UGANDA HUMAN RIGHTS COMMISSION

HUMAN RIGHTS ADVISORY
ON THE RIGHT TO HEALTH IN THE CONTEXT OF COVID-19

OCTOBER 2020

1.0 INTRODUCTION

The Uganda Human Rights Commission (UHRC) is a National Human Rights Institution established under Article 51 of the 1995 Constitution, with a general mandate of promoting and protecting human rights in Uganda. One of its core functions as provided for under Article 52 (1) is to monitor government's compliance with the international instruments ratified by Uganda. In fulfilment of its mandate, the Commission has been monitoring the impact of COVID 19 on a number of people's rights in the country, including the right to health. One of the strategies that the Commission employs towards infusing awareness, observance and compliance with human rights principles and standards in private and public institutions is through the issuance of advisories. This advisory is therefore aimed at making an assessment of the human rights situation in regard to the effects of COVID-19 on the right to health, and making necessary human rights-based recommendations on the pertinent issues.

1.2 BACKGROUND

As human beings, our own health and the health of the people whom we live with and those whom we care about is a matter of daily concern. Regardless of our age, gender, socio-economic or ethnic background, we consider our own health to be our most basic and essential asset but we are also expected to think in the same way about the lives of the people we live with in the same community and those whom we care about for one reason or another. The right to health is a fundamental part of our human rights and of our understanding of a life lived in dignity. The outbreak of coronavirus disease (COVID-19) has been declared a public health emergency of international concern, and the virus has now spread to many countries of the world including Uganda. One of the rights that are most affected by this pandemic is the right to life and in turn, the health sector is one of those sectors in this country that are affected most. Under the International Covenant on Economic, Social and Cultural Rights which Uganda has ratified, everyone has the right to "the highest attainable standard of physical and mental health." This right contains entitlements which include: the right to a system of health protection which provides equality of opportunity for everyone to enjoy the highest attainable level of health; the

right to benefit from prevention, treatment and control of diseases; the right to access essential medicines; the right to enjoy maternal, child and reproductive health; the right to equal and timely access to basic health services; the right to access and benefit from the provision of health-related education and information; and the right of participation by the population in health-related decision making at national and community levels.

The other key aspects of the right to health are that health services, goods and facilities must be provided to all the people without any discrimination, and that all health services, goods and facilities must be available, accessible, acceptable and of good quality. In this regard therefore, functioning public health and health-care facilities, goods and services must be available in sufficient quantities within the country. They must be accessible physically and financially, and this means that they must be in safe, easy and reasonable reach for all sections of the population, including children, adolescents, older persons, people with disabilities and other vulnerable groups. They must also be provided on the basis of non-discrimination. Accessibility also implies the right to seek, receive and impart health-related information in the formats that are accessible by all, including the people with disabilities, the marginalized and the minorities; and in a manner that does not impair the right to have personal health data treated confidentially. The facilities, goods and services should also comply with established medical ethics, and be gender-sensitive and culturally appropriate. In other words, they should be medically and culturally acceptable. Finally, the health facilities, goods and services must be scientifically and medically appropriate and of good quality. This therefore particularly requires the availability of the provision of well-trained health professionals, scientifically approved and unexpired drugs and hospital equipment, adequate sanitation and safe drinking water.

The human rights framework therefore provides a crucial structure that can strengthen the effectiveness of the efforts that are made to address the COVID-19 pandemic. The national COVID-19 responses in Uganda have presented unique and rapidly-shifting challenges to the promotion and protection of the human rights of the people in the country. As Uganda identifies more and innovative ways through which to address

COVID-19, integrating human rights protections and guarantees into its responses is not only a human rights requirement but also, essential to the realisation of success in addressing public health concerns.

2.0 LEGAL FRAMEWORK

The 1948 Universal Declaration of Human Rights under Article 25 stresses health as being part of the right to an adequate standard of living. The right to health has also been recognized as being an important human right in the 1966 International Covenant on Economic, Social and Cultural Rights which Uganda has ratified. Other international human rights treaties have also recognized or referred to the right to health, or at least to some elements of this right, such as the right to medical care. Article 12 of the International Covenant on Economic, Social and Cultural Rights specifically requires State parties to ensure the prevention, treatment and control of epidemic, endemic, occupational and other types of diseases. The other international human rights treaties that recognise the right to health and which Uganda has ratified include: the International Convention on the Elimination of All Forms of Racial Discrimination [Article 5(e)(iv)], the Convention on the Elimination of All Forms of Discrimination against Women [Articles 11 (1) (f), 12 and 14(2)(b)], the Convention on the Rights of the Child (Article 24), the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families [Articles 28, 43(e) and 45 (c)], and the Convention on the Rights of Persons with Disabilities (Article 25).

The Constitution of Uganda under Objective XIV of the National Objectives and Directive Principles of State Policy states that Government shall endeavour to fulfil the fundamental rights of all Ugandans to social justice and economic development and in particular, it shall ensure that all Ugandans enjoy health services. Objective XX also provides that the State shall take all practical measures to ensure the provision of basic medical services to the population. The United Nations Sustainable Development Goal (SDG) 3 which Uganda is aspiring to achieve, further places emphasis on the State's obligation to ensure healthy lives and promote well-being for all at all ages.

3.0 HUMAN RIGHTS CONCERNS AND RECOMMENDATIONS

3.1 COMPLIANCE WITH THE SOCIAL OPERATING PROCEDURES (SOPs)

The spread of COVID-19 was first prevented by government during the earlier stages through a lockdown, wide-spread testing of truck drivers, contact-tracing and preparing health care settings for COVID-19 patients. However, the Commission notes that after the easing of the lockdown, there has been widespread lack of adequate public compliance with the relevant Presidential directives and the guidelines of the Ministry of Health including the Standard Operating Procedures (SOPs), with many people refusing to wear masks, to wash hands with water and soap, to observe social distancing and to avoid large public gatherings. As a result of this poor response by many members of the public and especially in the big cities and other urban centers, there have been a significant and worrying circle of spikes in the cases of people testing positive with COVID-19 and increases in the people dying as a result of the same virus. Uganda is also already struggling to mount adequate public health and clinical responses, with the available relevant facilities getting overwhelmed and basic testing provisions still limited. These weaknesses and difficulties are therefore exposing the country's fragile health system to greater challenges, including deepening of vulnerabilities and inequities within the health care system thus, raising tremendous concerns especially about what this pandemic will result into for the vulnerable communities.

The Commission notices that in order to manage the COVID-19 threat and its devastating effects, there is among other things the need to carry out more effective planning and to put in place greater robust collaborative arrangements between all the sectors that have responsibility for the health and well-being of the people in the country. It is also crucial that there is more efficient coordination between the various teams at national and subnational levels that are involved in risk communication. It is also essential to establish closer contacts between the different relevant actors in order to ensure rapid and timely

clearance and delivery of the relevant communication messaging and availing the necessary materials within the current experience of crisis in the country. The Commission also believes that it is important that the various sections of the communities in this country also get sensitized about the pandemic and its threat in the country and more specifically to their own communities, and also to be mobilized in order to enable them get actively and willingly involved in all the above-mentioned initiatives being undertaken by the various actors aimed at addressing the challenges that are facing the country. This could be done particularly through the radio and the Local Council and religious institutional structures available within the local areas. Given the level of complacency, laxity and unwillingness among the public especially in urban centers to follow the directives and guidelines issued for prevention of the spread of corona virus, high level and effect involvement of, and support for, the initiatives that are undertaken to stem its spread and to address its effects is therefore critical.

The Commission therefore recommends that: -

a) Government and all the other service providers that are involved in mounting various responses to the COVID-19 threat should engage the various members of the Ugandan communities in all the relevant response processes and measures being carried out in this respect, and engage them right from the beginning in order to build their trust, ensure suitability and effectiveness of the measures that are adopted, to avoid indirect or unintended harmful effects of the measures taken, and to ensure effective, timely and frequent sharing of information down to grassroots as well as adequate compliance with the directives and guidelines issued, and support for the measures that are undertaken in response to the COVID-19 pandemic.

b) The Ministry of health should deliberately take measures to prevent, or at least to mitigate the impact of the virus as it undertakes steps to prevent the rising public health threat of COVID-19, ensuring that the measures that are adopted take into

account the best available scientific guidelines and experiences for the protection of public health.

c) The measures that are adopted for limiting individual freedoms in order to address the threat of COVID-19 should be designed and implemented in such a way that the limitations made are reasonable, proportionate, none discriminative and grounded in law.

d) In all the measures that are adopted to address the threat and effects of COVID-19, special attention should be paid to the marginalised and disadvantaged groups in the population in order to mitigate the impact of the virus on them and to minimize the disproportionate risks that they face.

3.2 ACCESS TO ACCURATE AND CRITICAL INFORMATION

Under international human rights law, governments have an obligation to protect the right of freedom of expression, including the right to seek, receive and impart information of all kinds, regardless of the existing frontiers. Therefore, here in Uganda acurate information about the COVID-19 pandemic and its effects on the people, and the relevant information on the preventive measures that are being put in place to address the threat of the pandemic should be provided to all the people in this country without any distinction or discrimination, and in the languages that the people understand. In this regard, the Committee on Economic, Social and Cultural Rights has guided that that it is the "core obligation" of every government to put in place provisions for "education and access to information concerning the main health problems in the community, including the methods of preventing and controlling them." Accordingly, it is essential that the responses that are made to the threat of COVID-19 are not only human rights compliant but also and specifically they involve the assurance of the provision of accurate and up-to-date information about the virus and the measures being taken to address it, including the services being provided by various government and non-governmental actors and

how to access them, the challenges of service disruptions, and other relevant aspects of the response to the pandemic.

However, the Commission notes that there is a lot of distorted information and fake news being circulated particularly through the social media, which may be dangerous to the public. Governments in a situation of this nature are responsible for providing correct and credible information that is necessary for the protection and promotion of people's rights, including the right to health.

In the fight against COVID-19, maintaining trust among the population is paramount. The Commission is however concerned about the reports being made especially through the media about allegations of corruption, food theft, falsification of test results, incidents of wrong tests and acts of misappropriation of funds. It is particularly important that throughout the response to the COVID-19 pandemic Government carries out effectively its obligation of ensuring that the public is provided with all the necessary information about COVID-19 and the measures being taken to respond to it. Such transparency is necessary in order to enable the public to prepare adequately and to play their part in the measures being taken to prevent the spread of COVID19. In this respect therefore, it is commendable that there are some significant efforts being made to provide information and campaign messages to the public through radios, television and the print media as well as having sign language interpreters on some television stations to assist the visually impaired persons also to benefit from the same information. However, such positive efforts need to be emulated by all media houses and outlets that are still not applying such approaches.

The media, including online platforms, play an essential role in disseminating and sharing information. However, they have the responsibility to do so in an objective, factual, responsible and professional manner. The media also has the responsibility and obligation of pointing out to the public the issues affecting the community that require attention, while at the same time avoiding to engage in misinformation, disinformation, distortion

as well as inciting panic or even contributing to human rights abuses and violations. Ensuring access to information and safeguarding the right of freedom of expression, are essential for ensuring transparency and addressing the inimical condition of ignorance.

It is also important that even during difficult conditions such as the current situation occasioned by the COVID-19 pandemic, the public is enabled to raise issues at both local and national levels about the prevailing condition in the country and what they would like to be done in order to overcome the challenges facing them. Therefore, wherever feasible participatory mechanisms should be especially give priority in order to enable different groups and individuals particularly those who are at the risk of being left behind, and those with specific or special needs, to express their views about the prevailing situation and to contribute to the debate about the necessary solutions to the challenges being faced by them and their community. In this regard and specifically in connection to COVID-19, information on the prevention and early diagnosis of the virus should be accessible and available to everyone, relayed in different languages and adapted to specific needs, including those of persons with disabilities, the linguistic minorities, the indigenous peoples and migrants. It is also critical for the public to have access to information about preventive measures and support services for victims of gender-based violence, and about how to access essential sexual and reproductive health services during the pandemic. In this regard the public communication channels and opportunities now available in different parts of the country should be utilised so as to provide the relevant information to as many people as possible while penetrating as extensively and deeply into the countryside as can be done. The latest data of the Uganda Communications Commission indicates that currently, there are at least 321 licenced radio broadcasters in the country whose services are covering about 95% of the country, and every region in the country has at least five radio stations. In addition, currently there are seven million smart phones and 17 million feature phones in the country. There are also thirty-eight digital broadcasters and eighteen internet subscribers in the country now. All these media platforms, channels and opportunities should be exploited in one way or

the other and as innovatively as possible, in order to maximise the public's access to COVID-related and relevant information.

The Commission therefore recommends that: -

a) Government should ensure that the information provided to the public regarding COVID-19 is accurate, timely and consistent with human rights principles in order to address the spread and effects of false and misleading information.

b) All the information about COVID-19 that is targeted to the public should be made available and accessible through multiple languages and media forms, including those that can be accessed by the people with low levels of literacy or with no literacy capacity, at all. This should include the use of qualified sign language interpretation for televised announcements, websites that are accessible to people with vision, hearing, learning and other disabilities; and telephone-based services that have text capabilities for people who are deaf or hard of hearing.

c) The Ministry of Health and Uganda Communications Commission should provide daily information to all Ugandans via a variety of communication platforms and in all languages in order to ensure that Ugandans are aware of where to go to receive emergency treatment in case they suspect contraction of the coronavirus.

d) The Ministry of Health should set up hotlines, social messaging groups or other platforms to enable the public to present their own concerns regarding the services being provided in response to COVID-19 even where fora for direct personal communication of the concerns are not possible, so that the public can channel easily their concerns to the relevant competent authorities for action.

e) Government should ensure that all the information provided to the public regarding COVID-19 should be accurate, consistent with human rights principles, provided in a timely manner and also be made accessible to all, with particular attention to

using formats that ensure accessibility for persons with disabilities taking into account their specific situation and needs.

f) In addition, Government should ensure that all the information provided about COVID-19 and the measures taken to address its effects should be made available in as many local languages as possible, and also provided in formats and media channels like the radio mode, which facilitate wider circulation while at the same time ensuring accessibility for people with low literacy levels and appropriateness of the information to children in order to enable them to understand the COVID-19 situation and enable them protect themselves.

g) The Ministry of Health should increase the availability of specific information to the local health personnel including doctors, nurses, clinical officers and village health teams in order to increase and strengthen their knowledge and relevant skills to enable them to pass on appropriate information to the public on preventive behaviours and on how to handle the people suspected to have contracted the corona virus.

3.3 EXTENSIVE PUBLIC SCREENING AND TESTING

The Commission appreciates the fact that all the people entering Uganda through the various border points are compulsorily screened and tested for corona virus and quarantined before entering into the communities. Currently, the Government of Uganda is testing for corona virus among suspected carriers of the virus in the following health facilities: Makerere University Hospital, Mulago National Referral Hospital, Lancet Laboratories, MBN Laboratories and other private hospitals. Testing covers all the people who are at risk of transmitting the virus and these include: travellers from high risk countries, cross-border truck drivers, contacts of positive cases, alerts, health workers and other first respondents, asylum seekers and refugees, among others.

Although mandatory institutional quarantine is done for all persons entering the country, mandatory screening and testing has not been done for all Ugandans and yet, large numbers of positive cases are increasingly being detected from the communities, some of whom are asymptomatic. By Wednesday 7th October 2020, the cumulative number of confirmed corona virus positive cases was at 9260 with 85 deaths and 5,588 recoveries.

This still leaves a very big population untested and some of the untested people could even be asymptomatic (the people who may spread the virus although they do not develop symptoms). Some of the people not yet tested include contacts of the confirmed positive cases. Although Uganda cannot afford to carry out mandatory testing or to test all the people in the country due especially to lack of adequate supplies of reagents and testing kits as well as the government's inability to marshal enough financial resources to facilitate the necessary importation, extra efforts still need to be made to extend further the provision of testing for corona virus to as many people as possible especially within the areas that are becoming hot sports of corona virus infections.

The Commission therefore recommends that: -

a) The Ministry of Health should increase and widen further access to the provision of free or affordable screening, testing and care for as many people as possible including the most vulnerable and the people living in the hard to reach communities; with the target being to move progressively and purposively towards the achievement eventually, of mandatory and universal testing and follow-up, with the application of containment strategies that do not put victims or suspected positive cases at risk of violence and abuse.

b) Government should ensure access by all the people who test positive to treatment without discrimination on any ground, and also provide paid sick leave for workers in the formal and informal sectors who test positive in order to ensure the effectiveness of the containment strategies that are put in operation without

creating harm to any disadvantaged groups like women, children, people with disabilities and the minorities.

c) The Ministry of Health should continuously provide information to the public about all the testing and treatment facilities and centres that are available in the country, in order to ensure that the public is aware all the time of the facilities and opportunities that are available both within the country and in their own proximity where the people who are suspected to have contracted corona virus can be taken easily and in a timely manner for testing and treatment.

d) The Ministry of Health working in close collaboration with local authorities and members of the public should ensure that all persons in mandatory quarantine and self-isolation within their respective homes or localities are followed up in order to ensure that they follow the relevant guidelines provided by the Ministry of Health and also, that they do not interact with other members of the community before the officially established duration of quarantine and self-isolation elapses.

3.4 HEALTH WORKERS AND SUPPLY OF EQUIPMENT

As part of the right to health, the International Convention on Economic, Social and Cultural Rights provides that governments should create conditions that "would assure to all medical service and medical attention in the event of sickness." Therefore, the Government of Uganda has an obligation to minimize the risk of occupational accidents and diseases including by ensuring that health workers have access to adequate relevant health information as well as adequate protective clothing and equipment. This means providing health workers and other relevant support staff and service providers who are involved in the COVID-19 response with appropriate training in infection control and with appropriate protective gear. Combating the spread of COVID-19 requires that health

facilities have adequate water, sanitation, hygiene, healthcare waste management, and cleaning capacity.

One of the key challenges facing every country, irrespective of their income levels, is shortages of the supplies, goods and equipment needed in the context of COVID-19. With limited testing kits, reagents, supplies and Personal Protective Equipment (PPE), government officials and health workers are confronted with the challenge of making hard decisions on how to distribute the scarce resources and equipment amongst all those who need them. These are therefore profoundly difficult ethical issues that are made more complex during emergencies. Shortages of equipment and supplies not only undermines infection prevention and control efforts but also, in some cases directly and devastatingly impacts health workers who are at a heightened risk of exposure and infection where PPE is not sufficient. The protection of the country's frontline health workers is paramount and PPE, including medical masks, respirators, gloves, gowns and eye protection goggles, must be prioritized for health care workers and the other people caring for the COVID-19 patients.

Uganda also continues to face significant health workforce challenges, including shortages, unbalanced distribution, misalignment between population health needs and health worker competencies. Additional factors that may limit the availability of health workers to deliver essential services during the outbreak, include re-assignment of staff to treat increasing numbers of patients with COVID-19, and loss of staff who may be quarantined, infected, or required to care for infected friends and families. The combination of increased workload and reduced numbers of health workers is expected to pose a severe strain on the capacity to maintain essential services. These predictable challenges should be offset through a combination of strategies.

The critical support measures include ensuring appropriate working hours and enforced rest periods; providing guidance, training and supplies to limit health worker exposures; providing physical security and psychosocial support; monitoring for illness, stress and

burnout; and ensuring timely payment of salaries, sick leave and overtime including for temporary staff in order to eliminate perverse incentives for staff to report to work while they are sick. Health workers in high-risk categories of complications of COVID-19 may need to be reassigned to tasks that reduce the risk of exposure. Offering accommodation arrangements to reduce staff travel time and protecting health workers' families from exposure may also be appropriate.

The mechanisms that may be utilised for identifying additional health workforce capacity include:

- Requesting part-time staff to increase working hours and full-time staff to work for remunerated overtime;
- Re-assigning staff from non-affected areas to affected areas to provide the necessary relief (while ensuring alignment of clinical indemnity arrangements where necessary);
- Utilizing registration and certification records to identify additional qualified workers, including licensed retirees and trainees for carrying out appropriate supervisory roles;
- Mobilizing non-governmental, military, Red Cross/Crescent, and private sector health workforce capacity, including through temporary deployment to the public sector where necessary and relevant;
- Where appropriate, considering the establishment of pathways for accelerated training and early certification of medical, nursing and other key trainee groups, while ensuring the provision of supportive supervision;
- Identifying high-impact clinical interventions for which rapid training would facilitate safe task sharing, and considering expansion of scopes of practice where possible;
- Utilizing web-based platforms to provide key trainings (for example, training on management of time-sensitive conditions and common undifferentiated presentations in frontline care), clinical decision support and direct clinical services where appropriate.

- Formalizing organized lay provider systems (such as Community First Aid Responders, and Red Cross/Crescent volunteers);
- Training and repurposing government and other workers from non-health sectors to support functions in the health facilities (administration, maintenance, catering, etc.);
- Increasing home-based service support by appropriately trained, remunerated and supplied community health workers;
- Increasing the capacity of informal care givers for home care support such as family, friends, and neighbours.

The Commission therefore recommends that: -

a) In the context of severe PPE shortages, Government should take urgent measures to mitigate critical shortages as much as possible and also, take all necessary measures to safeguard the rights and well-being of the frontline healthcare workers, while ensuring that the strategies adopted are based on scientific evidence, the principles of safe care delivery and health care safety, workload minimization for health care workers, and avoiding a false sense of security.

b) The Ministry of Health should endeavour as hard as possible to provide adequate and appropriate functional personal protection equipment for all the health workers engaged at the frontlines in the various areas of essential services, and also provide all the necessary relevant support and protection to all such health care workers and other frontline support staff and service providers.

c) Government should ensure that all the health workers engaged in the different areas of the health service have access to appropriate protective equipment, and that social protection programs are put in place for the families of the workers who die or become ill or incapacitated as a result of their work, ensuring at the same time that such programs also benefit the support staff and service providers who are also involved in the same areas of health services.

d) The Ministry of Public Service and the Ministry of Health should revise and improve the salary scales and service structure for health professionals and especially the front-line health workers, and also introduce a risk allowance fee for them.

e) The Ministry of Health should undertake the exercise of mapping health worker requirements (including the critical tasks and time expenditures involved) in the four COVID-19 transmission scenarios.

f) The Ministry of Health should take all necessary measures to maximize occupational health and staff safety in accordance with the challenges posed by the COVID-19 pandemic.

g) The Ministry of Finance, Planning and Economic Development should allocate to the Ministry of Health adequate funds to facilitate timely payment of salaries, overtime sick leave allowances as well as incentive and/or hazard allowances to not only the full-time health workers and support staff but also to the temporary workers.

h) The Ministry of Health should initiate new or enhance the existing rapid training programmes intended to enable the relevant health workers and support staff or volunteers to gain or increase their capacities necessary for carrying out duties in the various areas where they are engaged to respond to the COVID-19 pandemic, including diagnosis, triage, clinical management as well as essential infection prevention and control.

3.5 EQUALITY AND NON-DISCRIMINATION

Non-discrimination and equality are fundamental human rights principles. The same principles are therefore critical components of the right to health. Accordingly, all governments are obligated and expected to be cognisant of these two principles, and

therefore also to identify and recognize the different social groups among the citizens in their respective counties, so as to provide for the specific needs of the various groups with special focus on those that generally face particular health challenges such as higher mortality rates or vulnerability to specific diseases. The obligation to ensure non-discrimination requires that specific health standards must be observed and applied in providing services to particular social groups in a given country, such as the women, children, persons with disabilities, the people living with HIV/AIDS and the poor people especially those who live in the hard to reach and hard to live in areas of the country.

Most or all the groups of people motioned above face specific hurdles in relation to the right to health. The hurdles can be caused by biological or socio-economic factors, discrimination and stigma, or a combination of some or all of these factors. Therefore, making deliberate consideration of health as a human right requires paying specific attention to different individuals and groups of people in a given society, particularly those who are living in vulnerable situations. Although women are affected by the same health challenges that also affect men, nevertheless women experience the same or some of the challenges differently and with different consequences.

The prevalence of poverty and the inevitable consequences of economic dependence among women, the effects of the violence that is mated out on women, the experiences of gender bias and gender-based discrimination in the health systems and in societies generally, the power limitations that many women experience in their sexual and reproductive lives, and the challenges that are caused by lack of influence in decision-making – all these are social realities that inevitably adversely impact on women's health. In this respect, such adverse effect tends to be more devastating among refugee and internally displaced women; the women living in slums, suburban settings and hard to reach or hard to live in rural areas; the women with disabilities and those living with HIV/AIDS and who face multiple forms of discrimination, barriers and marginalization.

The Commission therefore recommends that:

a) The Ministry of Health should ensure access to treatment facilities and services without any form of discrimination for all the people who test positive, and also legislate or enforce the existing legislation providing for payment of sick leave for all the workers in the formal and informal sectors, so as to ensure the effectiveness of the containment COVID-19 strategies that are adopted without creating specific harms for the disadvantaged groups in the country.

b) Government should take necessary measures including sharing of information, knowledge, resources and technical expertise, so as to ensure that appropriate COVID-19 related health care is available for the benefit of all the people who may need it without leaving anyone behind; and that it is also accessible without any discrimination, it is affordable and provided with adequate respect to the appropriate medical ethics and different cultural norms, and also of good quality.

c) Correct and appropriate information about COVID-19 and the risks it involves and the challenges it poses, should be gathered, compiled and widely disseminated in a timely manner, in order to counter the menace of misinformation, disinformation, fake information, stigmatization and discrimination against anyone and particularly against the people living in high-risk areas and the persons who test positive for corona virus.

d) Government should ensure that all the health responses to the COVID-19 pandemic are designed and implemented in a transparent manner, that they are clearly communicated and explained to the public, and also that they are subject to strict accountability, including monitoring and review by independent experts followed up with appropriate remedies or adjustments where necessary.

3.6 STIGMATISATION AND DISCRIMINATION AGAINST PERSONS AFFECTED BY COVID-19

Some of the people who test positive with corona virus and their families have often been subjected to stigmatization and discrimination. History has also shown that certain public health emergencies often lead to stigmatization and discrimination that results into unfavourable effects upon certain communities and groups or the affected persons. Within the context of COVID-19, this has already manifested with the corona virus being associated with specific population groups such as truck drivers. Stigmatization and discrimination have also been directed at the people who have travelled to affected countries. In this respect, even the emergency responders and healthcare professionals and facilities such as LANCET Laboratories have also equally been targeted. It is a fact that stigmatization and discrimination are negative practices that are known to result into adverse influence on health behaviours, and also to have a range of physical and mental health consequences for the stigmatized groups and the communities around them.

Special attention should therefore be paid to the menace of stigmatization and discrimination against the people who contract COVID-19, the survivors of the virus attack and their families, health workers, and the victims of COVID-19 related gender-based violence.

The Commission therefore recommends that: -

a) The information shared with the public especially regarding the identity and location of the people suspected to have contracted corona virus or to have been in contact with them, should be handled with even much higher levels of respect for privacy and confidentiality than has been the case so far, so as not expose such people to potential or real risks of stigmatization, discrimination, violence or mob action by third parties thus, also preventing them from accessing medical and psychosocial care, especially where the individuals concerned belong to the marginalized groups.

b) The Ministry of Health and the other relevant health service providers should improve further and also carry out relevant innovations in the approaches that are applied by health workers to encourage potential and actual victims of corona virus to voluntarily and proactive provide accurate information about their own condition and overall situation, while at the same time avoiding any action or behaviour that can result into the effects of stigmatization and discrimination of the people who are interviewed and examined.

c) Government should take swift action whenever it becomes necessary to protect the individuals and communities that may become possible targets of attack on being suspected for being responsible for the emergence of COVID-19 in their respective local areas, by carrying out timely thorough investigation on all the reported incidents, as well as hunting down all the planners and actual perpetrators of the attacks and also holding them accountable for their actions.

d) Government should ensure that all the response measures to COVID-19 that are undertaken by all health service providers whether from government or private facilities, do not targeted in a skewed manner in fevour of only certain groups of the victims of COVID-19 or to discriminate against particular religious or ethnic groups, so that all the responses that are provided are inclusive of all the victims of the virus and they are guided purely by full respect of the rights of all the people who deserve to be assisted, and especially those belonging to the marginalized groups including the people with disabilities and older people.

e) Government should deliberately strive to combat stigma and discrimination among all the health workers and all the people in the country, especially through structured training and public sensitization on COVID-19 using various approaches and facilities including the mass media, school networks, collaboration by religious institutions and other feasible channels, so as to increase the amount and elevate

the levels of public awareness of human rights and awareness of the fact that the corona virus knows no boundaries and recognizes no distinctions on the basis of race, ethnicity, religion or nationality.

f) All the relevant law enforcement agencies should be sensitized about the increasing risks caused by the negative sentiments, attitudes and practices of discrimination and stigmatization among the public against suspected victims of the corona virus, so as to enable them espouse the necessary positive attitude and readiness to provide protection to all the people including foreign nationals and especially those who happen to be suspected to have contracted the virus, from possible attacks and actual violence by third parties, including mob action.

3.7 HEALTH FACILITIES AND TREATMENT CENTRES

The health systems in this country have now been overwhelmed by the burden of meeting the rapidly increasing demand for medical services generated by the accelerated spike in the number of people who are testing positive with corona virus. The Commission is concerned that when the health systems are overwhelmed, then both direct mortality from the new virus outbreak and indirect mortality from the existing vaccine-preventable and treatable conditions increase dramatically. Under such circumstances, the ability of the health systems to maintain delivery of essential health services would depend on the system's baseline capacity and the actual level of the burden caused by the virus and the related context for the transmission of the virus.

Therefore, in order to maintain the population's trust in the capacity of the health system to safely meet the essential needs of the population and to control the risk of the infection spreading within the existing health facilities, it is necessary to inculcate appropriate care-seeking desire and behaviour among the public and for all the relevant health services and workers to adhere to the relevant public health advice that is availed to them on various occasions from various sources. A well-organized and prepared health system

should have the capacity to maintain equitable access to essential service delivery by the people among the population who need such services throughout an emergency period, limiting direct mortality and avoiding increased indirect mortality. Beyond the existence of an efficient and effective health system, the availability of the other important and essential social services such as adequate housing, safe drinking water and sanitation, nutritious food, social security and protection from violence, is an essential and central element in the endeavours that are made for the realisation of the right to health, and the right to those other social services is also protected under international law as being part of the interconnected rights. However, failure to comply with the guidelines that are issued by the Ministry of Health inevitably impacts these fundamental rights, in some instances leading to inequalities that may translate into differentiated risks of infection and even death.

On the other hand, the Commission has noted that many health centres and facilities especially at the lower levels of the service supply chain, have difficulties in accessing essential medical equipment, especially reagents, diagnostic test equipment, ventilators, oxygen as well as Personal Protective Equipment (PPEs) for health workers and the other front-line support staff. The critical and essential PPEs that are lacking in most medical centres include: the recommended N95 face masks, face shields, gloves, plastic gowns, boots and other necessities. Some of the medical centres also lack hand washing facilities such as running water and soap as well as sanitizers or disinfectants yet, these are critical for prevention against infection.

The basic measures that are necessary for prevention of infection, such as hand hygiene, respiratory etiquette and physical distancing, are inadequately observed in some of the lower medical centres. In some settings, promotion of self-initiated isolation for those health workers who find themselves with mild respiratory symptoms may be difficult to undertake due limit facilities and overcrowding. Some of the frontline care sites including Health Centres, Primary Health-care Centres, clinics and hospital emergency units, as well as ad-hoc community settings such as schools and sports stadiums that have been

designated as sites for providing specialised medical care for the people who test positive with corona virus or those who are suspected to have contracted the virus, need urgent expansion in order to increase sufficiently their capacities for screening, isolation and triage, including facilities for appropriate and adequate security. All the frontline medical centres need to be ready and to possess adequate capacity to assess and refer COVID-19 patients appropriately, safely and expeditiously in order to reduce transmission of the virus and to ensure rational use of the scarce relevant advanced medical care resources. Increased application of the targeted referral and counter-referral criteria and processes is now critical and absolutely necessary in order to keep the system from becoming irretrievably overwhelmed.

We are also concerned that many people among the population do not know what to do or where to go when they develop suspicion about the possibility of having contracted the corona virus. On the other hand, we are fully aware that promotion of the right to health through the available health systems requires that treatment is based on medical evidence; that testing and care are not withheld on the basis of disability, age or inability to pay; and that the State is expected to devote adequate resources as per the established international and regional standards to health care and recovery. It is also important that in providing care in the context of COVID-19, the emergency responses must be provided in a manner that guards against interruptions to other essential health-care services, including sexual and reproductive health care, antiretroviral services for people living with HIV, immunisation campaigns as well as community-based care and support services including mental health care.

We note that for the people who are tested positive for corona virus, the right to health raises an imperative for the State to ensure that they get appropriate COVID-related health care. However, the ever increasing magnitude of the COVID-19 crisis has made it difficult for many healthcare systems to be able to handle the increasing burden of meeting the growing health crisis. We have also noted that the country's preparedness ability has been undercut by the budget cuts and reallocations that were undertaken

during the preceding years as well as the other austerity measures, all which have led to the situation whereby the medical centers lack the capacity to meet all the essential health needs for treatment of both the people suffering from the diseases that were already in existence and the patients suffering from corona virus. To the extent that now as COVID-19 patients have overwhelmed the existing medical centers, the developing dire situation has started exposing government inability to provide adequately and effectively the necessary health care services thus, leading to rationing of the essential medical care services for patients, including ventilators and oxygen, as well as the widespread shortages of personal protective equipment (PPE) that are necessary for preventing infection among the frontline healthcare workers and support staff, and the introduction of user fees that are likely to make most of the essential services unaffordable especially for the vulnerable people among the population.

The Commission therefore recommends that: -

a) The Ministry of Health should develop and disseminate appropriate information that can enable the various groups among the Ugandan public to espouse the knowledge, desire, ability and capacity necessary for them to demand and voluntarily seek for safe, adequate and effective COVID-related medical services and appropriate care.

b) The Ministry of Health should continue to endeavor as much as possible to establish adequate facilities for the isolation of the patients with corona virus in as many existing medical care centres as possible, and also strive hard to equip the same centres as much as possible with the suitable relevant medical equipment necessary for handling the COVID-19 cases at that particular level of service.

c) The Ministry of Health should keep on innovatively improving its criteria and protocols for targeted referral and counter-referral regimes and pathways, as well as its acuity-based triage and care facilities in order to cope with the increasing and changing challenges posed by the COVID-19 situation.

d) Government should mobilize additional resources specifically to enable it to not only manage effectively the emerging COVID-19 challenges while it continues to proportionally increase resource allocation to the already ongoing programmes within the health sector, so as to address in a reasonably balanced manner all the COVID-related and non-COVID needs of the public for medical care services.

e) Government should continue making deliberately, intensified efforts to increase funding for securing and providing in good time the essential COVID-related supplies including medical and non-medical masks, gloves and other personal protective equipment as well as addition ICU beds wherever possible, all in accordance with scientific evidence of the actual needs on the ground and the most appropriate and affordable technologies to be procured, and while ensuring equitable and fair distribution of the supplies around the country on a needs basis.

f) The Ministry of Health should continuously monitor the ongoing delivery of essential healthcare services and the relevant equipment and other essential facilities, in order to identify the existing and emerging gaps as well as the potential need in this respect, so that the ministry together with the other relevant medical service providers can dynamically and innovatively remap the relevant service delivery and referral pathways, and also be able to develop coordinated healthcare responses for effective treatment and recovery in respect to COVID-19 and non-COVID medical cases.

g) The Ministry of Health should increase its capacity for making more effective follow up on the recovered patients in order to ensure that they are encouraged to return for further tests to ascertain that they do not infect contacts or get re-infected, and also to provide them with the necessary counselling and guidance in the areas of coping with the post treatment situation and its challenges and requirements including proper feeding, exercise and rest.

3.8 MAINTAINANCE OF THE NON-COVID ESSENTIAL HEALTH SERVICES

The Commission notes that due the growing need for dealing with the COVID-19 emergencies, some of the other serious and life threating communicable and non-communicable diseases may not receive the kind of level of attention that they deserve to be given. Therefore, proper and innovative balancing needs to be done in this respect. For instance, in the situations where high-burden endemic diseases have signs and symptoms overlapping with those of the COVID-19 cases such as those of malaria, the public health messaging needs to be adapted in such a way as to ensure that people do not delay seeking medical care for the potentially life-threatening illnesses.

In addition, for some people among the population and especially in the lower strata of the society, the ability to know where and from whom they should seek health care, and how to do so, may vary significantly according to the particular context. It is therefore important for the Ministry of Health to continue laying adequate emphasis on the non-COVID essential services that must continue being prioritized, as part of the necessary effort to maintain continuity of service delivery is this respect. In order to meet the ongoing and increasing population health needs in the non-COVID disease areas and at the same time carry out the necessary mitigation measures for containing the negative impact of the COVID-19 outbreak, all the nationally agreed primary care programmes need to generate all the time adequate capacity for preventing morbidity and mortality through the community-based delivery of essential services, including:

- preventing communicable disease through delivery of vaccines, chemoprevention, vector control and treatment;
- avoiding acute exacerbations and treatment failures by maintaining established treatment regimens for people living with chronic conditions;
- taking specific measures to protect vulnerable populations, including pregnant and lactating women, young children and older adults;

- managing the emergency conditions that require time-sensitive interventions and maintaining functioning referral systems;
- Continuity of the critical inpatient therapies and auxiliary services, such as basic diagnostic imaging, laboratory services and the blood bank services.

The national and subnational processes for identifying essential services, coordinating with COVID-19 response planning and optimizing the health care workforce and service delivery, should incorporate the relevant community-based activities and also include consultation with the relevant representatives of the various beneficiary communities and the relevant community health workforce. The selection of priority essential services and community-based activities to be implemented should be guided by the health system context and the level of the burden of the disease that is being tackled. However, this should also be managed in such a manner that facilitates the prevention of communicable diseases, averts maternal and child morbidity and mortality, prevents acute exacerbations of chronic conditions by maintaining established treatment regimens, and the efficient management of emergency conditions that require time-sensitive interventions.

The Commission notes that routine health visits and check-ups may be becoming limited and the delivery of vaccination and antenatal care may also be insufficient and in some cases inappropriate. In this regard therefore, strengthening of the supply chains with a view to ensuring continuity of the established treatment regimens for tackling key chronic diseases, can facilitate limiting of acute exacerbations, reduce the need for provider encounters, and minimize unscheduled attendance at emergency departments. Since the availability of referral services may be limited in the context of the current increasing demands on the health system associated with COVID-19, all the health workers should be prepared, including the use of targeted in-service training and in conformity with the scopes of practice, to take on additional responsibilities that are related to the initial management for key life-threatening syndromes.

The Commission therefore recommends that: -

a) The Ministry of Health should apply a rights-based and gender-responsive approach that can enable the country to respond in the best and most appropriate manner to the COVID-19 crisis while also continuing to prioritise the management of the other ongoing life-threatening diseases such as HIV/AIDS, tuberculosis measles, cholera, cancer, high blood pressure, diabetes and malaria.

b) The Ministry of Health should identify routine and elective services that can be delayed or relocated to the areas that are not seriously affected by COVID-19, so as to facilitate better and more efficient management of COVID cases where the burden is high and challenging.

c) The Ministry of Health should carry out further and more regular functional mapping of the various health facilities in the country, including those in the public, private and military systems, in order to keep updating the response to the COVID pandemic according to the specific needs of the subsequent stages of the pandemic.

d) The Ministry of Health should establish more outreach mechanisms as may be needed in order to ensure more efficient and timely delivery of essential services particularly in relation to the COVID-19 pandemic.

e) The Ministry of Health should explore more ways in which to redirect, improve and strengthen further the disease management regime in order to focus on maintaining and improving the supply chains for medications and needed supplies, with a reduction in provider encounters.

f) The Ministry of Health should review all the community health service interventions and delivery channels with a view to identifying the essential and critical services and delivery channels that need to be maintained and improved, while linking these processes with the national or subnational planning processes.

g) The Ministry of Health should consider the possibility of identifying and defining the nonessential services that can be interrupted or postponed, and also accordingly identify triggers for their phased resumption at an appropriate future stage and the relevant catch-up strategies that can be used during their early recovery.

h) The Ministry of Health should adapt simpler preliminary diagnosis and treatment protocols and also train and equip the community health workforce to use those protocols to carry out preliminary screening for COVID-19 symptoms, recognize danger signs and appropriately activate notification and referral pathways.

i) The Ministry of Health should take appropriate measures to ensure continued access to medication, nutrition and healthcare services for the people living with HIV/AIDS, and also revisit the distribution model for Anti-retroviral treatment in line with the SOPs put in place for prevention of the spread of the corona virus so as to reduce the risk of exposure in this respect.

3.11 QUARANTINE AND RESTRICTIVE MEASURES

As part of the efforts made by the Government of Uganda to minimize the transmission of the corona virus and contain the impact of the COVID-19 pandemic in this country, appropriate measures were put in place to lockdown social, economic, religious and political activities, which also included quarantining the people for whom it was necessary to establish their health status in order to rule out the possibility of infection with the

corona virus, and restriction of movement of individuals. However, international human rights law, and specifically the International Covenant on Civil and Political Rights (ICCPR), requires that restrictions on people's rights for reasons of public health or national emergency be lawful, necessary and proportionate. Accordingly, restrictions such as mandatory quarantine or isolation of symptomatic people must, at a minimum, be carried out in accordance with the law. Such measures must be adopted and implemented only when it becomes absolutely necessary to do so in order to achieve a legitimate objective based on scientific evidence; and they must be proportionate to the need for achievement of that kind of objective. In addition, such measures must not be implemented arbitrarily or in a discriminative manner; and they must also be implemented for a limited duration and with utmost respect for human dignity and further still, they must be subject to review. The application of voluntary self-isolation measures combined with education to raise the relevant public's awareness, as well as widespread screening and universal access to treatment, is more likely to induce voluntary cooperation from the public and also to increase public trust and confidence in the measures that are taken by Governments where coercive measures cannot achieve the same goal. The same kind of pro-people approach is more likely to prevent attempts on the part of the people to avoid contact with the healthcare system when it becomes absolutely necessary to do so especially during this time of the COVID19 pandemic.

The Commission therefore recommends that: -

a) Government should continue observing and following the relevant laws whenever it should become absolutely necessary to adopt isolation and restriction measures in order to pursue legitimate aims such as the need to curb the spread of infectious diseases in order to ultimately promote the health and other related rights and freedoms of individuals; and the measures adopted and implemented should be proportionate and also not arbitrary or discriminatory.

b) The Ministry of Health and the COVID-19 Task Forces should ensure that whenever and wherever quarantines or restrictions are imposed, the government must carry

out its obligation to ensure that the people who are quarantined or restricted have access to adequate nutritious food, safe and adequate water, appropriate medical care and relevant psychosocial support.

3.9 GENDER CONCERNS IN RELATION TO WOMEN'S RIGHTS

As the Government tackles the unprecedented public health and economic crises caused by the COVID-19 pandemic, the Commission is concerned that many women and girls in this country have been suffering increased egregious violations of their human rights. As a result of this development, many women have faced tremendous increases in their working hours, and they have also been exposed to greater risk of being directly exposed to COVID-19. In the absence of adequate gender sensitive intersectional responses, many women and girls have faced different forms of systemic discrimination already and this situation may become exacerbated. The Commission is further concerned that the dramatic increase in women's caregiving responsibilities especially within the family domestic situations, there is a dramatic rise in what was already an epidemic of sexual and domestic violence, feminization of poverty, and the proliferation of barriers to healthcare and especially antenatal healthcare services. This adverse development is likely to profoundly jeopardize women's safety and well-being, economic security and participation in political and public life, both during and after the pandemic.

Many women are also currently working at various frontlines, providing essential medical and other services and keeping many communities running. In this respect there is, however, the risk of nurses, doctors, midwives and hospital cleaners contracting the corona virus while on duty, due to the lack of adequate provision of personal protective equipment. In this regard therefore, women's already disproportionate share of care responsibilities has become particularly onerous during the COVID-19 crisis, with risks of serious consequences on their physical and mental health. The cultural construction of gender continues to impose certain roles to women and girls within the family, such as

caring for children and other dependent family members as well as providing for the basic needs of family life such as domestic work, food, hygiene and education for children.

The burden is now heavier on them to fulfill those roles due to the significant increase in the care needs of children, the elderly and the sick, as well as the threat of food insecurity and insufficient incomes. This is even more burdensome for women working in essential services and the women who are single heads of household. Despite the increased burden, the women's unpaid care work continues to be undervalued and unrecognized, without any means to ensure its fair distribution or alleviation through the expansion of social protection.

The Commission therefore recommends that: -

a) The measures taken by Government to mitigate the risks to health and life posed by COVID-19 should necessarily take into account the specific attributes espoused and the specific challenges faced by women and girls, and the latter include but are not limited to their sex, gender, age, ability or disability, ethnic origin and immigration or residence status.

b) Government should totally avoid taking any action that may exacerbate the already disproportionate economic and social impact of the COVID-19 pandemic on women and girls.

c) Government should endeavor hard to expand testing for corona virus with the final target being the achievement of universal and free testing for all, and at all stages follow-up with containment strategies that do not put women and girls at greater risk of violence and abuse.

d) Government should ensure continued easy and safe access to support services, emergency measures including legal assistance and access to judicial remedies for

the women and girls who are at risk of or who are subjected to domestic and sexual violence, harassment and abuse.

e) Government should significantly overhaul and expand the social protection systems so as to mitigate gendered impacts and ensure that the social protection measures and responses to the COVID-19 pandemic that are undertaken do not perpetuate gender inequity, and also take into account women's specific needs and vulnerabilities, including but not limited to, paid sick leave, increased financial and social support for children and the elderly, affordable housing and food subsidies.

f) The Ministry of Health should ensure continued uninterrupted access to a full range of sexual and reproductive health services, and this also requires ensuring that there is no disruption in the supply chain of sexual and reproductive health commodities.

g) The Ministry of Health should pay specific attention to the women and girls belonging to the marginalized groups and particularly their specific needs in terms of accessibility and adequacy of information about the COVID-19 pandemic, and their ability to maintain social distance and to access to testing and treatment opportunities as well as the other necessities including food, housing, sanitation and essential support services.

h) The Ministry of Health with the support of the other relevant medical service providers should systematically gather disaggregated COVID-related data, with a view to examining and reporting on the gender-specific health effects of COVID-19, both direct and indirect as well as on the gender-specific human rights impacts of COVID-19 and in order to utilize this data in the formulation of the necessary responses to the COVID-19 pandemic.

i) Government should ensure that all the measures that are designed to assist the workers serving within the informal services industry and who are also predominantly women and girls, should be designed in such a manner that the assistance provided is compliant with the necessary level of gender sensitivity and also takes special care of the needs of the women and girls working in that industry.

j) Government should ensure that all the public awareness campaigns that are carried out during this period of COVID-19 pandemic are deliberately geared towards raising people's awareness on how the victims of domestic violence can access services; and the services that are rendered to the public should also be deliberately channeled to specifically support all the victims of domestic violence, including those who are living within the areas that are under movement restrictions or under quarantine as well as those who are tested positive for corona virus.

k) Government should endeavor to increase its support to frontline medical workers and social service care providers that are involved in addressing the effects of the COVID-19 pandemic, and do so with adequate recognition that most of the workers in this category are women; and the support that is provided should therefore be guided by special consideration of the women's special and specific needs pertaining to their role as caregivers within their own families, and also enable them to absorb the impact of stigma on them and their families.

3.10 PERSONS WITH DISABILITIES

The people living with disabilities are part of the high-risk groups to the threat of the corona virus, particularly due to the fact that many of them have underlying health conditions. The Commission strongly believes and advocates that in all the public health interventions that are carried out for the purpose of fighting against COVID-19, the people living with disabilities (PWDs) should not be left behind. For many years now the people with disabilities have continued to face various challenges to the enjoyment of their right to health. For example, such people quite often have difficulties in accessing health care, especially for those living in the rural areas, slums and suburban settings; the people with psychosocial disabilities may not have access to affordable treatment through the public health system; and women with disabilities may not receive gender-sensitive health services. The Commission is therefore concerned that without deliberate efforts being made and relevant interventions being designed and implemented deliberately to cater for People with Disabilities, many of them are likely to continue being exposed to the risk of contracting corona virus. It is also absolutely necessary that the people with disabilities themselves just like all the other people in this country, should be equipped with relevant information about how to avoid, prevent and contain the corona virus.

It is also important that the people with disabilities get continuous assurance that their survival is a priority to government and the country. However, in spite of the emergency measures that have so far been implemented in this country to fight the COVID-19 pandemic, the people with disabilities have experienced significant disruption of support networks essential for their survival, and they are therefore in dire situations. For instance, some of them have been experiencing lack of access to adequate and inclusive information, especially due to insufficient facilities and opportunities for in sign language and easy read materials in braille formats. The Commission also notes that many of the people with disabilities depend on services that have for some time now been suspended, and quite a number of them have no enough or any money to enable them stockpile food and medicine supplies during this difficult period.

However, the right to health for the people with disabilities cannot be achieved in isolation from the other rights. It can only be achieved together with the achievement of the right to non-discrimination, the right of participation and social inclusion for everyone, the right of accessibility to various opportunities, as well as observance by everyone, of the principles of equality of opportunity, individual autonomy and respect for differences between people, and respect for the evolving capacities of children. In the battle against COVID-19, the people with disabilities must therefore be included in all the plans and programmes that are implemented for managing the current COVID threat. Through their representative organizations, the people with disabilities can be mobilised to participate in the programmes and initiatives that are implemented for the prevention, mitigation and monitoring the trends of the corona virus. It is therefore important and essential to adopt and follow the principle that is espoused by the people with disabilities themselves, which clearly and most loudly states that **"*Nothing about us, without us*"**.

The Commission is also concerned that people with disabilities are often disproportionately susceptible to violence and abuse. They are usually made victims of physical, sexual, psychological and emotional abuse, neglect and financial exploitation. The violence that is mated out upon the people with disabilities quite often occurs in the context of systemic discrimination against them and in which there is an imbalance of power. It is not the disability itself that puts the people with disabilities at risk but rather, the social conditions and barriers that they face, such as stigmatisation, dependency on others for care, gender-based discrimination and poverty or financial dependency.

The Commission therefore recommends that: -

a) Government should assist the people with disabilities to access or own reasonable accommodation facilities, and to use convenient access facilities in public places and buildings, in order to enable them to minimize contacts within both private and public life that can expose them to the risk of being infected by corona virus and other dangerous diseases.

b) Government should take further social protection measures to guarantee for the people with disabilities the continuity of support for their basic survival in a safe manner throughout the COVID-19 crisis.

c) The Ministry of Health should ensure that all medical workers in this country provide medical care to the people with disabilities of the same quality as that which is provided to other people, and that the services should be provided to them on the basis of free and informed consent.

d) The Ministry of Gender, Labour and Social Development should ensure that people with disabilities access the special disability grant in a timely manner, and that they also have access to additional financial aid which is vital for reducing the risk of the same people and their families falling into greater vulnerability or poverty.

e) The Ministry of Health should establish clear and human rights compliant protocols for public health emergencies, so as to ensure that access to healthcare, including life-saving measures, do not discriminate against the people with disabilities.

f) The Ministry of Health should ensure that all public health advice, campaigns and information sharing are made available to the people with hearing impairment in sign language and through any other accessible means, modes and formats, including accessible digital technology, video captioning and others.

3.11 USE OF THE FACILITIES FOR PERSONS WITH MENTAL ILLNES AS COVID-19 TREATMENT CENTRES

The Commission has for some time now been monitoring mental health facilities around the country. During the monitoring exercise it has been noted that following the directive that was issued by the Permanent Secretary to the Ministry of Health in March 2020, some mental health facilities in Referral Hospitals such as the ones in Hoima City and

Moroto Municipality have since been turned into COVID-19 treatment centres. The Commission is concerned that this has left many persons with psychosocial disabilities or mental illnesses without adequate treatment facilities or space, which they need as part of the support that is necessary for the process of treatment and healing. The Commission also found that most of the newly improvised facilities for the patients with psychosocial disabilities were inadequately equipped. The health workers who attend to the patients also did not have enough space in which to do their work. The same facilities also lacked adequate toilets, bathrooms and enough beddings. There were instances where men and women were sleeping together in single rooms due to lack of space. The Commission was informed by some of the health workers that in some instances, they had to keep patients under sedation in order to control them. This drastic measure would not have been necessary if the health workers had proper and enough facilities in which to manage the patients with minimal difficulties. The use of sedatives should be avoided as much as possible as it is against the rights of the patients with mental illnesses. The Commission also noted that due to the limited space in some of the mental health facilities, patients were discharged before they gained full-recovery, in order to create space for new cases.

The Commission also notes that the persons with psychosocial disabilities may not be in position to observe the Social Operating Procedures (SOPs). Furthermore, in the situations where patients are moved from the mental health facilities to Referral Hospital facilities, it was noted that they regularly move without putting on masks and they also often end up interacting with other hospital patients since their movement cannot be fully restricted. This therefore puts them at the risk of getting infected or infecting others with COVID-19.

The Commission therefore recommends that: -

a) Government should consider equipping some Health Centre IV facilities with psychosocial services and medication so as to enable mental health out-patients get their medical refills from the equipped Health Centre IV facilities without having to travel to Referral Hospitals.

b) Government should identify and equip some Health Centre III or IV facilities that can be used as COVID-19 treatment centres instead of having COVID-19 patients in mental health facilities and displacing the patients with psychosocial disabilities.

3.12 CONCERNS ABOUT OLDER PERSONS AND OTHER MARGINALIZED GROUPS

The Commission appreciates the Government efforts made so far to ensure that special attention is made to minimise the risk of vulnerable and marginalized groups being infected by corona virus. Minority people in this country are prone to contracting diseases and infections due, for example, to lack of access to clean and safe drinking water, limited health services and overcrowded housing. Such marginalized groups have therefore, often become easily vulnerable to COVID-19 infection. They include migrants and displaced persons, the people being held in various detention and other institutionalized places or settings, racial and ethnic minorities, older persons, the people living with pre-existing health conditions, people with disabilities, homeless persons as well as the persons living in abject poverty. This kind of risk has been noted through the HIV responses that have been implemented in this country, where the marginalised and disadvantaged populations have been are among the people who are most at risk of being infected with HIV. Therefore, in the absence of specific rights-based protection measures, the general government lockdown or restriction measures may impoverish the vulnerable communities further and also widen health inequities across communities.

According to available scientific and medical information and the relevant guidance given to the public so far in this country, the health risk from COVID-19 to older adults and people with certain pre-existing conditions is considered to be greater than that of the general population. The abovementioned vulnerable groups are generally also among the worlds most marginalized and stigmatized people. The Commission is concerned that the older people in this country are generally subjected to ageism and stereotyping; that they

have limited access to information on how to protect themselves; and that they are also excluded from the benefits of most of the economic recovery and development programmes of government. Therefore, the absence of deliberate and specific programmes that are targeted towards providing adequate protection of the older adults and specifically meeting their needs and vulnerabilities adequately, has resulted into higher risks of infection for such people and also undermined the broader COVID-19 response. The Universal Declaration of Human Rights states that: "All human beings are born free and equal in dignity and rights". However, the dignity and rights of the aforementioned most vulnerable people now requires additional attention as part of the current COVID-19 response.

The Commission further notes that many of the vulnerable persons already mentioned in this paper, face multiple and intersectional forms of discrimination, and are also at risk of being further marginalized due to the COVID-19 pandemic. For instance, the ethnic minorities and indigenous people lack information provided in their own languages on the COVID prevention strategies and on how and where to get health services in case they fall victims of the pandemic. In order to recognize the inherent dignity of all the people in this country and to create the conditions necessary for mitigating the devastating effects of the COVID-19 pandemic by prioritizing the special needs of the marginalized groups in the population, it is now necessary to deinstitutionalize wherever possible and pay special attention to the needs of the aforementioned vulnerable groups in this country, so that their lives can quantitatively and qualitatively improve sufficiently.

The Commission therefore recommends that: -

a) Government should innovatively and significantly improve on the special affirmative measures that have so far been put in places and also, adopt new ones where necessary in order to ensure further quantitative and qualitative improvements for the assurance of protection of older persons from stigmatisation, discrimination, neglect as well as vulnerability to disease and virus attacks.

b) Government should enhance and accelerate its efforts of ensuring access to information, social services, health care, socio-economic inclusion and education for all the vulnerable groups in this country, with special attention being paid to mitigating the current threats that face them as a result of the COVID-19 pandemic.

c) Governments should also take extra measures to ensure equal access to the available emergency services by the people with disabilities and the older people in the population.

d) Ministry of Health should provide the older persons, persons with disabilities and their care-givers, with the guidance and support they need due to their specific condition, including assurance of cheap and convenient accommodation, easy and convenient accessibility to public places and facilities and also to the sources of information through easy availability of interpreters for sign language, braille facilities, audio messages and such other convenient tools.

e) The Ministry of Health should ensure the availability of adequate, up to date and appropriate information on risk prevention to the older persons and their care-givers and family members in this country, making use of community leaders, radio programs and other media to reach them.

f) Government should devise improved methods of contact with older people in all their programmes so as to avoid exposure of such people at greater risks within the population to additional risks of infection, including the possibility of introducing the use of alternative methods of payment in the SAGE programs.

g) The Ministry of Health should explore the possibility of establish mobile health clinics so as to reach out to all the older persons and the people living with pre-existing medical conditions in the country.

3.13 SLUM DWELLERS AND STREET CHILDREN

The Commission is concerned that some groups in our community, and particularly the slum dwellers within the various urban centers, the people living and/or working on the streets of urban centers and the most destitute among the poor communities, all lack conducive or any housing and sanitary facilities and where some of them are lucky to have temporary shades or structures above their own heads, they still lack protection. All of the people in such categories of the population generally or totally lack access to public health care services or the resources that can enable them to avoid contracting the corona virus or containing its effects when they are infected. For instance, they even lack access to meaningful information regarding the COVID pandemic which they can access in their respective languages. The majority of them also lack access to clean and safe water and many of them consequently at best bear the burden of collecting water from crowded and sometimes unhealthy public spaces in order to cover their relevant basic needs. However, this situation exposes them to a higher risk of contracting the corona virus.

The inability to practice social distancing as a measure for avoiding to contract the corona virus also disproportionately impacts the rights of the people living in slums as well as the other disadvantaged populations living under similar conditions, especially those who live in poverty, those who work in the informal economy, and those who totally lack stable housing. The interconnected nature of health-related human rights requires a comprehensive response to social distancing, with the right to health at the fore, and recognizing the impact of underlying determinants of public health. To put it simply, most of the people who live and work under the conditions that we have discussed here above find it difficult to practice social distancing even where they realise that doing so is in their own interests.

The Commission therefore recommends that: -

a) Government should put in place programmes under which community change agents can be identified and trained to sensitize community members and leaders to embrace the benefits of physical distancing as an effective way of preventing the spread of the virus in rural areas.

b) Whenever Government gives food aid or any other kind of support to the vulnerable and needy people, it should include in its priority arrangements the slum dwellers and street children because of their exceptional position as vulnerable and destitute people.

c) Government should consider the possibility of formulating and implementing a variety of stimulus packages that could be given to the slum dwellers in form of affirmative measure so that they can be assisted to generate some incomes for themselves.

d) The police and KCCA should increase their efforts of working together to ensure that continuous monitoring and inspection of communities and public places is carried out regularly and effectively so as to ensure that the SOPs are strictly observed.

e) The Ministry of Health working together with the Uganda Police Force and the members of the public concerned, should ensure that strict adherence to the Presidential Directives and Ministry of Health guidelines is done in all public places, and any such place where the directives and guidelines are not followed should be closed down immediately.

f) The Ministry of Health working together with other relevant service providers should ensure effective availability of COVID-related information and guidance for the people living in informal settlements and those working in the informal sectors (like boda boda riders, taxi drivers, street venders etc.) especially on how to

prevent the spread of corona virus and how to respond in the case of suspected cases.

g) The central and relevant local governments should take measures to ensure the availability of sufficient water supplies for the communities living in the most vulnerable conditions in order to facilitate increased observance of hygiene regulations and measures especially during the COVID pandemic.

h) Government using the existing structures and working closely with the NGOs having specific information on risk mitigation and case management in relation to street children, should undertake more innovative and permanent measures for the permanent removal of children and adults living and working on the streets in the various urban centers in the country and addressing holistically their needs, and ensuring that new ones do not appear on the streets.

i) Government working together with the appropriate proprietors of the relevant properties and community leaders should streamline further and supervise much more effectively the access by the public to large shopping centers and markets in order to ensure effective observance of the relevant Presidential directives and Ministry of Health guidelines for prevention of the spread if the corona virus.

j) Government should intensify and improve its measures put in place for ensuring proper and adequate care and protection for the refugee communities in the country and giving them adequate information, all for enabling them to avoid contracting corona virus and participating in the fight against the COVID-19 pandemic.

4.0 CONCLUSION

The current unprecedented COVID-19 pandemic raises an imperative for all peoples of the world to reaffirm the universal commitment to the right to health, with the right to health providing a framework for prevention, treatment and management of the positive

cases of the corona virus. Looking beyond the immediate responses, our country must recognize much more clearly and honour much more effectively its obligations under the requirements set forth by UN member States, for the promotion and protection of the right to health as it frames and implements the most appropriate responses to the threat posed by the COVID-19 pandemic in this country during the rapidly changing national and international situation.