IMPLICATIONS OF THE GENERAL DATA PROTECTTHE RIGHT TO HEALTH AND ITS SYMBIOTIC RELATIONSHIP WITH OTHER HUMAN RIGHTS: A CASE STUDY OF UGANDA'S HEALTHCARE POLICIES

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DECLARATION

I, Nakaggwa Martha Faith, declare that this dissertation titled "The Right to Health and Its Symbiotic Relationship with Other Human Rights: A Case Study of Uganda's Healthcare Policies" is my original work and has not been submitted to any other university or institution for the award of a degree or any other academic qualification.

All sources of information used in this work have been acknowledged accordingly.

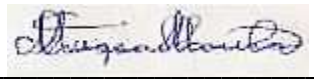
Signed: 

Date: 27th, May, 2025

APPROVAL

This is to certify that this dissertation has been submitted in partial fulfilment of the requirements for the award of the Degree of Bachelor of Laws of Uganda Christian University, Kampala Campus.

It has been examined and approved by the undersigned:



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DEDICATION

To God Almighty, my ever-present help in times of need, the lover of my soul, the author of every chapter I dared to write. In Your grace, I found strength, in your light, I found my way. This journey, this triumph, belongs to you.

And to my brother, James Jingo your sacrifice paved my path, your faith in me never wavered. You gave without measure, stood without praise, and in every quiet act, built this dream with me. May these pages echo the love, grace, and strength that carried me through?

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LIST OF ABBREVIATIONS

ACHPR – African Commission on Human and Peoples' Rights

AG – Attorney General

CEDAW – Convention on the Elimination of All Forms of Discrimination Against Women

CEHURD – Center for Health, Human Rights and Development

CRC – Convention on the Rights of the Child

CRPD – Convention on the Rights of Persons with Disabilities

ESCR – Economic, Social and Cultural Rights

GDP – Gross Domestic Product

HIV/AIDS – Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome

ICCPR – International Covenant on Civil and Political Rights

ICESCR – International Covenant on Economic, Social and Cultural Rights

NGO – Non-Governmental Organization

UDHR – Universal Declaration of Human Rights

UN – United Nations

UNFPA – United Nations Population Fund

UPDF – Uganda People's Defense Forces

UHRC – Uganda Human Rights Commission

UBOS – Uganda Bureau of Statistics

WHO – World Health Organization

ABSTRACT

This dissertation investigates the symbiotic relationship between the right to health and other fundamental human rights within the Ugandan context. Framed within a qualitative methodology, the study employs doctrinal analysis of legal instruments, scholarly literature, and policy frameworks to explore how access to healthcare is intrinsically tied to rights such as education, food, water, housing, and non-discrimination. Uganda, though a signatory to key international human rights treaties, faces persistent challenges in operationalizing these commitments due to inadequate infrastructure, weak enforcement mechanisms, and systemic inequality. The research reveals that health outcomes in Uganda are not solely influenced by medical interventions but are deeply shaped by social, economic, and political determinants. Vulnerable populations, especially women, children, and rural communities, remain disproportionately affected by health system failures. The study emphasizes that the absence of a comprehensive rights-based approach undermines progress toward health equity and development. It concludes that the right to health in Uganda cannot be realized in isolation. Legal recognition must be complemented by effective implementation, robust accountability mechanisms, and intersectoral collaboration. Key recommendations include legal reform, increased domestic health financing, anti-corruption strategies, and enhanced civic education on health rights. Ultimately, the research affirms that health is not only a right in itself but also a foundation upon which the broader framework of human dignity and human development depends.

CHAPTER ONE

1.0 GENERAL INTRODUCTION

1.1 Introduction

The right to health refers to the entitlement of every individual to the highest attainable standard of physical and mental well-being.[1] The World Health Organization in the Ottawa Charter on the Promotion of Health[2] stated that health is not just a state but a resource for everyday and not an object of living. The right to health in all forms and at all levels contains interrelated and essential elements such as accessibility, availability, acceptability and quality the precise application of which will depend on the conditions prevailing in a particular state[3].

This right is fundamental for all individuals and various international and regional legal frame works have been established to ensure its protection and realisation. In line with this, the 1995 Constitution of Uganda also introduced a Bill of Rights that secures the fundamental rights of all Ugandans. However, it's doesn't explicitly recognize the right to health, instead it includes several provisions related to health. For example, Article 8A which mandates the state to be guided by National Objectives and Directive Principles of the state policy when interpreting and applying the Constitution[4].

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[1] World Health Organization, Constitution of the World Health Organization, https://www.who.int/about/governance/constitution accessed on 24th April,2025

[2] Ottawa Charter for Health Promotion, 1986, https://www.who.int/teams/health-promotion/enhanced-wellbeing/first-global-conference accessed on 25th April,2025

[3] The International Convention on Economic, Social and Cultural Rights, General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12) https://www.ohchr.org/sites/default/files/Documents/Issues/Women/WRGS/Health/GC14.pdf accessed on 25th April, 2025

[4] The 1995 Constitution of the Republic of Uganda as amended, Art. 8

The Government of Uganda has ratified numerous treaties that recognize the right to health, including the Universal Declaration of Human Rights (UDHR), the International Covenant on Economic, Social and Cultural Rights (ICESCR), the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Convention on the Rights of Persons with Disabilities (CRPD), and the Convention on the Rights of the Child (CRC), among others. As a member of the World Health Organization (WHO), Uganda aligns with whose definition of health as a state of complete physical and mental well-being, rather than merely the absence of disease or infirmity[5]. These instruments outline the essential conditions, key components, and the required standard for its realization. Additionally, they assign responsibilities to various actors, including the state, individuals, civil society, and the international community, to uphold and enforce this right. Moreover, they strengthen the right to health by recognizing complementary rights and freedoms, such as the right to life, equality, dignity, and access to information, thereby fostering a more supportive environment for its implementation[6]. Since the right to health is closely connected to other human rights , the fulfillment of one often relies on the realization of others. For instance, access to education, nutrition, housing, and employment plays a vital role in ensuring an individual's overall health and well-being.

[5] The Constitution of the World Health Organization, 1946
[6] Ibid

1.2 Background

The right to health is a fundamental human right that enables the realization of other rights, such as the right to life, dignity, education, and work. The World Health Organization (WHO) recognizes health as a prerequisite for human development, emphasizing that access to quality healthcare is central to achieving equitable social and economic progress[7]. In Uganda, the Constitution (1995) acknowledges human rights, but challenges persist in the realization of the right to health. Despite the presence of legal frameworks, such as the National Health Policy and Uganda's Patients' Charter, gaps in implementation continue to hinder access to healthcare.

The failure to uphold the right to health has significant implications for other human rights. Poor health conditions may lead to increased poverty, limit access to education, and restrict economic productivity[8]. Vulnerable populations, such as women, children, persons with disabilities, and those in rural areas, face systemic barriers in accessing healthcare, exacerbating social inequalities. This research will examine how the right to health is interconnected with other fundamental human rights and assess Uganda's healthcare policies in promoting this interdependence.

[7] The Constitution of the World Health Organization, 1946, https://apps.who.int/gb/bd/pdf/bd47/en/constitution-en.pdf accessed on 25th April, 2025

[8] Ek Pahel B.R. Memorial Society, Access to Healthcare, https://ekpahel.com/index.php?cmd=Access%20to%20Healthcare&value=6#:~:text=Poor%20health%20can%20put%20educational%20attainment%20at,academic%20achievement%20and%20future%20career%20opportunities%20, accessed on 25th April, 2025.

1.3 Statement of the Problem

Although Uganda has committed to protecting the right to health through national and international legal frameworks, significant challenges remain in ensuring equitable access to healthcare. The right to health is closely linked to other human rights, and its violation often leads to broader human rights infringements[9]. Limited healthcare access has contributed to increased mortality rates, educational disruptions, and economic instability.

Existing policies and legal frameworks, such as the National Health Policy and Uganda's Patients' Charter, provide a foundation for the protection of health rights[10]. However, enforcement challenges, funding limitations, and disparities in healthcare access remain critical obstacles. This study seeks to analyze Uganda's legal and policy framework for healthcare and its impact on the realization of other fundamental rights.

1.4 Objectives of the Study

1.4.1 General Objective:

The general objective of the study is to; examine the interdependence between the right to health and other human rights in Uganda and assess the effectiveness of healthcare policies in promoting this relationship.

9 CEHURD, Constitutional Review of the Right to Health in Uganda, https://www.cehurd.org/download/case-study-report-review-of-constitutional-provisions-on-the-right-to-health-in-uganda/ accessed on 25th April, 2025.

10 INITIATIVE FOR SOCIAL AND ECONOMIC RIGHTS, Introduction to the Right to Health in Uganda, A Handbook for Community Health Advocates, https://iser-uganda.org/wp-content/uploads/2022/03/A16_10_04_ISER_Booklet_design_layout.pdf accessed on 25th April, 2025.

1.4.2 Specific Objectives:

The Specific Objectives of the study include-:

1. To analyze how the right to health influences the realization of other human rights in Uganda.
2. To evaluate Uganda's legal and policy framework in ensuring a rights-based approach to healthcare.
3. To propose legal and policy recommendations for strengthening Uganda's healthcare system in relation to human rights.

1.5 Research Questions

1. How does the right to health contribute to the realization of other human rights in Uganda?
2. How effective are Uganda's healthcare policies in ensuring a human rights-based approach to health?
3. What legal and policy reforms are necessary to enhance the protection of the right to health in Uganda?

1.6 Significance of the Study

This research will contribute to the discourse on human rights in Uganda by highlighting the critical role of health in the realization of other rights. The findings will be valuable to:

To provide insights into the effectiveness of Uganda's legal framework on health rights.

To identify policy decisions aimed at strengthening healthcare access and human rights protections.

To enhance awareness and advocacy for improved health rights enforcement.

1.7 Justification of the Study

The study is necessary due to the lasting challenges in ensuring equitable healthcare in Uganda. Addressing these challenges is essential for promoting broader human rights protection, reducing social inequalities, and enhancing the country's commitment to international human rights obligations.

1.8 Scope of the Study

Temporal Scope: The study will focus on Uganda's healthcare policies from 2010 to the present.

Geographical Scope: The study will examine healthcare access in both urban and rural areas of Uganda.

Thematic Scope: The research will focus on the interdependence between the right to health and other human rights.

1.9 Literature Review

The right to health is recognized as a fundamental human right that directly impacts the realization of other rights, such as the right to life, dignity, education, and work. Uganda has ratified international human rights treaties and has national healthcare policies in place. However, challenges such as funding constraints, weak enforcement mechanisms, and corruption hinder effective implementation.

The International Covenant on Economic, Social and Cultural Rights (ICESCR), 1966 establishes the right to health as a core human right. Uganda's Constitution, 1995 indirectly recognizes health rights under the National Objectives and Directive Principles of the State Policy. The National Health Policy, 2010 outlines healthcare priorities, but its implementation remains weak.

Scholars argue that the right to health is interdependent with other rights, meaning that when health is not guaranteed, other rights are also violated. Hunt (2007) notes that "access to healthcare determines the extent to which individuals can enjoy their right to life, education, and work". Some of these include-: Virginia A. Leary in her Article: The Right to Health in International Human Rights Law, 1994 has a strong argument on how the right to health is interdependent and indivisible from other human rights such as the right to life under Article 6 of the International Covenant on Civil and Political Rights; where poor access to healthcare services affect the right to life in a negative way[11]. The right to dignity under Article 1 of the Universal Declaration of Human Rights; lack of healthcare equipment and services undermine human dignity[12]. The right to nondiscrimination under Article 2 of the International Covenant on Economic Social and Cultural Rights states that health services must be provided equitably to all populations[13].

Leary's emphasis on this interdependence aligns with the Ugandan healthcare context where disparities in healthcare access disproportionately affect rural areas, women and

[11] The International Covenant on Civil and Political Rights, Art. 6
[12] The Universal Declaration of Human Rights 1948, Art. 1
[13] The International Convention on Economic Social and Cultural Rights 1966, Art. 2

person's with disability[14]. However, her discussion remains largely theoretical and does not adequately address the practical enforcement challenges faced by developing countries.

While she provides a strong international legal framework for the right to health, she doesn't adequately address how statutes can domesticate these international obligations. In Uganda for example the right to health is not explicitly mentioned in the Constitution making it difficult to enforce through litigation[15].

Furthermore the absence of specific legal remedies for violations of health rights weakens their justifiability. The case of The Centre for Health, Human Rights and Development (CEHURD) v AG illustrates this gap as Uganda's Constitutional court dismissed a petition on maternal health rights on procedural grounds[16]. This paper doesn't offer sufficient discussion on how legal advocacy and judicial activism can bridge such gaps.

While Leary's discussion remains a valuable contribution to human rights law[17], it would benefit from a more pragmatic approach that addresses the realities of healthcare delivery, legal enforcement and resource constraints in developing countries.

[14] Andrew Sentoongo, Smythe Tracey, Slivesteri Sande, Abdmagidu Menya, Shaffa Hameed, Peter Waiswa, Femke Bannik, Hannah Kuper, Exploring the barriers to healthcare access among persons with disabilities: a qualitative study in rural Luuka district, Uganda, https://pmc.ncbi.nlm.nih.gov/articles/PMC11535691/ accessed on 25th April, 2025

[15] F. Ssengooba, Suzanne N. Kiwanuka, E. Rutebemberwa, E. Ekirapakiracho, The Right to Health in Uganda: Implications and Practical Steps to Achieving Universal Health Coverage, 2017. https://speed.musph.ac.ug/wp-content/uploads/2019/03/Chapter-5.pdf accessed on 25th April, 2025

[16] CEHURD , Prof Ben Twinomugisha, Rhoda Kukkiriza, Inziku Valente v Attorney General, Constitutional Petition No. 16 of 2011 https://media.ulii.org/media/judgment/19207/source_file/center-for-health-human-rights-and-development-cehurd-3-ors-v-attorney-general-2012-ugcc-13-6-june-2012.pdf accessed on 25th April, 2025

[17] Virginia A. Leary, The Right to Health in International Human Rights, Vol. 1, No. 1 (Autumn, 1994), https://www.jstor.org/stable/4065261?origin=crossref accessed on 25th April, 2025

1.10 Methodology

This study will adopt a qualitative research approach using both doctrinal and empirical methods:

Doctrinal Research: Analysis of Uganda's Constitution, National Health Policy, Patients' Charter, and international treaties on health rights. This will involve analyzing legal texts, statutes, case law and International instruments related to the right to health. This approach is also known as the library based approach because it primarily relies on existing legal literature rather than filed work.

This kind of methodology will enable me established the legal basis for the right to health in Uganda since it allows an in-depth analysis of the laws and policies to identify gaps and weaknesses. It also provides a comparative perspective enabling an examination of the best practices from other jurisdictions[18].

Empirical Research: This will involve collecting data from the real world experiences through interviews and surveys with healthcare professionals, policymakers, and human rights activists.

This methodology will provide me with practical insights since it involves the lived experiences of individuals effected by health policies[19].

[18] P. Ishwara Bhat, Doctrinal Legal Research as a Means of Synthesizing Facts, Thoughts, and Legal Principles, January 2020. https://academic.oup.com/book/41749/chapter-abstract/354157753?redirectedFrom=fulltext, accessed on 25th April, 2025.

19 Imed Bouchrika, What Is Empirical Research? Apr 7, 2025, https://research.com/research/what-is-empirical-research accessed on 25th April, 2025.

By combining doctrinal and empirical research methods, this study will offer a holistic understanding of the relationship of the right to health and other human rights in Uganda. With the doctrinal approach providing a legal foundation while the empirical approach reveals real world challenges and effectiveness of policy implementation.

1.11 Outline of Chapters

Chapter One: General Introduction (Background, Problem Statement, Objectives, Research Questions, Significance, Justification, Scope, and Methodology).

Chapter Two: Non legal dimensions of the right to health in Uganda.

Chapter Three: Legal and Policy Framework Governing Healthcare in Uganda.

Chapter four: Contains the Key Findings, Recommendations and Conclusions.

CHAPTER TWO:

2.0 NON-LEGAL DIMENSIONS OF THE RIGHT TO HEALTH IN UGANDA.

2.1 Introduction

Although legal frame works are instrumental in affirming the right to health, the realization of this right heavily depends on various non-legal factors such as education, culture, infrastructure, income rates, governance and gender among others. This chapter is going to focus on how these determinants directly impact how health services are accessed, perceived and distributed within the communities reinforcing the notion that the right to health is symbiotically linked to the enjoyment of other human rights.

2.2 Social determinants of health

Non-medical factors significantly influence health outcomes by promoting and protecting the right to health beyond health services, goods and facilities, showing that the right to health is dependent on and contributes to the realization of many other human rights. The World Health Organization defines the social determinants of health as the circumstances in which people are born, grow, work, love, age and the wider set of forces and systems shaping the conditions of daily life[20].

The WHO, in its framework, separates social determinants into two types: structural and intermediary.[21] Structural determinants involve the economic and political systems where power and important resources are unequally shared among social groups based on class, gender, and race or ethnicity.[22] These social differences lead to unfair and

[20] World Health Organization https://www.who.int accessed on 30th April, 2025
[21] Pan American Health Organization, Social Determinants of Health https://www.paho.org accessed on 14.05.25
[22] Ibid note 2

preventable health gaps, where marginalized groups consistently have poorer health than more privileged ones.[23] Intermediary factors are linked to people's daily lives, including their jobs, housing, transport access, and mental and social well-being.[24] It is essential to highlight that within this conceptual framework lies a causal chain in which structural determinants are understood as the root causes of the intermediary determinants[25].

These include education, clean water, proper housing, food, good sanitation, the physical environment and others with each playing a part in shaping chronic health conditions and affecting how long humans live.[26] In Uganda, these social conditions are highly unequal, and they often determine the extent to which individuals can access healthcare and enjoy the right to health alongside other fundamental rights. Below is how these factors affect health care rights;

2.2.1 Education

This plays a significant role in realizing the right to health and this is through empowering individuals with knowledge, skills and critical thinking abilities that enable them to make informed decisions about their health lifestyle choices understanding health information and navigating complex health systems[27]. For example people who are well educated experience better health as reflected in the high levels of self-

[23] Ibid note 2
[24] Ibid note 2
[25] Pan American Health Organization https://www.paho.org accessed on 30th April, 2025 at 11:04a.m
[26] General Comment No.14 of the International Covenant on Economic, Social and Cultural Rights, 2000
[27] https://archpublichealth.biomedcentrral.com accessed on 30th April, 2025 at 1:38p.m

reported health and low levels of morbidity, mortality and disability.[28] Low education attainment is associated with self-reported poor health, short life expectancy and shorter survival when sick.[29] In Uganda vulnerable communities face significant challenges caused by inadequate health care services due to poor education[30]. These contribute to a sense of hopelessness, you will find the regions with high illiteracy rates particularly among women report lower utilization of antenatal services and immunization undermining both the right to health and the right to education.

2.2.2 Culture and Gender norms

Cultural norms deeply shape how health and diseases are perceived,[31] some cultures in Uganda rely on traditional healers and practices for various illnesses. While some of these practices can complement modern medicines, they can also delay or even prevent individuals from seeking timely medical attention potentially leading to health complications[32]. Cultural norms regarding gender roles, family planning and health can influence individual's decisions about accessing healthcare particularly for women and children. Sexuality is also partially predetermined by culture which is socially learned at family level, one's neighborhood and the community[33].

[28] Christy DeSmith, The Havard Gazette, More educated communities tend to be healthier. Why? May 13th,2024 https://news.harvard.edu accessed on 14.05.25

[29] Viju Raphupath and Wullianallur Raphupathi, The influence of education on health: an empirical assessment of OECD countries for the period 1995-2015, 06.04/24. https://archpublichealth.biomedcentral accessed on 14/05/25

[30] https://eloiministries.org accessed on 30th April, 2025 at 1:40p.m

[31] Joan Costa, Culture plays a role in personal health decisions, February 25th,2025 https://blogs.ise.ac.uk accessed on 14th May, 2025

[32] Ibid note 12

https://pastoralismjounal.sprineopen.com accessed on 30th April, 2025

2.2.3 Gender and inequality

Gender refers to the socially defined traits and expectations linked to being male or female. These include the roles, behaviors, and norms typically assigned to women, men, girls, and boys, as well as how they interact with one another[34]. Discrimination and unequal treatment based on gender expose women and girls to serious health risks, compared to men and boys, women and girls frequently encounter more obstacles in obtaining health knowledge and care.[35] These challenges involve limited freedom of movement, exclusion from important decisions, lower levels of education, biased views from society and health workers, and insufficient knowledge among health professionals about the unique health issues affecting women and girls.[36] As a result, females are more vulnerable to issues like unplanned pregnancies, HIV and other STIs, cervical cancer, poor nutrition, vision and breathing problems, and abuse in old age.[37]

2.2.4 Economic inequality and poverty.

Poverty often leads to poor health and makes it difficult to get medical help when it's necessary. This is mainly due to money issues were people living in poverty lack the funds to buy essentials like nutritious food and medical treatment.[38] However, it's not just about money;[39] poor people may also lack knowledge about healthy practices or

[34] World Health Organization, Gender and Health https://www.int accessed on 30th April, 2025
[35] Reyhanch Golestani, Farideh Khalajabadi Farahani and Paul Peters, Exploring barriers to accessing healthcare services by young women in rural settings: a qualitative study in Australia, Canada and Sweden 18 January,2025 https://bmcpublichealth.biomedcentral.com accessed on 14th May,2025
[36]
[37] Chersich MF, Rees, Helen V. , Vulnerability of women in southern Africa to infection with HIV: biological determinants and priority health sector interventions December 2008 https://journals./ww.com
[38] Setboonsarng S., Child Malnutrition as a Poverty Indicator: An Evaluation in the Context of Different Development Interventions in Indonesia, Tokyo January 2005 https://www.researchgate.net/
[39] Subramanian Shanmugam, Eradicating Poverty: The Imperative of SDG 1, June 23rd,2024 https://www.linked.com accessed on 14th May, 2025.

the ability to influence how services are delivered to them. Poor health can also push people deeper into poverty. This happens partly because getting medical help often requires direct payments for things like doctor visits, lab tests, medicines, transport, and sometimes even unofficial fees[40]. Poverty also reinforces health-related inequality for example rural populations, who are generally poorer, face higher mortality rates and fewer services than urban dwellers, which undermines the principle of equality and the right to non-discrimination.[41]

2.2.5 Political Will and Governance.

There is a close link between political commitment, good governance, and the right to health, as fulfilling this right requires an enabling system where resources are properly distributed, policies are put into practice, and leaders are answerable to the people. It involves creating clear legal frameworks, making sure policies are carried out efficiently, and encouraging openness and responsibility in health-related decisions. Health is a basic human right, and it obligates governments to take action so that all people can achieve the best possible health[42]. This involves making healthcare available, maintaining healthy environments, and tackling the social factors that affect health.[43] The degree of political commitment significantly affects healthcare delivery in Uganda. Despite constitutional principles advocating for social justice, the

[40] World Bank Group, Poverty and Health, August 25th, 2014 https://www.worldbank.org accessed on 30th April, 2025

[41] U.S Department of Agriculture, Economic Research Service. (n.d.) Rural poverty and well_being, January 14th, 2025 https://www.ers.usda.gov/topics accessed on 14th May,2025. OASH, Poverty Social Determinants of Health Literature Summaries https://odphp.health.gov

[42] Partners in Health, How Politics Influence Global Health, Oct 18th, 2024 https://www.pih.org accessed on 30th April, 2025.

[43] World Health Organization, Social determinants of health https://www.who.int accessed on 14th May 2025

government of Uganda allocates less than 9% of the national budget to the health sector which is way below the 15% target of the Abuja Declaration which Uganda is a signatory to[44]. Limited funding, combined with systemic corruption, impairs health infrastructure, resource distribution, and transparency, all of which are crucial for upholding the right to health.[45]

2.2.6 Healthcare Infrastructure and Human Resources.

Access to healthcare and the right to health are strongly connected to the presence and reach of medical facilities and qualified personnel. When health facilities are insufficient or there aren't enough trained workers, people may struggle to get the care they need, violating their health rights.

Health infrastructure refers to buildings like hospitals and clinics, tools for diagnosis, medical supplies, and the systems used to provide healthcare. Having access to diagnostic health facilities allows communities to receive necessary medical treatment nearby. Sufficient medical facilities and skilled health workers are essential for realizing the right to health.

Quality and accessible healthcare depends on well-equipped centers, reliable services, and a sufficient number of trained healthcare staff. However, healthcare infrastructure suffers from underfunding, unequal distribution, and a shortage of staff.[46] The national

[44] Afrobarometer Dispatch No. 465 | Makanga Ronald Kakumba , Priority or not? Ugandans continue to cite health as their most important problem, say Access is difficult, 22 July, 2021. https://www.afrobarometer.org accessed on 1st May, 2025

[45] Inspectorate of Government, COST AND EXPENSE OF CORRUPTION IN THE HEALTH SECTOR IN UGANDA, December 2021 https://www.igg.go.ug accessed on 14th May, 2025.

[46] World Health Organization, Country Cooperation Strategy at glance, Uganda, May 2018 https://apps.who.int/iris/bitstream accessed on 14th May, 2025

doctor-to-patient ratio stands at approximately 1:25,000, a figure far below the WHO recommendation of 1:1,000[47]. This not only delays treatment but also diminishes the quality of care and violates the right to timely and accessible healthcare. Moreover, inadequate transportation systems, frequent drug stock-outs, and dilapidated facilities particularly in rural areas limit access to emergency and essential health services, endangering lives and diminishing human dignity.[48]

2.3 Intersectoral Collaboration

Intersectoral and multisectoral approaches are defined as collaborative approaches, which can span across various ministries, government agencies, nongovernmental organizations, relevant stakeholders and other groups, with a common goal in addressing a particular issue[49]. Health outcomes are influenced by multiple sectors including education, agriculture, water, and infrastructure.[50] The failure to integrate services across ministries often results in fragmented and inefficient service delivery, in fact, it is believed that multisectoral action by governments is required to achieve health equity[51] . For instance, poor road networks impede timely access to health centers, and lack of clean water exacerbates hygiene-related illnesses, undermining

[47] Janepher Wabulyu, Advocacy & Communications Coordinator, Uganda Alliance of patients Organisations, Kampala Uganda.Sep 16, 2019, The state of Patient safety in Uganda, https://isqua.ord accessed on 1st May, 2025
[48] JOINT ECONOMIC COMMITTEE, ADDRESSING RURAL HEALTH WORKER SHORTAGES WILL IMPROVE POPULATION, HEALTH AND CREATE JOB OPPORTUNITIES January 30th, 2024 https://www.jec.senate.gov/public/index.cfm accessed on 14th May, 2025
[49] Salunke S, Lal D, Multisectory approach for promoting Public Health 2017 scholar.google.com accessed on 1st May, 2025
[50] Ibid note 27
[51] Ketan Shankardass, Emilie Renahy, Charles Muntaner, Patricia O'Campo, Strengthening the implementation of Health in All Policies: a methodology for realist explanatory case study, 10th May 2014, academia.oup.com accessed on 1st May, 2025.

the right to health, mobility, and safe living.[52] Countries that employ multisectoral approaches are better able to identify and address issues around poverty, housing and others, by working collaboratively across sectors, with multisectoral action by governments thought to be required to achieve health equity[53].

2.4 Role of Civil Society and International Organizations

One of the guiding principles to strengthening health systems is active engagement with citizens, communities, civil society and the private sector[54]. Civil society organizations and development partners fill critical gaps in Uganda's public health system by offering services, mobilizing communities, and advocating for accountability.[55] For example, CEHURD has played a pivotal role in advocating for maternal health rights through strategic litigation and public campaigns.[56] However, this heavy reliance on external actors questions the state's ability to independently guarantee health rights and creates sustainability challenges.[57]

[52] Mohammad Maleki, Janille Smith Colin, Hoe do transportation barriers affect healthcare visits? Using mobile based trajectory data to inform health equity 12th February, 2025 https://www.sciencedirect.com accessed on 14th May, 2025

[53] Michelle Amri, Ali Chatur and Patricia O'Campo, Intersectoral and Multisectory approaches to health policy:an umbrella review protocol, 15th Feb, 2022. https://health.policy.systems.biomedcentral.c accessed on 1st May, 2025

[54] .World Health Organization. Healthy Systems for Universal Health Coverage: A Joint Vision for Healthy Lives. Washington, DC: World Bank (2018). Available online at: https://openknowledge.worldbank.org/handle/10986/29231 accessed on 1st May ,2025

[55] CEHURD, "Minister asked to issue directive on water disconnections in public health facilities 20th February,2015 https://www.cehurd.org/author accessed on 14th May, 2025

[56] CEHURD, JUDICIAL ENDORSEMENT OF MATERNAL HELATH RIGHTS IN UGANDA, Wednesday 19th August, 2020 https://www.cehurd.org accessed on 14th May, 2025

[57] F. Ssengooba, Suzanne N.K, E. Rutebemberwa, The Right to Health in Uganda: Implications and Practical Steps to Achieving Universal Health Coverage, 2017 https://speed.musph.ac.ug accessed on 14th May, 2025.

2.5 Conclusion

The realization of the right to health in Uganda is deeply shaped by a web of non-legal factors such as poverty, gender inequality, cultural beliefs, political will, inadequate infrastructure and others that extend far beyond constitutional guarantees or international treaties. These elements shape access to healthcare and affect the fulfillment of related rights like dignity, education, and equality. Without addressing these systemic barriers, legal protections alone cannot guarantee health for all. A holistic, rights-based approach must therefore consider the social, economic, and institutional realities that either enable or obstruct the right to health.

CHAPTER THREE

3.0 ANALYSIS OF INTERNATIONAL, REGIONAL, AND DOMESTIC PERSPECTIVES ON THE RIGHT TO HEALTH AND ITS INTERDEPENDENCE WITH OTHER HUMAN RIGHTS.

3.1 Introduction

The right to health, deeply connected with other fundamental rights has been widely recognized across international, regional, and domestic frameworks[58]. These frameworks not only define the right but also emphasize its indivisibility with other rights such as life, dignity, equality, education, nondiscrimination, prohibition against torture, privacy, and access to information and freedom against and others. This chapter critically examines how international, regional, and domestic instruments and practices conceptualize, protect, and enforce the right to health in relation to other human to other human rights.

3.2 The International Perspective

The international community firmly establishes the right to health through major instruments such as the Universal Declaration of Human Rights, particularly Article 25(1), which affirms that everyone has the right to a standard of living adequate for health and well-being[59]. Article 12 of the International Covenant on Economic, Social and Cultural Rights recognizes the right to the highest attainable standard of health both physical and mental[60]. Emphasizing the interdependence and indivisibility of rights the Committee on Economic, Social and Cultural Rights' General Comment No. 14

World Health Organization, Human Rights 1st December, 2023 https://www.who.int accessed at 11:01a.m, Tuesday, 29th 2025

[59] Article 25 of the Universal Declaration of Human Rights, 1948

[60] Article 12 of the International Covenant on Economic Social and Cultural Rights, 1966

elaborates that health is both a right in itself and indispensable for the exercise of other human rights as contained in the International Bill of Rights, including the rights to food, human dignity, nondiscrimination, housing, education, access to information, and work amongst other rights[61].

Beyond the recognition, the ICESCR under Article 12 stresses that health in all it's form and at all levels contains interrelated and essential elements such as availability, accessibility, acceptability, and quality. International jurisprudence shows that denial of healthcare impacts rights like the right to life, equality, education, and freedom from discrimination.[62] For instance, the International Convention on the Elimination of All Forms of Racial Discrimination obliges states to guarantee rights to everyone without racial discrimination, explicitly covering health services[63]. The Vienna Declaration and Programme of Action also recognized the indivisible nature of rights, meaning that violating the right to health may often impair the enjoyment of other human rights such as the right to education, work and vice versa[64].

3.3 Regional Perspective

Regionally, ***the African Charter on Human and Peoples' Rights*** recognizes the right to health in Article 16, mandating that every individual shall have the right to enjoy the best attainable state of physical and mental health. Importantly, the Charter links health explicitly to dignity, equality, and development, showing a clear understanding

[61] ICESCR, General Comment No. 14 of 2000
[62] Office of the United Nations High Commissioner for Human Rights, World Health Organization, The Right to Health, https://www.ohchr.org/sites accessed on 14th May, 2025
[63] International Convention on the Elimination of all Forms of Racial Discrimination, 1965
[64] Vienna Declaration and Programme of Action, 1993.

of the symbiotic relationship between rights[65]. The African system uniquely emphasizes collective responsibilities and the role of the community in ensuring health for all.[66]

Additionally, ***the Protocol to the African Charter on the Rights of Women*** in Africa provides comprehensive coverage of women's health rights, including reproductive health. The African Commission's Resolution 141 and General Comments on the right to health have reinforced that the denial of health rights undermines other rights, especially for marginalized groups.

In the case of ***Purohit and Moore v. The Gambia***[67] were a complaint was brought before the African Commission on Human and Peoples' Rights in 2001 by two mental health advocates, Purohit and Moore. They challenged the conditions and treatment of individuals detained in a psychiatric unit called Campama Mental Hospital in The Gambia under the Lunatics Detention Act. They argued that the Act was outdated, discriminatory, and violated various human rights of people with mental disabilities. The Act allowed for arbitrary detention of individuals labeled as "lunatics" without clear procedures for admission, appeal, or periodic review. Furthermore, patients were subjected to poor living conditions, inadequate medical care, and stigmatization. The African Commission's found that The right to health under Article 16 was violated, emphasizing that mental health is an essential part of the right to health States are obligated to provide services, facilities, and treatment to individuals with mental

[65] African Charter on Human and People's Rights, Art. 16
[66] Senkosi Moses, Balyejjusa , Venesio Bwabale, Atim Hope, Tweshengyereze Silver no, Transforming Communities Through Ubuntu Philosophy: Prerequisites, Opportunities and Implications for Social Work Practice in Africa, March 2023, https://www.researchgate.net/publication accessed on 14th May, 2025
[67] Purohit and Moore v. The Gambia, Communication No.241 of 2001

disabilities.[68] The poor conditions at Campama Hospital and the lack of proper treatment amounted to a breach of the right to health. The right to dignity and freedom from cruel, inhuman, or degrading treatment under Article 5 was violated[69]. This case confirmed that mental health rights are human rights. Poor treatment of people with mental illnesses is not just a medical failure but a human rights violation.

In both policy and practice, the right to health draws its strength from its relationship with other human rights. Any attempt to promote health without addressing related rights such as housing, education, and dignity, access to information, life and others will result in incomplete and unsustainable outcomes.[70] This section examines these interlinkages in detail.

The right to life; this is indeed the most fundamental of all rights, the absence of which makes all other rights unattainable. It is recognized by all international, regional and domestic laws, for example the Article 3 of the Universal Declaration of Human Rights states that everyone has a right to life, liberty and security of persons[71]. The African Charter on Human and People's Rights also provides for this right stating that human beings are inviolable, every human being shall be entitled to respect for his life and the integrity of his person. No one may be arbitrarily deprived of this right[72]. Even in the Constitution of Uganda 1995 as amended provides under Article 22 that no person shall

[68] Ibid
[69] Equal right Trust, https://www.equalrightstrust.org opened on 29th, April 2025
[70] Ibid
[71] Universal Declaration of Human Rights, Art 3
[72] African Charter on Human and People's Rights, Art 4

be deprived of the right to life intentionally, except in execution of a sentence passed in a fair trial[73].

However this right cannot stand in a vacuum that is to say that the right to health is a requirement for the right to life, things like access to healthcare, emergency services and essential medicines are crucial to survival and violations of the right to health such as inaccessibility and failure to provide essential health services like maternal care/ emergency treatment can directly resulting loss of life. In the case of **Center for Health, Human Rights and Development (CEHURD), Prof. Ben Twinomugisha, Rhoda Kukiriza, Inziku Valente v. Attorney General**[74], were the petitioners challenged the Government of Uganda's failure to provide essential maternal healthcare, resulting in the deaths of two women during childbirth in public hospitals due to lack of basic facilities and negligence. Issues raised included violation of right to life provided for in Article 22 of the Constitution, the right to health implied through Objective XX and international obligations, the right to equality and non-discrimination under Article 21. The Court found that the Government's failure to adequately provide basic maternal health care services in public health care facilities as highlighted by the high mortality rate due to pre- and post-partum complications violated the right to life in Article 22 of the Uganda Constitution. This case is Uganda's most significant legal challenge involving maternal health. It emphasized that failure to provide life-saving maternal health services violates the right to life, dignity, and equality[75]. Therefore without

[73] The 1995 Constitution of the Republic of Uganda as amended, Art 22
[74] CEHURD, Prof Ben Twinomugisha, and 2 others v AG, Constitution Petition No. 16 of 2011
[75] https://www.cehurd.org opened on 29th April, 2025

access to adequate healthcare, individuals cannot survive, making the right to health essential for protecting the right to life.

The right to food and nutrition; the right to health is insuperable from access to adequate and nutritious food, malnutrition and hunger can lead to a weak immune system, stunted growth and increased susceptibility to diseases.[76] The ICESCR General Comment No.12 emphasizes the link between nutrition and health stating that the right to adequate food is indispensable for the right to health[77], Article 25 of the Universal Declaration of Human Rights states that everyone has a right to a standard of living adequate for himself and his family including the right to food, clothing, housing and medical care. Also the Constitution of Uganda under the National Objectives and Directive Principles of State Policy, objective XXII provides that the state shall encourage and promote proper nutrition. In the case of ***Salvatore Abukir v. Attorney General***[78], were Salvatore Abuki was convicted of practicing witchcraft under Uganda's Witchcraft Act. Upon completing his sentence, he was banished from his home district for life, denied access to his property, and prohibited from associating with his family or community. The Court found that the banishment of the petitioner from his home derived home of shelter, food and essential sustenance, security, clean and safe water and health services infringed on his rights to life, food under the National Objectives and others.

[76] Ana Ayala, Benjamin Manson Meier, A human rights approach to the health implications of food and nutrition insecurity, March 2017 https://PMC:ncbi.nlm.nih.gov accessed on 14th May, 2025
[77] ICESCR, General Comment No.12
[78] Attorney General v Salvatore Abukir [1999] UGSC 7 (25 May 1999) https://www.ulii.org/akn/ug/ju accessed on 1st May, 2025

The to freedom from discrimination; this right is essential in realizing the right to health, it is defined as any distinction, exclusion, restriction, or preference based on a prohibited ground such as race, sex, disability, age, ethnicity, health status, economic status, or geographic location, which has the purpose or effect of impairing the recognition, enjoyment, or exercise of human rights and fundamental freedoms on an equal basis[79]. This right ensures that all individuals regardless of their characteristics have equal access to healthcare services and resources preventing disparities in health outcomes such as persons with disabilities being denied entry into health facilities due to lack of ramps, in Uganda rural populations often suffer worse health outcomes due to underfunded and stuffed facilities compared to urban areas[80]. The International Covenant on Economic, Social and Cultural Rights (ICESCR) prohibits discrimination in the exercise of all rights in Article 2(2). Similarly, Article 26 of the International Covenant on Civil and Political Rights (ICCPR) prohibits discrimination. In Uganda, Article 21 of the Constitution guarantees equality before the law and protection from discrimination based on sex, race, color, ethnic origin, tribe, birth, creed or religion, social or economic standing, political opinion, or disability. Discrimination in health impacts other rights including education, employment, and life itself. If a child with a disability is denied vaccinations or rehabilitation services, they may be excluded from school and employment later in life. Thus, discrimination in healthcare triggers a

[79] https://uganda.unfpa.org
[80] Uganda Bureau of Statistics, Demographic and Health Survey, 2016

cascade of human rights violations, undermining both personal development and national progress.[81]

The right to Adequate Housing; the right of every individual to have access to a safe secure and habitable home with adequate space, lighting ventilation and access to basic services such as water, sanitation and energy.[82] Poor housing increases exposure to harsh weather, disease, and violence, overcrowded or unsanitary shelters heighten the risk of respiratory and skin infections.[83] Article 25 of the Universal Declaration of Human Rights states that everyone has a right to a standard living adequate for himself and his family. Objective XIV(b) says that the state shall endeavor to fulfill the fundamental rights of all Ugandans enjoy rights and opportunities such as health, clean and safe water, decent shelter, adequate clothing, food security and pension retirement benefits[84]. The case of ***Salvatore Abukir v Attorney General***[85] also demonstrated how forced removal from land without alternative shelter undermined health and survival. Housing is not just shelter; it is a determinant of physical and mental health.

The right to access information; access to information is a fundamental human right essential for transparency, accountability and empowerment. It refers to an individual's ability to seek, receive, and impart information held by public or private bodies,

[81] World Health Organization, Soda, United Nations Human Rights, HUMAN RIGHTS AND GENDER EQUALITY IN HEALTH SECTOR STRATEGIES: HOW TO ASSESS POLICY COHERENCE, https://www-corteidh.or.cr/tablus accessed on 14th May, 2025.
[82] Office of the United Nations High Commissioner for Human Rights, UN HABITAT, The Right to Adequate Housing, https://www.ohchr.org/sites/default accessed on 14th May, 2025.
[83] James Krieger, Donna L Higgins, Housing and Health: Time Again for Public Health Action, https://PMC.ncbi.nlm.gov accessed on 14May, 2025
[84] The 1995 Constitution of the Republic of Uganda as amended, Objective XIV (b) of the National Objectives and Directive Principles of State Policy.
[85] Ibid

especially where that information affects their rights or public interest[86]. Article 19 of the International Covenant on Civil and Political Rights states that everyone shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in or sovereignty of the State or interfere with the right to the privacy of any other person[87]. The Committee on Economic, Social and Cultural Rights (General Comment No. 14) identifies access to health-related information as an overlapping dimension of the right to health under the element of accessibility[88].

3.4 Domestic Perspective

Domestically, the 1995 Constitution of Uganda as amended under Article 41 provides for this right stating that every citizen has a right of access to information in the possession of the State or any other organ or agency of the State except where the release of the information is likely to prejudice the security[89]. Article 16 of the Patient's Charter states that the patient shall be entitled to obtain from the clinician or the medical facility medical information concerning humor herself including a copy of his /her medical results[90]. For example patients cannot give meaningful consent without understanding their diagnosis, available treatments, side effects, or alternatives. Without this information, the right to health is undermined.[91] Likewise communities must receive timely information during outbreaks or emergencies for example COVID-

[86] African freedom of information Center, Access to Information in Uganda: Prospects and Hurdles 31/05/2024, https://www.africafoicentre.org accessed on 1st May, 2025
[87] International Convention on Civil and Political Rights, Art. 19
[88] International Covenant on Economic, Social and Cultural Rights (General Comment No. 14), 2000
[89] The 1995 Constitution of the Republic of Uganda as amended, Art. 41
[90] The 2009 Patient's Charter, Art, 16
[91] Ibid

19, Ebola, cholera, monkey pox and others.[92] Lack of communication leads to panic, misinformation, and poor health outcomes. Therefore the government should fulfill the right to health through the promotion and provision of health related information, education, research and statistics[93].

3.5 Conclusion

The right to health stands not alone but as a bridge connecting the broader framework of human rights, its realization is deeply entangled with the enjoyment of rights to life, food, water, housing, education, work, privacy, and non-discrimination. As this chapter has shown, international law provides the foundational structure, regional instruments bring it closer to African realities, and Uganda's domestic efforts though still evolving signal a commitment to human dignity. Through jurisprudence such as Purohit and Moore v The Gambia, CEHURD v AG and others, we see that health cannot be separated from justice, equality, and inclusion. In essence, to protect the right to health is to protect humanity in its fullest sense. It is to affirm that every individual regardless of status, place, or condition has the right not merely to survive, but to live in dignity, wellness, and hope. Therefore health thrives where rights are upheld and it withers where they denied.

[92] Nita Madhav, Ben Oppenheimer, Mark Gallivan, Prime Mulembakani, Edward Rubi and Nathan Wolfe, Disease Control Priorities: Improving Health and Reducing Poverty: 3rd edition 27th November, 2017, https://www.ncbi.nlm.nih.gov accessed on 14th May, 2025

[93] A Healthy Knowledge: Right to information and the right to health, September 27,2012 https://www.article19.org

CHAPTER FOUR

4.0 SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

4.1 Introduction

This chapter provides a summary of the key research findings, aligning them with the study's objectives and questions. It then presents conclusions based on the analysis in previous chapters and offers practical recommendations aimed at enhancing the realization of the right to health in Uganda through a more integrated, rights-based approach.

4.2 Summary of Findings

This study adopted a qualitative methodology with doctrinal research as its principle approach through critical examination of primary legal texts, international, domestic human rights instruments and scholarly literature. It sought to examine the interdependence between the right to health and other human rights within the Ugandan context, particularly under the country's healthcare policy framework. The findings presented in the chapters above reveal a pattern consistent of systematic inadequacies in realizing the right to health, especially due to weak intersectoral integration of other fundamental rights.

The major finding is that the right to health is inherently interdependent with other human rights including the rights of food, clean water, housing, education and a healthy environment. Literature and legal instruments reviewed such as the International Covenant on Economic, Social and Cultural Rights[94] and the African Charter on Human

[94] The 1966 International Covenant on Economic, Social and Cultural Rights, Art. 12

and People's Rights[95] illustrates that this right cannot be realized in isolation but must be addressed within a broader human rights framework.

The study revealed that systemic challenges such as corruption, weak institutions, limited budgetary allocations and inadequate public awareness have severely curtailed the realization of the right to health in Uganda.[96] Reports from the Uganda Human Rights Commission and CEHURD highlighted a widespread mismanagement of healthy sector resources as well as failures in government accountability. This coupled with limited public participation and transparency in healthcare planning, denying citizens their civil and political rights to participate in decisions that affect their health. This perpetuates health inequities.

The right of education was found to play a key enabling role in the realization of the right to health, yet this has been underutilized[97]. Literacy and awareness affect how individuals interact with health systems. Uganda's education sector suffers from inadequate infrastructure and low retention rates, especially among girls, which limits the dissemination of vital public health information. This supports the assertion that the right to education and right to health are closely linked.

The research found that Uganda's health policy implementation is deeply impacted by economic disparities and governance inefficiencies. The state's inability to ensure equitable access to essential services such as clean water, nutrition and adequate housing rights that underpin the right to health has contributed to a persistently high

[95] African Charter on Human and People's Rights, Art. 16
[96] Ibid
[97] Center on Social Health, Why Education Matters to Health:, February 13th, 2015, https://societyhealth.vcu.edu accessed on 16th May, 2025

disease burden. For instance, the Uganda National Household Survey found that 45% of Ugandans depend on subsistence farming, this therefore directly affects nutrition and income levels, thereby impacting access to health services.[98]

Moreover the discovery of environmental health risks such as poor waste disposal and unsafe water, continue to undermine public health, particularly in informal settlements. These risks are exacerbated by the lack of coordinated enforcement of environmental and housing regulations, showcasing a failure in the intersection between environmental rights and health rights.

The study also found that gender based disparities in healthcare access were prevalent, with women and girls disproportionately affected. Maternal mortality remains high in Uganda, largely due to poverty, inadequate reproductive health services, and gender-based violence. A 2023 report by United Nations Population Fund Uganda showed that about 16 women die every day from pregnancy-related causes[99], many of which are preventable, indicating a failure to protect women's right to both health and life.

4.3 Conclusion

This dissertation set out to examine the intricate relationship between the right to health and other fundamental human rights within the Ugandan context. Through doctrinal and literature-based analysis, it has demonstrated that the right to health is not an isolated entitlement but one that operates in tandem with rights to education,

[98] UGANDA BUREAU OF STATISTICS, THE UGANDA NATIONAL HOUSEHOLD SURVEY 2019/2020, https://www.ubos.org accessed on 16th May, 2025

[99] UNFPA Uganda, Transforming Lives, Inspiring Change, Annual Report, 2023 https://uganda.umfpa.org accessed on 13.05.25 at 7:46p.m

food, shelter, water, and nondiscrimination. The effectiveness of health rights, therefore, depends on the protection and fulfillment of these interrelated rights. Although Uganda has made significant legal and policy strides, implementation remains inconsistent due to systemic barriers, limited resources, and weak enforcement. The disconnect between Uganda's international obligations and domestic realities highlights the need for stronger institutional commitment and an integrated, rights-based approach.

Ultimately, the realization of the right to health is not merely a legal aspiration but a moral imperative that underpins the dignity and development of individuals and communities. Ensuring its full protection requires not only sound legal frameworks but also political will, intersectoral collaboration, and sustained public engagement. Therefore the right to health does not exist in a vacuum, it draws its strength from the fabric of all other human rights. When these rights are upheld together, they form a foundation upon which justice, dignity, and human potential can truly flourish. Uganda's path forward may not lie in isolated reforms, but in the quiet power of integration where health is not merely treated as a service, but honored as a reflection of the value we place on every human life.

4.4 Recommendations

Strengthening Implementation Mechanisms, Uganda should adopt explicit legislation that makes the right to health justiciable and enforces compliance with constitutional provisions. Parliamentary oversight and judicial activism should be encouraged to uphold health-related rights.

Increased Health Sector Financing, The government should meet the Abuja Declaration target of allocating at least 15% of the national budget to the health sector. This increased funding would improve infrastructure for example building more medical facilities, human resources, and essential drug availability by ensuring a steady supply of medicines and equipment's.

Addressing Corruption and Accountability, robust anti-corruption measures must be enforced within the health sector. For example through establishing independent oversight bodies such as anti-corruption units to monitor health funding and expenditures would help reduce embezzlement. Institutions like the Inspectorate of Government and Auditor General should be strengthened to ensure accountability.

Promote awareness of the human rights based approach in Uganda, health officers in the country should be trained on the value of this approach. This will empower them to integrate human rights principles into the national planning and service delivery reinforcing the connection between participation rights and health outcomes.

Improving basic infrastructure and services, every facility should have clean water, electricity, proper water management and adequate drug supply. Ensuring availability and quality of health care services is essential to fulfilling the right to health and preserving the right to life and wellbeing.

Addressing the Needs of Vulnerable Populations, there is a critical need to recognize and respond to the unique health access challenges faced by marginalized groups for example people with disabilities, the elderly, people living with HIV/AIDS and others. Such as placing ramps on every building to ease access for the people with disabilities.

Doing so affirms the principle of equality and ensures nondiscrimination in accessing the right to health.

Adoption of a National Implementation Plan, Uganda should develop a unified, government-led action plan for implementing a rights-centered health framework in healthcare delivery. The Ministry of Health and the Uganda Human Rights Commission could jointly lead this initiative, involving civil society and other actors.[100] Such a plan would promote collective responsibility and ensure that health policies are grounded in participatory, transparent, and rights-respecting frameworks.

Cross-Sectoral Collaboration, health policies should be developed in tandem with policies on education, clean water and sanitation, safe housing, and the environment. This integrated approach would strengthen the overall effectiveness of Uganda's health rights strategy.

Human Rights-Based Education and Awareness, civic education programs focusing on the right to health should be incorporated into national curricula and community outreach programs. This would empower citizens to demand their rights and hold duty bearers accountable. To ensure lasting impact, medical and health-related academic programs should embed rights-centered principles in their curricula. Furthermore, continuing education for healthcare workers must address the interlinkages between

[100] UGANDA NATIONAL COMMISSION FOR UNESCO, STUDY CONDUCTED BY CEHURD, THE STATUS OF INTEGRATION OF HUMAN RIGHTS BASED APPROACH IN HEALTH CARE DELIVERY IN UGANDA: CASE STUDY OF SELECTED NORTHERN AND CENTRAL REGIONS' HEALTH SERVICE POINTS, December 2016, https://UNESCO.uganda.ug/wp-content accessed on 16th May, 2025.

health rights and broader human rights. This would foster a more ethically conscious health workforce that upholds both clinical and rights-based standards of care.[101]

Ensure documentation of health services, proper record keeping of patient care is essential for protecting providers and ensuring patient rights in cases of complaint or legal redress. This practice promotes transparency and accountability which are key elements of a rights-centered health framework.[102]

In conclusion, the realization of the right to health in Uganda demands a multidimensional strategy encompassing legal reform, increased political will, institutional strengthening, and enhanced public engagement.

[101] Ibid
[102] Ibid

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