



# ***Refugee Law Project***

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***A Centre for Justice and Forced Migrants***



## **PRESS STATEMENT FOR INTERNATIONAL HUMAN RIGHTS DAY**

### **National Theme: Rebuilding Better: Resilient Institutions Key to Covid-19 Recovery**

Human Rights Day commemorates the day in 1948 when the United Nations (UN) embraced the Universal Declaration of Human Rights. The Declaration of Human Rights was created to be a 'common standard of achievement for all peoples and all nations. The document sets out a broad range of fundamental rights and freedoms to which all of us are entitled. It guarantees the rights of every individual everywhere, without distinction based on nationality, place of residence, gender, nationality or ethnic origin, religion, language, or any other status. Human Rights Day is a day to celebrate the achievements of those who have fought for and protected human rights, as well as a day to reflect on what still needs to be done to make society fairer for everyone. They serve as a powerful advocacy avenue.

The theme for this year's Human Rights Day focuses on the need to Recover Better from COVID 19 by creating solid institutions at the heart of the recovery efforts.

The principles of equality and non-discrimination are at the heart of human rights. Equality is aligned with the 2030 Agenda and with the UN approach of leaving no one behind. This includes addressing and finding solutions for deep-rooted forms of discrimination that have affected the most vulnerable people in societies

The COVID 19 Pandemic has affected everyone but disproportionately. The Pandemic exposed the ugly fault lines within our societies and thus reinforced the importance of strong public health services to deliver equitable healthcare. Inequality, marginalization, poverty and other human rights barriers to healthcare dictate who gets infected and who dies and have a devastating impact on vulnerable communities. Limited information on the pandemic and how it evolves among refugee communities in appropriate languages and a weakened legal framework where abuse and discrimination against such vulnerable communities go unpunished is more of condemning marginalized communities to become easy victims of a virus.

The pandemic has prompted the implementation of public health measures such as border and school closures, face mask mandates, limitations on social gatherings, and household confinement which are effective in combatting the virus but these have come with substantial trade-offs, such as limited access to medical care and public health services for the diagnosis, treatment, and prevention of other diseases, as well as the loss of livelihood and disruptions to education and sociocultural interaction. Some of these have also come at human rights costs, disproportionately impacting already vulnerable and oppressed communities.

Some public health policies proved challenging for disadvantaged populations. For example, people living in urban slums such as urban refugees and those in refugee settlements could not realistically quarantine or avoid gatherings. People in conflict with the law could not follow sanitation and masking guidelines without the support of those in charge such as the police and the prison offices. Those who got paid per hour or per day for the work they do could not afford food, medicine, or other necessities of life because the restrictions impaired their travel to work. Viewed through a human rights lens, while the public health interventions were designed to protect the most vulnerable members of society, in practice, the result in some cases was the opposite.

In some cases, policies became political by limiting assemblies and thereby suppressing anti-government demonstrations.

Countries with weak health systems have suffered major setbacks, leaving people already vulnerable to other diseases now at greater risk of COVID-19. RLP for example had many clients losing life because they were unable to access medical care or go to hospitals for review due to the ban on travel.

COVID-19 has also exacerbated human rights violations related to health, including stigma, discrimination, gender-based violence and police brutality. Mental health issues were heightened with many of the clients we see at RLP going into a situation of uncertainty. It gets complicated when vulnerable groups are turned into scapegoats. A case in point relates to the ongoing strike by medical personnel that has adversely affected service delivery at some health centers.

Uganda has so far faced two waves of the pandemic which overwhelmed the public health facilities and forced hundreds of people to seek medical care from private hospitals. During Uganda's second COVID 19 wave, there was an oxygen crisis and the cost of treatment at private institutions was far beyond the reach of most Ugandans. With poverty and inequality rising due to the pandemic many patients were left with hefty bills and in some cases stories of facilities holding onto dead bodies of those who had not cleared hefty bills so that families could pay up. Families were forced to sell assets, land as well as withdraw their only life savings to clear medical bills. This depicts the need for the State to invest in strong public services.

The right to human health is intrinsic to the enjoyment of other fundamental rights and freedoms. Health is a fundamental human right, and the state is obligated to fulfill human rights. This duty is enshrined in the Constitution of the country; hence, the purpose of public health facilities should be to facilitate access to healthcare for all persons. In a country like Uganda, which has many people living below the poverty line, a public health system is essential to ensure that people who cannot afford private healthcare have an alternative recourse. The public health sector should, therefore, be the first port of call for Ugandans, with the private sector being merely incidental. The right to health is expansively construed, extending to a person's physical, mental, and social well-being; hence healthcare systems need to provide services and treatments that speak to these three spheres.

While the right to health is not expressly provided for in the 1995 Ugandan Constitution, it can be inferred from the National Objectives and Directives of State Policy, other constitutional provisions and on account of the principle of the interdependence and indivisibility of human rights. Additionally, Uganda is a signatory to various international conventions and treaties that do expressly provide for the right to health, including the International Covenant on Economic, Social and Cultural Rights (ICESCR), Article 12(1) of which recognizes the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, also enjoining State parties to create conditions which assure medical services to all persons. State Parties to the ICESCR are thus recognized to have a duty to protect, promote, respect, and fulfil the right to health.

The Covid-19 pandemic has reinforced the importance of strong public health services to deliver equitable healthcare. It has underscored the need for strong public health systems and strong government stewardship of healthcare-related infrastructure, human resources, and financing.

Rather than use the pandemic to suppress rights of vulnerable groups, there is need to use the moment to advance human rights and recognize health-related rights and ensure equitable access for all.

We must ensure that no one is left behind. We must commit to protecting everyone, everywhere. We must strengthen the community systems and responses that are so critical to ending all epidemics. And we must address human rights violations where they occur, knowing from experience that protecting the most vulnerable protects everyone.

#### **Recommendations:**

- Government needs to appropriately budget for national healthcare expenditure. In the FY 2020/21, the health sector accounted for a paltry 5.1% of Uganda's national budget, a notable decline from the 7.9% allocated in FY 2019/2020
- Fast Track the National Health Insurance Scheme (NHIS) as a possible solution to high-out-of-pocket healthcare costs.
- Evaluating COVID-19 public health interventions around the needs of vulnerable populations and prioritizing their needs may allow for a pandemic response that is not only more equitable but also more practicable and sustainable for those at highest risk of disease transmission, morbidity, and mortality. This includes upgrading the health facilities in the refugee settlements, creating a robust vaccination drive in the various refugee settlements (some refugees are not certain whether or not they are legible for vaccination
- Government must intensify its regulation of the private healthcare sector, so as to ensure that: services are up to par; patients' rights are respected; and patient billing is reasonable and fair.



Government of the Netherlands