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1.0 BACKGROUND AND INTRODUCTION

Over the past decades, many countries across the globe have encountered complex health emergencies that have had an overarching effect on their public health systems. For instance, in 1918, 500 million people were infected with Influenza, 34 million people are living with HIV/AIDS worldwide, the Ebola outbreak in West Africa in 2013 which claimed 11,000 lives¹ and repeated such outbreaks in Uganda and currently the World is grappling with COVID-19 with confirmed cases being in a range of 68,193,928². Learning from the experience of John Snow who used the public health approach to trace and manage the cause of cholera in London that claimed lives of people in the 1800s, a public health legislation should therefore, not lose sight of basic functions of public health agencies which include; maintaining vital statistics, environmental sanitation, controlling communicable disease

(immunization, surveillance), improving maternal and child health and health education for personal hygiene and guidance on when to seek medical care³. World Health Organization has estimated that by 2030, there will be 52 million deaths per year caused by Non-communicable diseases (NCDs)⁴. NCDs have been reported to have risen over the past decade especially in low- and middle-income countries (LMICs) and are predicted to become the leading cause of death in the region by 2030⁵. In pursuit of their mandate, public health agencies are expected to observe social justice which is a central pillar in public health. It is thus critical to note that a public health legislation should be anchored on a blended approach of the public health and human rights lens.

Like other countries in the region,

1. UNDP. Ebola Outbreak in West Africa. https://www.undp.org/crisis-response/past-crisis/west-africa?utm_source=EN&utm_medium=GSR&utm_content=US_UNDP_PaidSearch_Brand_English&utm_campaign=CENTRAL&c_src=CENTRAL&c_src2=GS-R&gclid=EAlaIqobChMI5MFvp82v9gIvH-FRCh1qeQEgE-AAYASAAEgKkSPD_BwE

2. https://www.gavi.org/covid19?utm_campaign=Campaign%207&utm_medium=Medium%201&utm_source=Source%205&gclid=CjwKCAiApeQBhAUEiW7K_UH8BSS4ZGH97RekEnjCObmSmck9yTK1JGYjoJ2FdO-MpYmwZi3LhoCpZkQAvD_BwE, Accessed on 2nd March 2022.

3. Roy Grant , Bridge between Public Health and Primary Health care, (2012), *Am J Public Health*. 2012 Jun;102 Suppl 3(Suppl 3):S304.

4. Global status report on non communicable diseases 2014. Geneva: World Health Organization; 2014:2019

5. Meghani A, Ssemugabo C, Pariyo G et al, March 2021. Curbing the Rise of Noncommunicable Diseases in Uganda: Perspectives of Policy Actors. *Global Health: Science and Practice* March 2021. 9(1):149-159; <https://www.ghsjournal.org/content/9/1/149#:~:text=Of%20the%2097%20600%20deaths%20in,%2C%20tobacco%20use%2C%20and%20alcohol.>

Uganda has embarked on modernizing and elimination of anomalies in its 1935 Public Health Act Cap 281. The Ministry of Health is therefore commended for the timely and necessary legislative step.

2.0 ABOUT CEHURD

The Center for Health, Human Rights and Development (CEHURD) is an indigenous, non-profit, research and advocacy organization which is pioneering the enforcement of human rights and the justiciability of the right to health in Uganda and Eastern Africa. CEHURD was founded in 2009 and was registered under the laws of Uganda to contribute towards ensuring that laws and policies are used as principal tools for the promotion and protection of health and human rights of populations in Uganda and in the East African region.

3.0 METHODOLOGY

The analysis presents the legal and human rights implications of particular clauses in the Bill and highlights areas for further legislative reform. The analysis majorly focuses on health rights aspects in the Bill and the Primary Act and does not extensively cover other social economic rights clauses as presented in the Bill. It is based on a desk review of the

Constitution, human rights instruments, Case law and existing literature on health, public health and human rights.

4.0 POSITIVE ATTRIBUTES OF THE BILL

Unlike the Primary Act that essentially legislates on specific infectious diseases, the Bill shifts from that approach by repealing clauses or parts of specific infectious diseases such as small pox and generally provides for infectious diseases. The Bill also uses terminology that conforms to constitutional and human rights standards and further repeals obsolete laws such as the Venereal Diseases Act. The Amendment of the Public Health Act 1935 was long overdue. The PHA is a colonial law which recognised citizens as subjects without rights. The law relied on criminal sanctions as a means of ensuring adherence to the law. Accordingly, the law is out of touch with modern public health practices which recognises that health service users have rights and obligations. The Bill seeks to repeal provisions of the Venereal Diseases Act which included provisions that violated a number of provisions of the Constitution of the Republic of Uganda.

5.0 SUMMARY OF THE KEY OBSERVATIONS AND RECOMMENDATIONS

Despite the positive attributes above, there are proposed clauses in the Bill that require modification and the key recommendations for reform are highlighted below;

1. Minister's powers to make rules should be extended to also include; regulation of fees charged by hospitals on management and treating of patients with infectious diseases, access to treatment by persons suffering from infectious diseases, screening and testing services and vaccines.
2. The duty for notification of an infectious disease should also be devolved to the District Health Management Team.
3. The Bill should provide for exceptions to confinement to hospitals such as quarantining individuals in their homes where they can be monitored.
4. Insertion of a clause creating a duty on part of the Government to provide basic needs to individuals quarantined or isolated in their homes, hospitals or designated places.
5. The Bill should not be blind to other disease conditions that constitute a public health challenge such as NCDs, Neglected Tropical Diseases

(NTDs) and health emergencies caused by natural disasters. Other public health aspects relating to Non-Communicable Diseases, NTDs, Reproductive, Newborn, Child and Adolescent health including sexuality education, and health emergencies due to natural disasters should be incorporated in the Bill.

6. The Bill continues to provide for criminal sanctions for violating provisions of the law. More positive modalities for ensuring compliance should be explored such as public awareness and education by the Central and Local Governments with community participation and provision of incentives to boost compliance, such as free screening and testing before vaccination.
7. Participation of the community in the consultations about the Bill, beyond the various groups earmarked by the Committee should be explored.
8. Patient rights: The law still carries forward the legacy of colonial public health laws which did not recognise the rights of health users. It does not address issues of consent to get treatment, safety of information that is received by the health facilities in the process of provision of medical services and confidentiality. As a principal

law governing the health sector, it is important that the Bill clearly provides for the rights of health users. We propose that the law clearly provides for mechanisms through which information received may be disclosed without breach of the right to privacy. This should cater for the public need of accessing health information that is necessary for health planning while at the same time respecting health user's privacy. This implies therefore that the law must allow for transfer of non-identifiable information. In relation to patient information, the Bill should specifically provide for the following;

- Restricted disclosure of health Information without breaching privacy and confidentiality
- Duty to provide and protect health information
- Communication of information for diagnostic and other purposes
- Inspection of record
- Anonymity of health information
- Safety of Health Information

Bill, just like the Principal Act does not provide a clear administrative structure starting from the National to Local government level. The roles and responsibilities of the National, regional and local government as well as health users are not clear in the Bill.

9. Administrative structure: The

6.0 ANALYSIS OF THE PUBLIC HEALTH (AMENDMENT) BILL 2021

The object of the Public Health (Amendment) Bill, 2021 is to amend the Public Health Act by repealing the obsolete provisions; revise the fines for offences committed under the Act; to repeal the provisions on venereal diseases, building and construction and public sewers and to repeal the Venereal Diseases Act, Cap. 284 and the Immunization Act, 2017⁶. The Bill repeals a number of provisions in the Act and also revises the penalties as well as changing terminologies for instance from local authority to Local government council. It is also important to note that the Bill and the Primary Act majorly focus on prevention and control of communicable diseases. Whereas communicable diseases still pose a threat on people's lives, there is no doubt that the burden of Non-Communicable Diseases (NCDs) is alarming. According to the World Health Organization, NCDs accounted for 1 in 3 of the 97,600 deaths in Uganda in 2016 with an estimated risk of mortality from NCDs at 22% primarily due to cardiovascular disease and cancer, along with underlying risk factors of hypertension, tobacco use, and alcohol⁷. Uganda also has disease conditions with unknown epidemiology

6. See the Object of the Bill

7. World Health Organization (WHO). Uganda: Noncommunicable Diseases (NCD) Country Profiles, 2018. WHO; 2018. Accessed March 3, 2021. https://www.who.int/nmh/countries/uga_en.pdf

and specific treatment, such as nodding syndrome in Northern Uganda⁸ and health emergencies caused by natural disasters, such as floods and landslides. It is also notable that majority of the clauses in the Bill are a mere change of terminology hence perpetuating the abhorrent colonial legacy. Given the significance of Public Health Act and in the effort to align the Act with the Constitution and human rights standards, total overhaul and enactment of a new Public Health Act can be considered.⁹

In the table below, we provide a clause-by-clause analysis of the Bill with clear justification on the proposed amendments which we think will be useful for the Health Committee of Parliament to consider as it presents the Bill before Parliament for discussion.

8. Echodu, R., Edema, H., Malinga, G.M. et al. Is nodding syndrome in northern Uganda linked to consumption of mycotoxin contaminated food grains?. BMC Res Notes 11, 678 (2018). <https://doi.org/10.1186/s13104-018-3774-y>

9. E. Kasimbazi and P. Kabwa "Report on the Review of the health Policies and Laws relevant to the establishment of the Health Professions Authority in Uganda", July 2013 Page 27

Provision of the Bill	Proposal	Justification
<p>Definition clause Part II – Amendment to Part I of Principal Act</p>	<p>Health: is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity¹⁰</p> <p>Epidemic- Is a disease that affects a large number of people with in the community, population or region</p> <p>Pandemic- “an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people¹¹</p> <p>Outbreak- greater than anticipated increase in the number of endemic cases.</p>	<p>The Bill omits key terminologies that are captured and interchangeably used in the Act and the Bill. Some of the terms for consideration include; health, outbreaks, pandemics, epidemics, infectious diseases, communicable disease, preventable disease and notifiable disease, public Health among others</p> <p>Assigning appropriate definition to these terminologies facilitates appropriate public health response</p>
<p>Clause 4: 4. Amendment of section 5 of principal Act</p> <p>“(2) The medical officer shall immediately inform the Director General of Health Services of the outbreak of any infectious, communicable or preventable disease within the Authority or a local government, as the case may be</p>	<p>(2) The Medical officer and District Health management team shall immediately inform the Director General of Health services of the outbreak of any infectious, communicable or preventable disease within the Authority or a local government, as the case may be</p>	<p>This clause streamlines the reporting of outbreaks in the country, the obligation should be extended to District Health Management Team and possibly medical officers outside the employment of Government such as; Private Not For Profit health providers and Private Health Practitioners. This is justified by the goal for the Public-Private Partnership in Health which is to “contribute to strengthening the national health system with the capabilities and full participation of the private health sector to maximise attainment of the national health goals</p>

10. World Health Organization. WHO remains firmly committed to the principles set out in the preamble to the Constitution. <https://www.who.int/about/governance/constitution>

11. Round Table definition of Pandemic Influenza. Bull World Health Organ 2011;89:540–541 | doi:10.2471/BLT.11.088815. <https://www.who.int/bulletin/volumes/89/7/11-088815.pdf>

Provision of the Bill	Proposal	Justification
<p>Clause 8: Amendment of section 11 of principal Act</p> <p>(d) inserting immediately after subsection (1), the following new subsection—</p> <p>“(1a) The rules made under this section shall apply to all the notifiable diseases or to only the notifiable disease specified in the rules.”</p>	<p>“(1a) The rules made under this section shall apply to all the notifiable diseases.”</p>	<p>The last part of the clause “or to only the notifiable disease specified in the rules” be discarded.</p> <p>With the insurgency of COVID-19 and other infectious diseases that have arisen over the decades, the lessons drawn require a legislation which forecasts the future.</p>
<p>Clause 13. Amendment of section 19 of principal Act For section 19 of the principal Act is substituted the following—</p> <p>“19. Removal to hospital of infected person Where a medical officer or a medical practitioner certifies that a person is suffering from an infectious disease, which in order to guard against its spread, can only be treated or nursed in a hospital, the medical officer or medical practitioner, as the case may be, shall cause the person—</p> <p>(a) to be moved to a hospital or to any other place which in the opinion of the medical officer or medical</p>	<p>19 (c) “Any other places” may include a home of an infected person, a gazette quarantine center or designated place</p> <p>19 (d) The Government shall monitor and provide basic needs to individuals quarantined or isolated in their homes, hospitals or designated places during the time of receipt of medical attention.</p> <p>The law must categorically also provide for the power of the minister to declare areas quarantine areas.</p>	<p>Whereas quarantining and isolation are generally accepted as a public health measure in controlling the spread of infectious diseases, it is imperative to note, that not every individual suffering from an infectious disease has to be quarantined in a hospital.</p> <p>The law remains ambiguous on “any other places” for confinement of patient with infectious diseases. The decision should be guided by the risk posed by the infection, its level of infectiousness and the principle of proportionality.</p>

Provision of the Bill	Proposal	Justification
<p>practitioner, is suitable for the reception of the person; and</p> <p>(b) to be confined in that hospital or place until the medical officer or medical practitioner, as the case may be, is satisfied that the person is free from infection or that the person may be discharged without being a danger to the public.”</p>		
<p>19. Amendment of section 27 of principal Act</p> <p>(h) by substituting for paragraph (r) the following— “(r) the giving compulsorily of any information or the production compulsorily of any documentary or other evidence required for the purpose of tracing the source or preventing the spread of any infectious disease;”</p> <p>(i) inserting immediately after paragraph (r), the following— “(s) “the giving, compulsorily, by any person, of the telephone number, physical address and other personal details of any person where this is required for</p>	<p>(j) By inserting immediately after paragraph (s), the following</p> <p>“t” Where the Minister makes any rules under this section, there shall be explicit provision within those rules relating to the principal of confidentiality and protection of data as may be compulsorily provided by any person</p>	<p>Clause 19 of the Bill empowers the Minister to make rules related to among others forced disclosure of evidence and personal details of a person, required for preventing the spread of any infectious disease. Since public health takes a people centered approach, voluntary disclosure of information should be promoted through sensitization of masses and awareness creation.</p> <p>It is also important to emphasize that compulsorily access to information as provided for in the Bill further impairs the right to have personal health data treated with confidentiality, and in light of the international standards that Uganda is a party to through the international Instruments and General comments there under including Paragraph 12(b) of General Comment No. 14 of the Committee on Economic Social and Cultural Rights (2000</p>

Provision of the Bill	Proposal	Justification
<p>the purpose of locating that other person, for purposes of tracing the source or preventing the spread, of any infectious disease;</p>		
<p>Clause 20</p> <p>Insertion of section 27A in principal Act “27A. Administration of Part V The Government shall be responsible for the control and management of epidemics except where the Government delegates the control and management to a local government or where a local government requests and is allowed to control and manage an epidemic.”</p>	<p>We propose decentralization of this power depending on where there is an epidemic outbreak. This clause needs to be broken down beyond delegation or request by the local government</p>	<p>Local Government should have clearly defined mandate in the control and management of epidemics. City Authorities, Municipal Authorities and other Local Government structures such as Local Councils play an important role in public health administration, by enforcing legislation within their boundaries, provision of core public health services such as immunization etc. As such, their role should be explicitly stated in the legislation. The delegation of public health function to local government may create a risk that these functions will not be performed. This justifies the need to specifically provide for the role of the Local governments with in the act. As drawn from the Covid-19 lessons, non-government structures such as communities played an important role in the control and management of the pandemic. Roles of such stakeholders may need to be defined.</p>
<p>Clause 31.</p> <p>Section 38 of the principal Act is amended by— “38. Vaccination of children</p>	<p>38(1) Vaccination of a child begins immediately they are born</p> <p>38(3) A public vaccinator or medical officer shall ensure confidentiality of the information</p>	<p>Vaccinating a child within twelve months from birth may be confusing and ministered to mean that it is anytime one wishes therefore non-compliance to vaccination schedules.</p>

Provision of the Bill	Proposal	Justification
<p>(1) The parent or guardian of every child resident in Uganda shall within twelve months from birth cause the child to be vaccinated by a public vaccinator, against the diseases, that may be declared by the Minister</p> <p>(2) The public vaccinator who vaccinates a child shall issue with respect to the child, a certificate of vaccination, signed by the public vaccinator.</p>	<p>of every vaccinated child.</p> <p>38(4) A parent of a child to whom a certificate of vaccination card has been issued shall keep it for at least fifteen years.</p>	<p>Personal data can be abused and misused if obtained by third parties. A public vaccinator therefore needs to ensure that the data for the vaccinated child is protected from third parties.</p> <p>We also note a lacuna who has a mandate to keep a certificate of vaccination of the vaccinated child. We proposed that the parents keep it for at least 15 years</p>
<p>39. Substitution of section 47 of principal Act For section 47 of the principal Act is substituted the following—</p> <p>47. Mass vaccination and revaccination</p> <p>(1) In the event of the occurrence or threatened outbreak of any disease in any local government or where it is necessary to conduct vaccination or revaccination in a local government for all the residents of the local</p>	<p>47. Mass vaccination and revaccination</p> <p>(1) In the event of the occurrence or threatened outbreak of any disease in the country or where it is necessary to conduct vaccination or revaccination in the country for all the residents of the country or for a specified category of residents—</p> <p>(a) The Central authority and local governments' council shall where instructed by the Minister, issue a notice posted in public places in the country, requesting all residents within the country, to undergo inspection and vaccination and</p>	<p>The clause presumes an outbreak of a disease only within the parameters of a local government. The outbreak of COVID -19 for example was not specific to a local government. It is thus possible that an outbreak can happen in the country and legislating for the future becomes important.</p> <p>In addition, the Bill places responsibility to only the local government to vaccinate and not the central government. We propose that this mandate is brought back to both local and central government especially that epidemics or outbreaks cannot be thought to be in one place of a country.</p>

Provision of the Bill	Proposal	Justification
<p>government or for a specified category of residents—</p> <p>(1) A local government council shall where instructed by the Minister, issue a notice posted in public places in the local government, requesting all persons within the local government, specified in the notice, to undergo inspection and vaccination and revaccination, as the case may be; or</p> <p>(b) A local government council shall require any person in the local government to be vaccinated or revaccinated and shall require the parent or guardian of any child, to have</p>	<p>revaccination, as the case may be; or</p> <p>(b) A central authority or a local government council shall require any person in the country to be vaccinated or revaccinated and shall require the parent or guardian of any child, to have the child vaccinated or revaccinated.</p> <p>We propose to insert immediately after (b) above the following.</p> <p>(c) The Central Authority and local government council shall ensure that the published notice in (a) above is provided in other alternative forms such as Brail to cater for people with different abilities.</p> <p>(d) Other forms of communicating the issues notice such as mass media pronouncements, megaphones, social media among others shall be used as a form of communicating the notice within the Central authority and Local Government Council.</p>	<p>Further, the provided form of communication limits access to information to specific groups of people. People living with different abilities for example those with hearing and seeing impairments will most likely miss out on this important communication. It is important that the legislation caters for all populations in the country without discrimination.</p>
<p>Clause 37: (b) by inserting immediately after subsection (1), the following –</p>	<p>We propose that for data protection, this information should remain with the Central Government information system for date protection.</p>	<p>To comply with data protection requirement</p> <p>There are children who are not in schools but in other</p>

Provision of the Bill	Proposal	Justification
<p>“(1a) The school shall retain a copy of the certificate of immunization of every child who is admitted to the school</p>	<p>Children keep changing schools which would mean this information being shared in many places.</p> <p>This provision ignores children in other institutions such as orphanages</p>	<p>child development institutions which are not called schools, such as orphanages</p>
<p>Clause 75: Reappeal of Part XV of the Principal Act</p>	<p>Some aspects in Part XV such as maternal and child health should remain in the Act but with necessary modification.</p> <p>Other public health aspects relating to reproductive, newborn, child and adolescent health including sexuality education should be incorporated in the Bill.</p>	<p>The Bill in Clause 75 repeals the entire Part XV of principal Act including critical sections such as section 117 on maternity and child welfare. The appropriate remedy would be to maintain the provision but with necessary modifications. This Bill therefore presents an opportunity to legislate on maternal and child health given the precedents set by Court of Law on the subject matter. Key among this precedent is the judgment of the Constitutional Court in the case of Center for Health, Human Rights and Development (CEHURD) and Others Vs. Attorney General, Constitutional Petition No. 16 of 2011, where the Government’s omission to provide adequate basic maternal health care services in public health facilities was held to violate the right to health in contravention of Articles 8A, 39 and 45 read together with Objectives XIV and XX of the Constitution.</p> <p>Learning from other jurisdictions such as Ethiopia, the Bill can also introduce maternity waiting homes as a measure of reducing maternal mortality and morbidity.</p>

Provision of the Bill	Proposal	Justification
		<p>In a study conducted in Ethiopia about socio-economic factors that promote maternal health seeking behaviour among Ethiopian rural women remarks that the availability of maternity waiting home in health canter and hospitals is important to avoid carrying women for a long-distance during complications.¹²</p> <p>Beyond maternal health, other aspects such as reproductive, newborn, child and adolescent health including sexuality education should be incorporated in the Bill.</p>
<p>Penalties and fines</p>	<p>Recommendation: Other modalities for ensuring compliance should be explored such as public awareness and educative approaches by the Central and Local Governments</p> <p>Uganda may adopt an approach where the Central and Local Government provides incentives to individuals to take up vaccination.</p>	<p>The Bill provides for a new approach to dispensation of justice by introducing payment of fines without prosecution. While this can be viewed as an innovation, it can be exploited by unscrupulous enforcement agents to deny individuals their right to a fair hearing guaranteed in Article 28 of the Constitution. Generally, the Bill provides for several criminal sanctions for non compliance with the requirements in the Act and this does not conform to the constitutional principle of legality. It is emphasized that medical statutes must prescribe the offences and penalties with certainty, if any.</p> <p>Criminal sanctions have been demonstrated to have</p>

12. Mesele HA (2018). The socio-economic factors that promote maternal health seeking behavior among Ethiopian rural women, the Case of Raya Alamata District: Anat Physiol.

Provision of the Bill	Proposal	Justification
		<p>no positive impact in promoting adherence to public health norms and standards. Custodial sentence was a whole of colonial public health legislation across the continent. We there contend that the Bill should provide alternative sanctions to those found in breach of the law. Scholars have also argued that “realistically, criminal law is likely to be of minimal significance in influencing conduct: other factors such as fear of infection are likely to be of greater effect in influencing sexual practices”. To realistically achieve the intended legislative objective, other modalities for compliance should be explored such as public awareness and education, incentives for observing the law, and disincentives for breaking it.</p>

7.0 AREAS FOR FURTHER AMENDMENT

The other areas for further reform and consideration are highlighted below;

1. The Bill is focused on communicable diseases and there is need to have particular clauses on other public health issues such as Non-Communicable Diseases (NCDs) as these are increasingly becoming a public Health burden in the country. In addition, the Bill needs to legislate on public Health issues arising out of natural disasters for example floods, landslides in the country and diseases.
2. The right to health including free access to health care should be included in the Bill. Health is a fundamental aspect of life and social wellbeing of a person.
3. The powers of the Minister to make rules on control of infectious diseases are embedded in different parts of the Act and the Bill presents an opportunity for harmonization of such provisions.
4. Reconciliation of the Bill with other existing laws and policies and these include, laws on data protection , access to information, policy on disaster management among others.
5. Insertion of clauses on regulation of marketing and dispensing of traditional or herbal medicines.
6. The State obligation on financing immunization, access to treatment and provision of basic needs during public health emergencies has to be clearly defined in the Bill.
7. Responsibilities of individuals or groups in the prevention of diseases and promotion of public should be embedded in the Bill.
8. The Bill and the primary Act grant too much power to medical officers and this power may be used arbitrarily. The need for a fair hearing and principles of natural justice should be given due consideration.
9. Need to strike balance for the multiple interest of stakeholders affected by the Bill and the primary Act. For instance a

balance between overwhelming powers granted to the Minister and patient rights laid out in the Patient Rights and Responsibilities Charter ,2019

8.0 Conclusion

The Public Health Amendment Bill is a positive step towards modification of Uganda's Public Health Act that was enacted during the colonial era. While there is a targeted move to desist from legislating on particular health condition, it is important that the Bill covers all public health dimensions other than focusing majorly on infectious diseases. This legislation should therefore be amended to provide for future public health safeguards beyond infectious diseases. The Bill should also strike a balance on the powers of the Ministers and realization of constitutionally guaranteed human rights with a specific focus on rights of vulnerable groups such as; the women, children, persons with disabilities among others. The other contemporary issues on regulation of the charging of treatment costs by private hospitals, the fight

against communicable diseases, maternal and child health should also be given priority. The Bill should also provide other mechanisms to ensure compliance other than criminal sanctions. Given the importance and implications of the Bill and the Public Health legislation, the relevant Parliamentary Committees should go beyond the traditional consultation process held in Parliament and solicit views of masses in the different regions in Uganda.

