



**THIRD CYCLE OF
THE FORTIETH
SESSION OF THE UPR
HUMAN RIGHTS
COUNCIL**

**FACT
SHEET**

THEME : RIGHT TO THE HIGHEST ATTAINABLE STANDARD OF PHYSICAL AND MENTAL HEALTH IN UGANDA



CEHURD
social justice in health



Ambasáid na hÉireann
Embassy of Ireland

SUMMARY OF KEY ISSUES FROM PREVIOUS UPR CYCLES

Recommendations made to Uganda on the relevant theme in the first and second cycles.

During the previous review 2016, the Republic of Uganda accepted to improve the health sector by increasing the national budget for health and by ensuring full and equal access to health in line with the Health Sector Development Plan. Uganda also agreed to increase the percentage of the national budget allocated to health, and extend to all persons without distinction based on gender, the right to health care and ensure a sufficient health budget, full and equal access to health services, in particular adolescent, reproductive and family planning services and relevant education.

In addition, the Republic of Uganda committed to implement the Abuja Declaration with particular emphasis on concluding the enactment of the National Health Insurance Bill to cover vulnerable groups, such as those in the informal sector, low-income households, people with disabilities, the elderly and children. It further agreed to strengthen measures to combat maternal mortality and morbidity with a human rights-based approach and Intensify efforts to reduce maternal and child mortality rates. The government also committed to strengthen the response against the HIV/AIDS pandemic by combating discriminatory attitudes and stigmatization of persons living with the virus.

NATIONAL FRAMEWORK

Relevant national legislation, statistics, policies and initiative.

- The Constitution of the Republic of Uganda, 1995
- The National Health Insurance Scheme Bill, 2019
- The Penal Code Act
- The Mental Health Act
- The HIV prevention and control Act 2014
- The National Sexuality Education Framework
- The Sexual and Reproductive Health and Rights Policy and Service Standards
- The School Health Policy
- The Adolescent Health Policy

CHALLENGES	IMPACT
<p>Critical human rights challenges</p> <ol style="list-style-type: none"> 1. Failure by the Government of Uganda to award specific recognition to the right to the highest attainable standard of health in its Bill of Rights regardless of the ratification of the International Bill of Rights and formulation of policies that require a legal provision based on the principles of operation. 2. Inadquate funding for the health sector and non prioritization of the National Health Insurance Scheme Bill, 2019 3. Uganda's abortion related laws continue to punish women and girls who choose to end pregnancy and criminalizes health workers that offer post abortion care. Section 141 and 143 of the Penal Code Act criminalize any attempt to procure abortion and supply of drugs among others for the purpose of procuring abortion. 4. Discrimination against people living with HIV/ AIDS where sections 14, 41 and 43 of the HIV/AIDS Prevention and Control Act of 2014 sanction forced disclosure, criminalize transmission and provides for mandatory testing for some groups. 5. Non-prioritization of some of the pending policies and guidelines and non-implementation of those already passed. The National School Health Policy has been shelved now for close to 18 years. The Adolescent Health Policy has been pending before the ministry of Health since 2017 and the Sexuality Education Framework has not been implemented since 2018 when it was passed. The SRHR Policy guidelines and service standards have also not been implemented by the government. 	<p>Impact of each challenge</p> <ol style="list-style-type: none"> 1. This has contributed to the rate poor implementation and enforcement of the existing health related laws and practice 2. This has left 3.8% to 15.3% of Uganda's population experiencing catastrophic expenditure on health care. Ugandans spend 41% of household incomes on healthcare and this lies within the catastrophic expenditure zone far above the 15% recommended by the World Health Organization (WHO). Thus, Uganda's population is ranked highest in out-of-pocket costs for health in East and Southern African region. 3. The UDHS 2016 states that the maternal mortality ratio is still high at 336 per 100,000 live births, and maternal deaths are estimated at 16-18 per day with 4-6 deaths attributed to unsafe abortion. Unsafe abortion continues to be among the leading cause of maternal death. 4. <i>Forced disclosure and coercive measures ineffectively combat the spread of HIV and restricts the human rights of the individual which can result in "reduced participation and increased alienation of those at risk of infection.</i> 5. This has led to Inadequate access to quality sexual and reproductive health services by young people and resulted to high rates of teenage pregnancies, unsafe abortions and other maternal morbidities

- 6.** Punitive and restrictive policy, legal and regulatory environment that acts as barrier to access to integrated HIV/AIDS and SRHR services for Key Populations including LGBTQI, adolescent girls and young women and the hard to reach. These include, Penal code Act, HIV prevention and control Act 2014, Anti Narcotic and psychotropic substances Act and the Sexual offenses Bill. The situation is compounded by the lack of up-to-date National data on HIV, GBV, STIs and mental health for Key Populations. This is due to the absence of a robust system of tracking integrated HIV/AIDS and SRHR service indicators for KPs.
- 6.** Key Populations live in a highly criminalized environment which fuels violence and compromises access to comprehensive HIV/AIDS and SRHR services for them.

RECOMMENDATIONS

Recommendations from CSO submissions

1. *Government of Uganda should progressively increase funding to the health sector so as to meet the Abuja declaration threshold of 15%*
2. *Government should prioritize increasing funding to preventive rather than curative healthcare targeting specific population needs maternal health, health research, human resources for health, medicines and related commodities.*
3. *Increase financing for sustainable, integrated and comprehensive Universal Health Care services responsive to the unique needs of key populations*
4. *The president should expeditiously assent to National Health Insurance Scheme law. This will ensure improved access to health care by the poor and vulnerable groups in Uganda.*
5. *The government should remove its reservation on Article 14 of the Maputo Protocol and review its abortion law to ensure it is consistent with international and regional human rights standards. It should implement nationwide awareness raising strategies to dispel the misperceptions about when abortion is legal, and increase the number of health facilities that can provide legal and safe abortion and comprehensive post-abortion care services, including in rural areas.*
6. *The state should develop clear plans aimed at re-instituting and implementing the standards and guidelines for reduction of morbidity and mortality from unsafe abortion and train health service providers on the same.*
7. *We recommend that the government of Uganda amends the law to ensure that provisions that criminalize abortion are expunged and adopt international best practice that facilitate regulation as opposed to criminalization*
8. *Government of Uganda should take necessary steps to amend the HIV/AIDS Prevention and Control Act to ensure that provisions that perpetuate discrimination including those that require mandatory disclosure, criminalisation of transmission are expunged from the law and implement other policies such as the Anti-HIV Stigma and Discrimination Policy.*
9. *We also recommend that government to expedite the rollout the National HIV/AIDS Trust Fund.*
10. *Government should expedite the finalization of the School Health Policy, Adolescent Health Policy, and other policies on adolescent health and SRHR.*
11. *Besides disseminating the National Sexuality Education Framework, Government should operationalize its Implementation plan, even in the whole school curriculum at all levels.*
12. *Government should enact policies and/or review existing policies that progressively and sustainably address the SRHR needs of Adolescent and YP before, during and after humanitarian crises.*

13. *Government through the Ministry of health should design guidelines on access to non-discriminative integrated HIV/AIDS and SRHR services responsive to the unique needs of the Key populations. Repeal the vagrancy laws, punitive provisions on sex work, carnal knowledge, substance use, suicide and mandatory testing and intentional transmission HIV.*
14. *Repeal/revise the laws that penalize sex work, substance use, suicide and mandatory testing and intentional transmission of HIV, and push for progressive laws and policies that are non-discriminative.*
15. *Generate up to date National data on HIV/AIDS, GBV, STIs and mental health for KPs, and design a robust system of tracking integrated HIV/AIDS and SRHR service indicators for KPs.*



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