People Living with HIV; SONKE Gender Justice; the Uganda SRHR Alliance; Planned Parenthood Global and Women's Probono Initiative.

## Key observations, emerging issues and recommendations under this track:

- The urgency of operationalising a multi-sectoral approach to expand efforts for advancing good health and well-being for all beyond the health sector alone.
- Partnerships contribute to increased efficiency and efficacy in treatments, while community involvement fosters a sense of ownership.
- Utilize participatory methodologies in order to collaboratively develop initiatives that promote community engagement and strengthen mechanisms of social accountability.

## The closing ceremony



The conference closing ceremony was officiated by the Uganda Ministry of Health whose representative, Ms Roselline Achola commended CEHURD for making the right decision of bringing key stakeholders of health from all sectors to reflect, share lessons and identify priorities for realising the right to health in the context of the SDGs. She emphasised that the state of health is determined by all people, therefore the need to work together in advancing the right to health and looked forward to the 2025 conference.

Dr. Achieng Akumu, the Africa Regional Director for Planned Parenthood Global appreciated CEHURD for being a trusted partner noting that the conference demonstrated exemplary leadership. She strongly acknowledged and appreciated the recognition and

meaningful participation of young people throughout the discussions of the conference. She urged partners to go outside the present spaces and break down the barriers which prevent young people from accessing sexual and reproductive health information and services, through a collective movement. She further emphasised the importance of having all sectors play their role and the use of data to inform the inclusion of PWDs in the SRHR movement.

Ms Diana Macauley from Sonke Gender Justice, in her closing remarks observed that political will is the game changer. She congratulated and acknowledged CEHURD for being a proactive partner, making reference to the quality of the conference and discussions.



## THE CONFERENCE FUNDRAISING DINNER IN SUPPORT OF CHILDREN WHO EXPERIENCE SEXUAL VIOLENCE IN UGANDA

MESTIL HOTEL, KAMPALA

The evening of 28<sup>th</sup> September, 2023 was a fundraising dinner linked to the UCHD 2023 conference which focused on giving for an important cause – **support for children who experience sexual violence in Uganda**. This important dinner was attended by 130 guests representing a diversity of partners. It was graced by Her Excellency, Ambassador Maria Hokansson of the Embassy of Sweden in Uganda in company of Counsellor Health, Thomas Lundstrom from the same Embassy. Ambassador Maria launched a Legal Aid Fund, created to enable the Center for Health, Human Rights and Development (CEHURD) strengthen legal aid support to ensure access to justice for children who experience sexual violence in Uganda.

The Fund will also enable CEHURD to integrate psychosocial support for these children and their families. This initiative was inspired by CEHURD's current experience where the majority of clients accessing services from the institution's legal aid programme are children who have experienced sexual violence from those who should protect them. These children are already vulnerable from conditions such as poverty, navigate a lonely life's journey, dominated by stigma and isolation from their own families, communities and society. A total of

Uganda Shilling 63 million (USD 16,700) was raised from this event.

The story of Grace (not real name), one of CEHURD's legal aid client was an emotional reality, representing the more than 10,000 children who face sexual violence each year in Uganda according to the annual police crime report. Grace narrated the story of how her 10-year-old daughter was repeatedly sexually abused during the Covid-19 time by her own biological father. Grace also recalled instances of physical domestic violence directed to her for reporting the case to healthcare facility and police.

Angel Kabera, Young Poet demonstrated the devastating impact of sexual violence on children in Uganda, including the frustration of their dreams and ability to realise their full potential. The Poem titled - ***Spoken Word: A tale of Sexual Gender Based Violence (SGBV) in Uganda*** is an original composition which constitutes an advocacy tool for ending SGBV among children.

CEHURD is grateful to Ambassador Maria Hokansson for her commitment to fighting sexual gender-based violence in Uganda as demonstrated in her Guest Speech at the dinner.



*“The Embassy of Sweden in Uganda is proud to support the UCHD 2023 conference and pledges solidarity to support persons facing SGBV and working with partners to address the issue.”* **Ambassador Maria Hokansson, Embassy of Sweden in Uganda.**

## Recognition of efforts towards access to social justice and support for child survivors of sexual violence:

Individuals and institutions which have provided outstanding leadership and commitment towards addressing child sexual violence were recognised and given awards. Ms Adongo Rose, a retired police officer who was in charge of the Sexual Gender Based Violence Desk in Hoima district and Mr Ebong Kenneth, the District Community Development Officer for the district were recognised for their commitment towards ensuring access to justice for child survivors of sexual violence. Mr. Peter Ssewakiryanga, Executive Director of Kyampisi Child Care Ministries was recognised for his commitment towards psychosocial support and rehabilitation of child survivors of sexual violence including the provision of safe shelter to the children when required. Ms. Esther Bridget Nakalya, a journalist

was recognised for her consistent and impactful reporting on issues of child sexual violence. Ms. Nakaggwa Mildred was recognised for her boldness and speaking out against child sexual violence in Uganda using her lived experience.

We are grateful to all our partners and friends who contributed to this cause. This fundraising drive remains open for support and details are accessible from:

<https://www.cehurd.org/fundraising/> or

Email: [info@cehurd.org](mailto:info@cehurd.org)





# A SNAPSHOT OF WHAT DELEGATES HAVE SAID ABOUT THE CONFERENCE



*What a fantastic conference! The presentations were of very high quality. This was by far the most informative conference that I have attended in the year 2023. I definitely gained a lot of insight in the area of human rights and sexual and reproductive health and rights.*



**Lilian Nuwabaine Luyima, Midwife & Women's Health Specialist**



*I wanted to take a moment to extend my heartfelt congratulations to CEHURD for organizing the wonderful first-ever conference on Health, Human Rights, and Development in Uganda. This conference is not only a significant milestone for CEHURD but also the first of its kind in Africa, and it is truly commendable. CEHURD's dedication to promoting health, human rights, and development is evident in the thoughtful and insightful discussions that took place during the conference. The diverse range of topics covered, the esteemed panellists, and the engaging sessions all contributed to making this conference a resounding success. By bringing together experts, practitioners, and policymakers, CEHURD has created a platform for meaningful dialogue and collaboration in addressing the pressing health and human rights issues in Uganda and beyond."*



**Moureen Wagubi, Executive Director**, Institute for Social Transformation



*Greetings! First, I'd like to say thanks to you and CEHURD for hosting a fantastic conference. ...I really enjoyed it and felt so engaged by the discussions. I am reaching out on behalf of USAID/Uganda to ask if CEHURD could share the attending organizations/entities and contact information. We are conducting a partner landscape assessment and would love to engage with the Ugandan organizations and companies that were present."*



**Delegate from USAID.**



*This conference has brought together lawyers and healthcare workers. This connection is the only way to advance the right to health for the most vulnerable people."*



**Prof. Seggane Musisi**, Consultant Psychiatrist, School of Medicine/CEO Entebbe Lakeside Hospital.



*I feel that we still have so many challenges discussed at this conference especially teenage pregnancy. I am going away to do more to protect the right of the girl child."*



**Executive Director**, Partners in Community Transformation, Koboko District.



*"This has been an inclusive conference and this is very important for us. I have learnt a lot."*



**Delegate with hearing difficulties.**



*The wide involvement of people that identify themselves as genders different from the traditional. It was one of the best conferences ever, was so inclusive, everyone was represented regardless of their status. There was meaningful participation for all and all sectors were involved. Key populations were given due attention and time to present."*



**Recollects one of the delegates**

**AND MUCH MORE....**



The Center for Health, Human Rights and Development and The Ministry of Health are Grateful to you all for the Partnerships and Collaborations which made. This Historical Event a Success.

**We Look Forward To a Greater Conference in 2025.  
Watch the Space!**





# ACKNOWLEDGEMENT

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