

**AN ANALYSIS OF ACCESSIBILITY AND ENJOYMENT OF THE RIGHT TO
HEALTH OF PERSONS WITH DISABILITIES : A CASE STUDY OF MUKONO
DISTRICT**

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BS21B11/251

**A DISSERTATION SUBMITTED TO THE SCHOOL OF LAW IN PARTIAL FULFILLMENT OF
THE REQUIREMENTS FOR THE AWARD OF THE DEGREE OF BACHELOR OF LAWS OF
UGANDA CHRISTIAN UNIVERSITY**

May, 2025



**UGANDA CHRISTIAN
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ABSTRACT

This study analyzes the accessibility and enjoyment of the right to health of persons with disabilities (PWDs) in Mukono, District Uganda. It uses the qualitative approach and desktop research method, incorporating qualitative interviews among PWDs, their caretakers and healthcare workers. The research reveals that although Uganda has enacted legal frameworks about the right to health PWDs, significant gaps in physical accessibility, information accessibility, and stigma persist. The study therefore, recommends enhanced enforcement of disability laws, disability awareness programs for health workers, and infrastructural adaptations to promote inclusive healthcare environments.

DEDICATION

I dedicate this work to all persons with disabilities, whose resilience and determination continue to inspire the government and Non-government Organizations to do more about their rights all together. I also dedicate it to my dear friends and family that have supported me since day one of writing and carrying out this research.

ACKNOWLEDGMENT

This work could never have been done without the input and support of those around me. I am therefore very grateful firstly to my God almighty who gave me the wisdom and courage to embark on this journey. I am forever grateful to my supervisor Mr. Fred Johnson Asiimwe for His guidance and patience throughout this research. I also thank the faculty members at Uganda Christian University and the participants from Mukono District who willingly shared their experiences. Much thanks to my family and friends for their support and encouragement during this academic journey.

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ACRONYMS

ACHPR-African Charter on Human and People's Rights

HIV- Human Immunodeficiency Virus

HIV/AIDS-Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome

ICESCR- International Covenant on Economic, Social and Cultural Rights

ICESCR-International Covenant on Economic, Social and Cultural Rights

MoH- Ministry of Health

NGOs- Non-Government Organizations

NUDIPU- National Union for Disabled Persons in Uganda

PWDs-Persons with Disabilities

SDGs-Sustainable Development Goals

UBOS-Uganda Bureau of Statistics

UCC-Uganda Communications Commission

UDHR -Universal Declaration of Human Rights

UNCRPD- United Nations Convention on the Rights of Persons with Disabilities

USAID-U. S Agency for International Development

USA-United States of America

WHO-World Health Organization

CHAPTER ONE

1.0 INTRODUCTION

Human rights are God-given rights that are internationally recognized and that the state is mandated to uphold and protect them.

“These rights include but are not limited to the Right to health, it is a fundamental human right, indispensable for the exercise of other human rights”.¹

Health is defined as “the state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”.² The right to health is not to be understood as the right to be healthy because that limits its scope. For an individual to enjoy their right to health four elements must be present and these include: accessibility, availability, acceptability and quality.³

A disability means “a substantial functional limitation of a person’s daily life’s activities caused by physical, mental, sensory impairment and environment barriers, resulting in limited participation in society on equal basis with others and includes an impairment”.⁴ Persons with Disabilities face quite a number of challenges in Uganda and world over among which include discrimination, lack of access to different necessities and resources, poverty, poor education but most importantly which is our point of concentration the right of accessing quality, affordable and

¹ UN Economic and Social Council, General Comment NO.14: The Right to the Highest Attainable Standard of Health (Art.12 of the Covenant), E/C.12/20000/4, UN Committee on Economic Social and Cultural Rights (CESR), 11 August 2000

² Paragraph 2 of the Preamble of the 1946 World Health Organization Constitution

³ Paragraph 12 of the UN Economic and Social Council, General Comment NO.14: The Right to the Highest Attainable Standard of Health (Art.12 of the Covenant), E/C.12/20000/4, UN Committee on Economic Social and Cultural Rights (CESR), 11 August 2000

⁴ Section 1(1) of the Persons with Disabilities Act 3 of 2020

well-deserved medical services in order to attain their right to health which they are entitled to like any other resident of the state.

Person with Disabilities (PWDs) are protected under Article 21(2) of the 1995 Constitution of the Republic of Uganda⁵ which states that no one shall be subjected to discrimination on the basis of sex, race, colour, ethnic group, place of birth, social or political viewpoint, or disability and in this case, discrimination means giving different treatment to someone by virtue of their respective descriptions. The law, further calls for affirmative action to be done in cases of PWDs just to put them on the same pedal stool with others, that is to say give them a fair and equal starting point.⁶ Such laws go on to show that this PWDs have not been ignored legislatively in Uganda.

Therefore, the goal of this research is to gather how these laws have been put into practice and whether indeed PWDs benefit from the laws that are meant to protect their right to health. This will be done by analyzing the different groups of people who are supposed to help in the realization of the right who are the government, the community and PWDs themselves.

1.1 STATEMENT OF THE PROBLEM

PWDs not being a big number of Uganda's population, the researcher desires a world where PWDs have access and enjoy medical services that aid their enjoyment of the right to health and enable them to live with less pain, disappointment and most importantly get them back on their feet and out of the inability section as is the mentality of Ugandans towards them that disability is inability. This will lead to a very beneficial and needed shift socially, politically and economically as the PWDs become resources to themselves, to the communities they live in and to the state. However,

⁵ Article 21(2) of the 1995 Constitution of the Republic of Uganda as Amended

⁶ Article 32 of the 1995 Constitution of the Republic of Uganda as Amended

because of the mindset of most Ugandans which is informed by ignorance on how to live with PWDs, poverty, lack of resources and high costs of PWDs' basic necessities such as medication, visual aid assistance tools, wheelchairs, hearing aids, rehabilitation centres and counselling services this is a tough goal to achieve. Therefore, community awareness and skilling those handling Persons with Disabilities cases, provision of raw materials by the government to allow local production of devices to cut costs of importation, will reduce prices and will enable the nation to achieve the goal of accessibility and enjoyment of the right to health.

1.2 JUSTIFICATION

This research will be the eyes and ears of the Ugandan population as it will shed more light that is on the question of whether or not the marginalized group is getting all they need to live comfortable lives while in Uganda regarding their ability to attain and enjoy their right to health which is the role of the state.⁷ A comprehensive analysis must consider both such as accessibility to healthcare services and medical professionals and the societal dimensions, including prevailing societal attitudes toward PWDs. It will become evident that PWDs experience disadvantages not only from a medical perspective but also as a result of societal responses and treatment by family members, community members and local leaders. Therefore, this study will address the access enjoyability of the right for PWDs by taking a deeper look at both aspects hence a more holistic understanding of the situation at hand.

⁷ Art 12(1) of the International Covenant on Economic, Social and Cultural Rights adopted on 16th December 1966 (ICESCR) which provides “the state parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health”.

1.3 OBJECTIVE OF THE STUDY

The major objective is analyzing whether or not the enjoyment and accessibility of the right to health for PWDs is achievable in Uganda.

1.4 SPECIFIC OBJECTIVES

The research is geared towards achieving the following objectives:

1. To learn about the existing disabilities.
2. To assess the of PWDs regarding their accessibility and enjoyment of the right to health.
3. To analyze what has been done so far to ensure the right to health is enjoyed by PWDs.
4. To analyze what should be done for PWDs to enjoy the right to health.

1.5 RESEARCH QUESTIONS

1. What are the existing disabilities in Mukono?
2. What are the differences experiences of PWDs?
3. What has been done to accord PWDs enjoyment of the right to health.
4. What more should be done?

1.6 SCOPE OF THE STUDY

1.6.1 SUBJECT MATTER

Much as there numerous underlying issues to do with PWDs, this research will focus on whether or not they have been able to enjoy the right to health if not, what should be done about it.

1.6.2 TIME SCOPE

This study will cover developments from 1995 to date.

1.6.3 GEOGRAPHICAL SCOPE

The study will be limited to hospitals and communities in Mukono where PWDs reside and get medical care.

1.7 SIGNIFICANCE

The findings herein will guide the people in charge, that is to say government, Non-Government Organizations (NGOs), the community and the PWDs on how to better realize this right by designing and implementing more inclusive health strategies, mechanisms and systems.

1.8 METHODOLOGY

Qualitative methods will be used in this research specifically in-depth interviews. A desktop review will also be conducted by the researcher.

1.9 LITERATURE REVIEW

The right to health is internationally recognized⁸ which affirms that everyone has a right to a standard of living that is adequate for health and well-being. Similarly, Article 12 of the International Covenant on the Economic, Social and Cultural Rights⁹ recognizes the right to the

⁸ Article 25 of the Universal Declaration of Human Rights 1948

⁹ Article 12 of the International Covenant on the Economic, Social and Cultural Rights (ICESCR) 1966

highest attainable standard of health. Regionally, the African Charter on Human and People's Rights 1981 equally promotes the Right to Health.¹⁰

Disability is having a physical or mental impairment that has a 'substantial' negative effect on your ability to do day-to-day activities.¹¹ The National Housing and Population Census of 2014, states that "the rate of disability is 12.4% among the population aged 5 years and above (males 49.3%, females 50.7%). The highest forms of disabilities were estimated to be difficulties in seeing (6.5%), difficulty in remembering (5.4%), difficulties in walking(4.5%) and difficulty in hearing(3.1%)".¹² A new figure of the rate of disability was produced in 2024 by the Uganda Bureau of Statistics (UBOS) Population and Censuses sector which was 5.7% and this was challenged by the Head Executive of National Union of Disabled Persons of Uganda(NUDIPU) claimed that the drop in numbers was completely unrealistic since the previous report of 2014 had left out certain groups like those affected by albinism therefore, since they were included in the 2024 report the number should be higher and not lower than that of 2014.¹³ Hence, she alongside other people, requested that the numbers be re-visited in order to ensure proper planning, budgeting, rehabilitation and management of these disabilities.

The number of people who are found to have disabilities worldwide is about 1.3 billion which is approximately 16% of the world's population.¹⁴

¹⁰ Article 16 of the African Charter on Human and People's Rights 1981

¹¹ Section 1(1) of the Persons with Disabilities Act 3 of 2020

¹² Uganda Bureau of Standards 2016

¹³ <https://www.newvision.co.ug/category/news/pwd-group-calls-for-review-of-disability-prev-NV-197794> accessed on 9th February 2025

¹⁴ Global Report on health equity for persons with disabilities executive summary. Geneva: World Health Organization; 2022. License: CC BY-NC-SA 3.0 IGO

People have different viewpoints of disabilities and these can be categorized into three theories. The medical theory, social model of disability theory, and the Human Rights Based Approach disability theory.

The medical model theory is one that looks at being disabled as a problem and that having a disability is a challenge that makes a person incapable of so many things. It focuses on the things that fail them as a whole i.e., the impairments of the individual. From this perspective, the goal is to ensure that the PWD goes back to “normal” which will be able if they consult professionals who are considered to be “experts” in disability.¹⁵ and therefore, patients should pay attention to the experts who will “fix” them.

The Social Model of Disability as popularized by Michael Oliver, argues that disability results primarily from societal barriers rather than individual impairments.¹⁶ This in the medical sense would look at the availability or lack thereof of the equipment like ramps, braille material and weighing scales at hospitals or hospital beds that are accommodative for all PWDs. Therefore, that the lack and negative attitude would now point to a PWDs inability to enjoy the right to health not because they are disabled but because the system has failed them by not providing the tools needed to survive and enjoy a comfortable existence while living with a disability. This simply shows that the disability is not the problem, the problem is that PWDs can’t exist and enjoy this right because they lack what they need to enjoy it.

From the medical model, a person with a disability is in need of being fixed or cured and should always be pitied because disabilities are a tragedy. It focuses on what the person can’t do and can’t

¹⁵ <https://www.apa.org/ed/precollege/psychology-teacher-network/introductory-psychology/disability-models>
accessed on 25th April 2025

¹⁶ Michael Oliver, ‘The Politics of Disablement’ (Macmillan 1990)

be. A social model perspective does not deny that there is indeed an of impairment nor that it has an impact on the individual.¹⁷ “However, it does challenge the physical, attitudinal, communication and social environment to accommodate impairment as an expected incident of human diversity”.¹⁸ An example of the social model is a disabled person who can’t speak and therefore only knows sign language but needs to speak to a medical practitioner of a hospital that has no sign language interpreter. The social model recognizes that this is the fault of the hospital and not the Person and would hence suggest that the hospital hire a sign language interpreter.

The final theory is called the Human Rights Based Approach which frames PWDs as rights holders entitled to accessible, quality healthcare on equal basis with others.¹⁹ This model focuses on the fact that PWDs are also human being and so just like any they have rights which must be met and respected. Therefore, these rights should be realized by duty bearers who include hospital managers, health professionals, inspectors and parliamentarians, among others.

These theories have been discussed internationally and therefore most of the big organizations such as the United Nations and Uganda and has settled to use the social model which focuses on improving the surrounding of the PWDs so that enjoy their right to health. Much as this has been accepted as the international standard it has a long way to go as per acceptance. For example, at the Ugandan level, there are different perspectives of how disability is regarded. To some it is seen as demon-possession or one has been cursed. Therefore, some PWDs may never be accepted in the society. So, for the goal of PWDs enjoying the right to health to be achieved, the societal view towards PWDs need to change. Also, to the extent of availability of necessary resources, it is a

¹⁷ <https://pwd.org.au/resources/models-of-disability/> accessed on 25th April 2025

¹⁸ <https://pwd.org.au/resources/models-of-disability/> accessed on 25th April 2025

¹⁹ https://www.giz.de/facheexpertise/downloads/A_human_based_approach_to_disability_in_development.pdf accessed on 25th April 2025

country by country basis. That is to say, how much is assigned to the health sector in the country's budget like in 2024 it was allocated 4.1%²⁰ which is for the general health sector and not specifically for disabilities meaning there is not enough allocated and hence the resources will not be adequate for the entire nation and most specifically for Mukono district.

“Disability is still seen as an issue of vulnerability despite the rhetoric of rights.”²¹ Which is absurd because it simply means that regardless of all the efforts put into fighting for the rights of PWDs and pushing for their equal treatment and inclusion into different sectors of the country as participants in Ugandan affairs, there is a group that views them as vulnerable and incapable.

Just like those without disabilities, PWDs face health challenges like HIV/AIDS however they tend to get less access to healthcare.²² This is very ironic since “PWDs have very low life expectancy in most cases and continue to die earlier, have poorer health, and experience more limitations in everyday functioning than others. These poor health outcomes are due to unfair conditions faced by PWDs in all facets of life, including in the health system itself”²³ and so they need to be given extra special care to fight these diseases alongside the given disabilities.

“The state is mandated to provide the highest attainable standard of health”²⁴ for its citizens.

²⁰ <https://iser-uganda.org/wp/content/uploads/2024/09/Unpacking-Ugandas-2024%E2%80%93Bugdet-ISERs-Insights-on-Public-Services-Funding.pdf> accessed on 27th April

²¹ <https://www.newvision.co.ug/category/news/pwd-group-calls-for-review-of-disability-prev-NV-197794> accessed on 9th February 2025

²² <https://www.newvision.co.ug/category/news/pwd-group-calls-for-review-of-disability-prev-NV-197794> accessed on 9th February 2025

²³ <https://www.who.int/teams/noncommunicable-diseases/sensory-functions-disability-and-rehabilitation/global-report-on-health-equity-for-persons-with-disabilities> accessed on 9th March

²⁴ Art 12(1) of the International Covenant on Economic, Social and Cultural Rights adopted on 16th December 1966 (ICESCR)

However, the law doesn't provide what the standard is and even then, if it did, not all states may afford this standard as states are economically equipped differently, the standards of developed countries such as the United States of America may not be the same as for the least developed countries like Uganda. Does this mean Ugandan PWDs will never get the highest attainable standard of health? This very conversation was had by the super powers hence they came up with the principle of progressive realization²⁵ which allows states to continuously realize their studies owed to their citizens but at their pace especially financially depending on what they can manage to provide as a state. The progressive realization principle may make states delay realization and enjoyment of the right to health at the expense of its citizens because much as states like Uganda have the some of the best laws regarding PWDs, the realization of these laws is still a big challenge. One such law provides that a health unit discriminates against a PWD if they don't provide "accessible labour beds, examination tables or wheelchairs for PWDs".²⁶ Such items are essential tools for enhancing the enjoyment of the right to health by the PWDs and a means to an end to discrimination of PWDs. But how many hospitals in Mukono have such facilities? It is noteworthy, that most hospitals both private and public are underfunded, and do not afford to provide these items, resulting in failure to protect the right to health of PWDs.

The number of PWDs will keep growing as populations age with the global increase in chronic health conditions.²⁷ Therefore, since people are at a risk of becoming disabled at some point in their lives by virtue of disease or old age or even falling victim to the bad infrastructure in Uganda, it is the mandate of government, non-government organizations and the community to make the

²⁵ Paragraph 30 of the UN Economic and Social Council, General Comment NO.14: The Right to the Highest Attainable Standard of Health (Art.12 of the Covenant), E/C.12/20000/4, UN Committee on Economic Social and Cultural Rights (CESR), 11 August 2000

²⁶ Section 7 of the Persons with Disabilities Act N0.3 of 2020

²⁷ WHO Global Disability Action Plan 2014-2021. Better health for all people with disability.

lives of PWDs comfortable and this starts with ensuring that they not only access the right to Health but enjoy it to the fullest as it is the genesis of enjoyment of the other fundamental rights.

CHAPTER TWO

THE NON-LEGAL ASPECTS OF THE RIGHT TO HEALTH FOR PWDS.

2.1 INTRODUCTION

This chapter gives an understanding of the non-legal aspects pertaining the right to health for PWDs. Much as legal provisions serve as the basis of the rights and entitlements, the actual enjoyment of these rights is usually conditioned by social, economic, cultural, and physical factors. Non-legal aspects are important in appreciating the day-to-day experiences of the PWDs in relation to the right to health.

“In every region in the world, in every country in the world, PWDs often live on the margin of society, deprived of some of life’s fundamental experiences. They have little hope of going to school, getting a job, having their own home, creating a family and raising their children, enjoying a social life or voting. For the vast majority of the world’s PWDs, shops, public facilities and transport, even information are largely out of reach.”²⁸

In order for the state and the community to fulfill individuals’ right to health, there are elements it must accomplish. These include availability, accessibility, acceptability and quality.²⁹ The non-

²⁸ Published jointly by OHCHR with the United Nations Department for Economic and Social Affairs (DESA) the Inter-Parliamentary Union (IPU), ‘From exclusion to equality: realizing the rights of persons with disabilities’, (2007)

²⁹ Paragraph 12 of the UN Economic and Social Council, General Comment NO.14: The Right to the Highest Attainable Standard of Health (Art.12 of the Covenant), E/C.12/2000/4, UN Committee on Economic Social and Cultural Rights (CESR), 11 August 2000
<https://www.refworld.org/legal/general/cescr/2000/en/36991/> accessed on 8th May 2025

legal aspects entail the factors that affect the accessibility of medical services for PWDs and will be discussed in relation to the elements of right to health.

2.2 ELEMENTS OF THE RIGHT TO HEALTH

The elements of the right to health include;

Availability. “Adequate healthcare infrastructure including hospitals, community health facilities, trained health professionals, drugs, equipment, and health services must be available in all geographical areas and to all communities”.³⁰

Accessibility.³¹ Everyone within the state must ably access health facilities, goods and services.

Accessibility can be viewed in four ways;

1. Non-discrimination: One may not be able to acquire universal health coverage because of the discrimination which may limit them from getting health and community services.³²
“The health care centres should provide timely and quality health care to all people in need, regardless of gender, nationality, age, disability, ethnic group, sexual orientation, religion, language, socioeconomic status HIV or other health status or any other grounds”.³³
2. Physical accessibility: PWDs should be able to access these resources without any hinderance or inconvenience hence buildings should also be made with adequate access for

³⁰ https://iser-uganda.org/wp-content/uploads/2022/03/A16-10-04-ISER_Booklet-design-layout.pdf

³¹ Paragraph 12B of the UN Economic and Social Council, General Comment NO.14: The Right to the Highest Attainable Standard of Health (Art.12 of the Covenant), E/C.12/20000/4, UN Committee on Economic Social and Cultural Rights (CESR), 11 August 2000

<https://www.refworld.org/legal/general/cescr/2000/en/36991/> accessed on 8th May 2025

³² UNAIDS. Agenda for Discrimination in Healthcare.

https://www.unaids.org/sites/default/files/media_asset/2017ZeroDiscriminationHealthCare.pdf

³³ UNAIDS. Agenda for Discrimination in Healthcare.

https://www.unaids.org/sites/default/files/media_asset/2017ZeroDiscriminationHealthCare.pdf

PWDs. Also, that they should be reachable for people in rural areas for example the parts away from the town of Mukono.

3. Economic accessibility (affordability): health facilities, goods and services must be affordable for all that is to say when prices are being decided by both private and public health care givers, the principle of equity which considers both the wealthy and non-wealthy people should be considered.
4. Information accessibility: PWDs should be given their right to look for, receive and have information and ideas relating to health issues.

Acceptability. “Health care providers must respect dignity, provide culturally appropriate care, be responsive to needs based on gender, culture, language and different ways of life and abilities. They must respect medical ethics and protect confidentiality”.³⁴

Quality. “This one extends to the underlying determinants of health, for example safe and potable water and sanitation as well requiring that health facilities, goods and services are scientifically and medically approved”.³⁵

2.3 THE NON-LEGAL ASPECTS OF THE ELEMENTS OF THE RIGHT TO HEALTH OF PWDS.

Social cultural beliefs and stigma. It very important to the cause because some beliefs may cause them to act a certain way towards an individual or their family.³⁶ Stigma is at times a result of what people believe to be the cause of the disability. Some people believe that disabilities are suffered

³⁴ https://iser-uganda.org/wp-content/uploads/2022/03/A16-10-04-ISER_Booklet-design-layout.pdf

³⁵ <https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health> accessed on 8th May 2025

³⁶ (2014) Angi Stone-MacDonald and Gretchen Butera: “Cultural Beliefs and Attitudes about Disability in East Africa, (2014)

by people who are cursed or as a result of witchcraft.³⁷ This leads to PWDs always being stigmatized which is detrimental to their right to health because it results “in feelings that there was no point in seeking health care interventions and so treatments are only sought from traditional healers who might free the person from the condition”.³⁸ This is a breach of the element of non-discrimination. Further, evidence shows that another barrier in the participation of individuals with disabilities in their health demands is the negative attitudes of health professionals.³⁹ For instance if a blind person goes for a Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) test, instead of helping that person, the health workers ridicule that person and ask them ‘even with your blindness, how could you get someone to give you HIV/AIDS? This discourages us from testing and most of us don’t know our HIV/AIDS status.’⁴⁰ This points to the lack of quality medical personnel because they are not trained to deal with PWDs hence they can’t give them their right to health.

Infrastructural and systemic limitations. While physical barriers seem to have been handled, they still present as a challenge to acquiring one’s right to health. For example, access may be limited to certain parts of the building when a facility has a ramp.⁴¹ Some healthcare facilities in Mukono do not have toilets set aside for PWDs for example wheelchair accessible toilets and elevators for patients who can’t walk long distances or those that need to be carried. Furthermore, the hospitals do not have the necessary equipment for example a CT scan to detect disabilities. According to a doctor who was interviewed by the researcher, a patient has to go to Kampala

³⁷ <https://youtu.be/fksD-ccTHwg?si=jtYsSm5VAk0Lzbi> accessed on 5th May 2025

³⁸ <https://www.tandfonline.com/doi/full/10.1080/09638288.2020.1817984#d1e414> accessed on 9th May 2025

³⁹ Rimmer JH, Riley B, Wang E, Rauworth A, Jurkowski J. Physical activity participation among persons with disabilities: barriers and facilitators. *Am J Prev Med.* 2004;26(5):419-25.

⁴⁰ Moses Mulumba and others: ‘Perceptions and experiences of access to public healthcare by people with disabilities and older people’ (2014) *International Journal for Equity in Health*

⁴¹ <https://www.tandfonline.com/doi/full/10.1080/09638288.2020.1817984#d1e414> accessed on 9th May 2025

because there is not a single machine on the entire Jinja road. This shows the lack of availability in Mukono health facilities of the different resources, goods and services that are to allow for the access and enjoyment of the right to health by PWDs.

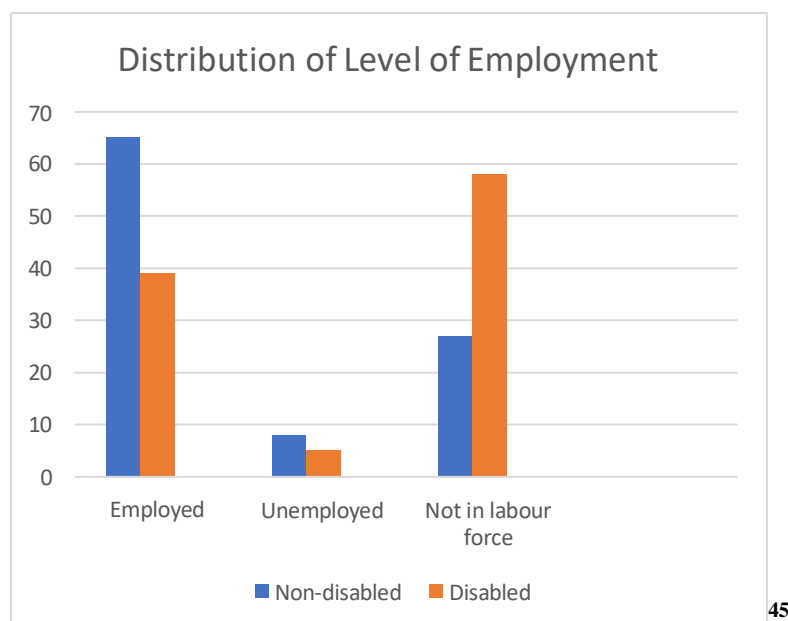
Economic constraints. It is very common amongst PWDs that they have low incomes which is majorly because of the discrimination and lack of accommodation offered by the employer. When they get jobs, they are paid less and may never be promoted for a better salary.⁴² This means that they cannot afford even the basic needs of life much less the expensive drugs and assistive devices like walkers which are 210,000/=, wheelchairs which are 450,000/= according to the Jumia website⁴³ which they need to enjoy their right to health. An interviewee mentioned that she needed 70,000/= to attain medication that controls the convulsion attacks of her grandchild's health.

Consequently, these economic constraints have become a financial burden on the family, guardians and caretakers such as Non-Government Organizations (NGOs). An analysis was made to discuss the expenses incurred by a family of child with developmental disabilities and it was discovered that, "among the 70 households that participated, the annual cost of illness is USD 949, more than 100% of the national GDP per capita for all households that took part".⁴⁴ This economic issue affects PWDs to the extent that they can't afford the medical care they need because it's too expensive and often face discrimination at work, and are paid low wages. As a result, PWDs do not have the economic potential to attain their right to health.

⁴² <https://www.worldbank.org/en/topic/poverty/brief/challenges-facing-people-with-disabilities-in-sub-saharan-africa-5-charts> accessed on 8th May 2025

⁴³ <https://www.jumia.ug/mlp-wheelchair/?srsltid=AfmBOoq1Q4E6Nd5olHcU4ihk-ldQaPTGuHF66Mh0fwbEMq-UUnMdKRRKj> accessed on 8th May 2025

⁴⁴ <https://www.Ishtm.ac.uk/research/centres/global-health-economics-centre/news/377961/cost-caring-young-child-developmental-disability-uganda-high-and-unaffordable> accessed on 8th May 2025



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Communication and information access. Over half of PWDs report difficulty concentrating and understanding from the medical personnel.⁴⁶ For example, in the article, ‘Perceptions and experiences of access to public healthcare by people with disabilities and older people’⁴⁷ one lady from Gulu highlighted; “When I was pregnant I went to the Health Centre IV but the medical personnel could not take my health history, because I am deaf and blind and though I know sign language, there was no body who could understand what I was saying and I could not understand the health education session given to the other pregnant women, this was very frustrating as the doctor was just estimating everything and writing his own things. This put my life and that of my baby in danger”.⁴⁸ There is also a lack of knowledge about the disabilities on the side of the medical personnel. This lack of knowledge can lead to discomfort or lack of confidence of health

⁴⁵ <https://www.worldbank.org/en/topic/poverty/brief/challenges-facing-people-with-disabilities-in-sub-saharan-africa-5-charts> accessed on 8th May 2025

⁴⁶ O’Day, B.; Killeen, M.B.; Sutton, J.; Iezzoni, L.I. Primary care experiences of people with psychiatric disabilities: Barriers to care and potential solutions. *Psychiat. Rehabil. J.* 2005, 28, 339–345.

⁴⁷ Moses Mulumba and others: ‘Perceptions and experiences of access to public healthcare by people with disabilities and older people’ (2014) *International Journal for Equity in Health*

⁴⁸ Moses Mulumba and others: ‘Perceptions and experiences of access to public healthcare by people with disabilities and older people’ (2014) *International Journal for Equity in Health*

professionals who may feel insufficient or not qualified enough even when the condition that brought the PWD in has nothing to do with his or her disability (e.g., fever).⁴⁹ Finally, there is a lack of knowledge on where to find the medical services. In their article, ‘Barriers to Healthcare Services for People with Disabilities in Developing countries: A Literature Review’, Judith Baart and Florence Tarka mention that HIV patients who are disabled do not have accessible information on where to go for HIV testing services.⁵⁰ This deters the PWDs from enjoying their right to health.

Transportation barriers. In Uganda it is reported that PWDs are rejected and made fun of by taxi conductors and conductors or other passengers in public transport.⁵¹ This causes frustration to both the PWDs and the caretakers. The PWDs and their caretakers further face a challenge of exorbitant transport costs since they are usually charged double the price which the researcher witnessed while interviewing a grandmother and her grandchild who was asked for 6000/= instead of 3000/= because she was carrying a “zonto” which is a derogatory Luganda word for a mentally disabled person. This is caused by the distance between the PWDs and the health facilities for example mental health services are at times stationed in the urban parts of the country therefore, leaving the rural population uncatered for.⁵² This shows that the state has failed to fulfill the element of physical accessibility which is inconveniencing to PWDs and their caretakers.

Attitudinal barriers. Traditionally the role of a provider was seen as a cornerstone of masculinity. It was assumed that men would work hard for their families, ensuring financial security and

⁴⁹ <https://www.tandfonline.com/doi/full/10.1080/09638288.2020.1817984#d1e414> accessed on 9th May 2025

⁵⁰ Judith Baart and Florence Tarka ‘Barriers to Healthcare Services for People with Disabilities in Developing countries: A Literature Review’ Light for the World Netherlands (2017)

⁵¹ Judith Baart and Florence Tarka ‘Barriers to Healthcare Services for People with Disabilities in Developing countries: A Literature Review’ Light for the World Netherlands (2017)

⁵² Molodynski A, Cusack C, Nixon J. Mental healthcare in Uganda: desperate challenges but real opportunities. *BJPsych International*. 2017; 14: 98-100

success⁵³ especially by their families and the society. “Men are expected to have a job, own land, have a wife, and have children, in order to have a good reputation and garner respect”.⁵⁴ In cases where men are disabled, it is detrimental to them. They will always be treated as ‘useless’ by both their families and the community hence abandonment of some of them. In addition, the attitude of PWDs who suffer disabilities like cerebral palsy and down syndrome may be negative because such disabilities make PWDs unable to do their own self-care such as showering and going to the washroom. They are dependent on the caretaker which is not only humiliating but discouraging to the PWDs leading to depression and sadness. Losing the capacity to do activities of daily living threatens one’s sense of identity.⁵⁵

Inadequate medicines and rehabilitative services. Some healthcare facilities in Mukono do not have rehabilitative services. Rehabilitation refers to “re-gaining skills, abilities or knowledge that may have been lost or compromised as a result of acquiring a disability or due to change in one’s disability or circumstances”.⁵⁶ The challenges faced in accessing rehabilitation services are poor provision of services, poor infrastructure development, low numbers of trained professionals, misconception and traditional beliefs.⁵⁷ It is well-known that not all the disabilities need medication as some require physiotherapy, counselling services and other non-medicinal remedies.

“Access to safe, quality and effective medicines as a key of element of social well-being among PWDs remains a priority at the international agenda and national policy”.⁵⁸

⁵³ <https://vocal.media/men/the-pressure-financial-stress-for-men> accessed on 10th May 2025

⁵⁴ <https://www.sciencedirect.com/science/article/abs/pii/S0277953621001799> accessed on 10th May 2025

⁵⁵ <https://www.sciencedirect.com/science/article/abs/pii/S027795360a2001697> accessed on 10th May 2025

⁵⁶ <http://www1.umn.edu/humanarts/edumat/hreduseries/HR-YES/contents.html> accessed on 10th May 2025

⁵⁷ Zziwa, S and others: ‘Prevalence and factors associated with utilization of rehabilitation services among people with physical disabilities in Kampala, in Uganda. A descriptive cross-sectional study. BMC Public Health 19,1742 (2019) <https://doi.org/10.1186/s12889-0198076-63> accessed on 10th May 2025

⁵⁸ <https://pubmed.ncbi.nlm.nih.gov/30607924> accessed on 10th May 2025

However, the medicines prescribed by specialists are not available in the government hospitals therefore PWDs go to pharmacies where they encounter very high prices for the drugs and counterfeit drugs. This speaks to the element of unavailability of health facilities, goods and services which leads to the non-accessibility of the right to health for PWDs.

Insufficient funds to the health sector. The current government funding for the health sector falls short of covering the critical needs of the population especially those of the PWDs which would allow for purchase and supply of assistive devices like wheelchairs, braille machines, reading glasses, hearing aids, clutches, walking canes among others. Out of the 72.1 trillion which was the total budget for the year 2024/2025, the government allocated 3.0 trillion Uganda shillings which is rated as 4.1% of the total budget.⁵⁹

Corruption in the health sector. Corruption is defined by Transparency International as “abuse of entrusted power for private gain”. Most corruption is evidenced through resale of free drugs and non-accountability for funds given for particular projects. It is estimated that over two-thirds of drugs which were to be distributed for free to the public were stolen and unaccounted for.⁶⁰ All donations to Uganda were suspended when grants of over 1.6 billion US dollars went missing by the Global Fund for HIV/AIDS, Malaria and Tuberculosis.⁶¹ This is very detrimental to PWDs because the drugs that should have been for free are instead sold to the PWDs hence fulfilling the element of availability exposing PWDs to a higher risk of illness and death in the long run. This shows that PWDs do not enjoy their right to health.

⁵⁹ <https://iser-uganda.org/wp-content/uploads/2024/06/Key-Takeaways-from-Ugandas-2024-25-National-Budget.pdf> accessed on 9th May 2025

⁶⁰ McPake B and others: Informal Economic Activities of a Public Health Workers in Uganda: Implications for Quality and Accessibility of Care. *Social Sciences and Medicine* (1999) 49; 849-865

⁶¹ Somali Press: 300 Officials Charged with Corruption in Uganda. Brockpart: Somali Press, (2009).

Reliance on foreign aid. Uganda has been relying on foreign aid and grants from various countries including the United States of America(USA) however on 20th January, there was a pause on foreign programs for 90 days pending a review.⁶² 83% of the U.S Agency for International Development (USAID) projects were canceled.⁶³ In the year 2023 alone U.S foreign assistance invested 10.6 billion for combating HIV/AIDS and 1.5 billion dollars for emerging public health threats like Ebola, malaria and tuberculosis.⁶⁴ The withdrawal of this aid has greatly affected the health sectors of different countries and including PWDs suffering from HIV/AIDS, Tuberculosis and Malaria. This has denied the PWDs access to quality medication and access to preventative measures and treatment for HIV patients which many PWDs are very prone to due to their exposure to sexual assaults because of their disabilities⁶⁵ and to malaria and Tuberculosis. It will therefore limit the access and enjoyability of the right to health of PWDs.

Delayed or misdiagnosis of disabilities. The delayed diagnosis is sometimes because of the isolation and denial of various rights including their right to health.⁶⁶ For others, it's due to a misdiagnosis. One of the many desires of a patient and health workers is that an accurate diagnostic decision is made which will guide the management of the patient in question.⁶⁷ This misdiagnosis is majorly because of lack of knowledge about the disability by the medical practitioner. Another reason for misdiagnosis of necessary equipment to carry out tests. For example, PWDs who have the autism disorder “which is a group of neurodevelopmental disorders characterized by deficits

⁶² <https://www.thinkglobalhealth.org/article/life-after-usaid-africas-development-education-and-health-care> accessed on 8th May 2025

⁶³ <https://www.thinkglobalhealth.org/article/life-after-usaid-africas-development-education-and-health-care> accessed on 8th may 2025

⁶⁴ <https://www.thinkglobalhealth.org/article/life-after-usaid-africas-development-education-and-health-care> accessed on 8th May 2025

⁶⁵ <https://www.monitor.co.ug/uganda/news/national/mukono-leaders-decry-sexual-harassment-against-women-with-disabilities-4521512> accessed on 8th May 2025

⁶⁶ Sida. Disability Rights in Sub-Saharan Africa.;2015

⁶⁷ Zwaan L, Maude J, Lyratzopoulos G, ten Berg M. Diagnostic Error in Medicine 1st European Conference June 30–July 1, 2016. *Diagnosis*. 2016;3(2)

in social communication and interaction and the presence of restricted and repetitive patterns of behaviours, interests, and activities with onset in the first three years of life”.⁶⁸ Health professionals reported inadequate knowledge as a challenge in identification and management of the Autism Spectrum Disorder (ASD).⁶⁹ The lack of knowledge of ASD among health practitioners may lead to misdiagnosis, delayed diagnosis and delayed intervention.⁷⁰ This shows a gap in the quality of education the health professionals receive but also the lack of prioritization of the right to health for PWDs.

2.4 CONCLUSION

In conclusion therefore, when looking at the right to health one must consider whether the elements of the right to health are being fulfilled and this shouldn't be done by only looking at the legal aspects but also the non-legal aspects. In the above discussion we have seen that availability is compromised by the lack of assistive devices, and lack of rehabilitative services while the element of accessibility is barred by all the physical, economic and infrastructural barriers at the healthcare facilities. The element of acceptability is undermined by the attitudes of both the society and the healthcare professionals who make it hard for PWDs to seek health services and finally the quality of medical services and goods is very low because of lack of sufficient education by healthcare professionals.

⁶⁸ American Psychiatric Association D, American Psychiatric Association D. Diagnostic and statistical manual of mental disorders: DSM-5. American psychiatric association Washington, DC; 2013.

⁶⁹ Kasujja R and others: “Actually, even me I wouldn't think that it is there” exploring the knowledge and attitudes of health professionals towards autism spectrum disorders in Uganda. PLOS Ment Health; (2024) 1(2):

⁷⁰ Karande S. Autism: A review for family physicians. 2006.

CHAPTER THREE

LEGAL, INSTITUTIONAL AND POLICY FRAMEWORK PERTAINING THE RIGHT TO HEALTH FOR PERSONS WITH DISABILITIES.

3.1 INTRODUCTION

This chapter will discuss the various laws that have been proposed and some implemented to ensure the realization of the right to health for persons with disabilities. It will cover international, regional and national laws that have been adopted by Uganda to ensure that PWDs enjoy their right to life.

3.2 INTERNATIONAL FRAMEWORK

3.2.0 United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) 2006

Article 25 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)⁷¹ states that “state parties recognize that PWDs have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability”. And therefore, they should take measures such as providing PWDs with quality and standard health care, raising awareness of the needs of PWDs, their rights and dignity and ensuring that the health services are provided as close as possible to PWDs in their communities. This provision has to some extent been complied with in Uganda for example an Act providing for PWDs has been created that is to say the Persons with Disabilities Act, a Ministry of Health was put in place and the National Council for Persons with Disabilities set up. However, this doesn’t mean that it is fully being realized. The biggest challenge is implementation. The existing national, regional and

⁷¹ Article 25 of the United Nations Convention on the Rights of Persons with Disabilities

international laws are sufficient to accord PWDs in Uganda the enjoyment of the right to health if well implemented.

Article 9 of the UNCRPD⁷² provides that state parties shall take appropriate measures to give PWDs access on equal basis with others, to transport and information communications including information communications technologies and systems and to other facilities and services open or provided to the public both in urban and rural areas. These measures include identification and elimination of obstacles and barriers to accessibility by providing buildings, roads and transportation and other indoor and outdoor facilities like hospitals. Also, states must ensure that private facilities take into account all aspects of accessibility for PWDs⁷³ for example private hospitals to have ramps, material in braille, sign language interpreters among others. Generally, this provision requires state parties to ensure PWDs have access to necessities akin to the enjoyment of their right to health.

Article 26 of the UNCPRD⁷⁴ also provides for rehabilitation and habilitation to the extent that governments are expected to implement effective strategies, including peer support, to help PWDs reach their highest level of independence and fully engage in all aspects of life. This includes providing comprehensive rehabilitation and habilitation services across sectors such as health. These services should start early, be tailored to individual needs through multidisciplinary assessments, be voluntary, promote social inclusion, and be accessible with local communities, including rural areas. Additionally, countries should support ongoing training for service providers and ensure access to appropriate assistive technologies for PWDs. The rehabilitation and habilitation skills that are recommended here, tend to help the PWDs regain their mobility or

⁷² Article 9 of the United Nations Convention on the Rights of Persons with Disabilities

⁷³ Article 9 of the United Nations Convention on the Rights of Persons with Disabilities

⁷⁴ Article 26 of the United Nations Convention on the Rights of Persons with Disabilities

cognitive skills among others or even help them learn to live with the disability and allow for change of mindset for some of them. It furthermore, recommends that they should be done as early as possible and based on the unique needs of each person since each disability is different but also affects its patient uniquely therefore, that the rehabilitation and habilitation services provided should be tailor-made to the individual's disability.

3.2.1 International Covenant on Economic, Social and Cultural Rights (ICESCR)

Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR)⁷⁵ elaborates more on the right to the highest attainable standard of physical and mental health by prevention, treatment, control of epidemic, endemic, occupational and other diseases and this has been done in Uganda. Immunization campaigns against diseases such as Polio which eventually causes a physical disability especially in children who are not immunized in time.

3.2.2 Universal Declaration of Human Rights (UDHR) of 1948

Article 1 of the Universal Declaration of Human Rights (UDHR)⁷⁶ provides for equality before and under the law. This includes treating PWDs fairly and equally regardless of their disabilities.

Article 25 of the UDHR⁷⁷ states that “everyone has the right to a standard of living adequate for the health and well-being of themselves and their families including food, clothing, housing, medical care and necessary social services and the right to security in the event of disability”. This law shows that PWDs are also entitled to health care services without any discrimination and therefore, it is the role of the state to make laws and policies that make the right to health inherent and universal.

⁷⁶ Article 1 of the Universal Declaration of Human Rights

⁷⁷ Article 25 of the Universal Declaration of Human Rights

3.2.3 The Alma Ata Declaration 1978

The Alma Ata Declaration of 1978 highlighted the need for primary health care as the key to accomplish the goal of attainment of health for all. This emphasizes the rehabilitation approach to primary health care that health care should go beyond medical treatment and be made to include Rehabilitation services to all including PWDs.

3.2.4 United Nations Committee on the Rights of Persons with Disabilities

The United Nations Committee on the Rights of Persons with Disabilities, monitors implementation of the UNCRPD and promotes inclusion of PWDs in all policies, advocates for the human rights of all PWDs and provides recommendations to support the implementation of the provisions enshrined in the Convention⁷⁸.

3.2.5 World Health Organization (WHO)

The World Health Organization (WHO) came up with an action plan known as the Global Disability Action Plan of 2014-2021 which calls for removal of barriers and improvement of access to health services and programs; strengthening and extending rehabilitation, assistive devices and support services, and community-based rehabilitation; and enhancing collection of relevant and internationally comparable data on disability, and research on disability and related services⁷⁹.

⁷⁸https://www.google.com/url?sa=t&source=web&rct=j&opi=89978449&url=https://www.ohchr.org/en/treaty-bodies/crpd&ved=2ahUKEwjts5S0nP2MAxU5d6QEHR4YFFYQFnoECAkQAQ&usg=AOvVaw3OrCYHi5B4yHc_PacWHh4S accessed on 29th April 2025

⁷⁹<https://www.who.int/publications/i/item/who-global-disability-action-plan-2014-2021> accessed on 29th April 2025

3.2.6 Office of the High Commissioner for Human Rights

The Office of the High Commissioner for Human Rights is supposed to promote and protect the rights of everyone which are laid down in the Charter of the United Nations and in international human rights laws and treaties.⁸⁰ All human rights including the right to health and in particular for PWDs.

3.2.7 Sustainable Development Goals (SDGs)

Goal 3 of the Sustainable Development Goals (SDGs)⁸¹ Provides for making sure that people of all ages and that their well-being is secured.

Goal 10 of the SDGs⁸² provides for reducing inequality within and among countries.

3.3 REGIONAL FRAMEWORK

3.3.0 African Charter on Human and People's Rights (ACHPR)

Article 16 of the African Charter on Human and People's Rights (ACHPR)⁸³ provides for the right to enjoy the best mental and physical health state which every individual is entitled to and that state parties shall ensure people get medical attention when they fall sick.

Article 18(4) of the ACHPR⁸⁴ provides that the aged and the disabled will have the right to special measures of protection when it comes to their physical and mental needs.

⁸⁰ <https://www.refworld.org/document-sources/un-office-high-commissioner-human-rights-ohchr> accessed on 29th April 2025

⁸¹ Goal 3 of the Sustainable Development Goals (SDGs)

⁸² Goal 10 of the Sustainable Development Goals (SDGs)

⁸³ Article 16 of the OAU, African Charter on Human and Peoples' Rights, 21 I.L.M. 58 (1982)

⁸⁴ Article 18(4) of the OAU, African Charter on Human and Peoples' Rights, 21 I.L.M. 58 (1982)

3.3.1 Protocol to the African Charter on Human and People's Rights of PWDs In Africa (2018)

Article 15 of the Protocol to the African Charter on Human and People's Rights of PWDs In Africa (2018)⁸⁵ discusses the right to accessibility for PWDs that is to say that they have a right to transportation that is free from any barriers, information and other services that are available to the public by the state taking measures to facilitate enjoyment of this right through things like modifying of all inaccessible infrastructure and providing quality and affordable mobility aids, assistive devices or technologies that are favourable to PWDs. This law has been applied in some parts of Uganda for example hospitals, certain schools among other facilities.

Article 17 of the Protocol to the African Charter on Human and People's Rights of PWDs In Africa (2018)⁸⁶ provides for the right to the highest attainable standard of health of PWDs and this entails a duty by state parties to ensure that PWDs have access to health care through provision of health service which allow consent that has been given freely and before the procedures are done to the patient. Further, these services are provided using formats that are accessible and that communication between health workers and patients is effective.

3.3.2 The WHO European Framework for Action to Achieve the Highest Attainable Standard of Health for PWDs 2022-2030.

It was been developed in consultation with Member States of the WHO European Region and reaffirmed through multiple stakeholder consultations with Member States and organizations of persons with disabilities. The Framework envisages that, by 2030, persons with disabilities and

⁸⁵ Article 15 of the Protocol to the African Charter on Human and People's Rights of PWDs In Africa (2018)

⁸⁶ Article 17 of the Protocol to the African Charter on Human and People's Rights of PWDs In Africa (2018)

their needs will be fully included and considered in all health care planning, delivery and leadership across the Region.⁸⁷

3.3.3 The African Disability Protocol

It has been ratified by Uganda, Angola, Zimbabwe, Rwanda, Nigeria to mention but a few. It is very robust and has put into consideration the comments of the UNCRPD and the UDHR⁸⁸ and therefore has come up with an extensive discussion on how the right to health if PWDs can be realized in Africa. This protocol provides that “African States should ensure that PWDs have an equal basis with others the right to enjoy the highest attainable standard of health by allowing for access to health services including sexual and reproductive health”.⁸⁹

3.3.4 African Commission on Human and People’s Rights (ACHPR)

The African Commission on Human and People’s Rights (ACHPR) is charged with three functions which include the protection and promotion of Human Rights and interpretation of the African Charter.

3.3.5 Continental Plan of Action for the African Decade of PWDs (2010-2019)

This is an extension of the plan of 1999-2009 which was the result of a recommendation made by the Labour and Social Affairs Commission of the Organization of African Unity (OAU) during its 22nd Session in April 1999 in Windhoek, Namibia, and adopted by the 35th Session of the OAU Assembly of Heads of State and Government held in Algiers, Algeria in July 1999.⁹⁰ The

⁸⁷ <https://www.who.int/europe/publications/i/item/WHO-EURO-2022-6751-46517-67449> accessed on 29th April 2025

⁸⁸ <https://www.sightsavers.org/blogs/2021/08/the-importance-of-the-african-disability-protocol/> accessed on 29th April 2025

⁸⁹ <https://www.afyanahaki.org/the-right-to-health-for-persons-with-disability-in-afica-ratification-adoption-and-implementation-of-the-african-disability-protocol/> accessed on 29th April

⁹⁰ <file:///C:/Users/!ADMIN!/Documents/handbook%20on%20some%20report.pdf>

responsibility to organize it was given to the African Rehabilitation Institute. A decision was made to extend the African Decade of Persons with Disabilities to (2010 – 2019) and this was taken at the 1st AU Conference of Ministers of Social Development in Windhoek, Namibia, from the 27 – 31st October 2008 and adopted by the Executive Council Decision EX.CL/Dec.473 (XIV), in Addis Ababa, Ethiopia, 26 – 30 January 2009. One of the goals is to ensure state parties ensure PWDs and their families have access to mainstream and specialized health services that are gender sensitive through;

Ensuring primary health care, making sure that PWDs have equal access to medical services, that information is provided in accessible forms on HIV/AIDS and other diseases. Finally, that disability is included in the designing of awareness campaigns which are about drug use and alcohol.

3.3.6 Agenda 2063 of the African Union

Aspiration 1 of Agenda 2063 of the African Union⁹¹, provides that it “hopes to create a prosperous Africa based on inclusive growth”⁹² and this will be achieved if the citizens are provided with a high standard of living and through having healthy and well-nourished citizens.

⁹¹ Aspiration 1 of Agenda 2063 of the African Union

⁹² Aspiration 1 of Agenda 2063 of the African Union

3.4 NATIONAL FRAMEWORK

3.4.0 The Constitution of Uganda 1995 as Amended

Article 21 of The Constitution of Uganda 1995 as Amended⁹³ provides for equality and freedom from discrimination. Article 35 of The Constitution of Uganda 1995 as Amended provides “Persons with disabilities have a right to respect and human dignity, and the State and society shall take appropriate measures to ensure that they realize their full mental and physical potential”.⁹⁴

The Constitution additionally in Chapter 4 lays down human rights to which all individuals are entitled for example the right to own a family, right to own property among others .These rights will only be enjoyed if the PWDs have their right to health. While these provisions are protective of the rights of PWDs, Courts of law have stated that the implementation of these laws is still a challenge.

3.4.1 Persons with Disabilities Act,2020.

It entitles PWDs to all fundamental human rights that other persons are entitled to, and this should be upheld and promoted by the government and all persons in Uganda. It further prohibits discrimination of the disabled by health units and this should be done by provision of wheelchairs, It also prohibits discrimination of the disabled by health units and this should be done by provision of wheel chairs, labour beds, and accessible examination tables; these should of course be for manageable use by the PWD. It further instructs the government to provide persons with albinism with protective skin creams and PWDs with free or affordable assistive devices.it is tailor-made to answer the challenges faced by PWDs therefore promoting their inclusion in the health care

⁹³ Article 21 of the Constitution of Uganda 1995 as Amended

⁹⁴ Article 21 of the Constitution of Uganda 1995 as Amended

system. However, the hospitals in Mukono still do not have sign language interpreters or informative material written braille or even at the very least sanitary facilities that are conducive to PWDs. This indicates the challenges of the implementation of the existing laws in regard PWDs' enjoyment of their right to health.

3.4.2 Equal Opportunities Commission Act,2007.

The Equal Opportunities Act establishes a commission which has a duty to ensure that different bodies comply with the requirement of affording everyone with equal opportunities and ensuring affirmative action is practiced in favour of marginalized groups. Additionally, it has a role to assist and fully represent PWDs.

3.4.3 Uganda Communications Act

Among other functions, the Uganda Communications Commission (UCC) has a duty to make research on the development of different techniques of communication and technologies that can be used to allow for better communication between members of the community and PWDs.

3.4.4 The Building Control Act, 2013.

It provides for the formation of a board which will have a representative of PWDs as appointed by the National Council for PWDs. One of the roles of this board is to ensure that all buildings put up having public access are constructed in a manner that is the conducive to PWDs. For example, hospitals, health centres, churches, schools and many others.

3.4.5 National Health Policy II 2010

This policy emphasizes equitable access to health services. It further fights for the removal of barriers which limit the accessibility of healthcare for marginalized populations. It further provides, that there should be mainstreaming of disability in policies and laws that are made by

the parliament and the local governments which is also recommended by the National Policy on Disability in Uganda (2006).

3.4.6 National Development Plan III (2020/21-2024/25) - (NDP III)

This policy was created following the challenges and mishaps of NDP II. Its major aim is to make the lives of Ugandans better through industrialization, growth which is inclusive, employment and sustainable wealth creation which can only be realized by having a capable human capital. When there is proper and sufficient human capital there is increased production, productivity and technological growth. Therefore, when a state invests in population health by concerning itself with nutrition, sanitation and hygiene, basic education about vulnerabilities it makes room for a well-catered for human capital.⁹⁵

3.4.7 Vision 2040

In Section 5.4 of Vision 2040,⁹⁶ the state takes cognizance of the fact that people who are vulnerable due to their age, social class, disability, and gender should be cared for and protected.

3.4.8 Ministry of Health

The Ministry of Health includes a section on Disability Prevention and Rehabilitation, which operates within the Community Health Department. This section has a responsibility of coming up with laws and guidelines that provide for rehabilitation and promotion of access to health for PWDs. There have been efforts to make it a directorate.⁹⁷

⁹⁵ https://planipolis.iiep.unesco.org/sites/default/files/ressources/uganda_ndp-3-finale.pdf accessed on 29th April 2025

⁹⁶ <https://www.greenpolicyplatform.org/sites/default/files/downloads/policy-database/UGANDA>

%20Visio%%202040

⁹⁷<https://mglsd.go.ug/wp-content/uploads/2023/07/FINAL-REVISED-NATIONAL-POLICY-ON-PWDs-2023.pdf> accessed on 30th April 2025

3.4.9 Ministry of Gender, Labour and Social Development

This ministry is mandated to promote the rights of vulnerable people by looking into gender inequalities, ensuring that they get labour and employment opportunities and that there is community mobilization and empowerment.⁹⁸ The minister for disability affairs Hellen Grace Asamo serves under this Ministry and her main job is to advocate for inclusivity of PWDs by promoting inclusive policies, addressing societal attitudes towards them and ensuring equal opportunities. “My role is to ensure that the issues affecting persons with disabilities are brought to the forefront of government planning and implementation,” she said in an interview.⁹⁹

3.5 CONCLUSION

In conclusion, all these laws have been put in place to ensure PWDs access and enjoy the right to health. However, as it is a challenge of most good laws in Uganda the implementation is still a challenge. Therefore, they are not followed and applied as intended by the drafters which is a loophole that must be addressed by both the government and the responsible parties.

⁹⁸ <https://mgsld.go.ug/campus/ministry-of-gender-labour-and-social-development/#:~:text=The%20Ministry%20is%20responsible%20for,as%20community%20mobilization%20and%20empowerment> accessed on 1st May 2025

⁹⁹ <https://nilepost.co.ug/hellen-asamo/230564/minister-asamo-highlights-disability-inclusion-progress> accessed on 1st May 2025

CHAPTER FOUR

FINDINGS, RECOMMENDATIONS AND CONCLUSIONS.

4.1 INTRODUCTION

This chapter will discuss the findings made by the researcher through research and through interviews at Mukono Regional Hospital, Mukono Church of Uganda Hospital in order to assess the extent to which PWDs access and enjoy their right to health in Mukono District. Further, it will discuss recommendations to improve the loopholes discovered and a conclusion.

4.2 FINDINGS

The study revealed that health awareness campaigns within the community are often carried out. At the campaigns, services for free HIV testing, immunization for toddlers are provided. Sensitization of communicable, non-communicable diseases and disabilities is carried out.

The study shows that creation of laws and their implementation has been seen to be done for example, a byelaw made in 2021 to make buildings accessible to PWDs¹⁰⁰ which was passed by the Nabaale Council to ease the lives of PWDs.¹⁰¹

The study further revealed that clinic days are held to accommodate different disabilities, for example every Friday at both Mukono General Hospital and Mukono Church of Uganda Hospital has been set aside for intellectual disabilities. On such days, patients with these disabilities are the priority customers.

¹⁰⁰ <https://www.monitor.co.ug/uganda/news/national/mukono-enforces-law-to-ensure-pwds-enter-buildings-with-ease-1791098> accessed on 8th May 2025

¹⁰¹ https://youtu.be/fGDOyMm_j64?si=Uo76wxgvA_RzqMrM accessed on 10th May 2025

However, the study has further showed that there are still loopholes that continue to cost PWD's right to health and they include;

Legal, Institutional and policy framework.

The international, regional and national framework covers the right to health for PWDs elaborately more so on paper. It seeks to show that PWDs have not been ignored as a marginalized group of people. For example, the laws provide that PWDs shouldn't be discriminated against for their disabilities, that health facilities should have all the needed assistive devices, they provide that PWDs should get medical attention when they fall sick. These laws are very commanding and very strong however, they have no penalty if not enforced. Therefore, health facilities and other bodies do not find the need to comply with these laws.

Lack of knowledge about existing disabilities. Some health professionals do not know about some of the disabilities, especially the intellectual and some physical disabilities and therefore it is hard for them to properly diagnose what they do not know. The lack of knowledge has led to mismanagement of disability cases and misdiagnosis. This questions the quality of health professionals our health facilities have.

Social and negative attitude from the society. The people of Mukono are found to be superstitious. They have wrong ideas about the actual cause of disabilities. For example, some think it is because of witchcraft and, others believe it is a punishment from their gods. This has led to stigmatization and discrimination from the society and the families of PWDs and therefore, they can't enjoy their right to health.

Physical and financial accessibility. The health facilities lack assistive devices like hearing aids, sunscreen lotion, reading glasses among others furthermore they lack washrooms that are

wheelchair accessible which is detrimental for wheelchair users and adjustable beds to suit for example little people. PWDs further face transportation complications because of the hiked prices but also because of the non-friendly user transportation means in Uganda. For example, in order to take a wheelchair user to the hospital while using public means, the wheelchair will have to be folded and put in the taxi boot and PWD carried by the caretaker for the entire journey or laid down to sleep on two seats hence paying extra money.

4.3 RECOMMENDATIONS

A visit from a special rapporteur is long overdue. This visit is done when the country invites the person who then analyses the situation of human rights in a state and whether those of the PWDs are being honoured therein, making a report to the human rights council which makes recommendations on how to better promote the rights of the PWDs by the state.¹⁰²

Allow PWDs to participate in formulation of laws and policies that affect them.¹⁰³ No one understands the needs of PWDs other than those suffering the disability or their caretakers. They should be involved in the process of making laws and policies that affect them.

Enhance the training of healthcare providers. Healthcare providers need to be taught the strategies to better communicate with PWDs. One is to make no assumptions about what the client wants. Instead, of referring to their books and other patient's history alone, the medical personnel should pay keen attention to whatever the patient before them is saying because more often than not, the patient understands their condition better than anyone and they are the ones who know

¹⁰² https://ijrcenter.org/un-special-procedures/special-rapporteur-on-the-rights-of-persons-with-disabilities/#MANDATE_OF_THE_SPECIAL_RAPPORTEUR_ON_THE_RIGHTS_OF_PERSONS_WITH_DISABILITIES accessed on 6th May 2025

¹⁰³ <https://www.who.int/teams/social-determinants-of-health/declaration-of-alma-ata> accessed on 6th May 2025

what remedy they need.¹⁰⁴ The second is, to have an open mind when going to see patients. This can be done by the medical personnel asking the client what they need and the outcomes they are seeking.¹⁰⁵ Furthermore, skills like how to make eye contact with a patient in a wheelchair while talking to them, how to speak to the PWD when the interpreter is around, and how to interview patients who have a difficulty speaking or communicating should be taught.¹⁰⁶

Better collection of data relating to PWDs. Disability data is crucial for countries which seek to develop evidence-based policies to monitor the UNCRPD and to measure progress towards national targets, as well as to take stock of challenges that remain unresolved.¹⁰⁷ The data collected about PWDs should be about everything that concerns them in order for the government to make policies that are inclusive and to be aware of what needs the PWDs have.

Adoption of improved technology by the state and health facilities to support PWDs. For example, ramps need to be put in buses and taxis to promote comfortable movement of PWDs as they go for their medical appointments. Use of Artificial Intelligence and other software to create products that will help improve communication between PWDs, their caretakers and the healthcare providers. For example, automated sign language interpreters or machines that enable one who can't speak to speak or machines that can read one's mind among other discoveries.

¹⁰⁴ Nancy Sharby, Katharine Martire and Maura D. Iversen 2015: 'Decreasing Health Disparities for People with Disabilities through improved Communication Strategies and Awareness (2015) 12(3) International Journal of Environmental Research and Public Health 3301

¹⁰⁵ Nancy Sharby, Katharine Martire and Maura D. Iversen 2015: 'Decreasing Health Disparities for People with Disabilities through improved Communication Strategies and Awareness (2015) 12(3) International Journal of Environmental Research and Public Health 3301

¹⁰⁶ Nancy Sharby, Katharine Martire and Maura D. Iversen 2015: 'Decreasing Health Disparities for People with Disabilities through improved Communication Strategies and Awareness (2015) 12(3) International Journal of Environmental Research and Public Health 3301

¹⁰⁷ <https://www.who.int/activities/collection-of-data-on-disability> accessed on 10th May 2025

Spreading awareness. More needs to be done in relation to informing not only medical personnel but also patients and caretakers about existing disabilities, what exactly they are, what causes them and how to manage them. People are not aware of what disabilities they or their loved ones are suffering from. They do not know how to look after those who are disabled and therefore, they resort to local means like witchcraft and self-medication for what they suspect to be the problem. Some go as far as ignoring the disability and hoping it will disappear someday, for example teenage mothers. Therefore, the researcher recommends health campaigns around both the rural and urban parts of Mukono where an education may be given on different disabilities and these should be conducive to cover PWDs in hospitals. Campaigns should provide material in braille and have sign language interpreters present. Such initiatives could reduce stigma, discrimination, and negative attitudes, while allowing inclusive and supportive environments that promote the well-being and rights of PWDs in accessing healthcare.

Mainstreaming in the context of health should be done. This is “making appropriate adjustments to healthcare services, policies, practice, facilities and delivery so that PWDs can achieve full inclusion and active, barrier-free participation in health care and enjoy the benefits of advances in medical science and technology”.¹⁰⁸

Governments should use financial incentives including tax holidays or tax reductions. This will encourage health care providers like private hospitals and pharmacies to make services accessible and provide comprehensive assessments, treatment, and follow-up.¹⁰⁹

¹⁰⁸ United Nations, Toolkit on Disability for Africa: Inclusive Health Services for Persons with Disabilities

¹⁰⁹ Page 15 of United Nations, Toolkit on Disability for Africa: Inclusive Health Services for Persons with Disabilities

Budget allocation should increase instead of relying on donor funding.¹¹⁰ Uganda has relied on donations for way too long which puts it at a disadvantage. Instead of planning properly for the health sector, it ends up preparing resources for other non-essential things or exaggerating money in places like salaries for Members of Parliament.

Employing health workers with disabilities. This kind of healthcare professionals are not only well-versed on how to deal with the given disabilities but they are empathetic about the conditions of their fellow PWDs. Therefore, will be in a much better position to treat and look after the patients in question.

Strict laws should be put in place favouring PWDs. Such strict laws must include the repercussions of a health facility not having the necessary assistive devices to aid PWDs especially at the general hospitals and big private hospitals within the district. They should have sign language interpreters and material written in braille among other devices to accommodate all kinds of disabilities at these facilities.

Healthcare providers should further consider rehabilitation and habilitation services. They should not only focus on medication because some of these disabilities, for example those caused by accidents, need physiotherapy and exercises. Other people suffering from repercussions of trauma for example need counselling services. While those who have been affected by their disabilities need to be taught again how to do things like feeding themselves, bathing and using the washroom, these can't be taught through medication alone.

¹¹⁰ Daniel Lukwago: Health Spending in UGANDA: Implications on the National Minimum Health Care Package, Kampala, ACODE Policy Briefing Paper, No.32,2016.

Ques for PWDs should be created such that they are given the quick attention they need and to avoid them standing in line unnecessarily for way too long because it was noted that many of them get tired quickly, can't stay focused long enough and some don't like crowds.

Reduction of prices. Prices charged at the rehabilitation centres and at the mental hospitals should be reduced to favour and accommodate low-income earners such that they too can enjoy their right to health.

Provision of a holistic syllabus. A wider coverage inclusive of disabilities in the medicine syllabus should be studied especially now that new disabilities are coming up due to the Covid period. Where there is lack of interest then the subject should be made compulsory because PWDs deserve to be worked on by a person who understands what he/she is treating and not one who is doing guess work.

4.4 CONCLUSION

It is important to note, that the right to health is not an independent but interdependent right. Therefore, for PWDs to express enjoyment of the same, they must have been able to access and enjoy other rights like the right to study, the right to work, the right to form a family among other rights. Although, some general needs of PWDs are being met by the health facilities, the government and all those in-charge must keep in mind that each disability is different and therefore they should come up with tailor-made solutions to fill the gaps when addressing the access and enjoyability of the right to health of the PWDs. Finally, although it's a tough goal and an expensive one at that, the researcher believes the right to health for PWDs can be achieved not just in Mukono but in the entire Uganda.

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LIST OF APPENDICES

1. Interview Guide
2. Introductory Letter

Appendix i)

QUESTIONS FOR MEDICAL PERSONNEL

What position do you hold in this hospital?

For how long have you served as a medical practitioner?

What kind of disabilities have you come across during your time of service?

Are you aware that PWDs have a right to health? If yes, what does it mean to have this right?

What challenges do your patients usually face?

How have the police, community and NGOs helped you to realize the right to health for PWDs?

How can you be assisted to better help PWDs access and enjoy their right to health?

QUESTIONS FOR THE PATIENT/CARETAKER

What type of disability do you/they have?

Are you aware that you/they have a right to health? If yes, what does it mean to have this right?

What medical needs do you/they have?

Where do you go when you feel sick or need medical attention?

If the hospital, or a health care facility does it have the facilities you need for example medication, rehabilitation services among others?

Does the hospital have assistive devices to assist your communication and your ability to move around easily?

What is your worst at the hospital or any health facility?

What challenges have you faced in realizing your right to health?

What can be done to improve your experience?

Appendix ii)



UGANDA CHRISTIAN UNIVERSITY

A Centre of Excellence in the Heart of Africa



18th March, 2025

TO WHOM IT MAY CONCERN

Dear Sir/Madam

RE: LLB INTRODUCTORY LETTER FOR RESEARCH

This is to introduce to you KAMWITA ANNA MIRACLE, Registration number REG/18/1/25/1, a student of Uganda Christian University, pursuing a Bachelor of Laws. He/she is expected to carry out research in the final year under the guidance of a university supervisor in partial fulfillment for the requirements of the above mentioned award.

Topic:

"ANALYSIS OF ACCESSIBILITY AND ENJOYMENT OF THE RIGHT TO HEALTH OF PERSONS WITH DISABILITIES IN MUKONO DISTRICT."

The purpose of this communication is to request your office to allow him/her collect data from your organization. Any assistance rendered to him/her will be highly appreciated.

Yours faithfully,


Rebecca Namirimu Gomez,
H O D, School of Law

A Complete Education for A Complete Person