



THE REPUBLIC OF UGANDA

Report from the Health and Human Rights Capacity Building Workshop, 18 – 19 May 2006



**UNITED NATIONS HIGH COMMISSIONER
FOR HUMAN RIGHTS IN UGANDA**

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The report is a summary of the contents of the Health and Human Rights Capacity Building Workshop 18-19 May 2006. The organisers do not warrant that the information contained in the report is complete and correct.

EXECUTIVE SUMMARY

On 18-19 May 2006 the Ministry of Health (MOH) together with the World Health Organization (WHO) and the Office of the High Commissioner on Human Rights (OHCHR) organised a Health and Human Rights Capacity Building Workshop in Kampala, Uganda. The overall objective of the workshop was to explain the linkages between health and human rights and explore how human rights can be used as a tool for analysis, implementation and monitoring of the Health Sector Strategic Plan II 2005/06-2009/10.

The focus on human rights within the health context is relatively recent. Still, there are complex linkages between promoting and protecting health and respecting, protecting and fulfilling human rights. These linkages include:

- Human rights violations often have serious health consequences (for example violence against women and children, torture, female genital mutilation);
- Health programmes can promote or violate human rights in the ways they are designed and implemented (for example rights to health related information, confidentiality of medical data, privacy, participation, equality of access and non-discrimination);
- If human rights are respected, protected and fulfilled, it can reduce people's vulnerability to ill-health (for example the right to food and nutrition and freedom from discrimination)

The right to health is an inclusive right. It can be understood as a right to the enjoyment of a variety of facilities, goods, services and conditions necessary for the realization of the highest attainable standard of health. As outlined in the General Comment No 14 (2000)¹ by the Committee on Economic, Social and Cultural Rights, the right to health includes for health services, goods and facilities to be *available, accessible, acceptable and of good quality*. Using these elements as a framework for analysis can help us identify effective health interventions. Key human rights principles such as participation, accountability, transparency, non-discrimination, empowerment and local ownership can influence the design and strengthen the impact of health interventions. The right to health may not be fully realized overnight, but governments have a responsibility to take targeted and effective steps towards the full realisation of this right, individually and through international assistance and co-operation, using maximum available resources.

Uganda is a State Party to various international and regional human rights instruments providing for the right to health such as the International Covenant on Economic, Social and Cultural Rights, the United Nations Convention on the Rights of the Child, the Convention on the Elimination of All forms of Discrimination Against Women, the African Charter on Human and Peoples' Rights, the African Charter on the Rights and Welfare of the Child, and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, among others. The Ugandan Constitution does not specifically provide for the right to health but mentions it in the National Objectives

¹ Web site of the Office of the United Nations High Commissioner for Human Rights: [http://www.unhcr.ch/tbs/doc.nsf/\(symbol\)/E.C.12.2000.4.En?OpenDocument](http://www.unhcr.ch/tbs/doc.nsf/(symbol)/E.C.12.2000.4.En?OpenDocument) (2006-08-10)

and the Directive Principles of State Policy. Nevertheless, the Constitution particularly provides that the State shall take all practical measures to ensure the provision of basic medical services to the population and commits to promote access to underlying determinants of health. It further provides that all Ugandans shall enjoy rights and opportunities and access to education, health services, clean and safe water, work, decent shelter, adequate clothing, food security, pension and retirement benefits. A core component towards progressively fulfilling the right to health is the development of a national public health strategy and a plan of action, which includes benchmarks and indicators. In Uganda, the National Health Policy (1999) together with the recently developed Health Sector Strategic Plan II (HSSP II) 2005/06 - 2009/10 provide the framework for health development. Uganda also has Food and Nutrition Policy and a Poverty Eradication Action Plan to help enforce and realise the right to health.

One of the main objectives of the United Nations is to promote and encourage respect for human rights. In 2002, the UN Commission on Human Rights appointed a Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health (“right to health”). The main objectives of the Special Rapporteur are to raise the profile of the right to health as a fundamental human right; to clarify what the right to health means; and to identify ways of operationalising the right to health. The Special Rapporteur visited Uganda on a mission in March 2005. The WHO Constitution recognizes the enjoyment of highest attainable standard of health as one of the fundamental rights of every human being. Today all WHO member states are parties to at least one human rights treaty that recognizes the right to health and/or other health-related rights. WHO programmes are increasingly integrating human rights principles and WHO is strengthening its role to also support member states to respond to their human rights commitments. For the first time WHO has placed human rights officers in three country offices - Uganda, Mozambique and Vietnam – to advance health as a human right and support the understanding and application of a human rights-based approach at country level. WHO works closely with the Ministries of Health and other partners in these countries to initiate and strengthen ongoing work on health and human rights and provide best practices to be shared with other countries. The United Nations Office of the High Commissioner for Human Rights (OHCHR) established an office in Uganda in 2005. OHCHR is firmly committed to the full achievement by everyone of the right to enjoy the highest attainable standard of physical and mental health, in accordance with international human rights law. The focus of the OHCHR Uganda Office within the area of health is mainly on the right to health, poverty eradication and equal access to health care and services; neglected diseases and their impact on the enjoyment of human rights; health and reproductive rights; and patient’s rights and participation.

The overall objective of the Health and Human Rights Capacity Building Workshop was to explain the linkages between health and human rights and explore how human rights can be used as a tool for analysis, implementation and monitoring of the Health Sector Strategic Plan II 2005/06-2009/10. As the concepts of ‘health and human rights’, ‘the right to health’ and ‘a human rights based approach to health’ are not yet fully understood, sensitization and capacity building are a key starting point. The Health and Human Rights Capacity Building Workshop brought together 80 participants from the

Ministry of Health, other Ministries, Districts, professional associations, academic institutions, UN agencies, donor agencies, NGOs and Village Health Teams. The presentations during the first day of the workshop generated an understanding about the linkages between health and human rights and highlighted key elements linked to the public health context, ethics, gender and integration of a human rights based approach. The second day of the workshop was mainly comprised of parallel sessions highlighting human rights concerns in relation to specific health issues. The sessions covered the areas of sexual and reproductive health rights, patients' rights and community empowerment, the right to health in emergency settings, access to treatment (with a focus on HIV/AIDS), neglected tropical diseases, and mental health. A large number of recommendations on the way forward were made during the various presentations and groups discussions. Many recommendations targeted the Ministry of Health, but the recommendations addressed a broad range of issues and were also directed towards other partners. Further discussion is needed on *how* to move forward and *how* to implement these recommendations. The workshop has initiated a dialogue on health and human rights within the Ministry of Health and among partners. All workshop participants and other partners are a core resource in the implementation of the recommendations made. The recommendations together with this report can be a source of inspiration and guidance for any organisation wanting to advance human rights within the health sector. The workshop recommendations are clearly outlined in different sections of this report, but some key recommendations are listed below:

Recommendations to the Government

- Uganda has not yet submitted a State Party report to the Committee that monitors the International Covenant on Economic, Social and Cultural Rights. It is recommended that Uganda should soonest initiate the process of preparing a State Party report and make it a participatory process with attention to key issues, including neglected diseases as recommended by the UN Special Rapporteur on the right to health.

Recommendations to the Parliament

- The Ugandan Constitution does not specifically provide for the right to health. It is recommended that Uganda enacts a national law that clearly stipulates the scope and prescribes definite legal obligations to make it easier to enforce the right to health.
- Important legislation is pending. It is recommended to enact the Sexual Offences Bill and the Domestic Violence Bill, to incorporate TRIPS provisions in the Ugandan legislation and ensure that the patent law enables the government to protect the right to health in a flexible manner, and to expedite the enactment of the Mental Health Bill.

Recommendations to the Uganda Human Rights Commission

- The existing human rights mechanisms of monitoring and accountability in relation to the right to health are insufficient. As recommended by the UN Special Rapporteur on the right to health, the Uganda Human Rights Commission should set up a right-to-health unit to monitor policies, programmes and projects

related to neglected diseases. However, the right-to-health unit should also promote and monitor the implementation of the right to health as a whole.

Recommendations to the Ministry of Health

- The health sector should integrate a human rights-based approach into its work (give emphasis to participation, accountability, transparency, non-discrimination, empowerment and local ownership) and ensure that health programmes promote human rights.
- Indicators and benchmarks should be used to measure progress and preferably be disaggregated as appropriate to the context and challenges in order to detect underlying inequalities and discrimination.
- There should be more sensitization of health workers, patients and the general public on the right to health to ensure its enjoyment and enforcement.
- Linkages and collaboration between the Ministry of Health, the Uganda Human Rights Commission and NGOs should be strengthened to advance the right to health.
- The Patients' Charter should be finalised and broadly disseminated and discussed in collaboration with partners.

Recommendations to the Ministry of Finance

- The health sector is under-funded. The Government/Ministry of Finance should give priority to the enforcement of the right to health through provision of resources to progressively increase the availability and accessibility to adequate health services.

Recommendations to Training institutions

- Health professionals do not have sufficient knowledge of human rights and ethics. It is recommended that human rights and ethics are included in the training curricula of all health professionals and to make these lessons examinable.

Recommendations to Development partners

- The attention to human rights in a health context is relatively recent in Uganda. Development partners should actively support efforts to address human rights within the health sector.
- It is recommended to support the Uganda Human Rights Commission to establish a right-to-health unit to increase monitoring and accountability on the right to health.

Recommendations to Civil Society Organisations

- Civil society organisations should address human rights in the health sector in collaboration with the Ministry of Health and Districts.
- Together with other partners, civil society organisations are encouraged to support existing mechanisms for community participation such as Village Health Teams.

Before the workshop, a steering committee was formed and it provided important guidance on the contents of the workshop. The steering committee was chaired by the

Assistant Commissioner Planning, MOH and included members from the Ministry of Health (MOH), World Health Organization (WHO), Office of the High Commissioner for Human Rights (OHCHR), Uganda Human Rights Commission, Uganda National Health Consumer's Organisation (UNHCO), Coalition for Health Promotion and Social Development (HEPS), Human Rights Network (HURINET), UN Population Fund (UNFPA) and the Joint UN Programme on HIV/AIDS (UNAIDS). Following the workshop, the steering committee has transformed into a Health and Human Rights Team under the coordination of the Department of Planning, Ministry of Health. The Health and Human Rights Team is presently developing its Terms of Reference, discussing how to work together in an effective and integrated manner with other Ministry of Health working groups and structures, and developing a one-year work plan. All partners are encouraged to support the continued work on health and human rights and the integration of a human rights based approach in the health sector.

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1. INTRODUCTION

2.1 Background and justification

Health is one of the fundamental human rights and there are many important linkages between health and other human rights. Still the focus on human rights within the health context is relatively recent. However, both globally and in Uganda more attention is gradually being given to the linkages between health and human rights and to the integration of a human rights based approach to health. On 18-19 May 2006 the Ministry of Health (MOH) in collaboration with the World Health Organization (WHO) and the Office of the High Commissioner on Human Rights (OHCHR) organised a capacity building workshop on Health and Human Rights. This workshop can be viewed as a first step to strengthen the work on health and human rights in Uganda. As the concepts of 'health and human rights', 'the right to health' and 'a human rights based approach to health' are not yet fully understood, sensitization and capacity building are a key starting point.

The right to health is an inclusive right. It can be understood as a right to the enjoyment of a variety of facilities, goods, services and conditions necessary for the realization of the highest attainable standard of health. The enjoyment of the right to health is linked to other human rights, such as the right to food and education. States share a responsibility to ensure that the human rights of everyone are protected, respected and fulfilled. As outlined in the General Comment No 14 (2000)² by the Committee on Economic, Social and Cultural Rights, the right to health includes for health services, goods and facilities to be *available, accessible, acceptable and of good quality*. Using these elements as a framework for analysis can help us identify effective health interventions. Key human rights principles such as participation, accountability, transparency, non-discrimination, empowerment and local ownership can influence the design and strengthen the impact of health interventions. The right to health may not be fully realized overnight, but governments have a responsibility to take targeted and effective steps towards the full realisation of this right, individually and through international assistance and co-operation, using maximum available resources. Promoting and protecting health and respecting, protecting and fulfilling human rights are inextricably linked:

- Human rights violations often have serious health consequences (e.g. violence against women and children, torture, female genital mutilation);
- Health programmes can promote or violate human rights in the ways they are designed and implemented (e.g. rights to information, confidentiality, privacy, participation, equality of access and non-discrimination);
- If human rights are respected, protected and fulfilled, it can reduce people's vulnerability to ill-health (right to food and nutrition, freedom from discrimination)

The Ugandan government is a State Party to the seven principal international human rights treaties. Some of these clearly place health in a human rights context, while others outline principles that are important for the enjoyment of the right to health. The human

² Web site of the Office of the United Nations High Commissioner for Human Rights: [http://www.unhcr.ch/tbs/doc.nsf/\(symbol\)/E.C.12.2000.4.En?OpenDocument](http://www.unhcr.ch/tbs/doc.nsf/(symbol)/E.C.12.2000.4.En?OpenDocument) (2006-08-10)

right to health is for example recognized in the Universal Declaration of Human Rights (1948) and the International Covenant on Economic, Social and Cultural Rights (ICESCR, 1966). In article 12.1 of the ICESCR, States recognise *'the right of everyone to the enjoyment of the highest attainable standard of physical and mental health'*. The Convention on the Rights of the Child (1989) emphasises the right of the child to treatment of illness. The African Charter on Human and Peoples' Rights (1981) states that *'every individual shall have the right to enjoy the best attainable state of physical and mental health'* and that state parties *'shall take the necessary measures to protect the health of their people and to ensure that they receive medical attention when they are sick'*. The Constitution of Uganda from 1995 reaffirms that *'the state shall take all practical measures to ensure the provision of basic medical services to the population'*. The Ugandan Constitution also emphasises some key human rights principles such as participation of the people, equality and freedom from discrimination, accountability, rights and protection of vulnerable groups, and the right to access information. The Constitution commits the state to ensure that "all Ugandans enjoy rights and opportunities and access to education, health services, clean and safe water, work, decent shelter, adequate clothing, food security and pension and retirement benefits".

The overall national planning framework in Uganda is the Uganda Poverty Eradication Action Plan (PEAP), which is also its Poverty Reduction Strategy Paper. In the PEAP 2004/5 – 2007/8 the Government ensures its commitment to maintain high standards of human rights. Gender is one of three main cross cutting issues in the PEAP together with environment and HIV/AIDS. The PEAP also emphasizes the need to enhance deliberate efforts regarding the national development process to consciously target and benefit both women and men and to focus on the poor and vulnerable groups of the population. The PEAP refers to rights in relation to children, women and other vulnerable groups and situations. The PEAP could however be stronger in ensuring that human rights are addressed as a crosscutting issue and in supporting a human rights-based approach.

A core component to progressively achieving the right to health is the development of a national public health strategy and a plan of action, which is to include benchmarks and indicators. In Uganda, the Ministry of Health has developed a National Health Policy (1999). This together with the recently developed Health Sector Strategic Plan II (HSSP II) 2005/06 - 2009/10 provides the framework for health development. The Health Sector Strategic Plan II (HSSP II) emphasizes equity and community empowerment; includes as a strategy to work with civil society organizations to build individuals/communities awareness of their rights and obligations; and recognises the need to target vulnerable groups. A human rights-based approach could be used as a tool to achieve these objectives. The HSSP II already supports the mainstreaming of gender into health programmes, but a gender perspective can be reinforced by human rights.

One of the main objectives of the United Nations is to promote and encourage respect for human rights. In 2002, the UN Commission on Human Rights appointed a Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health ("right to health"). The main objectives of the Special Rapporteur are to raise the profile of the right to health as a fundamental human right; to

clarify what the right to health means; and to identify ways of operationalising the right to health. The Government of Uganda invited the Special Rapporteur to visit Uganda in March 2005 and the visit was carried out in close collaboration with OHCHR and WHO.

The WHO Constitution recognizes the enjoyment of highest attainable standard of health as one of the fundamental rights of every human being. The Alma Ata Declaration of 1978 and the World Health Declaration of 1998 both reaffirmed health as a fundamental human right. Today all WHO member states are parties to at least one human rights treaty that recognizes the right to health and/or other health-related rights. WHO programmes are increasingly integrating human rights principles and WHO is strengthening its role to support member states to respond to their human rights commitments. Training and capacity building workshops have been conducted for both WHO staff and Ministries of Health in a number of member states. Health and human rights is a cross-cutting activity in WHO. Ethics, Trade, Human Rights and Law (ETH) within Sustainable Development and Healthy Environments (SDE) is the global focal point within the Organization for human rights, but individual departments carry out a wide range of activities. At the regional offices, WHO has appointed health and human rights focal points. For the first time WHO has also placed human rights officers in three country offices - Uganda, Mozambique and Vietnam – to advance health as a human right and support the understanding and application of a rights-based approach at country level. WHO works closely with the Ministries of Health and other partners in these countries to initiate and strengthen ongoing work on health and human rights and provide best practices to be shared with other countries. The work of WHO on health and human rights can be divided into three core areas: firstly to support governments to integrate a human rights-based approach in health development; secondly to advance the right to health in international law and international development processes; and finally to strengthen WHO's capacity to integrate a human rights-based approach in its work.

The United Nations Office of the High Commissioner for Human Rights (OHCHR) is firmly committed to the full achievement by everyone of the right to enjoy the highest attainable standard of physical and mental health, in accordance with international human rights law. The focus of the OHCHR Uganda Office within the area of health is mainly on the right to health, poverty eradication and equal access to health care and services; neglected diseases and their impact on the enjoyment of human rights; health and reproductive rights; and patient's rights and participation. OHCHR advocates that all training related to the right to health should also take into account the following cross-cutting issues: the application of a gender perspective approach and paying special attention to the rights of children. Furthermore, in the realization of the right to health, it is important to take into account the relevant provisions, *inter alia*, of the Durban Declaration and Programme of Action, and to bear in mind the comments and recommendations of the Committee on Economic, Social and Cultural Rights (CESCR) and the Committee on the Elimination of Discrimination against Women.

2.2 Objectives and expected outcomes

Following the finalization of the HSSP II, the Ministry of Health, WHO and OHCHR has initiated collaboration to explore together with other stakeholders how human rights can be used for analysis, implementation and monitoring of the HSSP II. Human rights can help promote health and provide a tool to review and follow-up the progress of the health sector. The Health and Human Rights Workshop constituted an opportunity to bring together a broad range of participants to share experiences and form partnerships; including the Ministry of Health, other Ministries, Districts, professional associations, academic institutions, UN agencies, NGOs and Village Health Teams.

The overall objective of the workshop was to explain the linkages between health and human rights and explore how human rights can be used as a tool for analysis and implementation and monitoring of the Health Sector Strategic Plan II. The specific objectives included:

1. To increase awareness and understanding of the scope, content and application of the 'right to health'.
2. To explain the linkages between human rights and health with attention given to gender and ethics
3. To enhance knowledge of how respect of human rights principles can influence health outcomes.
4. To introduce the human rights framework
5. To discuss the Health Sector Strategic Plan from a human rights perspective.
6. To introduce what is meant by a human rights based approach

After the completion of this workshop, the participants were expected to:

1. Demonstrate an understanding of the linkage between health and human rights
2. Use the right to health framework for analysis of health interventions
3. Identify ways in which human rights can be violated and ways in which human rights can be protected, respected and fulfilled in relation to health.

The workshop supported discussions and sharing of experiences and resulted in a number of recommendations on how to strengthen the work on health and human rights in Uganda.

2. WORKSHOP SESSIONS – DAY ONE

The presentations during the first workshop day generated an understanding about the linkages between health and human rights and highlighted key elements linked to the public health context, ethics, gender and integration of a human rights based approach. The presentations were followed by questions from the plenary and discussion on key issues. Dr. George Bagambisa, Assistant Commissioner Planning, Ministry of Health, chaired all the plenary sessions of the workshop. The following presentations were made:

- **Introduction to HSSP II and human rights related activities**
Dr. Francis Runumi, Commissioner Planning, Ministry of Health on behalf of the Director General Health Services
- **Introduction to Health and Human Rights**
Ms. Helena Nygren-Krug, Human Rights Adviser and Coordinator of the Health and Human Rights Team, WHO Headquarters
- **Health and human rights in Uganda**
Ms. Margaret Sekaggya, Chairperson, Uganda Human Rights Commission
- **Public health, ethics and human rights**
Prof. Medi Kawuma, Makerere Medical School
- **Gender and human rights**
Dr. Ben Twinomugisha, Deputy Dean, Faculty of Law, Makerere University
- **Introduction to a human rights based approach**
Ms. Maarit Kohonen, Head of Office, OHCHR Uganda

2.1 Opening session

The Opening Session was honoured by Dr. Francis Runumi, Commissioner Planning, Ministry of Health, representing the Director General Health Services; Dr. Melville George, WHO Representative in Uganda; and Ms. Maarit Kohonen, OHCHR Head of Office. The Health and Human Rights workshop used the Health Sector Strategic Plan II (HSSP II 2005/06-2009/10) as the overall framework for the presentations and discussions. However, as all participants were not familiar with the HSSP II, the first presentation by Dr. Runumi included an introduction to the HSSP II and moved on to discuss human rights related activities and key entry points.



From left to right: Dr. Melville George, Dr. George Bagambisa, Dr. Francis Runumi, Ms. Maarit Kohonen

Introduction to the Health Sector Strategic Plan II and human rights related activities, and opening remarks by Dr. Francis Runumi, Commissioner Planning, MOH

Dr. Runumi discussed the responsibility that governments have to ensure a healthy environment and improve health, which in Uganda is manifested in the National Health Policy and the HSSP II. The HSSP II builds on the Ugandan Constitution, the Poverty Eradication Action Plan (PEAP), and the Millennium Development Goals (MDGs). Dr. Runumi outlined some key links between the HSSP II and human rights. Firstly, to be healthy is something desired by every human being and is not negotiable. Secondly, governments have an obligation to ensure good health to its people. Finally, human rights are enshrined in the Constitution of Uganda where reference is made to underlying determinants of health and the right to a healthy environment. In this context it is crucial to have indicators and benchmarks as well as to cost the HSSP II. The overall development goal in the National Health Policy is the attainment of a good standard of health by all people in Uganda, in order to promote a healthy and productive life. The lessons from the first HSSP has been used in the elaboration of the second HSSP, but the HSSP II retained the same programme goal as for HSSP I: Reduced morbidity and mortality from the major causes of ill-health and premature death, and reduced disparities therein, which is to be attained through universal delivery of the Uganda National Minimum Health Care Package. The HSSP II recognises the need to target the most vulnerable groups in society and considers vulnerable groups to be: poor people, children, orphans, the elderly, women, displaced persons (refugees and internally displaced), nomads, and people living in areas with insecurity.

Dr. Runumi elaborated around key elements of the right to health, such as the availability, accessibility, acceptability and quality of services, goods and facilities. Accessibility includes for services to be affordable and the example of user-fees was highlighted. In 2001 user-charges were abolished in all government health facilities except for private wings in hospitals. The combination of improved physical access, improved quality of care and removal of the major financial barrier for the poor have resulted in a dramatic rise in utilization of public sector and private non for profit (PNFP) services. The presenter also emphasised the importance of acceptability by raising the issue of why women shy away from delivering in health centres. We need to consider whether services are gender- and culturally sensitive, including whether it is appropriate for women to be delivered by young male doctors and whether the questions asked by health workers are relevant and respectful. We must not leave civil society out and we need to listen to the consumers.

In the HSSP II rights have been explicitly mentioned in relation to sexual and reproductive health and rights and mental health. However, several principles guiding the implementation of the HSSP II have linkages to key human rights principles. For example, the strengthening of Village Health Teams manifests the ambition to strengthen participation. Increased spending on essential medicines, vaccines and other health supplies is a step to progressively realize the right to health. Further, strengthening of the broader health partnerships, especially at the district level, giving emphasis to community participation, inter-sectoral collaboration and collaboration with the private sector, highlights that the right to health encompasses both the right to health care and to underlying determinants of health such as safe water, adequate sanitation and information.

Opening remarks by Dr. Melville George, WHO Country Representative Uganda

Dr. George commended the organisers and the high attendance and then moved on to outline why the workshop is an important event and what value human rights can add to health. He stated that by organising a health and human rights capacity building workshop and planning for follow-up activities, Uganda is placing itself in the forefront for operationalising the right to health and integration of human rights into the health sector. As health and human rights is a relatively recent area of work Ugandan partners need to identify, document and share national experiences and best practices on how respect for human rights and increased emphasis on human rights principles such as participation, non-discrimination, accountability and transparency can improve health outcomes. In 2005 the Ugandan Government invited the UN Special Rapporteur on the Right to Health to carry out a country mission to Uganda. WHO provided support to this mission, which addressed neglected diseases from a human rights perspective. Neglected tropical diseases affect almost exclusively poor and powerless people living in rural parts of low-income countries. The human rights perspective stresses that these people should enjoy the same right to health. Still there is inadequate research and development into developing effective drugs for some of these diseases, and existing drugs for other diseases may not reach the affected communities. This is one human rights challenge to be addressed.

Dr. George emphasised that a human rights-based approach encourages us to look beyond the global or national averages when assessing the health status of people, or the accessibility of health facilities. A human rights-based approach also requests us to disaggregate data to understand whether there is any difference in health status between men and women or between rich and poor, and to identify who the vulnerable groups are that may not be able to access health facilities. Human Rights also compel us to not only focus on the health *needs* of communities, but to respond to these with the recognition the these communities actually have a *right* to health. The right to health includes for health services, goods and facilities to be available, accessible, acceptable and of good quality.

The WHO Constitution from 1946 recognises that ‘the enjoyment of the highest standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition. In recent years WHO has strengthened its work on health and human rights and in Uganda WHO has a staff member focusing specifically on health and human rights. Every member state of WHO is now party to at least one international human rights treaty that recognizes the right to the enjoyment of the highest standard of physical and mental health (the right to health) or other health-related rights. Therefore, WHO continues to ensure that its public health guidance to member states actively supports and reinforces their human rights commitments. The process of developing a global WHO strategy on health and human rights to guide member states has been initiated and Uganda has the opportunity to demonstrate the importance of human rights in health and accelerate this process. Dr. George emphasised that the health and human rights workshop was important for many reasons as it brings together a broad range of participants with different perspectives and experiences; it supports the understanding of the linkages between health and human rights; it increases awareness and understanding of the scope, content and application of the ‘right to health’; it enhances knowledge of how respect of human rights principles can influence health outcomes; it explores how human rights can be used for analysis, implementation and monitoring of HSSP II; and it strengthens the work on health and human rights in Uganda with attention given also to gender and ethics.

Opening remarks by Maarit Kohonen, Head of Office, OHCHR

Ms. Kohonen recognised and congratulated the Ministry of Health for its interest and willingness to address human rights in a health context and noted that OHCHR is pleased to work together with the Ministry of Health and WHO on the right to health. In 2005 Uganda invited the UN Special Rapporteur on the right to health to Uganda. OHCHR and WHO supported this visit and the Ministry of Health engaged in constructive discussions with the UN Special Rapporteur.

The UN Office of the High Commissioner for Human Rights (OHCHR) is the youngest of the UN agencies in Uganda. The mandate of OHCHR is to protect and promote human rights. In Uganda much emphasis is given to the situation in the North of the country. However, in Uganda there are also a number of challenges to the enjoyment of the highest attainable standard of health. One challenge is that there are three different country situations, but only one Ministry of Health, making it difficult to adjust policies to address all these contexts. Another challenge is the insufficient number of health

professionals, especially in hard to reach areas, and it is important to ensure incentives for health professionals to stay in those difficult areas.

The health and human rights workshop is an important opportunity to increase understanding of how human rights add value in a health context. Human rights can open up and guide interventions. Human rights provide an opportunity to bring new partners onboard and support interaction between 'health communities' and 'human rights communities'. The workshop can create more interest in the issues and be a stepping stone. The workshop will explain key human rights instruments and make them relevant with the idea to demystify the principle of human rights law to make it more accessible.

Ms. Kohonen congratulated the Government of Uganda for having ratified the seven major human rights treaties, which means that the Government of Uganda has taken on an obligation to turn those standards into national laws. Each individual is a right holder but people need to know what their rights are to ensure that they are not violated. When States ratify human rights treaties they are expected to report on its progress in relation to the treaties. Uganda has not yet submitted a State Party report to the Committee on Economic, Social and Cultural Rights, which is the committee that monitors and gives recommendations on the implementation of the International Covenant on Economic, Social and Cultural Rights (ICESCR). This is one of the key conventions addressing the right to health. It is not only the submission of the report as such being important, but the process of drafting it. It should be a participatory process involving key stakeholders and Ministries. The enjoyment of the right to health would be one component of the report, but the right to health is also closely linked to other human rights, which must be respected to ensure the enjoyment of the highest attainable standard of health.

2.2 Introduction to health and human rights

Presentation by Helena Nygren-Krug, Human Rights Adviser and Coordinator of the Health and Human Rights Team, WHO HQ

Ms. Nygren-Krug gave a broad overview of the health and human rights framework, including the rationale for why WHO is addressing health and human rights, what the linkages are between health and human rights, what is meant by a rights-based approach to health and what the value-added is of addressing human rights in a health context.

WHO works on human rights as it is an opportunity to strengthen the work done by the health community and bring new partners onboard. Also, there is a need to work on human rights as most member states of WHO have ratified human rights treaties. Finally, as a UN specialised agency WHO has an obligation to promote and protect human rights. Human rights norms are generated by governments themselves and define what governments can, cannot and should do for its people. Human rights are universal, interrelated and indivisible, and are enshrined in international, regional and national laws. Ms. Nygren-Krug outlined the complex linkages between health and human rights. Firstly, people are less vulnerable to falling sick and the impact of ill health can be reduced if their human rights are protected. Human rights provide a useful framework,

vocabulary and form of guidance for public health efforts to identify, analyse and respond directly to the underlying determinants of health. For example, by addressing discrimination on the basis of race, sex, religion, vulnerability to ill health can be reduced. Likewise, by fulfilling economic and social rights, such as the rights to education, adequate food housing, health-care and work, vulnerability to poverty and ill-health can be reduced. Secondly, human rights can be violated by public health practices. We need to ensure that human rights, such as the right to information, privacy and confidentiality of medical data; freedom from discrimination; individual autonomy; physical integrity and the right to participation are respected in the ways that health programmes are designed, monitored, implemented and evaluated. Finally, many human rights violations have public health consequences. This is particularly apparent for certain severe civil and political human rights violations, such as slavery, child labour, bonded labour, torture, harmful traditional practices, illicit trafficking in persons, violence against women and children, imprisonment under inhumane conditions, summary, arbitrary and extra judicial executions, and disappearances.

The presenter discussed what is meant by ‘the right to health’. This right was first recognized in the WHO Constitution of 1946. The right can be seen as a claim to a set of social arrangements that can best secure that enjoyment of this right, but there is no global formula to tackle the right to health as each country has its own challenges. Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) provides a guiding framework which is complemented by the General Comment 14 by the Committee on ICESCR. The right to health covers both health care and underlying determinants of health. The framework addresses the various dimensions of availability, accessibility, acceptability and quality. The notion of *progressive realization* is important in the context of the right to health. The right to health may not be achieved overnight, but states have an obligation to take steps, individually and through international assistance and cooperation, to the maximum of its available resources to achieve progressively the full realisation of the right to health. In this context it is important to distinguish between government incapacity and unwillingness. Also, it is important to use indicators and benchmarks and to think about indicators in three categories; structure, procedure and outcome. Non-discrimination and the right to participation are key cross-cutting issues. The right to health can support Ministries of Health in various ways: human rights are the first priority of governments, and as health is a human right it should be placed high on the national agenda; human rights are enshrined in international and national laws and therefore provide a platform no matter the changes at the political level; human rights highlight accountability mechanisms that could help boost the commitment and enhance accountability; the right to health is an obligation of the government as a whole and encourages collaboration between ministries of health and other ministries; and as governments have an obligation to protect human rights, they must regulate non-state actors.

Briefly outlined, the UN Common Understanding of a rights-based approach means that development should have the realisation of human rights as an objective and the process to reach these development goals need to be consistent with human rights and aim to build the capacity of rights-holders to claim their rights and duty-bearers to fulfil their

obligations. The value added of this approach include a common set of values that will help reach the most marginalized and excluded people; a legal framework to underpin our work and push the health agenda; increased accountability for health; and tools for analysing and addressing health challenges and reaching vulnerable population groups.

2.3 Health and human rights in Uganda

Presentation by Ms. Margaret Sekaggya, Chairperson, Uganda Human Rights Commission

Ms. Sekaggya outlined the scope of the right to health in accordance with international human rights standards, the national human rights framework and the mandate of the Uganda Human Rights Commission in enforcing the right to health. Ms. Sekaggya also discussed the key health and human rights challenges in Uganda and recommended actions for various stakeholders to improve the enjoyment of the right to health. The right to health does not mean the right to be healthy, nor does it mean that poor governments must put in place expensive health services for which they have no resources. However, it does require governments and public authorities to put in place policies and action plans which will lead to available and accessible health care for all in the shortest possible time. To ensure that this happens is a challenge facing both the human rights community and public health professionals. Potential violations of the right to health could include to deliberately withhold or intentionally misrepresent information essential for the prevention or treatment of illness or disability; promoting harmful substances; failing to ban or discourage harmful cultural practices; failing to control activities of corporations that have adverse impacts on health; or failing to adopt a detailed plan for realizing the minimum core obligations of the right to health.

Uganda is a party to various international and regional human rights instruments providing for the right to health such as the International Covenant on Economic, Social and Cultural Rights, the United Nations Convention on the Rights of the Child, the Convention on the Elimination of All forms of Discrimination Against Women, the African Charter on Human and Peoples' Rights, the African Charter on the Rights and Welfare of the Child and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, among others. The Ugandan Constitution does not specifically provide for the right to health but mentions it in the National Objectives and the Directive Principles of State Policy. The presenter argued that it would be better if it prescribed a definite right and obligations which can easily be legally enforced. Nevertheless, the Constitution particularly provides that the State shall take all practical measures to ensure the provision of basic medical services to the population and commits to promote access to underlying determinants of health. It further provides that all Ugandans shall enjoy rights and opportunities and access to education, health services, clean and safe water, work, decent shelter, adequate clothing, food security, pension and retirement benefits. Uganda also has a National Health Policy, a Health Sector Strategic Plan, Food and Nutrition Policy and a Poverty Eradication Action Plan, to help enforce and realize the right to health.

Mrs. Sekaggya explained that the Uganda Human Rights Commission is an independent institution under the Constitution with a mandate to protect and promote human rights. The Commission has received some complaints regarding violations of the right to health. For example, there have been allegations that patients die because of the neglect or negligence of health workers and that patients are given drugs without adequate explanation of their effects. In 2003 the Commission published a report on the status of the health rights of patients and their attendants in private and public health facilities. In Uganda several achievements have been made in relation to combating serious diseases and there has been an increase in the number of health facilities. However, there are still a number of challenges such as the inadequate law on the right to health, scarcity and mismanagement of resources, discrimination in the provision of health care services, maternity and child mortality rates are still high, neglected diseases not being sufficiently addressed, a high rate of domestic violence, people being ignorant about the right to health and insufficient monitoring and accountability on the right to health.

Recommendations made by Mrs. Sekaggya on the way forward (some of the recommendations are adopted from the report of the UN Special Rapporteur on the right to health):

- A national law that clearly stipulates the scope and prescribes definite legal obligations should be enacted to make it easier to enforce the right to health
- The Government should give priority to the enforcement of the right to health through provision of resources to progressively increase the availability and accessibility to adequate health services. This could be done through request for increased international assistance
- Government policies and national action plans should aim at enabling even the vulnerable groups such as the poor, women, children, people with disabilities, people living with HIV/Aids, among others are not left out
- Working conditions of the health workers should be improved to enable them to provide adequate services.
- The government should carry out public information campaigns particularly targeting disadvantaged rural and urban communities including IDPs and those living in slums to raise awareness of neglected diseases and to promote non-discriminatory behaviour towards afflicted persons. The government should involve the community and health professionals.
- There should be more sensitization of both the health workers, the patients and the general public on the right to health to ensure its enjoyment and enforcement.
- There should be increased monitoring and accountability on the right to health. As recommended by the report of the UN Special Rapporteur on the right to health, the Uganda Human Rights Commission should be availed with resources to set up a right to health unit to monitor policies, programmes and projects not only relating to neglected diseases but the implementation of the right to health as a whole.

2.4 Public health, ethics and human rights

Presentation by Prof. Medi Kawuma, Makerere Medical School

Prof. Kawuma's presentation focused on the linkages between public health, ethics and human rights. Prof. Kawuma shared a situation analysis in respect of health and human rights. In Uganda there are low levels of compliance by health workers with ethical and human rights standards. The reasons include little or no training, poor salaries, little

attention paid to the issues, and health workers being overworked. In Uganda, and other similar countries, ethics is not always taught or taught adequately. Human rights have not been taught at all until lately. Therefore, the ethical and human rights of patients are trodden upon. The presenter argued that the situation in Uganda includes abuse, negligence, abandonment and lack of communication, resulting in suffering and death.

Prof. Kawuma emphasised that we need to ensure the rights of persons in terms of health, that care is given when sick, that there is proper evaluation by qualified personnel, and appropriate medicine and medications. Patients need respect, protection, security, love in time of pain and suffering, and adequate and sufficient feeding. The links between ethics and human rights include the respect for the patient (autonomy), the respect for dignity and privacy of the patient and of women and young girls. There is a failure by health workers to comply with ethical obligations, especially towards women, adolescent girls and other vulnerable and disadvantaged groups, which amounts to disrespect of their dignity and a violation of human rights. The presenter discussed why human rights are important in a public health context and emphasised that human rights should be in one's mind when planning a health policy. For example, a senior and experienced doctor with management skills who takes decisions about highly discriminatory provision of services for medical conditions from which women only suffer or suffer more severely is responsible for a form of gender discrimination that amounts to violation of human rights. The presenter also discussed the more extreme example of what happened in Rwanda during the genocide, where many medical doctors and other health workers took part in cruel violations of human rights.

Vulnerable groups like the poor and disadvantaged, the illiterate, the women, and adolescent female are often discriminated against by health workers. There is a failure to provide information to them, and therefore they cannot exercise full, free and informed consent. Often proxy or surrogate consent is made to replace self-consent, which is unethically. Failure to respect adolescents' confidentiality leads to a decline in them seeking medical advice or treatment and may result in them withholding vital information. The presenter emphasised the importance of workers being trained on human rights and ethics. Most often health workers are not aware that they are discriminating patients. All health categories - doctors, midwives, clinical officers, pharmacists, radiographers, nurses, counsellors, and opticians - must undertake training that equips them to carry out medical procedures of varying complexity and to assume important responsibilities for the care of patients.

Recommendations made by Prof. Kawuma on training in human rights and ethics for health workers:

- Teach ethics and human rights in all schools and institutions that admit future health workers and make these lessons examinable
- Hold regular CPD (CMA) to all health workers in the country, once a year per region, zone etc
- Let the teaching, whatever form or design, be done by identified and capable people

2.5 Gender and human rights

Presentation by Dr. Ben Twinomugisha, Department of Law, Makerere University

The presentation of Dr. Twinomugisha discussed the linkages between gender and human rights. Dr. Twinomugisha clarified the difference between sex, which is a biological state, and gender which is a social and cultural construction. Roles and responsibilities are divided between men and women in a society and the cultural outlook will determine how boys and girls fit in the family. This will also determine other rights such as the right to food. In some societies it could be the father and his son who eat $\frac{3}{4}$ of the food, which will lead to an inequitable situation. There are also economical and political constructions. For example, during the elaboration of policies and determination of budget, health issues that are important to women, like maternal health, may only be given a small percentage of the budget.

Dr. Twinomugisha emphasised that despite knowing that the literature says that human rights apply to individuals and are universal, we need to ask ourselves whether this is true in practise. For example, if women have a right to life and to reproductive health (reference in article 22 of the Constitution of Uganda), then women who cannot afford emergency health care have their right to health violated. A human rights based approach would compel us to target vulnerable people and address their needs and concerns, and should for example target rural women. The right to non discrimination is linked to the right to scientific progress and access to new drugs. Bodily integrity, which means to have control over one's body, refers to ethical, legal and human rights issues such as the question of legalisation of abortion. Personhood and equality are other important concerns.

Dr. Twinomugisha posed the question about what we mean by 'health'. According to the WHO definition and the International Covenant on Economic, Social and Cultural Rights (ICESCR), health goes beyond the physical attribute and refers also to a mental and social well-being. Obviously there are barriers for the protection of women's health, including poverty, lack of empowerment and lack of transformation strategies such as access to credit and resources.

Dr. Twinomugisha argued that a key issue is how we integrate gender in the context of human rights. There is a danger of looking at human rights without looking at women as a specific category and if so one will not cover very specific rights. We must look at the human rights and health issues that are specific to women, like issues of breast cancer and menopause. Another important issue is how to balance a health policy and the need to protect human rights.

2.6 Introduction to a human rights based approach

Presentation by Ms. Maarit Kohonen, Head of Office, UNOHCHR

Ms. Kohonen recognised that the Government of Uganda has ratified the seven key human rights treaties. When States ratify human rights treaties they are expected to report on its progress in relation to the treaties. Uganda has periodically submitted several State Party reports to the committees that monitor these treaties. Reports have been submitted on the UN Convention on the Rights of the Child (CRC), the Convention on the Elimination of All forms of Discrimination Against Women (CEDAW), the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment (CAT), and the International Covenant on Civil and Political Rights (ICCPR). However, Uganda has not yet submitted a State Party report to the Committee on Economic, Social and Cultural Rights, which is the committee that monitors and gives recommendations on the implementation of the International Covenant on Economic, Social and Cultural Rights (ICESCR). The ICESCR is one of the key conventions addressing the right to health and we need to work towards a report for the ICESCR. When governments submit reports on treaties, civil society organisations are allowed to submit “shadow” reports, providing additional information or contradictory information. Sometimes both reports are consolidated so that only one report is submitted. The purpose is not to “point fingers”, but to generate recommendations on the basis of information provided and support governments to make progress. It is more a process than an outcome. Governments are not ranked as it is an individual process and states are not compared to one another.

The presenter highlighted that human rights law provide an impartial standard to evaluate progress. It also helps to include groups of people that may otherwise be forgotten. Resources are a big constraint in Uganda. However, certain rights can be implemented without costs as they only imply a change of attitude, and it can start on an individual basis.

A human rights-based approach emphasises that the process is as important as the outcome A human rights based approach to health include some key elements, which can be summarised into ‘PANEL’ for easy remembrance:

- **P:** Participation of all relevant actors in all health responses, planning and budgeting
- **A:** Accountability: Human rights laws are there to hold us and the government accountable.
- **N:** Non-discrimination and equality
- **E:** Empowerment: whatever action, strategy, or policy, it needs to empower the people to whom it is intended.
- **L:** Local ownership: ensure participation and empowerment so that the results will be owned by the people.

Ms. Kohonen argued that the right to health should be enshrined in law as it would strengthen the enjoyment of this right. It is important to forge partnership with UN agencies and civil society for advocacy.



Mr. Tom Okello from the Obalanga Human Rights and Health Care Association, Amuria District, makes a contribution during one of the plenary sessions.

3. WORKSHOP SESSIONS – DAY TWO

The second day of the workshop consisted mainly of parallel sessions on specific health issues. The sessions analysed and discussed key human rights concerns linked to each health issue. While recognising that there are many important health issues that need to be addressed from a human rights perspective, the steering committee had identified the following health issues to be included in the workshop programme:

- Sexual and reproductive health rights
- Human rights, patients’ rights and community empowerment
- The right to health in emergency settings
- Access to treatment – a human right (with a focus on HIV/AIDS)
- Neglected diseases – at the core of human rights
- Mental health and human rights

Each parallel session included panel presentations to guide the discussion, followed by a group discussion. Each group presented its recommendations to the plenary for discussion. Every workshop participant had the opportunity to participate in two of the parallel sessions.

3.1 Sexual and reproductive health rights

As confirmed by the UN Commission on Human Rights in 2003, “sexual and reproductive health are integral elements of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health”. The International Conference on Population and Development (ICPD), held in Cairo in 1994 signalled a move away from narrowly focused family planning programmes, placed women at the centre of an integrated approach to reproduction, and recognised the crucial role of human rights in relation to sexual and reproductive rights. The following year, this approach was reaffirmed at the Fourth World Conference on Women held in Beijing. The 2004 report to the UN Commission on Human Rights of the UN Special Rapporteur on the right to health had the rights to sexual and reproductive health as a theme.³ The HSSP II includes ‘Sexual Reproductive Health and Rights’ and addresses a number of challenges including the unmet need for family planning and emergency obstetric care (EmOC), the large majority of deliveries taking place outside health facilities, and the high number of adolescent pregnancies.

The session on sexual and reproductive health rights was chaired by Dr. Angela Akol from the Population Secretariat of Ministry of Finance, Planning and Economic development. Panel presentations were made by Dr. Olive Sentumbwe, National Programme Officer - Reproductive Health, WHO; Dr. Godfrey Habomugisha, Naguru Teenage Information and Health Centre, Dr. Justine Nankinga, STD/AIDS Control Programme, MOH; and Ms. Grace Murengezi, Senior Planner and Gender Focal Point, MOH.

³ E/CN.4/2004/49, 16 February 2004, internet web site (07/08/2006):
[http://www.unhcr.ch/Huridocda/Huridoca.nsf/\(Symbol\)/E.CN.4.2004.49.En](http://www.unhcr.ch/Huridocda/Huridoca.nsf/(Symbol)/E.CN.4.2004.49.En)

Presentation by Dr. Olive Sentumbwe, National Programme Officer - Reproductive Health, WHO

Dr. Sentumbwe outlined linkages between sexual and reproductive health and relevant human rights. These include the right to life, the rights to bodily integrity and security of the person, the right to privacy, the rights to enjoy the benefits of scientific progress, the right to seek, receive and impart information, the right to education, the right to health, the right to equality in marriage and divorce and the right to non-discrimination. Maternal mortality was discussed as a human rights concern. In Uganda many women die in child birth every year because of lack of accurate health information, lack of decision making power, inaccessible health services, poverty, limited education and poor nutrition. Also there is currently a restrictive law against abortion. Services are not readily available except for post abortion care and therefore women are exposed to unsafe abortion and its consequences. Sexual and gender based violence is another health concern resulting in severe health problems. Still there is limited data on the extent of the problem and insufficient management of health services. Key legislation like the Domestic Relations Bill and the Sexual Offence Bill are still pending.

The presenter highlighted a number of key issues in relation to sexual and reproductive health rights. Power imbalances must be addressed with recognition that not all groups in society start from equal positions and therefore some will require additional targeted resources. It is important that women and adolescents receive timely, appropriate and accessible health information. We need to recognize, validate and promote women's own experiences of health and health care and ensure that women have greater control over their own health. Also, we need to promote the important role that services provided for women by women play in the health system. Finally, we should promote the involvement of women and men in decision making within the health system, and identify innovative ways of working with men for women's health.

Dr. Sentumbwe's recommendations on the way forward:

- Increase the discussions on the Sexual Offences Bill and the Domestic Violence Bill to make people identify with and support the bills to be enacted
- Criminalize all forms of violence against women and children
- Place women's health, maternal and newborn health rights on the government's and on partner's agenda
- Integrate gender consideration into all health programs
- Reinforce partnership for resource mobilization with the private sector and civil society
- Address power imbalances, expand women's choices in household and communities, and validate and promote women's experiences of health and health care
- Train health care providers to stress the importance of preserving women's rights

Presentation by Dr Godfrey Habomugisha, Naguru Teenage Information and Health Centre

The presentation of Dr. Habomugisha focused on adolescent sexual and reproductive health and the need for youth-friendly health services (YFS). Youth friendly services were defined as services that have policies and attributes that attract youth to the facility or program, provide a comfortable and appropriate setting for youth, meet the needs of

young people and ensure that younger people and adolescent will come back. Youth friendly services are needed as young people are generally healthy and therefore do not seek health services. Adolescence involves the transition to adulthood and young people are curious, experimenting and want to take risks and are thus vulnerable. Young people have special needs due to changes concerning their bodies. The focus on adolescent sexual and reproductive health is important as many adolescents have an early sexual debut. Among adolescents you find a high incidence of sexually transmitted infections, high HIV prevalence rates, high pregnancy rates and abortion rates, and high maternal mortality rates.

The presenter discussed how youth friendly services should be offered. The client-provider interaction is important. Respect is crucial, as young people need to be listened to, allowed to express themselves, and given accurate and relevant information. Young people must also be assured of privacy and confidentiality. Key words for youth friendly services are availability, affordability (services need to be free), acceptability, and quality. There are a number of challenges to improve young people's sexual and reproductive health. Young people have a right to access accurate adolescent sexual and reproductive health (ASRH) information. Still there is often discrimination in relation to information. Also decisions are often made by adults, who in most cases have never heard of ASRH rights of young people and what these rights entail. Finally, implementation of adolescents' rights may be difficult due to socio-cultural attitudes, poverty, resource constraints.

Dr. Habomugisha's recommendations on the way forward:

- Sensitize the community on the reproductive health rights of young peoples
- Integrate youth friendly services into existing health centres
- Train service providers in provision of youth friendly services
- Harmonize information given to young people
- Disaggregate data to identify discrimination

Presentation by Dr. Justine Nankinga, STD/AIDS Control Programme, Ministry of Health

The presentation of Dr. Nankinga addressed the linkage between protecting the sexual and reproductive health rights of women and reducing women's vulnerability to HIV/AIDS.

In Uganda there are more women living with HIV/AIDS than men and the difference in prevalence is even higher among younger people. There are multiple factors which are predisposing to HIV/AIDS including poverty, lack of social security, gender roles, lack of education, social and cultural practices and peer pressure. For all these factors women and young girls are more vulnerable than men. Therefore they should be a priority for HIV prevention and treatment. The prevalence of HIV/AIDS in IDP camps has increased as the conflicts have disrupted the social norms. Reports from prisons also highlight women's vulnerability to sexual abuse. The respect, protection and fulfillment of human

rights can empower individuals and community and reduce the vulnerability to HIV/AIDS.

The presenter outlined rights that can be used to protect and promote gender equality in reproductive and sexual health. However, there are a number of human rights violations that increase women's vulnerability to HIV/AIDS, including discrimination, limited or inappropriate information, and inaccessible health services (cost, distance, and condoms-female condoms). Trans-generational sex also increases women's vulnerability to HIV/AIDS.

Dr. Nankinga's recommendations on the way forward:

- Enact a clear law on sexual offences
- Finalization and disseminate of the Domestic Relations Bill
- Create awareness on the dangers of sexual and gender based violence and build capacity on the management of sexual and gender based violence
- Improve women controlled barrier methods for HIV prevention
- Ensure accessible services for HIV prevention and treatment
- Ensure equal treatment of employees with full benefits for people living with HIV/AIDS

Ms. Grace Murengezi, Senior Planner and Gender Focal Point, Ministry of Health

Ms. Murengezi discussed sexual and reproductive health from a gender perspective. Gender is a social and cultural construction and defines the differences between women and men within households and communities.

Sexual and reproductive health rights are closely linked to gender. Women generally have less decision making power than men. Women's choices are constrained in regard to where and when to seek health care. Women generally do not have access and control of resources. Most women suffer from poverty, carry the burden of care for the sick and are responsible for house hold chores. Gender roles in combination with other social, economic and biological determinants result in differences in health risks, access and utilisation of services and health seeking behaviour. Health policies and interventions view women as a homogenous category. Age (life cycle), disability, culture, urban and rural settings are not considered.

The presenter identified a number of challenges. There is inadequate awareness of gender and health at all levels. There is also inadequate capacity for gender mainstreaming at all levels, but especially at the district level. The processes of planning, monitoring and evaluating are not adequately sensitive to gender concerns. Other important issues to address from a gender perspective are the functionality of the defined health care delivery system, and community empowerment through the village health teams.

Ms. Murengezi's recommendations for the way forward:

- Develop implementation guidelines for gender concerns in health
- Build capacity of health providers to carry out gender analysis
- Review the overall Gender and Health policy in regard to filling the gaps
- Increase advocacy and sensitization for leaders at all levels
- Increase documentation and sharing of information
- Ensure gender planning and budgeting in health at all levels
- Ensure research and improved collection of gender sensitive and disaggregated data
- Ensure collaboration with all stakeholders

Following the four presentations, the group discussed the presentations and agreed on a number of recommendations.

SEXUAL AND REPRODUCTIVE HEALTH RIGHTS – GROUP RECOMMENDATIONS:

- Train health care providers (pre and in-service) on gender issues and human rights
- Increase coverage for youth friendly services
- Harmonize information available to young people without discrimination
- Improve/develop quality of care for sexual and gender based violence by all concerned stakeholders
- Waive user fees in relation to SGBV managing
- Increase resources to make health center IVs functional
- Sensitize/create awareness on cultural/traditional practices that violate sexual and reproductive health rights
- Sensitize community and health providers on the Sexual Offence Bill and link it to sexual and reproductive health rights to reflect on health benefits and implications
- Increase the participation of national professional associations and health providers in dissemination/consultation on the Sexual Offences Bill and other relevant laws
- Revitalize discussions at parliament level on HIV/AIDS
- Follow up on abortion restrictive law and service guidelines
- MoH to review staffing norms to increase the numbers of service providers at the different levels of care
- Strengthen partnerships at different levels for sexual and reproductive health and ensure continuous research on sexual and reproductive health issues

3.2 Human rights, patients' rights and community empowerment

Participation and local ownership are key components of a human-rights based approach. The National Health Policy (1999) and the Health Sector Strategic Plan II (HSSP II) 2005/06 - 2009/10 emphasize equity and community empowerment, and the HSSP II includes as a strategy to work with civil society organizations to build individuals/communities awareness of their rights and obligations. The HSSP II aims to create awareness and promote public participation through health promotion and education. The sector strategy for reaching the communities and households is the establishment of Village Health Teams (VHT) in all villages in Uganda. Some studies carried out by civil society organizations have indicated that the public is largely unaware of their rights and of available channels for complaints and seeking redress.

The session on Human Rights, Patients' Rights and Community Empowerment was facilitated by Ms. Maymuchka Lauriston, Programme Officer OHCHR (representing Maarit Kohonen, OHCHR Head of Mission), Panel presentations were made by Ms. Kellen Namusisi, Uganda National Health Consumers' Organisation, UNHCO (representing Ms. Robinah Kaitiritimba); Mr. Paul Kagwa, Assistant Commissioner Health Promotion, Ministry of Health; and Dr. Ruth Nassanga, District Director Health Services, Mpigi District.

Presentation by Ms. Kellen Namusisi, Uganda National Health Consumers' Organisation, UNHCO

Ms. Namusisi outlined that the legal framework for protection of patients' rights can be found in international human rights conventions, the Constitution of Uganda and the Code of Conduct and Ethics for Health Workers. The violation of human rights in a health context can manifest itself in discrimination, unfriendly policies, torture, compromise of medical independence, lack of access to health care, oppression of women, denial of dignity, lack of information, and denial of expression and participation. The presenter highlighted gaps and challenges in existing interventions including insufficient capacity and commitment of the state and community leadership on issues of budgeting and cost effectiveness and accountability; inadequate research; limited facilitation, training and follow up of health workers; a poor relationship between provider and health workers; inadequate empowerment and mechanisms for community participation; lack of a clear monitoring and evaluation system; and a systematic process of handling redress and ensuring effective avenues for feedback and partnership.

Community empowerment means to expand assets and capabilities, to ensure participation and negotiation, and support communities to control and hold accountable the institutions that affect their lives. The presenter outlined different components of community empowerment and argued that empowering communities improves compliance, increases participation, gives patients a more realistic appreciation of challenges, and increases trust and partnership. Also, informed patients respond more effectively to treatment, and empowerment promotes responsibility of all partners. The presenter emphasised that redress is an important mechanism to safeguard patients' rights. The existing redress mechanisms in health care delivery include community dialogue, suggestion boxes, Health Unit Management Committees (HUMCs) and Councils. However, they are not very active due to inadequate representation of consumers, inadequate funding and facilitation of HUMC, lack of mechanisms to manage suggestion boxes and lack of proper documentation processes.

Ms. Namusisi's recommendations on the way forward:

- Prioritize on what can be done now utilize existing avenues for partnership, increase awareness, and share resources complimenting each other.
- Strengthen existing mechanisms such as Health Unit Management Committees (HUMCs) and Village Health Teams
- Support policy processes, including the Patients Charter.

Presentation of Mr. Paul Kagwa, Assistant Commissioner Health Promotion, Ministry of Health

Mr. Kagwa outlined how health promotion can be seen as a tool to promote and facilitate community empowerment. The guiding principle to health promotion and Village Health Teams is promotion of participation and involvement of service beneficiaries and entire communities including leaders. The Ministry of Health has proposed a strategy to establish functional Village Health Teams (VHTs), which are teams of resource persons for health at community level. Mr. Kagwa shared the rationale for the establishment of the Village Health Team, followed by an overview of its composition and criteria for the selection of VHTs; their roles and responsibilities with a particular focus on health promotion and community empowerment. The rationale for Village Health Teams is a need for universal accessibility to the minimum package of health interventions at community and household level; to ensure a more coherent and better coordinated health service delivery at community level; to identify multi-purpose community resource persons to address basic health interventions at community level in a holistic manner; to improve efficiency in utilization scarce resources for community activities by the different programs; to strengthen linkages between health facilities and communities and households; and to support effective and massive mobilisation of communities for health.

The underlying reasons for poor health indicators include limited accessibility to health facility based services, low utilization of the services available at health facilities, and limited coverage of vulnerable populations to cost effective interventions at community level. Mr. Kagwa identified some operational weaknesses in community-based interventions including delivery of single interventions instead of integrated interventions; poor coordination; poor linkage of community-based health activities with health facilities, preventive messages not being linked to delivery of goods and medicines, and lack of a common approach to incentives.

Mr. Kagwa's recommendations on the way forward:

- Intensify education on human rights
- Increase resources for community level health programmes
- Develop mechanisms to sustain community level health interventions
- Develop viable mechanisms to increase household incomes
- Ensure good governance

Presentation of Dr. Ruth Nassanga, District Director Health Services, Mpigi District

Dr. Nassanga shared the experience of Mpigi district in implementing an integrated package approach as a model programme of the Ministry of Health. The establishment of Village Health Teams (VHTs) throughout the district has created a structure through which all programmes at the community level can be channelled in a more coordinated and effective way.

The Village Health Teams have been utilised for community mobilization and they participate actively in health programmes and in home-visits to advise on health issues.

The VHTs have become a linkage between families, drug distributors and health facilities. They have been equipped with key messages and information in the form of a bill book, which they explain to household members, and they can identify problems and advise accordingly. In the case of a health emergency VHTs can promote a rapid response. The presenter shared some other specific examples of activities. At Nindye Health Centre, the VHT organized a domestic hygiene competition. In Nabyewanga village, the VHT noted unfamiliar severe yellow eyes (yellow fever) and reported it to the health inspector. Through quarterly meetings VHT members discuss how to deal with different issues and they have compiled reports on community issues. The supervision of the VHTs is done by the health unit staff.

The experiences in Mpigi District are so far very positive, but challenges remain. The key lesson learnt is that communities are willing to participate as long as they are empowered and given responsibility. Despite the fact that all VHTs have been trained, the level of participation varies according to how active the sub-county leadership is. Supervision is a challenge and monitoring is still lacking.

Following the three presentations, the group discussed the presentations and agreed on a number of recommendations.

HUMAN RIGHTS, PATIENTS' RIGHTS AND COMMUNITY EMPOWERMENT – GROUP RECOMMENDATIONS:

- Support policy and legislative processes such as the development of a Patients charter in Uganda
- Support pilot on building awareness on health rights among Village Health Teams in Mpigi District
- Add a session on health rights and responsibilities in the bill book used by Village Health Team members
- Intensify education on Human Rights for health workers
- Increase resources for, and develop mechanisms to sustain, community level health programmes
- Develop viable mechanisms to increase household incomes
- Ensure good governance
- Prioritize what can be done now by using existing avenues for partnerships and increasing awareness, sharing resources and complementing each other

3.3 The right to health in emergency settings

The obligation of States to progressively realise economic, social and cultural rights, including the right to health, will not be suspended even during emergencies under human rights treaties such as the International Covenant on Economic, Social and Cultural Rights. Also, human rights are meant to be the core of the CHAP/CAP (Common Humanitarian Action Plan/Consolidated Appeals Process), which supports a human right-based approach to humanitarian action. Human rights should be integrated into all sectors, including health, and crosscutting issues of protection, anti-discrimination and participation are to be addressed. The HSSP II includes as an objective to ensure

equitable access by people in conflict and post-conflict situations to the Uganda National Minimum Health Care Package (UNMHCP).

The session on the Right to Health in Emergency Settings was chaired and facilitated by Prof. George Kirya, Chairperson of the Health Service Commission. Panel presentations were made by Dr. Christopher Orach from the Institute of Public Health; Dr. Janet Oola, District Director Health Services, Pader District and Dr. Nelson Musoba, Ministry of Health.

Presentation by Dr. Nelson Musoba, Public Private Partnership in Health, Ministry of Health

Dr. Musoba highlighted key aspects of a human rights based in relation to the health situation in Northern Uganda. Key human rights principles were discussed, including participation, accountability, non-discrimination and equality, empowerment and local ownership.

Over the last 20 years Northern Uganda has experienced the uninterrupted insurgency of the Lords' Resistance Army (LRA), which has resulted into displacement of up to 2 million people. In the three districts of Gulu, Kitgum and Pader, an estimated 1.2 million (90%) are currently displaced into IDP camps. These circumstances predispose these people to high morbidity and mortality due to preventable infectious diseases and violence. These communities have been exposed to serious challenges including stigma and discrimination, and limited participation in the various processes of planning, implementation and monitoring of the delivery of services therefore depriving them the opportunity to contribute to choices that best work for them.

Under article 3.1.2 of Uganda's National Policy for Internally Displaced Persons the Ministry of Health is required to "ensure that all wounded and sick Internally Displaced Persons or reintegrating Internally Displaced Persons receive to the fullest extent and with the least possible delay, the required medical care and attention, without discrimination on any grounds. Despite the fact that over 200 NGOs are found in Gulu alone, the outcomes of interventions do not reflect the level of input depicted. The health and mortality survey in Acholi sub-region of July 2005 for example showed crude mortality (CMR) and under-five mortality rates (U5 MR) of 1.54 and 3.18 per 10,000 per day, exceeding the emergency threshold of 1 and 2 per 10,000 per day for both CMR and U5 MR respectively. The presenter argued that the different players need to be accountable to the people to justify the disparity between the apparent resources and the health outcomes. The Ministry of Health recognizes these challenges as shown in the Health Sector Strategic Plan II for the period 2005/06 to 2009/10, and the Annual Health Sector Performance Report 2004/05. Although intentions may have been good, the actual efforts on the ground are still along way away from effective realization of the right to health.

Presentation by Dr. Christopher Orach, Institute of Public Health, Makerere University

Dr. Orach outlined the characteristics of an emergency. These may include dispute over legitimacy of authority (government or rebels), vulnerable population being at greatest risks, a need for large scale multi-faceted humanitarian assistance, hindrance of assistance by political or military forces, and catastrophic public health emergencies. The legal instruments for the protection of human rights are human rights law, humanitarian law and refugee law. There are specific health and human rights concerns in the emergency setting, including the right to security, issues of torture and violence against women and children, the right to education, food and nutrition and standards of living (shelter, clothing and health care). Challenges are linked to both underlying determinants (for example water and sanitation) and health service implementation (availability, accessibility, acceptability and quality).

A rights-based response to health service delivery in emergency settings highlights a number of key principles, which include to safe guard human dignity; pay attention to vulnerable groups such as children, adolescents, women, men, IDPs, refugees, and elderly; and ensure equality and freedom from discrimination of for example migrants, displaced, and host populations. A participatory and community based response requires approaches focusing on for example community needs assessments and equality and freedom from discrimination. Health service interventions must ensure availability of facilities, accessibility, and management of health units – committees.

Dr. Orach's recommendations on the way forward:

- Ensure free meaningful participation in health policy decision making processes
- Increase transparency and accountability in health project/programme development
- Ensure gender sensitivity in policy and programme development
- Disaggregate data to detect underlying discrimination

Presentation by Dr. Janet Oola, District Director Health Services, Pader District

Dr. Oola shared experiences from Pader District. The characteristics of the health situation include an overload in existing units, compromise in quality and lack of a comprehensive package of care; high infant, child, adult and maternal mortality rates; high morbidity rates with increased prevalence of most health conditions including communicable diseases, mental health, SGBV, STIs, HIV/AIDS, injuries, malnutrition; and frequent epidemics.

Dr. Oola elaborated on how human rights can be used as the guiding principle to health planning and service delivery for internally displaced persons. All IDPs have the right to equal access to health care, and dignity and equity are the guiding principles for proper planning of services. The minimum Sphere standards for humanitarian response, and government set standards (UNMHCP, IDP policy, HSSP II, Guidelines for health services for IDPs) should be the framework for planning for all. Vulnerable groups should be given special emphasis, and service delivery is to be comprehensive and non-discriminatory. Planning, implementation, and monitoring/evaluation should be

participatory with all groups represented including women. It is important that humanitarian agencies are called in to fill real gaps and not imaginary gaps. Workers' competence must be enhanced and their responsibilities to the population should be emphasised. Emphasis should also be put in providing adequate infrastructure, drug/other supplies, lighting, staff housing, transport.

Dr. Oola emphasized the participation of IDPs in the health response. The entry point for all government and NGO activities should be the existing structures at all levels. Local capacities are to be used as a fulcrum and co-ordination mechanisms must be established and respected by all. Camp leaders, leaders of host populations and representatives of vulnerable groups must be involved in all planning, implementation, monitoring and evaluation of programmes. Resource persons in the affected communities should be used to provide services and fill gaps. The presenter also discussed how to ensure adequate health services during decongestion/population movement.

Dr. Oola's recommendations on the way forward:

- Ensure participation of IDPs in the health response and involve camp leaders, leaders of host populations and representatives of vulnerable groups in all planning, implementation, monitoring and evaluation of programmes.
- Districts with IDPs be given a special grant for recruitment of workers
- The workers in affected districts to be given hardship allowances like in Karamoja and Kalangala
- A "Health Action fund" for affected districts be ensured for promoting service delivery/infrastructure development with emphasis on new sites of resettlement
- Strengthen effective co-ordination of health programmes/mapping of activities be done and well circulated to partners
- The community should be economically empowered to contribute to improved nutrition and health
- The voice of the vulnerable-women, children, the old, the disabled, sick etc need to be heard by promoting their representation in all fora
- Joint monitoring/evaluation of programmes by all-the government, the community and the NGO representatives

3.4 Access to treatment – a human right (focus on HIV/AIDS)

The Committee on Economic, Social and Cultural Rights has interpreted the scope and content of the right to health in the General Comment no 14.⁴ Health facilities, goods and services in article 12.2 (d) of the International Covenant on Economic, Social and Cultural Rights include appropriate treatment of prevalent diseases, preferably at community level; and the provision of essential drugs. The UN Commission on Human Rights has confirmed that access to AIDS medication is a key component of the right to the highest attainable standard of health, which is enshrined in the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights and the Convention on the Rights of the Child. The core interventions to address HIV/AIDS include comprehensive HIV/AIDS care for both adults and children including access to ART at Health Centre IV.

⁴ [http://www.unhchr.ch/tbs/doc.nsf/\(symbol\)/E.C.12.2000.4.En?OpenDocument](http://www.unhchr.ch/tbs/doc.nsf/(symbol)/E.C.12.2000.4.En?OpenDocument)

The session on access to treatment was facilitated by Mr Sam Ibanda, Head of Governance and HIV at UNDP and the panel of presenters was composed of Mr Arthur Mpairwe of HEPS-Uganda, Dr Alex Coutinho, Executive Director of TASO and Ms Beatrice Were of Action Aid. The facilitator introduced the topic and emphasised that treatment and halting the spread of HIV/AIDS are components of the Millenium Development Goals and the Poverty Eradication Action Plan, signed by the Government of Uganda. Access is not only about being provided with treatment but also being able to make an informed choice about the treatment.

Presentation by Mr. Arthur Mpeirwe, Coalition for Health Promotion and Social Development, HEPS-Uganda

The presentation of Mr. Mpairwe elaborated on international human rights treaties versus international intellectual property rights treaties. Governments have an obligation to give sufficient recognition to the right to health in the national political and legal system. Also there is an obligation to ensure adequate protection of patent rights including protection for medicine. Patents create monopolies and hence high prices on products may affect availability and affordability, while competition could generate more generic versions.

Concerns have been raised over the negative impact of the TRIPS Agreement (trade-related aspects of intellectual property rights) on human rights. The TRIPS Agreement allows for measures necessary to protect public health. The presenter outlined a number of safeguards/flexibilities in the TRIPS Agreement that member states can use to safeguard public health. There are also transitional arrangements. For least developed countries (LDC) the extension of the transitional period for no patents on medicines has been extended up to 2016.

Mr. Mpairwe discussed the implementation of TRIPS in national laws describing the Uganda case. In conclusion there is a need for careful drafting of the patent law to ensure that it enables the government to meet its obligation to protect the right to health in a manner that is flexible.

Presentation by Dr. Alex Coutinho, Executive Director, TASO

The presentation discussed why human rights are important for access to HIV/AIDS treatment. The Human Rights International Guidelines calls for the protection and promotion of human rights and establishes the responsibility of the state in the areas of policy, legislation, resources, community involvement, co-ordination and accountability. The guidelines require the state to reform and adapt several laws related to public health, criminal laws and antidiscrimination and protective laws for PLWHA. The guidelines also regulate the provision of HIV related goods and services to ensure equity and accessibility.

Dr. Coutinho discussed the Uganda ART Policy from 2003. He argued that the ART policy framework is good and comprehensive, but has no specific section on human rights issues and is not proactively pro-poor or pro-women. The contentious section is on prioritization of those to benefit first when supply is limited. The policy is heavily leaning on public sector approaches, but the NGO, FBO and private sectors are the

largest providers. The presenter discussed the draft Uganda National AIDS Policy of 2004, which is deeply embedded in human rights approaches and identifies what is needed to reduce vulnerability and enhance HIV prevention, care, treatment and impact mitigation. However, insufficient attention has been given to the advocacy, lobbying and resources needed to implement all the strategies. Also, there is insufficient detail on how to monitor and track progress in implementation.

Dr. Coutinho identified a number of human rights concerns on the ground, including equity in allocation of scarce ART vis a vis the excessive demand; bottlenecks to access that affect the poor; confidentiality, discrimination and social risks associated with disclosure of HIV status; sexual and reproductive health needs of PLWHA on treatment; inadequate services for children and young people; inadequate services in the North and the IDP context not being ideal for adherence; oversight for research and programme rollout; and sustainability of ART.

Dr. Coutinho's recommendations on the way forward:

- Greater awareness of human rights issues in treatment access
- Leadership and resources to implement and monitor draft AIDS policy
- Include human rights issues in ART policy
- Utilize GIPA/MIPA principles in ART roll out
- Develop strategic plan for Universal access of HIV prevention, care and treatment
- Focus on achieving the MDG goals and UNGASS declarations
- Track and monitor progress

Presentation by Ms. Beatrice Were, Research and Policy Analyst HIV/AIDS, Action Aid International Uganda

Ms. Were provided a situation analysis and outlined some key issues for people living with HIV/AIDS. The presenter argued that we must rethink HIV programmes and policies to be cognisant of human rights issues. Also, efforts to address HIV/AIDS must take new trends and situations into consideration and for example give proper attention to violence against women and HIV in conflict situations, persons with disabilities, children affected by HIV, discordant couples, and HIV in workplaces. Attention must also be given to marginalised and isolated communities with high prevalence rates like fishing communities and communities around immigration points.

Ms Were emphasised that we need to rethink prevention. There are current developments advocating for a moralistic approach to prevention. However, Uganda must root prevention strategies in evidence. To make gains in terms of prevention we must address the driving factors that are rooted in injustices and human rights. Overall HIV prevalence has stagnated, but in communities where human rights are abused the prevalence is increasing.

People living with HIV/AIDS should be involved in the HIV response. People living with HIV/AIDS are still affected by stigma and discrimination and there is for example need for a workplace policy for protection. People who are HIV positive have a right to access

treatment, and issues of adherence and continuity must be taken seriously. If ART is not available the continuity cannot be ensured. Finally, it is important to protect the human rights of those who care for HIV patients, looking more closely at the social support mechanisms and understand who is involved in care taking and what their human rights are.

Following the four presentations, the group discussed the presentations and agreed on a number of recommendations.

ACCESS TO TREATMENT – A HUMAN RIGHT (FOCUS ON HIV/AIDS) – GROUP RECOMMENDATIONS:

- Incorporate TRIPS provisions in the Ugandan legislation
- Create a national health care system that could fund some medication.
- Include human rights issues in ART policy, ensure leadership and resources to implement and monitor draft AIDS policy and utilize GIPA/MIPA principles in ART roll out
- Develop strategic plan for Universal access of HIV prevention, care and treatment
- Focus on achieving the MDG goals and UNGASS declarations
- Track and monitor progress
- Promote home based care
- Include the vulnerable groups and integrate nutrition in HIV/AIDS programming
- Look at the human rights obstacles in scaling up prevention, care and treatment
- All policies in the area of HIV/AIDS should integrate human rights issues and concerns, including workplace policy and HIV/AIDS policy
- Increasing allocations to civil society organizations
- Strengthen the health care system -VHT model
- Expedite the process of workplace policy-still in draft
- Patent's rights should be addressed including the affordability of ARVs
- Train personnel in specialized areas such as disabilities, IDP and refugee context, etc to improve quality of health care
- Address resistance to ARVs and health rights
- The A, B policy must not leave out condom programming as this has a human rights perspective

3.5 Neglected diseases – at the core of human rights

In 2005 the UN Special Rapporteur on the right to health visited Uganda in order to address the issue of neglected diseases from a human rights perspective. He presented his report to the Commission on Human Rights in 2006.⁵ Neglected diseases typically affect neglected populations, who are usually the most marginalized and those least able to demand services. The HSSP II refers to neglected (tropical) diseases as diseases targeted for elimination and/or eradication. During the HSSP II the objective is to integrate implementation activities on neglected diseases into other programmes where possible.

The session on neglected diseases was facilitated by Ms. Helena Nygren-Krug, Human Rights Adviser, WHO Headquarters. The panel of presenters was composed of Nathan

⁵ http://www2.essex.ac.uk/human_rights_centre/rth/rapporteur.shtml

Byamukama, Director of Monitor and Treaties, Uganda Human Rights Commission; Dr. Onapa, Principal Entomologist Vector Control, Ministry of Health; and Dr. Thomas A. Onyige, District Director Health Services, Katakwi District (together with Mr. Peter Okello, Vector Control Officer), Katakwi District.

Presentation by Mr. Nathan Byamukama, Director of Monitor and Treaties, Uganda Human Rights Commission

Mr. Byamukama discussed why neglected diseases should be addressed as a human rights issue. Neglected diseases are not given much attention and are mostly associated with neglected populations. The WHO has described neglected diseases as diseases "that affect almost exclusively poor and powerless people living in rural parts of low income countries". As outlined by the UN Special Rapporteur on the right to health, in the context of Uganda, neglected diseases include elephantiasis, bilharziasis, river blindness, trachoma, *buruli* ulcer, soil-transmitted helminths, leishmaniasis, leprosy and sleeping sickness. Neglected diseases inflict severe and permanent disabilities and deformities on people especially the poor populations. They also impose enormous economic burdens on the affected communities due to lost productivity and other related issues leading to entrenched poverty, ill health, stigmatization and discrimination experienced by neglected populations. These diseases often neither attract national nor international funding to eradicate them nor is there much research or development in the area of neglected diseases.

Mr. Byamukama summarised the 2005 mission report of the UN Special Rapporteur on the right to health. The report discusses the concept, context and content of neglected diseases in Uganda and globally, outlines key elements of a right to health approach to neglected diseases, and makes a number of recommendations. One of the recommendations on monitoring and accountability is for the Uganda Human rights Commission to establish a right-to-health unit that would be responsible for monitoring those policies, programmes and projects related to neglected diseases as well as holding all actors accountable in relation to the right to health and neglected diseases. Mr. Byamukama expressed his support for the implementation of this and other recommendations of the Special Rapporteur on the right to health.

Mr. Byamukama's recommendations on the way forward:

- Follow up and ensure the implementation of the recommendations of the UN Special Rapporteur on the right to health
- Support the establishment of a right to health desk within the Uganda Human Rights Commission

Presentation by Dr. Onapa, Principal Entomologist Vector Control, Ministry of Health

Dr. Onapa outlined the causes, control strategies and geographical distribution and prevalence of some neglected (tropical) diseases in Uganda. Some global initiatives for control or elimination of neglected tropical diseases are funding programmes and treatment, but virtually no funds are coming from the Ministry of Health.

The presenter noted that neglected tropical diseases are also referred to as poverty related diseases. Neglected diseases fall into two categories: endemic, chronic and disabling diseases for which modern effective treatment and preventive strategies are available (lymphatic filariasis, schistosomiasis, soil transmitted helminths, onchocerciasis and leprosy); and endemic/epidemic diseases for which modern effective treatment is not available currently or is not safe (leishmaniasis, sleeping sickness and bureli ulcer). These diseases are not considered a priority at national and international levels. Still they affect the poorest, marginalised, voiceless communities including displaced populations and minorities. Neglected diseases are closely linked to violations of health rights, as provision of basic social services (education, clean water, sanitation, improved housing and nutrition) could alleviate these diseases.

Neglected tropical diseases are highly endemic in Uganda. Diseases overlap is common and there are many districts and communities with two or more neglected tropical diseases. Also it is common for individuals to have multiple infections. The disease burden and morbidity is high, while the mortality is not known. Integration of interventions is a possibility and is being explored. Uganda has adopted an integrated approach to disease control, but a policy on integration is yet to be developed.

Presentation by Dr. Thomas A. Onyige, District Director Health Services, Katakwi District.

Dr. Onyige, supported by Mr. Okello, presented on the Katakwi experience of the Programme for the Elimination of Lymphatic Filariasis (PELF). The attention given to lymphatic filariasis in Katakwi district was initially a result of a local community organisation - the Obalanga Human Rights and Health Care Association, previously called the Obalanga Hydrocele Association - making its voice heard up to the national level about the extent of the problem. The Ministry of Health recognised the concerns raised and baseline surveys in 1998-99 were followed by advocacy, resource mobilization and mass drug administration. The main objective of the PELF programme is to eliminate lymphatic filariasis as a public health problem by reducing the level of the parasite in the community to a point where transmissions no longer occur. The activities leading to the mass drug administration (MDA) include training of trainers, training of sub county supervisors, district leaders and sub county sensitisation workshops, community mobilisation, selection and training of community drug distributors (CDDs), IEC awareness raising campaigns through radio talk shows, and registration of communities. Integration has started of PELF-drug administration into other well funded programmes such as the child days. Another part of the PELF is a pilot disability management programme started in 2005 in Katakwi district (now Amuria district), which includes hydrocelectomy and lymphoedema management.

Dr. Onyige's and Mr. Okello's recommendations on the way forward:

- Need for more support for conducting hydrocelectomies and rolling out lymphoedema disability management to other sub counties
- Ensure that MDA is fully integrated into the child health days, including reports and reporting
- Lobby for and strengthen the Obalanga Human Rights and Health Care Association for continuous advocacy
- Address issues of motivation of community drug distributors

Following the three presentations, the group discussed the presentations and agreed on a number of recommendations.

NEGLECTED DISEASES – GROUP RECOMMENDATIONS:

1. to the government of Uganda:

- Increase GDP to health (Uganda health care sector is largely under funded. Only 3% of GDP is allocated to health.)
- Increase human & other resources to areas esp. northern & north-eastern Uganda by attracting & retaining manpower)
- Integrate health services for neglected diseases into existing structures and do so with caution.
- Provide more government leadership, commitment and coordination
- Speed up drug approvals
- Submit a report to the UN Committee of Economic, Social & Cultural Rights and include attention to neglected diseases

2. to the communities:

- Increase public awareness and address human rights issues such as stigma & discrimination on neglected diseases particularly by using the media
- Increase involvement of communities including leaders & (such as Obalanga centre) and strengthen Village Health Teams.

3. to the pharmaceutical industry:

- Although it is welcome that many drugs are free, ways and means must be explored to ensure that they are also accessible. Drugs and operations must be much closer to the communities.
- Pharmaceutical representatives visiting Uganda should visit remote communities
- Co-administration of drugs should be increased

4. to the Uganda National human rights commission

- Strengthen attention to health issues beyond the vulnerable persons desk focusing on HIV to the right to health more broadly, including a focus on neglected diseases.

3.6 Mental health and human rights

People with mental illness are exposed to a wide range of human rights violations. Violations occur both in health facilities and in communities. Care and treatment may be inadequate, degrading and harmful and many people with mental disabilities are stigmatized in the fields of employment, education, and housing. In 2005 the UN Special Rapporteur on the right to health chose mental health as the theme of his report to the Commission on Human Rights.⁶ A WHO project on Mental Health and Human Rights is also supporting countries to protect and promote the human rights of people with mental disorders, focusing on mental health legislation.⁷ The HSSP II includes among its mental health core interventions to promote the rights of the mentally ill.

⁶ http://www2.essex.ac.uk/human_rights_centre/rth/rapporteur.shtml

⁷ http://www.who.int/mental_health/policy/en/

The session on mental health and human rights was facilitated by Dr. James Walugembe, Deputy Director Butabika Hospital. The panel of presenters was composed of Dr. Sheila Ndyabangi, Principal Medical Officer and Mental Health Focal Point, Ministry of Health; Ms. Irene Among, Programme Coordinator, Basic Needs UK in Uganda; and Mr. Julius Lutokoome Kayiira, Director, Mental Health Uganda.

Presentation by Dr. Sheila Ndyabangi, Principal Medical Officer and Mental Health Focal Point, MOH

Dr. Ndyabangi provided a situation analysis of mental health in Uganda. In recognition of the high disease burden attributed to mental illness, the government has included mental health in the Uganda Minimum Health Care Package (1999/2000). Although the Ministry of Health has initiated a process of integrating mental health into general care, studies show that the process is beset with many challenges including high levels of stigma, negative attitudes and serious discrimination; lack of awareness on the cause, nature and management of mental illness; insufficient number of mental health professionals; and low budget allocation to mental health. The current situations indicate that women and children have less access to care when mentally ill and poverty is linked to mental illness. Although the Mental Health Policy recognises vulnerable groups there is no budgetary provision for special services for such groups. People with mental illness are denied the right to participation and not even the disability movement recognizes mentally ill people as disabled. The access to health care by people with mental health problems is generally poor.

The presenter argued that the Mental Health Act of 1964 is outdated and does not recognise the rights of people with mental illness. It proposes confinement and removal of people with mental illness from the community and there is no provision for voluntary admission to health units. A review of the Mental Health Act proposes to address the rights of patients in a number of ways. Proper definitions are needed of mental disorder, mental illness, mental disability, mental incapacity, and unsound mind. The new bill will address issues of access to mental health care such as financial resources, mental health in primary care, access to health insurance, promoting community care and deinstitutionalisation. Attention will be given to the rights of users of mental health services including confidentiality, access to information, and notice of rights.

The government has initiated the process of ensuring access to mental care by integration of mental health in general care through integrated planning, and targeted in-service training and refresher courses.

Dr. Ndyabangi's recommendations on the way forward:

- Training of mental health professionals i.e. psychiatrists and others
- Infrastructure- MH at Regional Referral Hospitals
- Recruitment of MH Nurses at HC IV
- Review of legislation
- Improving budgets for MH
- Mainstreaming MH in other programmes such as HIV/AIDS programmes, planning, HMIS etc
- Wider collaboration with NGO, consumer associations, other stakeholders in mental health.

Presentation by Ms. Irene Among, Programme Coordinator, Basic Needs UK in Uganda

In her presentation Ms. Among outlined the complex linkages between mental health and human rights with attention to the UN Principles for the protection of persons with mental illness and the improvement of mental health care (1991), the Universal Declaration of Human Rights (1948), and the Declaration on the Rights of Mentally Retarded Persons (UN 1971).. Human rights are not always protected in mental health care and mental illness is largely ignored.

The UN Principles for the protection of persons with mental illness and the improvement of mental health care are closely related to human rights and should guide mental health interventions. The UN Principles include that ‘the treatment of every patient shall be directed towards preserving and enhancing personal autonomy’, that ‘every patient shall have the right to be treated and cared for, as far as possible, in the community in which he or she lives’ and that ‘every patient shall have the right to be treated in the least restrictive environment and with the least restrictive or intrusive treatment appropriate to the patient’s health needs and the need to protect the physical safety of others’. People with mental illness should be allowed freedom of movement and public education is needed for the communities to understand how to relate to individuals with mental illness. The right to informed consent means that patients have a right to accurate information about the illness, proposed treatment and side effects and this information should be given in a manner that the patient understands. The right to non discrimination is important as discrimination lies at the core of most problems faced by mentally ill people. For example people with mental illness contend with lower pay and inhuman methods of remuneration and may not enjoy the right to marry and found a family. The Universal Declaration of Human Rights states that ‘no one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment’. Still communities often abuse the rights of mentally ill people, and mentally ill women suffer the most from both family and society. The right to participation is important to those who have been marginalised and is an important principle for programme and policy design, implementation and monitoring. As much as participation is a right it is also desirable for local ownership and sustainability.

The existing gaps identified by BasicNeeds include weaknesses in community mental health services; inadequate attention to mental health in national policy formulation and implementation; shortage of psychiatric staff and psychiatric drugs that undermine the right to treatment; legal barriers to enjoyment of rights; misconceptions and lack of knowledge that yields discrimination and inhuman treatment; human rights abuses by traditional healers; degrading treatment; and poverty and the cost of justice.

Ms. Among’s recommendations on the way forward:

- Build capacity of mentally ill people and carers to demand functionality of the decentralized mental health system
- Block grants for initial resourcing of community mental health
- Changes in regulatory frameworks to protect people with mental illness
- Public education to focus on prevention, cure and human rights
- Collaboration and regulation of the operations of traditional healers

Presentation by Mr. Julius Lutakoome Kayiira, Director, Mental Health Uganda.

The presentation of Mr. Lutakoome emphasised that we need to constantly realise that mental health care is a *right* and not charity directed towards helpless recipients. In Uganda there is a general lack of awareness of the concept of human rights, but human rights should be enjoyed also by people with mental disorders. The vision of Mental Health Uganda is that people with mental illness are treated with respect and are allowed to enjoy their human rights as other citizens.

Human rights protection in mental health care does not contradict treatment. However, the grey areas of mental health care regulating laws have allowed for the abuse of the most vulnerable. The presenter argued that the Mental Treatment Act of 1964 is an unfortunate guideline for mental health care. Many human rights violations take place against people with mental illness. Some examples include city council personnel moving around in trucks beating people with mental illness off the street, women with mental illnesses being raped, and men with mental illnesses being made to do all sorts of work for no pay. Traditional healers may for example treat people with mental illnesses by harmful methods such as chaining or head cuts. National and international human rights guidelines are not known to many psychiatric hospital staff as well as other health personnel. Other challenges include inconsistent drug supplies and long distances to access care. There is discrimination between physical and mental problems. Also most care is medicalised instead of developing a more helpful holistic care which includes dynamics that support healing. As an example the presenter mentioned that in Sembabule district there is not a single specialised mental health personnel. However, Mental Health Uganda and partners run an out reach clinic at Ntete Health Centre IV in Rwebitakuli Sub County once a month and provide psychiatric services to more than 150 persons.

Users of mental health care generally do not know their rights and are weak as a movement. Yet these are necessary prerequisites for fighting for these rights. In conclusion existing gaps include a general lack of awareness of rights among service providers, users, and also among the wider community.

Mr. Lutakoome's recommendations on the way forward:

- Intensified health rights sensitization and training to both mental health workers and other health workers
- Reform in mental health policy and legal environment with a human rights perspective
- Over hauling codes of professional conduct to incorporate human rights standards.
- Building of a greater voice for mental health users and communities
- Creation of appropriate and user friendly, mechanisms to investigate and bring to book abuse, neglect and other forms of rights violations

The presentations and group discussions resulted in a number of joint recommendations presented by the group.

MENTAL HEALTH AND HUMAN RIGHTS – GROUP RECOMMENDATIONS:

- Expedite the enactment of the mental health bill
- Provide sensitization and advocacy for health workers and communities to address stigma
- Ensure recruitment and appropriate deployment of mental health professionals
- Strategic lobbying for mental health
- Information (IEC) on mental health to be shared at all levels (both individual and institutional level)
- Package preventive and promotion of mental health as positive
- CME on mental health and human rights
- Ensure participation of the community for ownership
- Income generation as part of community based approach to sustainable livelihoods
- Ensure a multi-sectoral approach to mental health interventions
- Government to make human rights in health a priority area and prioritize funding for mental health in the budget
- Insurance policy should incorporate mental health as entitled
- Mental patients in prisons should access treatment for their condition
- Strengthen the mental health user movement
- Include human rights in the training curricula of all health professionals
- Strengthen human rights within research agenda and participation of services
- Government to look into the seriousness of substance abuse and come out with clear and serious laws (supply of the drugs, the laws are so weak)
- School health; academic pressure leading to substance abuse should be addressed by the concerned sectors

3.7 Plenary and closing session

During the closing of the workshop remarks were made by Dr. Bagambisa, Assistant Commissioner Planning, Ministry of Health; Ms. Margaret Sekaggya, Chairperson, Uganda Human Rights Commission; and Ms. Helena Nygren-Krug, Human Rights Adviser, WHO HQ.

Dr. Bagambisa expressed satisfaction that the workshop objectives had been achieved and was impressed with the level of participation and interest in the issues. He committed himself to support the follow-up to the workshop and emphasised that there is no resistance within the Ministry of Health to the outcomes. However, he called for participants to ensure that the outcomes do not only end up on paper, but are turned into action. There is a need to lobby and build public awareness.

Ms. Sekaggya noted that the workshop was a unique event in having brought together a large number of participants from both the health community and the human rights community to discuss human rights in a health context. The Uganda Human Rights Commission wants to continue working together with the Ministry of Health and other partners to support and monitor the right to health. If funds were made available, the

establishment of a right to health desk within the Commission, as recommended by the UN Special Rapporteur on the right to health, would strengthen this work.

Ms. Nygren-Krug emphasised that WHO is very pleased with the participation and the outcomes of the workshop and looks forward to supporting the way forward. Coordination is key to make an impact and there is a need to engage decision makers to ensure public awareness. As the processes of budgeting and the issue of lack of resources are very important for the enjoyment of the right to health, it is important to strengthen links to the Ministry of Finance. All aspects of health involve human rights and human rights should be integrated in every aspect of health; planning, design, implementation, monitoring and evaluation.

4. WORKSHOP RECOMMENDATIONS AND FOLLOW-UP

A large number of recommendations on the way forward were made during the various presentations and groups discussions. Some of the recommendations were discussed thoroughly, while other recommendations were raised in presentations. Many recommendations highlighted important issues and needed actions, which is of course a first important step. However, further discussion is needed on *how* to move forward and *how* to implement these recommendations. It must be emphasised that all workshop participants are a core resource in the implementation of the recommendations made. It is believed that the recommendations and the report from the Health and Human Rights Capacity Building Workshop can be a source of inspiration and guidance for any organisation wanting to advance human rights within the health sector.

Following the workshop, the steering committee has transformed into a Health and Human Rights Team under the coordination of the Department of Planning, Ministry of Health. The Health and Human Rights Team is presently developing its Terms of Reference, discussing how to work together in an effective and integrated manner with other Ministry of Health working groups and structures, and developing a one year work plan. The envisaged activities include reviewing and analyzing the Health Sector Strategic Plan and other policy documents from a human rights perspective and supporting a human rights-based approach in the implementation and monitoring of the strategy.

The workshop report has clearly outlined the recommendations made in different sections of this report. While many recommendations targeted the Ministry of Health, the recommendations addressed a broad range of issues and were also directed towards other partners. Below, the steering committee has highlighted some of the overall recommendations made to various partners:

Recommendations to the Government

- Uganda has not yet submitted a State Party report to the Committee that monitors the International Covenant on Economic, Social and Cultural Rights. It is recommended that Uganda should soonest initiate the process of preparing a State Party report and make it a participatory process with attention to key issues,

including neglected diseases as recommended by the UN Special Rapporteur on the right to health.

Recommendations to the Parliament

- The Ugandan Constitution does not specifically provide for the right to health. It is recommended that Uganda enacts a national law that clearly stipulates the scope and prescribes definite legal obligations to make it easier to enforce the right to health.
- Important legislation is pending. It is recommended to enact the Sexual Offences Bill and the Domestic Violence Bill, to incorporate TRIPS provisions in the Ugandan legislation and ensure that the patent law enables the government to protect the right to health in a flexible manner, and to expedite the enactment of the Mental Health Bill.

Recommendations to the Uganda Human Rights Commission

- The existing human rights mechanisms of monitoring and accountability in relation to the right to health are insufficient. As recommended by the UN Special Rapporteur on the right to health, the Uganda Human Rights Commission should set up a right-to-health unit to monitor policies, programmes and projects related to neglected diseases. However, the right-to-health unit should also promote and monitor the implementation of the right to health as a whole.

Recommendations to the Ministry of Health

- The health sector should integrate a human rights-based approach into its work (give emphasis to participation, accountability, transparency, non-discrimination, empowerment and local ownership) and ensure that health programmes promote human rights.
- Indicators and benchmarks should be used to measure progress and preferably be disaggregated as appropriate to the context and challenges in order to detect underlying inequalities and discrimination.
- There should be more sensitization of health workers, patients and the general public on the right to health to ensure its enjoyment and enforcement.
- Linkages and collaboration between the Ministry of Health, the Uganda Human Rights Commission and NGOs should be strengthened to advance the right to health.
- The Patients' Charter should be finalised and broadly disseminated and discussed in collaboration with partners.

Recommendations to the Ministry of Finance

- The health sector is under-funded. The Government/Ministry of Finance should give priority to the enforcement of the right to health through provision of resources to progressively increase the availability and accessibility to adequate health services.

Recommendations to Training institutions

- Health professionals do not have sufficient knowledge of human rights and ethics. It is recommended that human rights and ethics are included in the training curricula of all health professionals and to make these lessons examinable.

Recommendations to Development partners

- The attention to human rights in a health context is relatively recent in Uganda. Development partners should actively support efforts to address human rights within the health sector.
- It is recommended to support the Uganda Human Rights Commission to establish a right-to-health unit to increase monitoring and accountability on the right to health.

Recommendations to Civil Society Organisations

- Civil society organisations should address human rights in the health sector in collaboration with the Ministry of Health and Districts.
- Together with other partners, civil society organisations are encouraged to support existing mechanisms for community participation such as Village Health Teams.

Finally, the workshop organisers were recommended to support follow-up workshops and activities on specific health and human rights issues and to support the implementation of the recommendations made.

ANNEX 1: ORGANISING PARTNERS

Secretariat

WHO and OHCHR supported the Ministry of Health in organising the Health and Human Rights Capacity Building Workshop. The Secretariat facilitated the preparations, brought partners together, administered the finalisation of the program, recruitment of presenters and facilitators, the administration and logistics. The Secretariat included members from MOH, WHO and OHCHR.

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Steering committee

The organisers aimed to ensure a participatory process in the planning the workshop. A steering committee was formed to guide the secretariat, provide input and advice on the contents of the workshop and to play a key role in taking forward the outcomes of the workshop. The steering committee was chaired by the Assistant Commissioner Planning, MOH and included members from Ministry of Health, World Health Organization (WHO), UN Office of the High Commissioner for Human Rights (OHCHR), Uganda Human Rights Commission, Uganda National Health Consumer's Organisation (UNHCO), Coalition for Health Promotion and Social Development (HEPS), Human Rights Network (HURINET), the UN Population Fund (UNFPA) and the Joint UN Programme on HIV/AIDS (UNAIDS).

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2	Dr. Nelson Musoba	Ministry of Health
3	Dr. Christopher Orach	Institute of Public Health, Makerere University
4	Dr. Janet Oola	DDHS, Pader District
5	Mr. Rubangakene Bosco	Camp Commandant, Pader District

6	Ms. Olivia Nyakarungi	OHCHR
7	Mr. Noah Gottschalk	Refugee Law Project
8	Mr. Filippo Cianta	AVSI

Group 4 – Access to treatment – a human right (focus on HIV/AIDS)		
1	Mr. Sam Ibanda	UNDP
2	Dr Alex Coutinho	TASO
3	Mr. Arthur Mpairwe	HEPS-Uganda
4	Ms. Beatrice Were	ActionAid
5	Ms.Nakalembe Judith	FHRI
6	Ms. Aporo Lilian	Straight Talk Foundation
7	Ms. Tumukunde Dinah	JCRC
8	Ms. Abwono Vento	Kotido District
9	Mr. Assimwe Francis	OPM
10	Ms. Malinga Brenda	UNFPA
11	Ms. Biwaga Stella	FIDA
12	Dr Olive Ssentumbwe	WHO
13	Ms. Namusisi Kellen	UNHCO
14	Ms. Maymuchka Lauriston	OHCHR
15	Ms. Pamela Kamujuni	AGHA
16	Dr. Akol Angela	Population Secretariat
15	Mr. Ojok Santa	Ministry of Education
16	Rubanga Kene Bosco	Camp Commandant, Pader District
17	Dr Charles Matsiko	Ministry of Health
18	Dr George Bagambisa	Ministry of Health
19	Mr. Filippo Ciantia	AVSI
20	Mr. Edgar Agaba	HEPS (U)
21	Ms. Stella Nyange	UNHCO
22	Dr Janet Oola	DDHSPader
23	Mr. Tumwine Patrick	HURINET
24	Ms. Atukwasa Rita	KCCC

Group 5 – Neglected diseases – at the core of human rights		
1	Ms. Helena Nygren-Krug	WHO
2	Dr Ambrose Onapa	Ministry of Health
3	Mr. Nathan Byamukama	Uganda Human Rights Commission
4	Dr Onyige Thomas	Katakwi District
5	Mr. Banson Barugahare	JCRC
6	Mr. Okello Julius Peter	Katakwi district
7	Ms. Lanyero Sarah	Straight Talk Foundation
8	Ms. Stella Agunyo	Carter centre
9	Ms. Barbara Abang	Ministry of Justice
10	Dr. Sentongo Elizabeth	MUK Medical School
11	Mr. Bazaala Martin	Ministry of Gender
12	Mr. Arthur Beingana	UHRC
13	Dr Ongom Moses	Nakapiripirit district
14	Dr Sagaki Patrick	Nakapiripirit
15	Mr. Komunda Samuel	Ministry of Internal Affairs
16	Ms. Kaitiritimba Robinah	UNHCO
17	Ms. Sanyu Margaret	Bushenyi District
18	Ms. Olivia Nyakarungi	UNOHCHR

19	Mr. Okello Tom	OHRHCA, Amuria District
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Group 6 – Mental health and human rights		
1	Prof George Kirya	Health Service Commission
2	Dr Sheila Ndyanabangi	Ministry of Health
3	Mr. Julius Lutakoome Kayiira	Mental Health Uganda
4	Ms. Irene Among	Basic Needs Uganda
5	Dr J C Walugembe	Butabika Hospital
6	Dr. Nassanga Ruth	DDHS Mpigi
7	Mr. Buyungo Kikongo Josephmary	VHT Mpigi
8	Ms. Mitra Motlagh	WHO Mozambique
9	Ms. Rachel Turner	Uganda Law Society
10	Mr. Noah Gottschalk	Refugee Law Project
11	Mr. G Bazira wabwire	UCMB
12	Dr. Nelson Musoba	PPPH Ministry of Health

ANNEX 4: EVALUATION RESULTS

25 feedback forms were handed in to the organisers. Not all questionnaires were fully filled in. On feed-back form was not clear and is only partly reflected under the evaluation results.

A. About the course

1.	How would you rate the workshop overall?	Good	18	6	0	1	0	Poor
2.	How confident do you feel to use the skills and information of the workshop in your work?	Very confident	13	9	2	0	0	Not able at all
3.	How likely are you to recommend to a colleague to attend a similar workshop?	Very likely	21	3	0	0	0	Not Likely

B. About the content

5.	My knowledge of health and human rights has been increased.	Very confident	18	5	1	0	0	Not confident
6.	I understand the linkages between health & human rights and what is meant by a human rights-based approach.	Very confident	13	11	1	0	0	Not confident
7.	I can use the right to health framework to analyse health interventions.	Very confident	10	11	3	0	0	Not confident
8.	I can identify ways in which human rights can be violated and ways in which human rights can be protected, respected and fulfilled in relation to health.	Very confident	12	6	6	0	0	Not confident
9.	I am motivated to apply this knowledge to my own work.	Very motivated	17	6	1	0	0	Not motivated at all

D. What, if anything, would have helped you to make more progress?

Some answers from participants:

- To participate in all group discussions other than limited to only two
- More time and not hurried presentations
- More time for discussions- fewer tea breaks
- More presentations on personal experiences rather than frameworks
- Some presentations duplicated information
- Provide literature on presentations
- Feed back workshop should be held
- Time was a constraint especially in group work
- Provide materials before the workshop

E. Do you plan to discuss what you have learned in this training with your supervisor with a view to using the skills you have gained in your regular work?

Some answers from participants:

- Yes, this workshop has been an opportunity to do so
- Planning a half day workshop to share with the staff
- Required to write a report and share it with other staff members
- Especially in the area of neglected disease
- With the higher administrative officers to incorporate it into the MOES policies and guidelines for training
- We shall share the information at another workshop on mental health

F. Additional comments or suggestions

Some answers from participants:

- Final recommendations should be passed on/ communicated to all participants and we should also get updated of the progress
- Need to include parliamentarians (legislators), Ministry of finance, Planning and Economic Development in other workshops
- Push for follow up on the recommendations – thanks for the initiative
- Follow up on the workshops of this kind.
- Follow up by the steering committee
- Include Ministry of Education among the stakeholders to promote school health
- Feedback meeting on recommendations and follow-up
- Wider coverage concerning human rights should be considered
- The workshop will go a long way in advocacy work
- It was long overdue - the issue of human rights in Uganda especially as far as women's rights are concerned