**UN Special Rapporteur on the right to the highest attainable standard of health**

**Visit to Uganda, 5-9 February 2007**

**Oral remarks to the press in Kampala, Uganda**

**9th February 2007**

**UGANDA**

I would like to warmly thank the Government for inviting me to Uganda and for facilitating a rich and interesting programme of meetings. During my visit, I have met with the Ministers for Health and Planning, senior government officials, international organizations, donors, civil society and health professionals. Throughout I have been met with openness and courtesy. I am most grateful.

I take this opportunity to thank all those who have generously given my colleagues and me the benefit of their time and experience.

**Greater focus on health and human rights**

Since my first visit in March 2005, the Ministry of Health has taken steps to place human rights - especially the right to health - within its work.

During May 2006, in collaboration with WHO and OHCHR, the Ministry organised a two-day workshop on health and human rights.

One of the workshop's recommendations was that the Ministry should integrate a human rights-based approach into its work and ensure that its health programmes promote human rights.

The Ministry of Health is now establishing a Health and Human Rights Team to provide technical guidance in support of a human rights-based approach in the health sector. The Team will consist of representatives from various departments within the Ministry of Health, other key Ministries, development partners, civil society and the Uganda Human Rights Commission. The team will be coordinated by the Ministry of Health and chaired by the Assistant Commissioner Planning, Dr. George Bagambisa.

Yesterday, the Ministry of Health, in collaboration with WHO, OHCHR and Sida, held a meeting of a wide-range of key stakeholders to explore a human rights approach to health. This meeting discussed the progress made towards implementation of the recommendations found in my report of January 2006. It also discussed, from the human rights perspective, the Health Sector Strategic Plan II (HSPP II), as a contribution to the Plan's approaching Mid-term Review.

Opened by the Minister of Health, the Honourable Dr Stephen Malinga, I was greatly impressed by the frank, focussed and practical discussion that characterised this meeting. Participants came from the highest levels of the Ministry of Health, including the Permanent Secretary, Mr. Kezaala, and the Acting Director General, Dr.

Kaggwa, development partners, civil society and the Uganda Human Rights Commission.

I am confident the discussions will help the Ministry integrate human rights into its policies, programmes and projects.

If human rights are to be integrated in the health sector, it is crucial that more health professionals - in the public and private sectors – learn about what they are and how to make them real.

**Follow up to UN report of January 2006**

My report of January 2006 includes a number of recommendations addressed to the Government, development partners, the Ugandan Human Rights Commission, and others.

From discussions I have had this week I have no doubt whatsoever that the Ministry of Health has taken my recommendations seriously. The Government has acted upon a number of my recommendations. For example, since May 2005 the Ministry has adopted an integrated approach for interventions against some neglected diseases (such as lympathic filariasis, Bilharzia and worms). These interventions are now integrated with Child Days (which take place bi-annually over one month) and so Child Days are now known as Child Days 'Plus'. This important step towards an integrated approach, which was one of the central recommendations in my January 2006 report, is warmly welcomed.

However, the record is mixed, there is still a huge amount to do. For example, prevention measures for sleeping sickness have not been scaled up and the number of cases is increasing. Sleeping sickness has even been reported in districts, such as Kalangala, which have not experienced the disease for some years.

My report emphasised the vital role of community participation in health and the crucial role of Village Health Teams. Since visiting in 2005, more Village Health Teams have been established. I met and discussed with some Team members. To flourish, Village Health Teams must be provided with more support and resources. Their role is not only service-delivery, it is also to ensure that health policies and programmes are responsive to local priorities.

I am disappointed to learn that the draft legislation to establish the Uganda National Health Research Organisation has still not been passed. This very important initiative to promote and strengthen national health research must be enacted and implemented as soon as possible.

Not all my January 2006 recommendations were directed to the Government. I am pleased to report that the Uganda Human Rights Commission has responded positively to one of my recommendations. The Commission has recently established a Right to Health Unit to monitor, and hold to account, national and international actors in the public and private sectors. The Unit's responsibilities include neglected diseases. A human rights-based approach to health demands that those in positions of power are held to account. This is precisely what the Uganda Commission can do –

provided it is properly resourced. I very much hope that development partners will support this important initiative.

**Northern Uganda**

Since my visit in March 2005, a Cessation of Hostilities Agreement has been negotiated, although it is reported that the LRA has pulled out of the ongoing peace talks. Since March 2005, humanitarian presence, action and funding in the North have improved considerably. However, the health situation remains exceedingly grave, as most recently evidenced by the outbreak of cholera. In Kitgum, over 70% of water sources are contaminated and less than 40% of households have latrines.

After two decades of conflict, the people of northern Uganda are among the most vulnerable in Africa. In some places, meaningful health-related services are virtually non-existent. It is extremely important that the Government, development partners and civil society give the people of northern Uganda, including their health protection, the highest priority.

**Maternal mortality**

The scale of maternal mortality in Uganda is one of the worst in the world. The great majority of maternal mortality cases are entirely avoidable. Many Ugandan women are dying entirely unnecessarily. The international community has agreed a target of reducing maternal mortality by three quarters by 2015. But, as the Government of Uganda concedes, it is unlikely that Uganda will reach this target.

The scale of avoidable maternal mortality in Uganda constitutes a very grave human rights issue. It is imperative that the Government renews it commitment to reduce maternal mortality and gives this enormous human rights problem the attention and resources it deserves. While an effective strategy against maternal mortality will have to extend beyond the Ministry of Health, the Ministry must take a leadership role in this health and human rights campaign.

**Serious under-funding**

The health sector in Uganda is seriously under-funded. This year the health budget has declined in real terms. Uganda's national minimum health care package is costed at US$28 per person per year. Yet public expenditure, from the Government and donors, is only US$9 per person per year. African Heads of State, in the Abuja Commitment, pledged 15% of their national budgets to their health sectors, yet in Uganda less than 9% is devoted to the health sector. In his last budget speech, the Minister of Finance listed nine priority actions requiring the most urgent attention. Health was not amongst them.

The Government's present level of investment in health is inconsistent with Uganda's international human rights obligations.

## SWEDEN

In January 2006, I undertook a mission to Sweden at the invitation of its Government. During the visit I learnt about Sweden's excellent international policies on development, health and human rights. These policies are among the best in the world from the right to health perspective.

A challenge of any policy is implementation. I am very grateful that Sweden extended an invitation for me to examine how Sida applies these international policies in the Ugandan context. I am also grateful for the constructive engagement with Sweden's embassy staff in Kampala.

I have been impressed by Sida's health development assistance in Uganda. Sida provides important support to the Ugandan Ministry of Health and to WHO Uganda's programme on health and human rights. It has also supported many NGOs working on health, and provided humanitarian assistance in the north. In short, Sida's programme is supporting the right to health in Uganda.

I am delighted that Sida's Kampala staff are committed to adopting an explicit human rights-based approach to health. I urge Sida to support its Kampala-based staff in this endeavour by providing training, resources and advice. I also urge other donors in Kampala to support Sida in implementing its human-rights based health policies and programmes.

Much of Sida's health support is aligned to Uganda's Health Sector Strategic Plan II. The Plan has much to commend it from the point of view of the right to health. However, some aspects could be strengthened. I am pleased that the Ministry of Health and its partners are engaging in discussions about HSSPII and human rights, and I commend all actors involved in this process.

## CONCLUSION

A good health system makes a vital contribution to human rights. The lives, health and human rights of Ugandans depend upon the Government, in cooperation with development partners, taking vigorous measures to implement the right to the highest attainable standard of health.

I look forward to monitoring its progress in the future.

I take this opportunity to warmly thank the Office of the High Commissioner for Human Rights and WHO for their excellent support before and during my visit.

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