



# **LEGAL AND POLICY MAPPING ON SELF CARE IN UGANDA**

**7<sup>th</sup> May, 2021**

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## **ACKNOWLEDGEMENTS:**

CEHURD acknowledges and deeply appreciates the support of Population Services International, Hewlet Foundation and Children's Investment Foundation for the financial support to undertake this assignment and creating learning spaces on self-care and its value addition to realizing universal health coverage.

We also acknowledge with special thanks the role played by the members of the Uganda Self Care Expert Group and SRHR partners under the leadership of the Ministry of Health for the Technical support and contribution to this Stakeholder Mapping report.

CEHURD further appreciates the Consultant Advisor Mr. Frederick Mubiru for the enriching discussions and shaping the narrative of self-care within the Ugandan context.

Finally, special thanks go to the CEHURD technical working team comprised of Mr. Mulumba, Moses, Ms. Fatia Kiyange and Ms. Dorothy Amuron that provided oversight technical direction and peer reviewed the final reports. The legal research team comprised of Ms Rose Wakikona, Mr. Jordan Tumwesigye, Mr Paul Wasswa, Ms. Tricia Precious, Ms. Miriam Kyomugisha who provided technical support during the mapping and analysis of policies and legal frameworks. Ms. Kukundakwe Annah who led and coordinated the teams with distinction.

## **BACKGROUND**

Self-care is defined by the World Health Organization (WHO) as “*the ability for individuals, families and communities to promote, maintain health, prevent disease and cope with illness with or without the support of a healthcare provider.*” Self-care has the potential to transform access to health care, especially for vulnerable populations who face barriers to health care including; women, sexual minorities, adolescents, people in rural areas *et al.* It is an essential part of the efforts to achieve Universal Health Coverage (UHC).

In 2020, Center for Health, Human Rights and Development (CEHURD) was identified by the Self-Care Trailblazer Group (SCTG), a global membership coalition to provide coordination and leadership for advocacy towards the institutionalization of self-care for Sexual and Reproductive Health and Rights (SRHR) in Uganda working collaboratively with relevant partners and stakeholders in Uganda.

The SCTG was established in 2018 to advance the evidence, practice, learning and policy landscape of self-care for SRHR. Since that time, Self-care has advanced as a concept, practice and policy, particularly during the time of Covid-19, self-care became a necessity to meeting the health needs of people across the globe.

CEHURD is advancing this goal as the national affiliate for the SCTG in Uganda. SCTG, through Population Services International (PSI) Secretariat in Uganda, is supporting activities of CEHURD as the SCTG national advocacy affiliate.

Against this background CEHURD determined the need to conduct a policy and legal frameworks mapping aimed at identifying laws, bills, policies, strategies and guidelines affecting self-care to identify opportunities and gaps that will inform advocacy for institutionalization of self-care in Uganda.

## **OBJECTIVE OF THE LEGAL AND POLICY MAPPING AND ANALYSIS**

- a) To conduct a mapping and review of policy and legal frameworks on self-care for SRHR in Uganda and identify policy advocacy mechanisms.

## **METHODOLOGY:**

### **Legal and Policy Legal Frameworks Analysis:**

Another brainstorming session with a CEHURD Technical Working Team developed a shortlist of key global, regional, and national policy/ legal frameworks which would further be reviewed in depth.

The different levels of the works were then sub-divided for detailing review and subsequently discussed at a workshop facilitated by an external expert on Self Care issues in Uganda. Each framework was assessed for their inherent provisions on Self Care, gaps and opportunities they offered for advocacy.

## **RESULTS:**

### **Legal and Policy Framework Analysis**

Over 15 international laws, conventions, bills, guidelines, strategies and amendment notes were reviewed for the purpose of this analysis. These were reviewed for their status or position of force as regards Self-Care, while identifying gaps and opportunities therein for Self-Care advocacy. Uganda has ratified many of

these, although has some reservations for some of them. A summary list is provided below: (Detailed review is provided in the matrix in Annex 3).

- United Nations International Covenant on Economic Social and Cultural Rights (ICESCR)
- General Comment No. 14 on the Right to the Highest Attainable Standard of Physical and Mental Health
- General Comment 22 of 2016 on the Right to SRHR
- UN Convention on the Rights of the Child
- General Comment No. 15 of 2013 on the Right of the Child to the Enjoyment of the Highest Attainable Standard of Health
- General Comment No. 5 of 2003 on General measures of implementation of the Convention on the Rights of the Child
- UN Convention on the Rights of Persons with Disability
- General Comment No. 5 of 2017 on the right to live independently and be included in the community
- UN Convention on Elimination of All Forms of Discrimination Against Women (CEDAW)
- Convention on Elimination of All Forms of Discrimination Against Women (CEDAW) General Recommendation No. 24 on Article 12 of the Convention (Women and Health)
- World Health Organization (WHO) Consolidated Guidelines on HIV Testing Services 2019
- World Health Organization Consolidated Guidelines on Self-Care Interventions for Health
- United Nations Sustainable Development Goals
- African Charter on Human and Peoples Rights
- Protocol to the Charter on Human and Peoples Rights (Maputo Protocol)
- General Comment No. 2 on Article 14 (1) (a), (b), (c) and (f) and Article 14 (2) (a) and (c) of the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa
- African Commission Principles and Guidelines on the Implementation of Social and Cultural Rights in the African Charter on Human and Peoples' Rights
- East African Community HIV and AIDS Prevention and Management Act, 2012
- East African Community Sexual and Reproductive Health Rights Bill, 2017

Further a review of Uganda National laws, policies, strategies, plans and guidelines in as far as they affect Self-Care was done. A total of 32 documents were reviewed and discussed by the team. They were vetted for their status, gaps and opportunities in relation to Self-Care. These included the following: (See annex for detailed matrix)

- The Constitution of the Republic of Uganda, 1995 (as amended)
- The National Drug Policy and Authority Act Cap 206
- The Penal Code Act of Uganda, Cap 120
- The Traditional and Complimentary Medicines Act, 2019
- Uganda National Bureau of Standards Act, Cap 327
- The Electronic Transactions Act, 2011

- The HIV Prevention and Control Act, 2015
- The Children’s Act Cap 59
- Children’s Amendment Act 2015
- Data Privacy and Protection Act, 2019
- The Patients Charter
- The National Health Insurance Bill, 2019
- Uganda National Policy for Public Private Partnerships in Health (July 2005)
- National Population Policy (June 2018)
- Adolescent health policy guidelines and service standards (May 2012)
- Reducing maternal morbidity and mortality from unsafe abortion in Uganda – Standards and guidelines (April 2015)
- Uganda National Self-care guidelines for SRHR (December 2020MOH Uganda Health Sector Strategic and Investment Plan (2010/11 – 2014/15)
- Uganda National eHealth Policy (November 2016)
- National HIV testing services policy and implementation guidelines (October 2016)
- The National policy guidelines and service standards for SRHR (February 2006)
- Guidelines for the Uganda National Health Laboratory Hub and Sample Transport Network (September 2017)
- Cervical cancer; Information, Education and Communication Booklet for Health Workers (2017)
- Uganda Vision 2040
- Third National Development Plan (NDP III) (2020/21 – 2024/25)
- National medicine policy (July 2015)
- Health sector development plan (2015/16 – 2019/20)
- National comprehensive condom program strategy and implementation plan (2020 – 2015)
- The National HIV and AIDS strategic plan (2020/21 to 2024/25)
- Reproductive maternal new-born child, adolescent and aging draft sharpened plan 2 for Uganda (2020/21- 2-25/26)
- National Sexuality Education framework, May 2018
- National Family Planning Costed Implementation Plan (2020/21-2024/25)
- Third National Health Policy under the theme: “Towards Universal Health Coverage”

## ANNEX 1: INTERNATIONAL AND REGIONAL LAWS AND FRAMEWORKS

Law	Status	Provisions on Self Care	Gaps	Advocacy Opportunity
UN International Covenant on Economic Social and Cultural Rights (ICESCR)	Ratified January 1987	Article 12 provides for the right to the highest attainable standard of physical and mental health	Does not expressly provide for self-care	Recognition of self-care by the Committee on Economic, Social and Cultural Rights through either amending General Comments No. 14 and 22 would go a long way in ensuring that self-care is read within the context of Article 12
General Comment No. 14 on the Right to the Highest Attainable Standard of Physical and Mental Health	In force	<p>The Committee on Economic Social and Cultural Rights under Paragraph 11 defines the right to health as an inclusive right extending not only to timely and appropriate health care but also to the underlying determinants of health, such as access to safe and potable water and adequate sanitation, an adequate supply of safe food, nutrition and housing, healthy occupational and environmental conditions, and access to health-related education and information, including on sexual and reproductive health.</p> <p>Paragraph 18 recognises the principles of non-discrimination and equal treatment in access to health care and since self-care is aimed at ensuring Universal Health Coverage (UHC), this can be construed to apply to self-care.</p> <p>The Committee stresses that many measures, such as most strategies and programmes designed to eliminate health-related discrimination, can be pursued</p>	<p>The General Comment does not expressly provide for self-care</p> <p>In fact under Paragraph 13, the CESCR provides for three levels of health care namely primary health care, secondary health care and tertiary health care but makes no mention of self-care</p>	<p>Since the General Comment concedes that the three levels of health care are a limited understanding of the normative context of the right to health, this is an advocacy opportunity to have a revision of the General Comment to include self-care.</p> <p>It is also an opportunity to advocate for a general comment specific to self-care</p>

Law	Status	Provisions on Self Care	Gaps	Advocacy Opportunity
		<p>with minimum resource implications through the adoption, modification or abrogation of legislation or the dissemination of information.</p> <p>Paragraph 35, the state's obligation to protect including the obligation to adopt legislation or take measures including equal access to health-care</p>		
General Comment No. 22 of 2016 on the Right to SRH	In force	<p>Paragraph 45 explains the obligation to fulfil which includes adopting appropriate legislation measures to ensure realisation of SRHRs</p> <p>Paragraph 46 is on the eradication of all barriers to full realisation of this right</p> <p>Paragraph 44 describes obligation to protect and ensure that adolescents have full access to appropriate information on SRHR</p> <p>Paragraph 51 says states parties should ensure, in compliance with their Covenant that their bilateral, regional and international agreements dealing with intellectual property or trade and economic exchanges, do not impede access to medicines, diagnostics or related technologies required for prevention or treatment of HIV/AIDS or other diseases related to sexual and</p>	Does not expressly provide for self-care	<p>A revision of the general comment to include an express provision on self-care would make for a great advocacy opportunity</p> <p>It is also an opportunity to advocate for a general comment specific to self-care</p>

Law	Status	Provisions on Self Care	Gaps	Advocacy Opportunity
		<p>reproductive health. States should ensure that international agreements and domestic legislation incorporate to the fullest extent any safeguards and flexibilities therein that may be used to promote and ensure access to medicines and health care for all. States parties should review their international agreements, including on trade and investment, to ensure that these are consistent with the protection of the right to sexual and reproductive health, and should amend them as necessary.</p>		
UN Convention on the Rights of the Child	Ratified August 1986	<p>Article 24.1 recognises the right of the child to enjoy the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. The Convention further requires state parties to: strive to ensure that no child is deprived of his or her right to access to such health care services</p>	Does not expressly provide for self-care	Since the Convention does not expressly provide for self-care, it is crucial to rally advocacy efforts for the Committee on the Rights of the Child to develop a General Comment specifically focused on self-care for children
General Comment No. 15 of 2013 on the Right of the Child to the Enjoyment of the Highest Attainable Standard of Health	In force	<p>The General Comment provides for principles and premises for the realisation of children's right to health which include the best interests of the child and right to non-discrimination. These principles are correlated to self-care principles.</p> <p>Paragraph 60 provides that sexual and reproductive health education ought to include self-awareness</p>	Does not expressly provide for self-care	Advocacy around amending the General Comment to include explicit self-care components.

Law	Status	Provisions on Self Care	Gaps	Advocacy Opportunity
		and knowledge about the body. This is another provision that resonates with self-care		
General Comment No. 5 of 2003 on General measures of implementation of the Convention on the Rights of the Child	In force	The General Comment makes specific reference to Article 4 of the Convention on the Rights of the Child to provide for state obligations in ensuring that all appropriate, legislative, administrative and other measures are taken to ensure proper implementation of the Covenant	Does not make provision for self-care	The Committee on the Rights of the Child should make specific provision for state obligations to ensure equal access to health care (including self-care) for children
UN Convention on the Rights of Persons with Disability	Ratified September 2008	Article 25 provides that state parties shall recognise that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability	Does not make explicit reference to self-care	Doing more advocacy around self-care being incorporated into the Convention since persons with disability are vulnerable groups of people who often lack access to health care.
General Comment No. 5 of 2017 on the right to live independently and be included in the community	In force	The General Comment recognises that sexual and reproductive rights include the right to enjoy safe sexuality and keep well and healthy as well as the right to decide whether to have children or not as well as the necessary support to have healthy children	The General Comment is generic in its description of self-care	Doing advocacy around having a specific General Comment on the right to health for Persons Living with Disability and incorporating aspects of self-care into the same.
UN Convention on Elimination of All Forms of Discrimination Against Women (CEDAW)	Ratified in July 1981	Article 12, States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.	Does not expressly provide for self-care	A General Recommendation that specifically provides for self-care would be a great advocacy opportunity

Law	Status	Provisions on Self Care	Gaps	Advocacy Opportunity
		Article 14, access to o adequate health care facilities, including information, counselling and services in family planning		
Convention on Elimination of All Forms of Discrimination Against Women (CEDAW) General Recommendation No. 24 on Article 12 of the Convention (Women and Health)	In force	Paragraph 18 of the General Recommendation provides that States should ensure the rights of female and male adolescents to sexual and reproductive health education by properly trained personnel in specially designed programmes that respect their right to privacy and confidentiality. Paragraph 29 mandates state parties to implement a comprehensive national strategy to promote women's health and that these interventions should be aimed at both the prevention and treatment of disease and will ensure universal access for all women to a full range of high-quality and affordable health care including sexual and reproductive health services.	Lack of an express provision on self-care	Amendment of the General Recommendation in order to include self-care
World Health Organization (WHO) Consolidated Guidelines on HIV Testing Services 2019	In force	The guidelines recognise HIV self-testing. The WHO now recommends that HIV self-testing should be offered as an approach to HIV testing services.  The Guidelines also recognise new digital platforms, including computer-based, online and mobile phone-based applications, videos and social media can provide virtual support, especially for self-testing.	Whereas, HIV Self-Testing (HIVST) is an important approach to HIV testing, the costs of HIV test kits usually fall between \$2-40 which is	Advocacy interventions around reducing HIV test kits costs are an important advocacy opportunity

Law	Status	Provisions on Self Care	Gaps	Advocacy Opportunity
			high for most Ugandans	
World Health Organization Consolidated Guidelines on Self-Care Interventions for Health	In force	The Guidelines provide for a number of recommendations for self-care e.g. chamomile and ginger for relief against nausea during early pregnancy, interventions for constipation like wheat bran or other fibre supplements, self-injectable contraception options for family planning, home based ovulation predictor kits	WHO aims to develop further guidance for SRHR and other health areas that would be likely to promote equity, be feasible to implement, and contribute to improvements in self-care, so that the appropriate recommendations can be included in future versions of this guideline, and can be adopted and implemented by countries and programmes.	Advocating for additional guidance on SRHR from the World Health Organization (WHO)
United Nations Sustainable Development Goals (SDGs)	In force	Sustainable Development Goal 3 is on good health and wellbeing. The Goal addresses all major health priorities, including reproductive, maternal and child	SDG 3 is an ambitious Goal which is perhaps far from being	Continued advocacy efforts to increase health funding to meet the Abuja Declaration target of 15%

Law	Status	Provisions on Self Care	Gaps	Advocacy Opportunity
		health; communicable, non-communicable and environmental diseases; universal health coverage; and access for all to safe, effective, quality and affordable medicines and vaccines	realised because of the big problem of health care funding	
The Global Gag Rule	Repealed	The Global Gag Rule/Mexico City Policy is a policy usually passed by Republican administrations in the United States of America. The recent edition of the Policy was passed by the Trump administration in 2017 and it cut aid meant for civil society organisations carrying out advocacy and service provision of abortion services	The Policy has since been repealed but could make a return with the next Republican administration. The policy was first passed during the Reagan administration in the 1980s.	Continuous campaigns on the effects of the GGR on access to SRHR services especially abortion ought to continue
The Geneva Consensus Declaration 2020	Uganda still a co-sponsor	The Declaration was co-sponsored by Uganda during the World Health Assembly in 2020. The Declaration reaffirms that there is no international right to abortion nor any obligation on states to finance abortion	The Declaration is still being co-sponsored by Uganda which is indicative of state policy around abortion	The Declaration limits access to abortion services and essentially self-care around abortion. This should present an opportunity to continue efforts to get the state to withdraw its co-sponsorship of the Declaration
African Charter on Human and Peoples Rights	Ratified in March 1986	Every individual shall have the right to enjoy the best attainable state of physical and mental health. (2) States Parties to the present Charter shall take the	Lack of an express provision on self-care	Advocate for the release a general comment that recognizes Self Care as a key health intervention in realizing UHC

Law	Status	Provisions on Self Care	Gaps	Advocacy Opportunity
		necessary measures to protect the health of their people and to ensure that they receive medical attention when they are sick		
Protocol to the Charter on Human and Peoples Rights (Maputo Protocol)	Ratified in July 2010. Uganda has expressed a reservation on Article 14(2) (c)	Article 14, state parties shall ensure that the right to health of women including sexual and reproductive health is respected and promoted including right to control their fertility, right to choose any method of contraception, right to <b>self-protection</b> [emphasis mine] and to be protected from STIs including HIV, right to have family planning education	Does not delve deeper into forms of self-care options that could be made available to women	Doing more advocacy work aimed at Uganda lifting her reservation on Article 14 (2) (c)
General Comment No. 2 on Article 14 (1) (a), (b), (c) and (f) and Article 14 (2) (a) and (c) of the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa	In force	The General Comment imposes four general obligations on State parties, namely the obligation to respect, protect, promote and fulfil women's sexual and reproductive health and rights.  Paragraph 25 provides that the states shall ensure the right to health care without discrimination requires State parties to remove impediments to the health services reserved for women	Since Uganda expressed a reservation on Article 14(2) (c), some of these provisions are not applicable to Uganda.	Doing more advocacy work aimed at Uganda lifting her reservation on Article 14 (2) (c)
African Commission Principles and Guidelines on the Implementation of Social and Cultural Rights in the African Charter on Human	In force	Paragraph 65, the individual has the right to be free from unwarranted interference, including non-consensual medical treatment, experimentation, forced sterilisation and inhuman and degrading treatment.  Paragraph 67, minimum core obligations, ensure that national	Does not expressly provide for self-care	African Commission on Human and Peoples Rights

Law	Status	Provisions on Self Care	Gaps	Advocacy Opportunity
and Peoples' Rights		plans and policies are designed to ensure that health systems are able to deal with an individual's health holistically by addressing all aspects that may affect his/her health.  Para 67, Recognises the rights of women to control their fertility		
East African Community HIV and AIDS Prevention and Management Act, 2012	Authenticated in June 2012	Among the objects and purposes of the Act is to ensure the provision of quality health care and social services for persons living with HIV and their caregivers.  Under Article 12, governments shall ensure that recognised protective devices including condoms are available, accessible and affordable to the population. Governments are further required to ensure promotion of any other scientifically-proven measures that have been showed to be effective in reducing or eliminating transmission of HIV	Does not recognise self-testing as evidenced by Article 16	Calls for amendment to ensure that self-testing is provided for under the said Article
East African Community Sexual and Reproductive Health Rights Bill, 2017	Recalled	The Bill intended to ensure quality sexual reproductive health care, education and services for all citizens of the East African Community.  Clause 6 of the Bill made provision for the right to seek and receive age appropriate sexual and reproductive health information in any form through any medium	Despite being progressive, the Bill was recalled in February 2021 for redrafting	Advocacy efforts should be concentrated on ensuring that the Bill is re-tabled and passed

Law	Status	Provisions on Self Care	Gaps	Advocacy Opportunity
		Clause 12 made provision for access to contraceptives and therefore the ability for individuals to control their fertility by choosing and consenting to any method of contraception		
East African Community Gender Policy 2018	In force	Partner States commit to develop and implement strategies including capacity building sessions for health workers to enable them provide quality sexual and reproductive health services	Does not expressly refer to self-care	Since the Policy refers to capacity building sessions for health workers, civil society should scale up efforts to task the state to provide these, with a special focus on self-care tools that these health workers should know about such as the HIV self-testing kits.

## ANNEX 2: UGANDA NATIONAL LAWS AND BILLS

Laws	Status	Provisions	Gaps:	Opportunities
<p>The Constitution of the Republic of Uganda, 1995 (as amended)</p> <p><b>Preamble:</b> The Constitution is the Supreme Law in Uganda and it has a bill of rights that expressly provides for the rights one is entitled to in the context of Uganda.</p> <p>It also provides for the roles and responsibilities of government in the</p>	<p>In force, since 8<sup>th</sup> October, 1995</p>	<p>Self-care is progressively recognized in Uganda's Constitution by the following provisions;</p> <p>Objective 20 of the National Objectives and Directive Principles of State policy- State to take all practical measures to ensure the provision of basic medical services to the population.</p> <p>Article 8A- National Objectives and Directive Principles of State Policy are relied upon in the interpretation of the Constitution (See <i>Sam Kutesa and 3 others vs. Attorney General [Constitutional Reference No. 54 of 2011]</i>)</p> <p>Article 20- provides for fundamental human rights and freedoms and this provision expressly mandates Government, state agencies and persons to promote, respect and uphold human rights</p>	<p>If the Constitution is given a strict interpretation, provisions on self-care and access to health are not expressly provided for and this might be used to limit its scope and appreciation of the concept of self-care.</p>	<p>While the Constitution does not expressly provide for the right to health, decided cases such as <i>CEHURD and 3 others vs. Attorney General [Constitutional Petition No.16 of 2011]</i>- give the right to health and specifically the right to maternal health a place in Uganda's Constitution.</p> <p>Given that the concept of Self-care is looked at from the angle of sexual and reproductive health and rights, this becomes an opportunity to engage Government and specifically parliament to amend the constitution and include express provisions that provide for the right to health and these should include the right to access and receive quality health services and health information and these services should be available to all persons of all age groups.</p>

Laws	Status	Provisions	Gaps:	Opportunities
protection and promotion of human rights		<p>Article 21- promotes equality and prohibits all forms of discrimination whether premised on the ground of sex, race, color, ethnic origin, tribe, birth, creed or religion, social or economic standing, political opinion or disability.</p> <p>Article 27(2)- promotes privacy and from a progressive point of view in the context of self-care, this includes data and information privacy</p> <p>Article 31 (4)- recognizes parents' right and duty to care for and bring up their children (this provision recognizes parental responsibility)</p> <p>Article 33(2) mandates the State to provide facilities and opportunities necessary to enhance the welfare of women to enable them to realize their full potential and advancement.</p> <p>This article 33(3) further mandates the State to protect women and their rights, taking into account their unique status and natural maternal functions in society.</p>		Opportunity to advocate for amendment of the constitution to include the right to health expressly.
<p>The National Drug Policy and Authority Act Cap 206</p> <p><b>Preamble:</b> As per its long title, this act establishes the</p>	In force since 3 <sup>rd</sup> December ,1993	Access and availability of quality drugs and medicines is regulated by the National Drug Authority (NDA) and this provided for under Section 2 of the Act that establishes the National Drug Policy.	Inadequate information about specific drugs and medicines that can be used for self-care and resulting side effects leads to drug resistance.	<p>Enhance proper literacy and adequate information about self-care drugs and side effects related to specific drugs.</p> <p>Use Advocacy to ensure the re-classification of some medicines from Class A to</p>

Laws	Status	Provisions	Gaps:	Opportunities
<p>National Drug Policy and the National Drug Authority whose mandate is to ensure the availability, at all times, of essential, efficacious and cost-effective drugs to the entire population of Uganda, as a means of providing satisfactory health care and Safeguarding the appropriate use of drugs.</p>		<p>Furthermore, Section 5 of the Act states the functions of the NDA and these are;</p> <ul style="list-style-type: none"> <li>a) To deal with the development and regulation of the pharmacies and drugs in the country;</li> <li>b) To approve the national list of essential drugs and supervise the revisions of the list in a manner provided by the Minister;</li> <li>c) to estimate drug needs to ensure that the needs are met as economically as possible;</li> <li>d) to control the importation, exportation and sale of pharmaceuticals;</li> <li>e) to control the quality of drugs;</li> <li>f) to promote and control local production of essential drugs;</li> <li>g) to encourage research and development of herbal medicines;</li> <li>h) to promote rational use of drugs through appropriate professional training;</li> </ul> <p>The Act as per Section 8 further establishes a National List of Essential Medicines and these are medicines that have to be available at all times to serve the needs of the population. Some of the essential medicines such as misoprostol and mifepristone can be used for purposes of self-care in Uganda.</p> <p>The Act also puts in place checks and balances to ensure that drugs</p>	<p>Classification of drugs and the mandates of who dispenses which type of drug to a person in need of the same.</p>	<p>Class B and C to ensure their availability to the population.</p> <p>Ensure popularity of the list of essential medicines that can potentially be used for self-care e.g. mifepristone and misoprostol and more advocacy for law reform needs to be done to ensure the decriminalization of the supply, sale and dispensing of self-care drugs.</p>

Laws	Status	Provisions	Gaps:	Opportunities
		<p>are dispensed in duly registered places by duly licensed persons (Sections 13 to 17 of the Act).</p> <p>The Act further provides for Classification of Drugs as per the Schedules annexed to the Act.</p>		
<p>The Penal Code Act of Uganda, Cap 120</p> <p><b>Preamble:</b> The Penal Code is Uganda's central penal law. It provides for a list of offenses and penalties for non-compliance with the Law.</p>	<p>In force since 15<sup>th</sup> June, 1950</p>	<p>With regard to Self-care in the context of SRHR, this Law prohibits attempts to procure an abortion, procuring a miscarriage and supplying and dispensing drugs to procure an abortion as per sections 141, 142 and 143 of the Act.</p> <p>As such, these provisions of the Law have restricted access to safe and legal abortions and they have as such, contributed to unsafe abortions that could have been prevented through self-care</p>	<p>These sections are a clear limitation to the advancement of self-care to women and girls who might require safe abortion services.</p>	<p>There is need for Advocacy and Law Reform and this can be through;</p> <p>-Petition the Parliament to enact a law that can provide for the circumstances under which an abortion can be carried out</p> <p>-decriminalize the sale, supply and dispensing of abortifacients</p>
<p>The Traditional and Complimentary Medicines Act, 2019</p> <p><b>Preamble:</b> The Act defines traditional and complementary medicines in relation to</p>	<p>Act assented to by the President on 14<sup>th</sup> October 2020.</p> <p>Statutory Instrument as to commence</p>	<p>The Act defines Complimentary, Conventional and Traditional medicines as per Section 3 of the Act and it further puts in place checks and balances to ensure that practitioners and places where these medicines or practices are administered are duly registered and licensed as per part IV and V of the Act.</p>	<p>Non-implementation of this Law still remains a missed opportunity</p>	<p>There is need for Advocacy and sensitization to ensure a strict enforcement of this legal regime so as to ensure that the code of conduct is adhered to and that traditional, conventional and complimentary medicines and practices administered are duly recognized and proved to be efficacious.</p>

Laws	Status	Provisions	Gaps:	Opportunities
<p>modern medicine and it seeks to control and regulate the practice of traditional and complementary medicine and license practitioners</p>	<p>ement not available online.</p>	<p>The Act has a code of conduct as per Section 52 that regulates the relationship between a practitioner and a patient and practices highlighted in the code include</p> <ul style="list-style-type: none"> <li>- respect for patients</li> <li>- non-exploitation of patients</li> <li>- respect for community values and acceptable moral and societal norms</li> <li>- promotion of beneficial aspects of traditional medicine</li> <li>- elimination of harmful practices</li> <li>- promotion of social justice through safe, acceptable and cost effective traditional medicines and practice</li> <li>- informed consent of the patient</li> </ul> <p>The Act also calls for the respect of Ethics principles as detailed under Section 53.</p>		
<p>Uganda National Bureau of Standards Act, Cap 327</p> <p><b>Preamble:</b> This Act establishes the Uganda National Bureau of Standards and provides for the standardization</p>	<p>In force since 14<sup>th</sup> October, 1983.</p>	<p>The Act establishes the Uganda National Bureau of Standards (Section 2) whose mandate in summary as per Section 3, is to ensure that products/commodities available on the Ugandan Market (including health commodities) are duly certified and adhere to quality checks and standards and this includes combating counterfeit and pirated products.</p> <p>As such, where products. Goods and commodities do not conform to the quality standards set by the Uganda National Bureau of Standards, the</p>	<p>Delays in timely quality checks and approval of health commodities by the UNBS and NDA hinders availability of health commodities</p>	<p>There is need to work together with UNBS and NDA to ensure that quality checks of health commodities such as condoms, syringes etc, and are done in a timely manner so as to ensure their availability on the market.</p>

Laws	Status	Provisions	Gaps:	Opportunities
of commodities.		goods are rejected accordingly and penalties for non-compliance are prescribed for under Sections 26 to 30 of the Act.		
<p>The Electronic Transactions Act, 2011</p> <p><b>Preamble:</b> The Act provides for the use, security, facilitation and regulation of electronic communications and transactions and encourages the use of e-Government services</p>	<p>Assented to on 17<sup>th</sup> February 2011,</p> <p>Commenced on 8<sup>th</sup> July 2011.</p>	<p>This Law from a progressive point of view, recognizes the role of electronic transactions in access to health commodities and services.</p> <p>It defines who a “consumer” is as per Section 2 to be “a person who enters or intends to enter into an electronic transaction with a supplier as the end user of the goods or services offered by that supplier”.</p> <p>The Act under part IV expressly provides for Consumer Protection and this thereby regulates the conduct between the buyer and seller.</p> <p>Section 24 deals with information to be provided by suppliers or sellers and it requires the seller as per Section 30, to supply the good purchased electronically within 30 days.</p>	<p>Given that it’s an electronic transaction, the seller as no control over the prescription because this law is about the purchasing power of the buyer.</p>	<p>Need to ensure that goods or services (self-care related) that are offered are duly prescribed by licensed health workers especially if these are drugs/medicines.</p>
<p>The Children’s Act Cap 59 and Children’s Amendment Act 2015</p> <p><b>Preamble:</b></p>	<p>Children’s Act Cap 59 commenced on 1<sup>st</sup> August 1997.</p>	<p>The Children’s Act Advances the Welfare principles under Section 3 of the Act as amended in 2016 and it expressly states that;</p> <p>1)The welfare of the child shall be of paramount consideration whenever the state, a court, a</p>	<p>The Children’s Act does not recognize the unique challenges that girls go through for instance sexual violence resulting into pregnancy and whether a child having a</p>	<p>There is need for the Welfare principle to be explicit on the rights of Children with regard to accessing family planning services and commodities. As such, more advocacy needs to be done in this area.</p>

Laws	Status	Provisions	Gaps:	Opportunities
<p>These Acts of Parliament stipulated the consolidate the law relating to children; to provide for the care, protection and maintenance of children; to provide for local authority support for children; to establish a family and children court; to make provision for children charged with offences and for other connected purposes.</p>	<p>Children's Amendment Act commenced on 2 June 2016</p>	<p>tribunal, a local authority or any person determines any question in respect to the upbringing of a child, the administration of a child's property, or the application of any income arising from that administration.</p> <p>2)In all matters relating to a child, whether before a court of law or before any other person, regard shall be had to the general principle that any delay in determining the matter is likely to be prejudicial to the welfare of the child.</p> <p>3)In determining any question under subsection (1), court or any other person shall have regard to—</p> <ul style="list-style-type: none"> <li>a) the ascertainable wishes and feelings of the child concerned, with due regard to his or her age and understanding;</li> <li>b) the child's physical, emotional and educational needs;</li> <li>c) the likely effects of any change in the child's circumstances;</li> <li>d) the child's sex, age, background and any other circumstances relevant in the matter;</li> <li>e) any harm that the child has suffered or is at the risk of suffering; and</li> <li>f) Where relevant, the capacity of the child's parents, guardian or any other person involved in the</li> </ul>	<p>pregnancy is in the best interests of that pregnant child.</p> <p>Secondly, access to family planning for children is not recognized yet in Uganda, children as young as 12 years are sexually active.</p>	

Laws	Status	Provisions	Gaps:	Opportunities
		care of the child, and in meeting the needs of the child.		
<p>Data Privacy and Protection Act, 2019</p> <p><b>Preamble:</b> This is an Act to protect the privacy of the individual and of personal data by regulating the collection and processing of personal information; to provide for the rights of the persons whose data is collected and the obligations of data collectors, data processors and data controllers and regulate the use or disclosure or personal information</p>	<p>Assented to on 25<sup>th</sup> February 2019.</p> <p>Commencement date: 1<sup>st</sup> March 2019.</p>	<p>Premised on the spirit of the Act, this Act gives effect to Article 27(2) of the Constitution of the Republic of Uganda, which provides for the protection of the right to privacy and this includes a person's individual/personal data and information.</p> <p>Section 4: Establishes a personal data protection office responsible for personal data protection under the National Information Technology Authority (NITA) - Uganda.</p> <p>Section 5: Where rights of data subjects are infringed under the Act, they can lodge complaints with the personal data/ protection office who monitors, investigates and reports on the observance of the right to privacy and personal data.</p> <p>And, where Data is unlawfully obtained or disclosed by a data collector, controller or processor, that person contravenes Section 25 and is liable to conviction to a fine not exceeding 240 currency points or imprisonment for 10 years or both.</p>	<p>Security measures under Section 23(1) of the Act are ambiguous as they give discretion to NITA to either disclose a data breach or not, thereby infringing on the rights of the data subject.</p> <p>Section 8- children's data is easily collected and this breaches the aspects of informed consent.</p> <p>Section 7(2)(a)(b)- It's easy to violate data privacy of persons on the basis/ claims of National Security</p>	<p>There is need to ensure that personal data especially health information, is protected whether by the Government or private persons.</p>
<p>The HIV Prevention and Control Act, 2015</p>	<p>Commenced on 13<sup>th</sup> February 2015</p>	<p>The Act seeks to make HIV/AIDS testing and counselling services available and accessible at all Health facilities in Uganda, encourages voluntary testing of HIV/AIDS</p>	<p>Section 43 of the Act criminalizes the intentional transmission of HIV and this clause has been potentially</p>	<p>The Act is self-care compliant however, there is need for Advocacy aimed at pushing for the decriminalization of the intentional transmission of HIV</p>

Laws	Status	Provisions	Gaps:	Opportunities
<p><b>Preamble:</b> This is an Act to provide for the prevention and control of HIV and AIDS, including to protection, counselling, testing, care of persons living with and affected by HIV and AIDS, rights and obligations of persons living with and affected by HIV and AIDS and to establish the HIV and AIDS Trust Fund for other related matters.</p>		<p>premised on the express acquisition of informed consent (Section 9).</p> <p>The Act further makes consent to HIV/AIDS research mandatory (Part VI) and expressly prohibits all forms of discrimination on the basis of one's HIV/AIDS status (part VII)</p>	<p>used to put away People Living with HIV/AIDS which amounts to discrimination</p>	<p>(Section 43 of the Act) as this provision causes stigma that the Act was established to combat</p>
<p>The Patients Charter</p> <p><b>Preamble:</b> The Patients Charter provides for the rights and responsibilities of a patient and the roles of a health worker</p>	<p>October, 2009</p>	<p>This Charter provides for the Patients' rights in the context of Uganda and some of the rights recognized in the Charter as per Articles 1 to 18, are;</p> <ul style="list-style-type: none"> <li>- right to medical care including emergency medical care</li> <li>- prohibition from discrimination</li> <li>- participation in decision making</li> <li>- proper medical care</li> <li>- healthy and safe environment</li> <li>- access to medical records and information</li> </ul>	<p>This Charter has no legal force/force of Law but is of guidance only</p>	<p>There is need for more awareness creation on the provisions of the Patients Charter with regards to informed consent and participation in decision making.</p> <p>Given that the Patients' Rights and Responsibilities Bill of 2019 is still before Parliament and it seeks to give the Charter the force of Law, it would be a great stride promoting access to</p>

Laws	Status	Provisions	Gaps:	Opportunities
in the context of Uganda		<p>- express informed consent- and where consent can't be sought, from a responsible guardian or adult</p> <p>- right to redress</p> <p>It also highlights the responsibilities of a patient and health worker</p>		quality health care services. As such, more advocacy efforts need to be invested in ensuring that this bill is passed.
<p>The National Health Insurance Bill</p> <p><b>Preamble:</b> This Bill seeks to make health insurance available to all Ugandans so as address issues related to health service accessibility</p>	This is a bill that was passed by Parliament towards the end of March and awaits assent from the President	<p>The Government of Uganda developed a National Health Insurance Scheme (NHIS) Bill No. 27 of 2019 to establish the National Health Insurance Scheme.</p> <p>This bill provides for the objectives and functions of the scheme and also has provisions for financing mechanisms under the scheme and also provides for beneficiaries and categories of services to be provided in the scheme</p>	<p>The failure of the bill to provide for Universal access to care for all residents in Uganda as defined under the Registration of Persons Act. Under the bill, access to health care is linked to contributions and relationships with the contributors as Opposed to the health care needs</p>	<p>The National Health Insurance Scheme should provide cover for all residents in Uganda as defined under the Uganda Registration of Persons Act of 2015 so that health care services are accessible to all as opposed to the narrow interpretation it adopted.</p> <p>This interpretation adopted leaves out the youth and people below 18 years who form over 50% of Uganda's population.</p>



### ANNEX 3: POLICIES, GUIDELINES, STRATEGIES AND PROGRAMMES

Policy	Status	Opportunities/ Recommendations	Gaps	Body responsible
Uganda National Policy for Public Private Partnerships in Health  July 2005	Pending review	<p>Policy states that 60% of Uganda's Population use Traditional or Complementary Medicine for Primary Health Care</p> <p>Recognizes the role of the private sector in health promotion and the need for collaboration between the private and public sector</p> <p>Provides guidance to mainstreaming, establishing, implementing, coordinating, monitoring and evaluating partnerships between the Government of Uganda and the private health sector within existing laws, policies and plans.</p> <p>The document is a means to achieving the broader national health objectives</p>	No express recognition of self-care	Ministry of Health
National Population Policy June 2018	Current	<p>Expounds the fact that With the current population growth rate, it is estimated that Uganda will require 9,320 health facilities by 2037 (NPC 2018).</p> <p>-The population growth has outstripped the development of skilled health professionals with the overall density of skilled professionals (1.64 per 1,000 population) still below the 2006 WHO recommended threshold of 2.3 per 1,000, and even farther below</p>	No express recognition of self-care	National Population Council

Policy	Status	Opportunities/ Recommendations	Gaps	Body responsible
		<p>the 2016 WHO recommendation of 4.5 per 1,000 for 50% attainment of universal health coverage and sustainable development goal attainment.</p> <p>-Emphasize need for rapid fertility decline, reduction of child and maternal death and massive investment in education.</p> <p>-Require expanding access to family planning and reproductive health services.</p>		
Adolescent health policy guidelines and service standards May 2012	Ready for review	<p>Provide a definition for adolescents as a person between 10-19 years and their health needs.</p> <p>Define a young person as someone between the ages of 10-24 years.</p> <p>Establish 7 service standards for the provision of adolescent health which include; providing information, establishing delivery points, emphasize rights, establishing policy and management systems.</p> <p>Adopt an adolescent centered approach with all adolescents being eligible for health services.</p> <p>Adolescent health services should be integrated the primary health care level.</p>	<p>In terms of SRHR they only talk about HIV testing, counselling and access to HIV prevention methods and technologies.</p> <p>No mention of other SRHR needs is made</p>	<p>Reproductive health division of Ministry of Health</p> <p>National steering committee on adolescent health.</p>
Reducing Maternal Morbidity and Mortality from Unsafe Abortion in Uganda – Standards and Guidelines	Stayed	Recognize the challenge of unsafe abortion within the country which causes mortality and morbidity.	Limit the dispensation of abortifacients to nurses,	Reproductive health division of Ministry of Health

<b>Policy</b>	<b>Status</b>	<b>Opportunities/ Recommendations</b>	<b>Gaps</b>	<b>Body responsible</b>
April 2015		<p>Require the need for primary prevention, management of unintended and risky pregnancies and post abortion care.</p> <p>Establish guidelines and standards for access to family planning, contraceptive services and safe abortion</p>	<p>midwives, clinical officers and doctors.</p> <p>Dispensers and pharmacists cannot supply abortifacients which limits self-care</p>	
Uganda national self-care guidelines for SRHR  December 2020	Draft	<p>Provide a definition for self-care and elements and parameters to implement self-care which include; health promotion, disease prevention, maintaining health and cope with illness.</p> <p>Focus on self-care for SRHR services including STIs, Family planning, ante-natal care and prevention and management of unsafe abortion</p> <p>Make provisions for digital self-care</p>	Makes no provisions for the management of disposal of waste from use of self-care products	Reproductive health division of Ministry of Health
Health Sector Development Plan 2020/21- 2024/25, February 2020	Draft	<p>The plan provides the health sector commitments and priorities for the 5 years from FY 2020/21 to FY 2024/25.</p> <p>It is fully integrated in the overall National Development Plan 2020/21 – 2024/25 (NDP III) and the country's aspirations expressed in the Uganda National Vision 2040. The strategies herein adhere to the Universal Health Coverage (UHC) principles towards realization of the Sustainable Development Goals</p>	Policy makes general commitments on Health and is not specific to self-care	Ministry of Health

<b>Policy</b>	<b>Status</b>	<b>Opportunities/ Recommendations</b>	<b>Gaps</b>	<b>Body responsible</b>
		(SDGs) and other global and regional health commitments.		
Uganda National e-Health Policy November 2016	Current	Provides for the effective use of information and communication technology for better health outcomes of the Ugandan population while seeking to create an enabling environment for the development, deployment and utilization of sustainable, ethically sound and harmonized e-Health initiatives at all levels.  E-Health has been classified as use of e-Health in the provision of health services at a distance (tele-health), management of clinical and administrative information (health informatics), and sharing information and knowledge with health care providers, patients, and communities (e-learning).	Concentrates on the digital relationship between a health worker and patient and not a patient managing their own health care.	Information Technology Division at the Ministry of Health
National HIV testing services policy and implementation guidelines  October 2016	Current	Permit HIV self-testing when using approved HIV self-testing kits that can be accessed freely through public sector or sold over the counter at private pharmacies and drug shops.	Provisions made for only HIV/AIDS	HTS Policy Technical Working Group
The National policy guidelines and service standards for SRHR  February 2012	Pending review	Permit the cadre of Nurses in Drug shops to Administer DMPA SC Injections and Self-Injection. MOH/NDA circulars have authorized Self Injection.  Same guidelines mention women/men's ability to pick certain short term methods including EC off	Certain lacunas within the guidelines, policies and laws still exist though.	Reproductive health division of Ministry of Health

Policy	Status	Opportunities/ Recommendations	Gaps	Body responsible
		the counter after appropriate counseling to be taken at home.		
National Sexuality Education framework, May 2018	Stayed	The National Sexuality Education Framework was developed as a response to the urgent need for a National Policy Framework to guide the teaching of Sexuality Education and Development and dissemination of related materials in schools.	<p>The framework speaks to Abstinence and Being faithful but discourages the use of condoms.</p> <p>The framework doesn't apply to provision of sexuality education out of the school environment</p>	Ministry of Education and Sports
National Family Planning Costed Implementation Plan 2020/21-2024/25	Draft	<p>This policy document has been developed to provide direction for family planning programming. The progress of the state regarding family planning will have substantial bearing on national and global targets for both family planning and development. This will also contribute to the achievement of the Sustainable Development Goals (SDGs).</p> <p>The Family Planning CIP, 2020/21 – 2024/25, elaborates how the multi-sectoral approach will play a role in not only addressing the fertility concerns but also increasing access to quality comprehensive family</p>	Draft policy document and not-enforceable.	Reproductive and Infant Health Division- Ministry of Health

<b>Policy</b>	<b>Status</b>	<b>Opportunities/ Recommendations</b>	<b>Gaps</b>	<b>Body responsible</b>
		planning services and information by women and men in reproductive age, thereby increasing the country's socio-economic development and attaining the country's vision 2040.		
Guidelines for the Uganda National Health Laboratory Hub and Sample Transport Network  September 2017	Current	Allows for Self-collection of Samples (Self swabbing).  Guide that the guidelines where the patient is to collect the sample, have clear instructions for proper specimen collection which shall be given by the Central Public Health Laboratory (CPHL).	The instructions are yet to be developed.	Uganda National Laboratory Health Services  Central Public Health Laboratories
Cervical cancer; Information, Education and Communication Booklet for Health Workers  2017	Current	Stipulates that for HPV DNA test procedure, the sample can be taken by the provider or by the woman herself, stored in a container with appropriate preservative solution and sent to the laboratory (or processed immediately on-site if a new test is used).	There is need to develop guidelines and train women on how to collect the sample.	Uganda cancer institute
Uganda Vision 2040	Current	Recognizes that during the Vision period, there will be a paradigm shift from facility-based to a community based health delivery system.  The main thrust of this paradigm is an empowerment of households and communities to take greater control of their health by promoting healthy practices and lifestyles.  This shift will be anchored on preventive over curative health service delivery approaches.	Self-care compliant	National Planning Authority

<b>Policy</b>	<b>Status</b>	<b>Opportunities/ Recommendations</b>	<b>Gaps</b>	<b>Body responsible</b>
Third National Development Plan (NDPIII)  2020/21 – 2024/25	Current	Seeks to reduce neonatal mortality rate from 27/1,000 live births to 19/1,000; reduce under 5 mortality from 64/1000 live births to 30/1000; reduce Maternal Mortality Rate from 336/100,000 to 211/100,000; reduce unmet need of family planning from 28 to 10 percent and increase CPR from 35 to 50 percent.  Increase access to Sexual Reproductive Health (SRH) and Rights with special focus on family planning services and harmonized information	Self-care compliant	National planning Authority
National Medicine Policy  July 2015	Pending Review	Seek to provide funding and set up an effective supply system are futile if medicines are not used appropriately at the service delivery point.  Establish strategies to harmonize, amend/enact and enforce the legislation required to enable the effective regulation of pharmaceutical products, personnel, premises and practices.  AI establish a mandate to develop, update and enforce regulations on pharmaceutical products, personnel, premises and practices both in the public and in the private sector. Seek to maximize the benefits of Traditional and Complementary Medicines where possible and desirable and protect the public	No express recognition of self-care and role of dispensers in it	Department of Pharmacy and Natural Medicine at the Ministry of Health

<b>Policy</b>	<b>Status</b>	<b>Opportunities/ Recommendations</b>	<b>Gaps</b>	<b>Body responsible</b>
		against their possible negative effects		
Third National Health Policy under the theme: "Towards Universal Health Coverage"	Draft as at March 2021	The Policy is self-care compliant and it promotes primary health care and universal health coverage. Furthermore, it is a build of the NDA Act and it seeks to ensure the availability of adequate medicines, vaccines and other health supplies, promote local production of medicines and ensuring compliance with Standards of Good Manufacturing Practices and ensure timely availability, accessibility, quality and use of health information for proper decision making.	Self-care compliant	Ministry of Health
Health sector development plan 2015/16 – 2019/20	Pending review	To accelerate movement towards Universal Health Coverage (UHC) with essential health and related services needed for promotion of a healthy and productive life.  UHC makes it possible to ensure that all people receive essential and good quality health services they need without suffering financial hardship  Seek to improve investment in health products and technologies the focus will be on ensuring the availability, accessibility, affordability and appropriate use of essential medicines of appropriate quality, safety and efficacy at all times.  To achieve this the focus will be on; regulation and quality assurance of		Ministry of Health

<b>Policy</b>	<b>Status</b>	<b>Opportunities/ Recommendations</b>	<b>Gaps</b>	<b>Body responsible</b>
		<p>health products; production of health products and supplies; procurement of health products, warehousing &amp; distribution of health products; and rational use of health products</p> <p>Increase investment in health information focus will be on building a harmonized and coordinated national health information system covering the routine HMIS; surveillance, vital statistics, research and surveys and innovative e-health solutions</p>		
<p>National comprehensive condom program strategy and implementation plan</p> <p>2020 - 2015</p>	Current	<p>Condom use is a critical element in a comprehensive, effective and sustainable approach to triple protection against Sexually Transmitted Infections (STIs), Human Immune deficiency Virus (HIV) and unintended pregnancies, provided they are used correctly and consistently.</p> <p>Have a goal of improving access and use of quality male and female condoms in the country</p> <p>Ensure that all sexually active persons at risk of STIs/HIV and unintended pregnancies are motivated to choose and use condoms, have access to quality condoms and the ability to use them correctly and consistently</p>	No concrete plan to establish disposal points for condoms	Reproductive health division of Ministry of Health
<p>The National HIV and AIDS strategic plan</p> <p>2020/21 to 2024/25</p>	Current	Recognize need to extend services to key populations including sex workers, sexual minorities, people who inject drugs etc	Concentrate only on HIV and AIDS	Uganda AIDS Commission

<b>Policy</b>	<b>Status</b>	<b>Opportunities/ Recommendations</b>	<b>Gaps</b>	<b>Body responsible</b>
		Increase access to STI services including diagnosis and management Scale up self-testing		
Reproductive, maternal, newborn child, adolescent and healthy aging- sharpened plan 2, 2020/21- 2-25/26	Draft policy as of November 2020	Address maternal mortality by emphasizing evidence-based high-impact solutions and increasing access for high-burden populations.  Policy recognizes procurement and increasing demand of commodities used for managing pregnancy related complications	No express recognition of self-care	Reproductive health division of Ministry of Health