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SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS AMIDST PANDEMICS

**A TECHNICAL BRIEF ON THE ROLE OF THE
JUDICIARY IN ADJUDICATING SEXUAL AND
REPRODUCTIVE HEALTH AND RIGHTS VIOLATIONS
DURING THE COVID-19 PANDEMIC**



BY: HONOURABLE JUSTICE SUSAN OKALANY

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BACKGROUND

The judiciary in Uganda has faced challenges during the COVID-19 lock down which included learning to work online, aligning their performance with the judicial pronouncements on how courts should operate.

On 11th March, 2020, the World Health Organization (WHO) declared COVID-19 a pandemic. What started as a viral infection in the Chinese city of Wuhan has, like a wildfire, spread across the world, crippling health care systems around the globe and paralyzing socio-economic activity in ways only comparable to the second World War (1939-1945) and the Spanish flu (1918 to 1920) which infected approximately 500 million people—about a third of the world’s population at the time.

According to the WHO, as of 12th of October 2020, there were a total of 38,100,000 confirmed cases of COVID-19 globally (1,577,644 of which are confirmed in Africa), with 1,009,000 registered deaths (38,305 of these in Africa). The numbers continue to rise rapidly. During the same time, Uganda had reported 9,864 confirmed cases of COVID-19 with 6,347 recoveries and 95 deaths. On her part, the Republic of Uganda, through the Fountain of Honor, President Yoweri Kaguta Museveni, announced a lockdown and dawn to dusk curfew on 20th March, 2020. Major components of the lockdown were lifted by the government although we are still grappling with opening institutions of learning and conducting religious, social and political gatherings. As of October 2020, most restrictions have been lifted with various Standard Operating Procedures instituted.

With the number of registered cases rising, the country faces a grave threat to the health care system, especially as public transport, political activities and downtown Kampala arcades continue to undermine the gains made in containment of the community spread of the coronavirus. The outrage of the pandemic lies in the uncertainty of its course of direction especially since the search for a treatment or vaccine remains uncertain and only to be achieved

on a long term basis. No single country, government or scientist can speak with certainty about this pandemic in terms of when and how it started or will end.

The WHO, the world's prefect on all health related matters is as confused as the rest of the human race on when the pandemic will be defeated. Attempts to come up with a vaccine, whereas in high gear in the United States of America and Europe, are not delivering quick results. Why is this background important to this technical brief? It is important because we cannot have a meaningful discussion on the role of the judiciary in adjudicating Sexual and Reproductive Health and Rights (SRHR) violations during the pandemic before appreciating the ecosystem in which the judiciary is operating and the complexity of the situation at hand.

This brief discusses the role of the judiciary in the adjudication of SRHR violations during the lockdown in Uganda. This has been broken down into two sections; the first part of this brief explains the development of the right to sexual and reproductive health and rights internationally through international laws and conventions, SRHR and the right to health. The second part critically examines the current realities of sexual and reproductive health and rights in Uganda and the role of the judiciary in adjudicating related violations during the COVID-19 lockdown and the recommendations on access to justice in pandemics.

B. THE RIGHT TO HEALTH

The Universal Declaration of Human Rights (UDHR) was adopted and the United Nations General Assembly mandated the creation of a legally binding covenant on human rights. One of these covenants is the International Covenant on Economic, Social and Cultural Rights (ICESCR) which has also been ratified by Uganda and recognises the right of everyone to the enjoyment of the highest attainable standard of physical and mental health¹

The National Economic & Social Rights Initiative defines the right to health as the *“right to the highest attainable standard of physical and mental health, which includes access to all medical services, sanitation, adequate food, decent housing, healthy working conditions, and a clean environment”*.

Theoretically, the right to health guarantees a system of health protection for all. It ensures that everyone has the right to the healthcare they need and to living conditions that enable them to remain healthy. The right to health requires that healthcare be available, accessible, acceptable and of good quality even during the times of a global pandemic like the world is currently facing. This places an obligation on the States to protect, fulfill and respect the right to health of their citizens.

The World Health Organization (WHO) stressed the importance of the right to health in its Constitution, asserting that it was an essential principle to the happiness, harmonious relations and security of all people. The preamble of the WHO Constitution states:

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1 Article 12 International Covenant on Economic, Social and Cultural Rights United Nations, Treaty Series, vol. 993, p. 3

“The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, and political belief, economic or social condition. The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest cooperation of individuals and States. The achievement of any State in the promotion and protection of health is of value to all”

The Constitution of the Republic of Uganda lacks an explicit provision on the right to health. The right has been recognized in governmental policy documents. For example, both Objective XIV(b) and Objective XX of the National Objectives and Directive Principles of State Policy outline the state of Uganda’s commitments and obligations to ensure access to health services for its citizens. Further, the Constitution of the Republic of Uganda (1995) does not expressly provide for the right to health, however, certain articles in the Constitution protect fundamental elements of that right.

Article 33(3) and 33(5) of the Constitution requires the state to, “protect women and their rights, taking into account their unique status and natural maternal functions” and states that, “laws, cultures, customs or traditions which are against the dignity, welfare or interest of women or which undermine their status, are prohibited by this Constitution”. When read together, Articles 33(3) and 33(5), work to ensure the protection of women’s right to health in Uganda, a right which inevitably encompasses family planning and antenatal, post-natal rights of women.

In 2012, CEHURD, alongside other parties, submitted a Constitutional petition to the Constitutional Court of Uganda claiming that the Ugandan government failed to provide the necessary maternal health commodities to expectant mothers and as a result, infringed constitutionally guaranteed rights as well the National Objectives and Directive Principles of State Policy stipulated in the Constitution of Uganda. CEHURD relied on both Articles 33(3) and 33(5) in its claim stemming from several maternal deaths that were proven to have been easily preventable if the proper health services were available.

The Constitutional Court on a preliminary objection found that the Ugandan government's acts and omissions fell under the doctrine of a 'political question', therefore they could not find any competent question requiring constitutional interpretation. But on appeal to the Supreme Court, it was found that the Judiciary has an overall function of oversight on the actions of the legislature and executive to ensure that their actions are in tandem with the Constitutional Court and that the 'Political question' doctrine had limited application in Uganda. The matter was thus sent back to the Constitutional court for a trial on the merits of the case²

Upon hearing the case on its merits the Constitutional Court decided the matter in favour of the Petitioners stating that the non-provision of basic maternal health commodities in public health facilities is a violation of the right to health; the right to life; the rights of women; and subjects' mothers to cruel, inhuman and degrading treatment. It went on to order the government to prioritise increasing funding for health and implement their policies to the fullest.³

The initial decision in *CEHURD v Attorney General* showed us that the Ugandan Courts were following the trend that the right to health is not a decision for the judiciary, but rather a legislative one, as set out by other Courts from around the world. But the more recent one is a sign that the courts of law are taking a more progressive approach to addressing the right to health by holding the government accountable for failing to implement its own policies and programs and also linking the right to health to other civil and political rights.

Courts generally face constraints in their imposition to a right to health but a recent decision by the Constitutional Court ordering the government needed to prioritize maternal health care in its budgets for the next two financial years was a step in the right direction by the judiciary in the advancement of health rights.

2 7 CEHURD v Attorney General, [2012] UGCC 4 Petition no.16 (also accessible online as; <https://ulii.org/ug/judgment/supreme-court-uganda/2012/4-0>)

3 CEHURD & 3ORS vs Attorney General Constitutional Petition No. 16 of 2011

C. SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR)

The United Nations Population Fund (UNFPA) defines good sexual and reproductive health as; *“A state of complete physical, mental and social well-being in all matters relating to the reproductive system”*.

On the other hand SRHR is defined as *“A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.”*⁴

It implies that people are able to have a satisfying and safe sex life, the capability to reproduce, and the freedom to decide if, when, and how often to do so. Sexual and reproductive health is an essential part of the universal right to health and to the highest attainable standard of living. Both the Committee on Economic, Social and Cultural Rights (CESCR) and the Committee on the Elimination of Discrimination against Women (CEDAW) have stated that women’s right to health includes sexual and reproductive health. Thus, they place an obligation on states to respect, protect and ensure women’s sexual and reproductive health and rights.

Although sexual and reproductive health and rights affect men and women alike, it is an especially fundamental aspect of a woman’s right to health. The focus of sexual and reproductive health is on women, however, men’s roles as fathers and husbands make them key stakeholders in attaining and maintaining healthy populations.

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4 https://www.ippf.org/sites/default/files/report_for_web.pdf last visited on 20th August 2020

The Convention on the elimination of all forms of discrimination against women (CEDAW), 1985 under Article 5(b) obliges the State to take all appropriate measures to ensure that family education includes a proper understanding of maternity. Article 11(1) entitles employed women to healthy and safe working conditions, protection of their reproductive function and paid maternity leave. Articles 11(2) and (3) cover prevention of discrimination against women on grounds of maternity by obliging states to prohibit unfair dismissal, introduce paid maternity leave or comparable social benefits, guarantee job security and periodically review protective laws in line with scientific or technological knowledge.

Maternal health rights have a significant impact on saving lives and ensuring healthy communities. In Uganda, sexual and reproductive health rights pose a major challenge for women and their families. According to the WHO, roughly five mothers die out of every 100 live births. In 2001, the government of Uganda published The National Policy Guidelines and Service Standards for Reproductive Health Services where they introduced the Safe Motherhood Program in order to address the persisting sexual and reproductive health issues. The Safe Motherhood Program was developed, “to ensure that no woman or newborn dies or incurs injuries due to pregnancy and/or childbirth”.

The Government of Uganda acknowledges that by providing timely, appropriate, and comprehensive care during preconception, pregnancy, and childbirth would help minimize maternal complications and deaths. The objectives of the Safe Motherhood Program are:

- i). Provide guidance to health care providers in the delivery of quality maternal and newborn care services at all levels*
- ii). Enhance quality of safe motherhood services thereby reducing maternal and newborn morbidity and mortality in the country integrate maternal and newborn care services in the national health system; and*
- iii). Provide adequate and accurate information education and counseling services.*

Despite attempts to implement policies such as the Safe Motherhood Program, the protection of sexual and reproductive health rights in Uganda

has yet to be truly realized and maintained. With aspects such as family planning and prenatal health, carrying with them a unique set of barriers, which hinder their accessibility and uptake.

Uganda announced a lockdown and dawn to dusk curfew on 20th March, 2020. What did this lock down entail? During the lockdown, “more than 40 restrictions, including the closure of education institutions; suspension of mass gathering such as political rallies, communal prayers, big weddings and funerals, were put in place,” (the Daily Monitor reported in July 2020). There was also a freeze on public transport; closure of airports and borders to passenger and pedestrian traffic; and suspension of operations of bars, saloons, discotheques, gyms and open markets; closure of shopping malls and arcades; and a nationwide dusk to dawn curfew.

So strict was the lockdown that one needed permission from the Resident District Commissioner’s office to be able to move using public transport while private vehicle movement was limited to those with stickers. Consequently, civil society organizations, including CEHURD urged the government to reconsider its position on movement permits as pregnant mothers and other types of patients were going through tumult to access healthcare services while others died of preventable causes.

Inevitably, sexual and reproductive health rights were violated during the lockdown. According to a UNFPA document on teenage pregnancy in Uganda during and post Covid-19 lockdown, Eastern Uganda (Busoga) was reported to have the highest reported cases with Luuka district alone reporting more than 600 cases. According to a preliminary 2020 Police report, 4,442 cases of defilement were reported between January and April 2020. The Sauti reported 800 cases of sexual abuse between January and May 2020, including increased cases of teenage pregnancy.

Reports also indicate that girls suffered more sexual violence and exploitation when they were isolated, quarantined or moved to other areas to escape the virus. While data was scarce, reports from China, the United Kingdom, the United States, and other countries, suggest an increase in domestic violence cases since the COVID-19 outbreak. During humanitarian crises, sexual

violence increases, lack of family planning supplies and services leads to the spread of sexually transmitted infections (STIs) and unintended pregnancies.

Challenges in accessing sexual and reproductive health information and services - including contraception, safe abortion and HIV medications have potential to exacerbate the risks especially to girls' and women's health and lives. Given the impact of COVID-19 to health systems, the Inter-Agency Working Group (IAWG) on Reproductive Health recommended that comprehensive sexual and reproductive health services should be maintained as long as the system is not overstretched with COVID-19 case management.

With COVID-19 already causing disruptions in meeting family planning needs, clinical staff occupied with the COVID-19 response may not have time to provide services, or may lack personal protective equipment to provide services safely. In some settings, the health workforce has been reassigned to COVID-19 care hence reducing the capacity in other services.

This has resulted in health facilities in many places closing or limiting services, youth and in particular women are refraining from visiting health facilities due to fears about COVID-19 exposure or due to movement restrictions, supply chain disruptions are limiting availability of contraceptives in many places, and stock-outs of many contraceptive methods being recorded in more than a dozen lowest-income countries including Uganda.

Product shortages and lack of access to trained providers or clinics mean that women may be unable to use their preferred method of contraception, or may instead use a less effective short-term method, or may discontinue contraceptive use entirely.

The Government of Uganda issued directives to protect pregnant women's access to maternity services, but access to essential sexual and reproductive health information and services such as contraceptives and other family planning packages like condoms, access to Antiretroviral (ARVs) and menstrual health materials by young people were not prioritized during the lockdown.

The transfer of already limited resources to deal with the pandemic and the absence of health care workers from their original duty may cause interruptions in regular provision of essential SRH services, increasing the risk of unintended pregnancies and sexually transmitted infections. SRH outcomes may worsen due to gender-based violence (GBV) which can increase the risk of chronic health conditions, disability, HIV transmission, pregnancy complications and even death. News reports are confirming rise in gender based violence, unwanted pregnancy among young girls, unsafe abortion, closure of antenatal care services in some public health facilities, and a sharp decline in women seeking SRH services.

The Uganda Demographic and Health Survey of 2016 points to over 25% teenage pregnancies, among sexually active young people by the age of 16 years, and the unmet family planning need in the country stood at 28%. Even before the pandemic, the Ugandan health system rarely offered young people the sexual and reproductive health services designed to meet their needs and with limited respect for their rights to dignity and privacy

D. THE JUDICIARY, THE LOCKDOWN AND SRHR VIOLATIONS

Going into a lockdown meant that all aspects of ‘normal’ life had taken an unexpected turn, and legal and judicial practice in the country was no exception. For the purpose of this discussion, the term judiciary is used to refer, in the collective, to the magisterial courts, High Court, Court of Appeal and the Supreme Court of Uganda and the attendant institutional set up of the judiciary as an arm of government of Uganda.

Following the announcement of the nationwide directives, the Chief Justice of Uganda (at the time) published guidelines for mitigating and preventative measures that would be taken by the judiciary in response to the pandemic. The Chief Justice(CJ) directed that,

“Courts will continue to handle certificates of urgency and taking plea for serious cases and bail applications. Only the applicant and his/her lawyer, or in the case of bail application, the sureties will be allowed in Court,” “During this time, all Judicial Officers and staff will continue being on duty. However, there will be no open court appearances.

Judicial officers with pending judgments shall use this period to complete them. Where possible Judgments and Rulings may be issued to the Parties online or via E-mail.”

Another guideline permitted the hearing of urgent cases only. Under these circumstances, an urgent case is a criminal case that requires bail – e.g. murder, aggravated robbery, domestic violence (assault).

All these guidelines were put in place to ensure court business continues as usual without risking further spread of the virus. However, the implementation of these guidelines has limited access to justice, especially in cases of Sexual and Reproductive Health Rights violations in a number of ways, particularly for women, who already struggle to access justice under ‘normal’ conditions. Secondly, these guidelines were only issued on 29th April 2020, a whole month after the country was placed under a lockdown. Moreover, the audio-visual facilities are only available in a few courts.

By considering criminal cases urgent, these cases get prioritized over legal issues predominantly reported by women. These include family cases, which women are 32% more likely to report than men, and children’s cases, which women are 4% more likely to report than men. In addition, the physical restrictions on movement made it difficult for women to access courts and lawyers for legal help.

In a society already having women’s access to justice as a challenge, the pandemic aggravated the situation. At the time, the lack of access to justice alone by necessary implication, meant that there was very limited access to Sexual and Reproductive health and Rights violations, since a society without justice is a society without rights.

In other jurisdictions, the Judiciary played a more proactive role in terms of adjudicating cases. For instance, the United Kingdom case of *Fowler v Commissioners for Her Majesty’s Revenue and Customs (UKSC 2018/0226)* made history as the first case to be heard entirely virtually. In neighboring Kenya, it was reported in May that the Judiciary had since delivered 7,000 judgments by electronic means following the outbreak of Covid-19.⁵

Equally “Black’s Law Dictionary” defines judicial activism as “a philosophy of judicial decision-making whereby judges allow their personal views about public policy, among other factors, to guide their decisions, usually with

5 Njoki Kihui, 7,000 Judgments Delivered Since Online Court Operations Started, Capital News, Available at <https://www.capitalfm.co.ke/news/2020/05/7000-judgments-delivered-since-online-court-operations-started/>

the suggestion that adherents of this philosophy tend to find constitutional violations and are willing to ignore precedent.” *This has been done in India in the case of Paschim Bangal Khet Mazdoor Samity & Others V State of*

*West Bengal & Others*⁶ held that in a welfare state, the primary duty of the government is to secure the welfare of the people and moreover it is the obligation of the government to provide adequate medical facilities for its people.

At the African level, courts in South Africa in the case of *Government of Republic of South Africa versus Irene Grootboom and Others*⁷ where the court rejected the “minimum core” approach and stated that the Court issued a declaratory order requiring the state to implement progressively, within its available resources, a comprehensive program to realize the right of access to adequate housing with provisions which undertook to provide shelter for those in desperate need of housing either due to intolerable living conditions or crisis situations.

6 AIR1996SC2426.

7 2001 (1) SA 46 (cc) para.2 (S.Afr.)

UNDERSTANDING THE JUDICIARY'S DILEMMA

Article 126 of the Constitution of the Republic of Uganda states that judicial power is derived from the people and shall be exercised by the courts established under this Constitution in the name of the people and in conformity with law and with the values, norms and aspirations of the people.

Furthermore, Article 126 (2) stipulates that in adjudicating cases of both a civil and criminal nature, the courts shall, subject to the law, apply the following principles-

- (a). Justice shall be done to all irrespective of their social or economic status;*
- (b). Justice shall not be delayed;*
- (c). Adequate compensation shall be awarded to victims of wrongs;*
- (d). Reconciliation between parties shall be promoted; and*
- (e). Substantive justice shall be administered without undue regard to technicalities*

The courts exist for the benefit of the people of Uganda, for their advancement, to make our young democracy a better place for us all. Justice is therefore blind to social or economic status and must not be delayed or sacrificed in the altar of technicalities. It is against these standards, as set by the framers of our constitution, that the Judiciary is assessed or should be assessed in its adjudication role of SRHR violations during the Covid-19 lockdown.

In light of health rights, an ambit under which SRHR falls, it has been observed elsewhere that, “The executive and legislative branches of federal and state governments participate visibly in the formation of health policy. In recent years, however, the health policy debate has expanded to include the nation’s courtrooms. While the courts are no stranger to malpractice lawsuits and cases involving humane treatment of patients in state hospitals, recently questions of broader policy have ended up on courtroom dockets,” (Anderson, 1992: 1).

Although Anderson (Anderson, 1992: 2).is discussing the United States, there is relevance and persuasive value in the logic of his argument, to other jurisdictions, including Uganda. The author notes that, “There are many reasons for the expanding role of the judiciary in health policy, including the inability of the legislative and executive branches of government to develop explicit policies, the growing share of the nation’s resources devoted to health care, and the increasingly litigious nature of society. As the judiciary’s role expands, it is important to evaluate critically the growing trend of deferring difficult policy choices to the courts. When the courts became involved in social policy issues such as school desegregation, environmental protection, and prison reform, a number of parties expressed concern that the judiciary had certain limitations that could affect policy making,” (Anderson, 1992: 2).

Additionally, he notes that with few exceptions, “the courts have not sought out cases to become involved in the policy-making process. Instead, they have responded to specific disputes. Nevertheless, the courts have entered some of the major social policy debates of the past few decades, and many scholars have examined the strengths and limitations of judicial decision making. Proponents of judicial intervention have suggested a number of advantages of the courts’ becoming involved in social policy issues: the promotion of minority rights, the promotion of more humane conditions in institutions such as prisons and mental hospitals, restrictions on bureaucratic arbitrariness, and, more generally, the promotion of positive social change,” (Anderson, 1992: 2).

I have generously cited the thoughts of Anderson because it forms an important setting for the complexity of the type of situations that the Judiciary can sometimes find itself in. One of those was, without a shred of doubt, the Covid-19 lockdown and effectively, the freezing of activity in the courtrooms. How do you, as the Chief Justice, Deputy Chief Justice, Principal Judge or Chief Registrar deal with such unique access to justice issues as that of Sexual and Reproductive Health Rights when countries world over are locking down? Do you close the courts to litigants, be they the state or private citizens?

What cases do you consider urgent and which ones do you not consider urgent? Everyone's case is urgent depending on the circumstances of their case and personal situation. Naturally, you would not please everyone. And yet, the call of leadership is one to act, sometimes, not to the enchantment of everyone in the room. Part of the answer to this dilemma lies in adopting a human rights based approach to justice, in other words, put the rights of the citizen first, especially if, like health rights in general and SRHR in particular, some of those rights relate to the wider right to life.

In the case of Charles Onyango Obbo and another v Attorney General (Constitutional Appeal No. 2 of 2002), Justice Mulenga (as he then was) held that the primary objective of the 1995 Constitution is the promotion of rights while the secondary objective is their limitation. It is my considered view that the courts should have prioritized cases on SRHR as urgent cases.

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Whereas, pursuant to Article 128 of the Constitution, the judiciary must be independent and act freely from any influence of any other individual or entity, during the Covid-19 lockdown, the Judiciary's actions, as logic follows, had to be in tandem with the wider public health safety guidelines issued by the Executive and the World Health Organization. It was in the greatest public interest that the Judiciary took interventions to protect its staff and members

of the public seeking its wide range of services. It remained independent as envisaged under Article 128 of the Constitution but acted logically, in my considered view, to ensure its actions were not outrageously in violation of the public health guidelines.

I take note of Twinomugisha (2015) who cautions that the constitutional right to health, “is illusory if its enforcement is not possible,” and that, “For the realization of the right to health, it is essential that the judiciary apply and widely interpret the collection of constitutional rights that embody the right to health. The courts have a great power in the administration of justice in cases where citizens seek redress for the violation of the rights that embody the right to health,” (CEHURD, 2016: 27).

There is substantial evidence in the print, broadcast and social media space about SRHR violations that transpired during the lockdown such as the case of a man in Mukono district, as reported in the New Vision, who had to struggle to carry his unconscious wife to hospital (because he could not access transport, thanks to the lockdown restrictions). However, to review how the judiciary played or did not play its role in the adjudication of SRHR violations such as this, one would need to establish if there is evidence of Ugandans who tried to access justice in the courts to enforce these rights or challenge these violations and how they were treated by the court system. Such evidence was not found during my study of the available literature.

Therefore, whereas cases around SRHR were not given special attention under the banner of ‘urgent’ as they should have been, I am also conscious of the slipperiness of the situation that the judiciary was dealing with at the time of the lockdown and may, depending on how the pandemic unfolds, have to deal with in due course.

What is undeniable however, is that the Judiciary should have had a more exhaustive, comprehensive and multi-stakeholder engagement, including with Civil Society, government, development partners and the bar on which type of cases not to lock our courtroom doors to.

That said however, as Anderson (supra) has observed, the Judiciary is always at the receiving end of disputes and, like a dutiful chef, only processes that

which have been presented at the table. Judges, unlike lawyers, do not go scouting for potential cases, they adjudicate. In respect of SRHR therefore, the Judiciary should, in my humblest view, be assessed on its adjudication role and as I have stated above, we should have had better consideration for 'urgent cases' to capture such important health rights as SRHR.

In the same breath, I hasten to add that the Judiciary is only part of the wider ecosystem under criminal justice and even civil justice. In the criminal justice ecosystem, the Judiciary's success is dependent on the success of the Uganda Police Force, Uganda Prisons Service, the Directorate of Public Prosecutions (DPP), and even development partners who through their support of the Justice, Law and Order Sector (JLOS) contribute resources to the work of the entities under that umbrella.

Therefore, in conclusion, a discussion of the role of the Judiciary in adjudicating SRHR violations during the Covid-19 lockdown would be for moot or academic purposes, let alone bereft of depth and nuance if it negates the inter-connectivity or interconnectedness of the justice system of any country.

It is my submission therefore that the Judiciary did what it could in the circumstances but could have done better by paying greater attention to critical issues such as SRHR violations as it forged a way forward during the lockdown. Since the pandemic is still with us for some time, it is my hope that we learn from the weaknesses of the first approach and improve our attention to such life and death issues as SRHR.

RECOMMENDATIONS:

1. *The Judiciary should utilise technology better to ensure improved access to justice for SRHR violations*
2. *There is need for more public awareness raising on SRHR rights and partnerships between the JLOS sector and other government sectors, as well as civil society actors, in the realization of SRHR.*

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