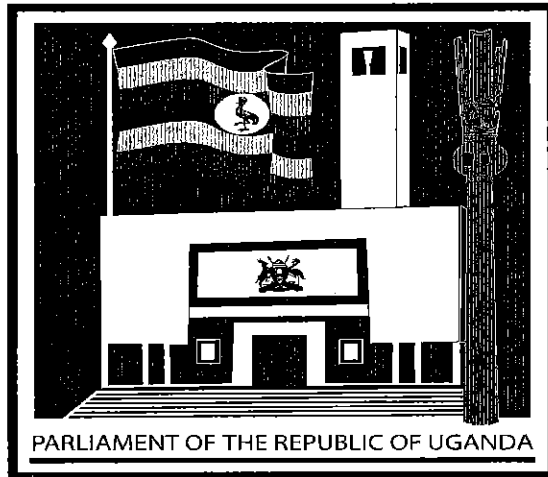


**PARLIAMENT OF UGANDA**



**REPORT OF THE COMMITTEE ON HEALTH  
ON  
THE IMMUNIZATION BILL 2014**

*Joseph Kwa-kwa*

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**NOVEMBER, 2015**

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## REPORT OF THE COMMITTEE ON HEALTH ON THE IMMUNIZATION BILL 2014

### 1.0 Introduction

The Immunization Bill, 2014 is a private member's Bill moved by Hon. Oleru Huda, Woman Representative, Yumbe District. The Bill was read for the first time, on 24<sup>th</sup> April, 2014 by Hon. Kasamba Mathias (Kakuuto County, Rakai District) on behalf of Hon. Oleru Huda. The Speaker referred the Bill to the Health Committee in accordance with Rule 118 of the Rules of Procedure of Parliament.

The Committee scrutinized the Bill and hereby presents its findings and recommendations.

### 2.0 Methodology

The Committee scrutinized the Immunization Bill, 2014 and received presentations from the following Stakeholders;

- i. Ministry of Health
- ii. Sabin Vaccine Institute
- iii. United State Aids Agency for International Development (USAID)
- iv. Uganda Local Government Association (ULGA)
- v. Uganda Civil Society Immunization Platform (UCSIP)
- vi. Uganda National Immunization Technical Advisory Group (UNITAG)
- vii. Uganda Parliamentary Forum on Immunization

### 3.0 Background

The object of the Bill is to reduce morbidity, mortality and disability due to life threatening and preventable infections in children, women of reproductive age

*Jeanne Uwakwa*  
*Pnsia*

*Kasamba Mathias*  
*POA*

and other target groups and to strengthen public health through improved access to immunization services.

The existing laws on immunization are inadequate and scattered in various Acts and subsidiary legislations. Most provisions on immunization of children and women of reproductive age against immunizable diseases apply to particular districts. The laws include Public Health Act, Cap 281; the Local Government Act, Cap 243, the Public Health (Control of Yellow Fever) Rules S.I. 281-24, the Local Governments (Nebbi District) (Protection of Health) Bylaws S.I. 243-61; the Local Governments (Bushenyi District ) Miscellaneous By laws S.I 343-67; and the Local Governments (Bundibughyo District) (Miscellaneous) Bylaws S.I. 243-68. The inadequacy and multiplicity of laws necessitate the need to have a comprehensive and harmonized legislation on immunization.

The existing legislation on immunization contains some provisions that do not reflect the current developments in the area of Public Health. The diseases covered under the Public Health Act, Cap. 281 for example, include smallpox plague, Asiatic Cholera, Yellow fever, Cerebrospinal meningitis, typhus, sleeping sickness or human trypanosomiasis. The list of immunizable diseases have since been expanded to match the current disease trends and researches and hence the need to have adequate legislation that addresses all emerging vaccinations for all the immunizable diseases like Rota Virus, Hepatitis B and Pneumonia, among others.

Enforcement measures are inadequate such as penalties for parents and other care takers who do not take their children for immunization, those who propagate false information on immunization and also strengthening the participation of all stakeholders involved are not included in the current legislation.

*Joseph Waa-Uoy*  
*AS* *PCAP* *Muntemaha*  
*Insi-a* *Kituu*

## 4.0 Committee Observations and Recommendations

### I) Compulsory Immunization

Immunization is one of the best investments a country can make for the health and vitality of its population and it's among the most successful public health interventions in preventing morbidity, mortality and health care costs. Government in collaboration with development partners have tried to provide vaccines for immunization however this has not been enough to cater for the entire population.

The Committee observes that despite the Government's efforts to provide the vaccines required for compulsory immunization, some parents are still reluctant to take their children for immunization which needs to be dealt with. The Committee is also concerned about the different sects of people that are de-campaigning immunization. This has led to accumulation of unimmunized children causing outbreaks which end up affecting other children.

**The Committee recommends that for compulsory immunization to succeed, government should provide the vaccines in a timely manner and ensure that they are safe and efficacious.**

### II) Role of the State in Vaccination

The Committee learnt that the Uganda National Expanded Programme on Immunization (UNEPI) has not been successful, because many Policy and Government leaders are under the impression that Immunization is a solved problem after a quick view of high coverage rates. However every month a new cohort of new born infants go unimmunized due to wanting operation costs for delivery of gas, delivery of vaccines, a broken down truck or a breakdown of

*Joseph A. Nsububa*  
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the cold chain system. Often these details are missed due to the one-off figures on coverage rates that are reported in the annual health reports. Far too many children die or are crippled each day from diseases that can be prevented.

The Committee observes that Uganda's immunization coverage performance has varied over the past years –fluctuating from high to low coverage – an indication of a vulnerable system. The immunization programme registered progressive improvement between 2000 and 2004 as all routine vaccines achieved above 80 percent coverage by 2004. The main contributing factors at the time were GAVI support, Sustainable Outreach Services (SOS), the Reaching Every District (RED) approach and EPI Integrated Disease Surveillance and Response (IDSR) regional supervision strategy among others. As a result, the country remained polio free and morbidity due to measles declined by over 90percent compared to 2000 with no confirmed deaths in 2004 and 2005.

However, in the period 2004 -2012, there was deterioration in immunization performance and this led to an increased number of under and immunized children. The Wild Polio Virus (WPV) outbreak in 2009 and 2010 after 13 polio-free years were clear indication of population immunity gap due to un/under immunized children.

The Committee further observed that for compulsory immunization to be possible, there is need for the law to focus on the roles of the State like;

- providing vaccines and all the attendant materials in a timely manner;
- ensuring that the vaccines are kept safe and efficacious at all times through providing an efficient cold chain system;
- ensuring that immunization cards are available at all times;
- Ensuring that immunization records of each child is easily retrievable in case of damage or loss of cards;

*Jeanne Uwagwagwag*  
*Rusina* *PCAP* *Kumukama*  
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- ensuring that a parent keeps the immunization card for each child for at least 15 years.
- ensuring proper monitoring and care in case of adverse effects following immunization;

**The Committee recommends that Government conducts awareness campaigns to ensure that all citizens appreciate the benefits of immunization and the dangers of lack of it.**

### **(iii) Immunization Financing and Administration Fund**

The Committee was informed that immunization programs cover around 70% of eligible children; but costs of immunization have been rapidly rising. Vaccinating a child now costs around US \$30 to fully immunize a child. The Committee was also informed that Government of Uganda funded 55% of the routine immunization services in 2009/10 and 2012/13. While External donors (GAVI, WHO, UNICEF, among others) contributed a substantial portion of the operational costs. This external funding, however, is neither guaranteed nor predictable. When immunization funds are interrupted, as was observed with the GAVI fund suspension, wide spread and devastating epidemics ensue. Uganda must therefore find ways to increase and sustain her national immunization budget.

The Committee observes that limited funding of immunization programs has impacted negatively on its performance, and therefore there is need for strategies to address the gap in order to ensure continued delivery of quality immunization services. The Committee also observes that sustainable financing of immunization is a critical issue especially given the fact that there are many

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new and expensive vaccines that are coming up for instance the Human Papiloma Virus and Rota virus among others.

**The Committee strongly recommends that;**

- **There is need to create an independent body that shall be in charge of managing the immunization funds**
- **Government ensures a sustainable financing for Immunization.**

#### **IV) Protection of Health Workers from immunizable diseases**

The Committee noted that the Bill does not provide for the protection of all health workers who by virtue of their work are exposed to a number of job related vaccine preventable diseases.

**The Committee recommends that the Bill should provide for the protection of these workers.**

#### **V) Schedule of diseases for which immunization is compulsory**

The Committee observed that the schedule of diseases for which immunization is compulsory is incomplete. There are new vaccines that have been approved. These include the Pneumococcal Conjugate Vaccine, Human Papilloma Virus and Rota Virus.

**The Committee recommends that the schedule of the Bill should be amended to include the new compulsory vaccines.**

#### **5.0 Proposed Amendments**

In light of the foregoing account, the Committee proposes the following amendments to the Bill.

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*Konlematka*  
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*POAF*

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**PROPOSED AMENDMENTS TO THE IMMUNISATION BILL, 2014 BY THE SECTORAL COMMITTEE ON HEALTH.**

**1. Clause 2: Interpretation.**

**"Pre-primary school":**

**Substitute** for the word 'five' appearing in line three of the definition of "Pre-primary school", the word 'six'.

**Justification:** To ensure consistency with the Education (Pre-Primary, Primary and Post-Primary) Act, 2008.

**2. Clause 3: Immunisation of children.**

**Clause 3 (5)**

**Substitute** 'ten years' with 'fifteen years'.

**Justification:** To ensure that the immunisation card is kept until a child completes primary school.

**3. Clause 4: Production of immunization card before admission to day care centre, pre-primary or primary education.**

**Insert** a new sub-clause immediately after sub-clause (2) to read as follows;

"A person responsible for admission of a child under subsection (1) shall keep a copy of an immunization card of every child who is admitted to day care centre, pre-primary or primary education."

**Justification:** To ensure that an inventory of the status of immunisation of children admitted to day care centre, pre-primary or primary education is well maintained.

**4. Clause 5: Tetanus immunisation for women.**

**(a) Clause 5 (1)**

**Substitute** for the word 'woman' appearing in line one, the word 'female'.

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**Justification:** For proper grammatical usage.

**(b) Cause 5 (2)**

**Insert** a new sub-clause immediately after sub-clause (2) to read as follows:

"Notwithstanding subsection (2), an educational institution to which a female child from the age of fifteen years to seventeen years attends school shall be responsible for ensuring that the female child is appropriately immunised against tetanus in accordance with the Third Schedule."

**Justification:** To ensure that the educational institution joins in ensuring that a female child in the age bracket of fifteen to seventeen years receives tetanus immunisation.

**5. Clause 6: Immunisation against Human Papillomavirus (HPV).**

**Insert** the words 'in accordance with the Fourth Schedule' at the end of the provision.

**Justification:** For clarity.

**6. Clause 7: Free provision of vaccines.**

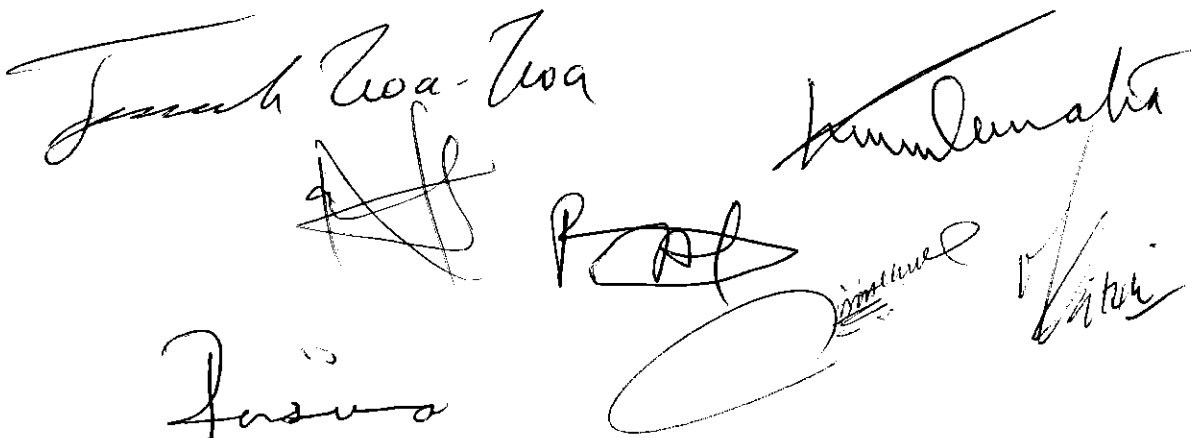
**Rephrase** the provision to read as follows;

**"7. Free provision of services and other related services.**

The State shall provide free vaccines and other related services to every Ugandan required to receive vaccination under sections 3, 5 and 6."

**Justification:**

- To broaden the provision and ensure that even the auxiliary services to the immunisation process are also provided by the State.
- The inclusion of section 6 under clause 7 is to ensure that the human papillomavirus (HPV) vaccine is also provided by the State at no cost.



**7. Clause 9: Penalty.**

**Rephrase** the entire provision to read as follows;

**"9. Penalties.**

(1) Subject to sections 7 and 8, a person, who without lawful excuse contravenes sections 3 (1), 5 or 6 commits an offence and is liable, on conviction, to a fine not exceeding twelve currency points or imprisonment not exceeding six months or to both.

(2) A person who contravenes section 4 (1) commits an offence and is liable, on conviction, to a fine not exceeding twelve currency points or imprisonment not exceeding six months or to both."

**Justification:** To avoid unfair prosecution especially where non-compliance with sections 3 (1), 5 or 6 is as a result of failure on the part of the State to provide vaccines and ensure accessibility.

**8. Clause 11: Information about other vaccines.**

**Rephrase** the entire provision to read as follows;

"The Minister may issue guidelines regarding the accessibility to and administration of vaccines for other immunisable diseases of public health interest."

**Justification:** To broaden the provision.

**9. Insert two new clauses under Part IV of the Bill.**

**"Misleading information about vaccines.**

(1) A person shall not make, cause to be made, or publish any misleading statement or information regarding the use or effect of any vaccine.

(2) A person who contravenes this section commits an offence and is liable, on conviction, to a fine not exceeding forty eight currency points or imprisonment not exceeding two years or to both."

**Justification:** To ensure that any person who issues wrongful propaganda against any vaccine is held liable.

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**"Protection of health workers against immunisable diseases.**

A health institution shall ensure that every health worker who, by virtue of his or her occupation may be exposed to an immunisable disease, is immunised against the disease free of cost."

**Justification:** To offer protection to health workers who are more susceptible to immunisable diseases by virtue of the nature of their work.

**10. Insert a new Part immediately after Part III.**

"IMMUNISATION FUND

**Establishment of the Immunisation Fund.**

- (1) There is established an Immunisation Fund.
- (2) The Fund shall be housed in the Ministry of Health.

**Object of the Fund.**

The object of the Fund is to purchase vaccines and related supplies, cold chains, and funding of immunization outreach activities.

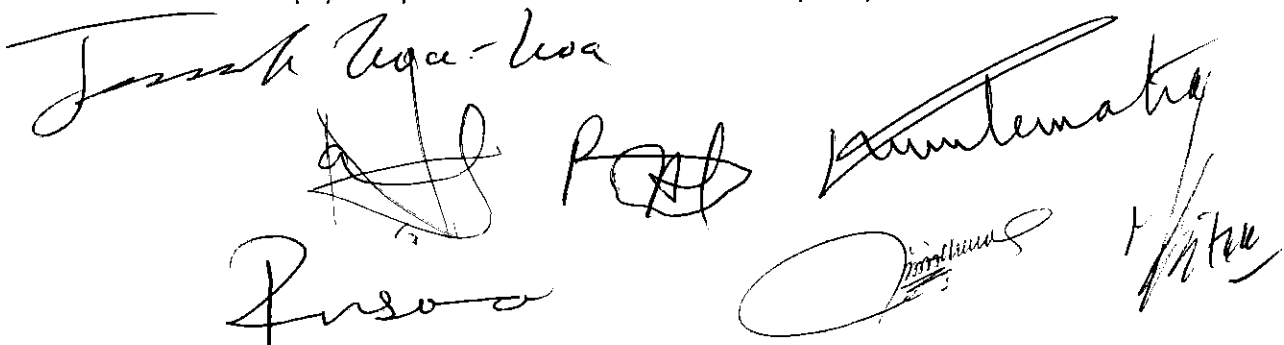
**Sources of the Fund.**

The monies of the Fund shall consist of-

- (a) monies appropriated by Parliament for the purposes of the Fund ;
- (b) donations;
- (c) money received by the Fund by way of voluntary contributions.

**Administration of the Fund.**

- (1) The Fund shall be administered and governed by an Immunisation Board.
- (2) The Board shall consist of the following-
  - (a) a representative of the Ministry responsible for health, who shall be the chairperson;
  - (b) a representative of the Ministry responsible for finance;



Handwritten signatures of board members, including names like Joshua Uga-koa, Pusa, and others.

- (c) a representative of the Ministry responsible for education;
- (d) a representative of the Ministry responsible for local government;
- (e) a representative of National Medical Store;
- (f) a representative of Private Sector;
- (g) a representative of health development partners; and
- (h) a representative of civil society organisation.

(3) All members of the Board shall be appointed by the Minister on the recommendation of their respective institutions.

(4) The Minister shall, in making the appointments to the Board, take into consideration gender equity.

**Vacating office of members of the Board**

A member of the Board shall vacate office, if the member-

- (a) is continuously and persistently unable to discharge the functions of the office of a member of the Board;
- (b) ceases to belong to the institution which he or she represents on the Board;
- (c) misbehaves or abuses the office of a member of the Board.

**Meetings of the Board.**

(1) The Board shall meet at least once every three months for the purposes of discharging its functions.

(2) The Minister shall, by regulation provide for the procedure and conduct of the meetings of the Board.

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*Jusua*

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### **Secretary to the Board.**

- (1) The Minister shall designate an officer from the Ministry of health not below the rank of a commissioner to be the secretary to the Board.
- (2) The secretary to the Board shall be responsible for taking all the minutes of the meetings of the Board.
- (3) The secretary to the Board shall perform all other duties and functions that the Board or the Minister may assign him or her.

### **Annual Reports**

The Board shall, not later than three months after the end of each financial year, make and submit to the Minister, a report on the Fund's activities during that financial year.

### **Audit reports**

The annual statement of account of the Fund shall be audited within four months after the end of each financial year by the Auditor General or an auditor appointed by him or her who shall be entitled to have access to all books of account, vouchers and other financial records of the Fund and to require such information and explanation on them as he or she thinks fit.

### **Justifications:**

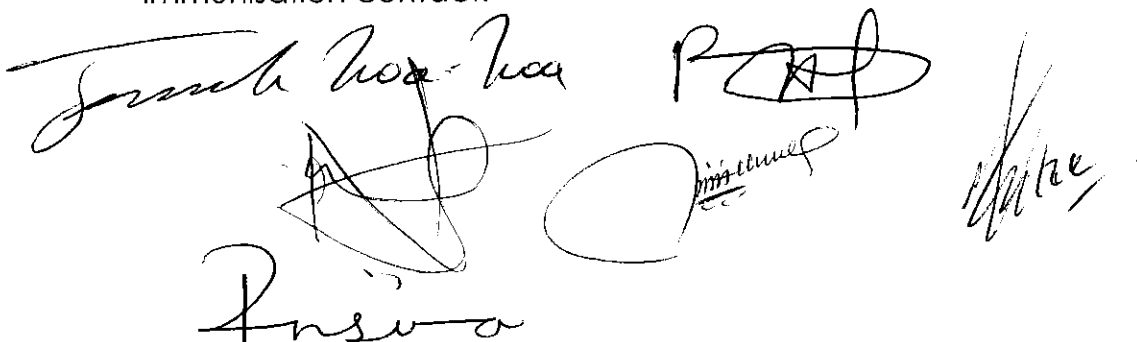
- To ensure that all funding to immunisation is in one place.
- The creation of the Immunisation Fund will create better bargaining power for the Fund.
- The creation of the Fund will also create greater confidence to the donors.

### **11. Insert a new clause under Part IV to read as follows:**

#### **"State obligations.**

The State shall devise measures to-

- (a) provide every child with a serialised immunisation card upon first immunisation contact.

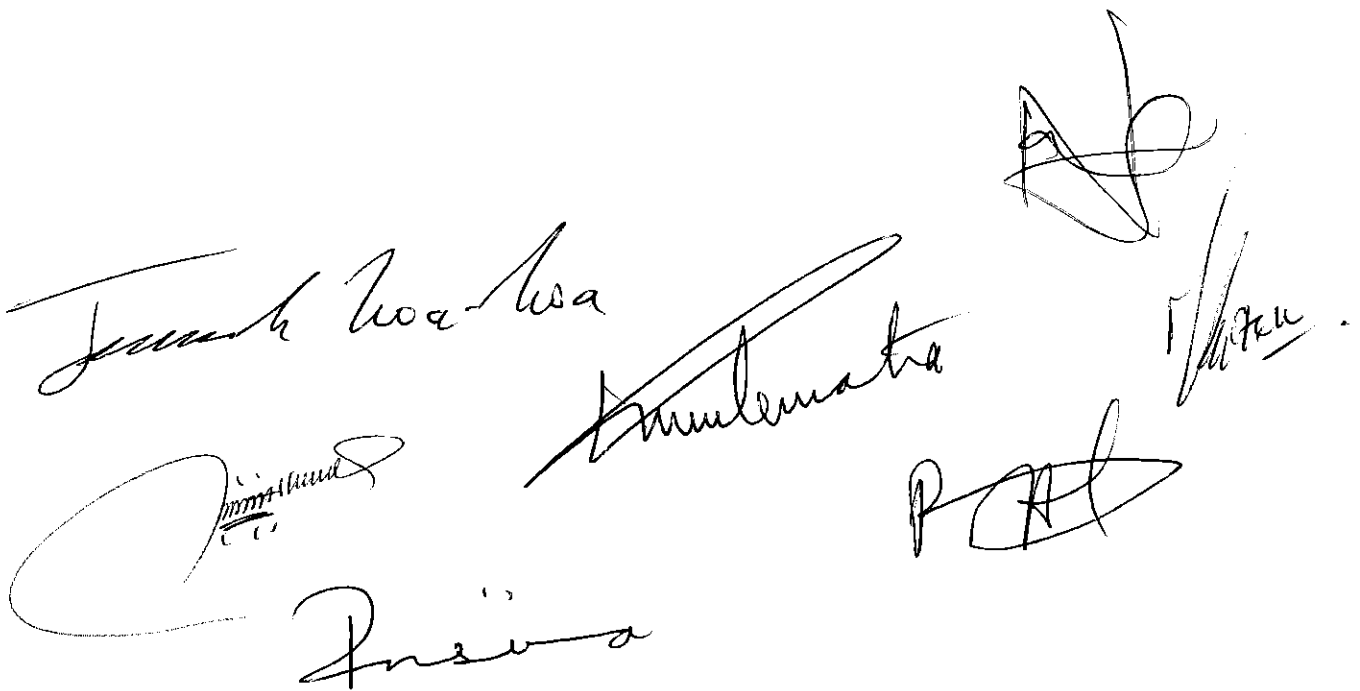


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(b) put in place a system that enables medical practitioners to capture data on each immunisation card and to be able to easily retrieve the information in case of damage to the card or loss of card;

(c) put in place a system for replacing destroyed or lost immunisation cards.

**Justification:** To ensure that systems are put in place to create an enabling environment to achieve the object of the Bill.



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11. Schedules

(a) Second Schedule

Redraft the entire Second Schedule as follows:

**Diseases for which immunization is compulsory.**

Vaccine	Targeted Disease	Doses required	Minimum interval between doses	Period within which to administer the vaccine	Administration	Site of administration
BCCG	Tuberculosis	1	None	At birth (or first contact)	Intra-dermal	Right Upper Arm
DPT Heb+Hib	Whooping Cough, Tetanus, Hepatitis B and Haemophilus Influenza	3	4 weeks	At 6 Weeks (or first contact after that age)	Intra-Muscularly	Outer Upper Aspect of Left Thigh
Polio	Polio	0+3	4 weeks	At birth or within the first 2 weeks (Polio 0) and six weeks or first contact after 6 weeks (Polio 1)	Orally	Mouth
Measles	Measles	1	None	At 9 months (or first contact after that age)	Subcutaneous	Left Upper Arm
PCV 10	Pneumococcal Conjugate Vaccine	3	4 weeks	At 6 weeks or first contact after that age	Intra-Muscularly	Outer Upper Aspect of Right Thigh

Sections 3, 4

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**Justification:** To ensure that the Second Schedule reflects the current trends of vaccines and their administration under compulsory immunisation.

**(b) Third Schedule**

Redraft the entire Third Schedule

Section 5

Immunisation Schedule for Tetanus Toxoid Vaccine.

Vaccine	Targeted diseases	Dosage	Doses required	Minimum interval between doses	Minimum age of start	Administration mode	Site of administration
Tetanus Toxoid	Tetanus	0.5 ml	5	TT1 First Contact TT2 4 weeks after TT1 TT3 6 months after TT2 TT4 1 year after TT3 TT5 1 year after TT4	At first contact with a pregnant women or women of child bearing age (15-45 years)	Intra-Muscularly	Upper arm deltoid

**Justification:** For clarity.

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**(c) Insert a new Schedule immediately after Third Schedule.**

Section 6

**Immunisation Schedule for Human Papillomavirus (HPV).**

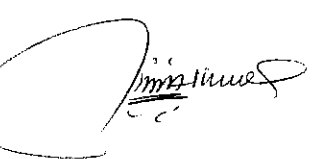
Vaccine	Targeted diseases	Doses require	Minimum interval between doses	Minimum age at start	Administration mode	Site of administration
HPV	Human Papillomavirus	3	HPV1 at first contact, HPV2 4 weeks after HPV1 HPV3 5 months after HPV2	First contact girl aged 10-12 years	Intra-Muscularly	Upper arm deltoid

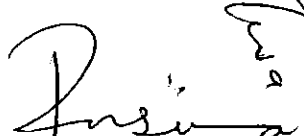
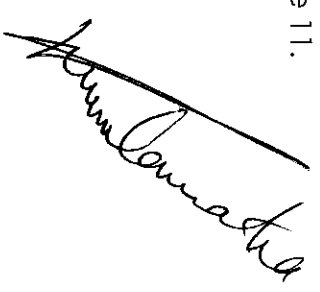
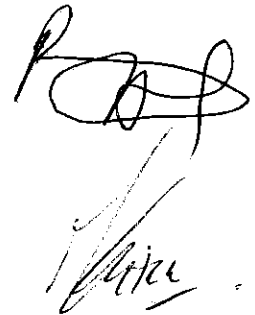
**Justification:** For clarity and ease of administration of the vaccine.

**(c) Fourth Schedule.**

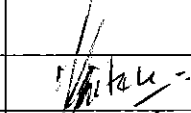
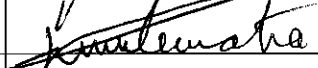
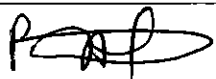

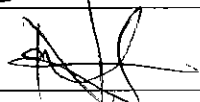
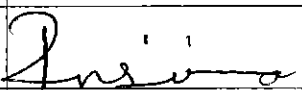

**Delete** Fourth Schedule.

**Justification:** It has been catered for under the amendment proposed under clause 11.

**MEMBERS OF THE COMMITTEE ON HEALTH THAT ENDORSED THE REPORT OF  
THE COMMITTEE ON THE HEALTH ON THE IMMUNIZATION BILL, 2014**

NO	NAME	CONSTITUENCY	PARTY	SIGNATURE
1	Hon. Dr. Bitekyerezo Medard	Mbarara Muni	NRM	
2	Hon. Lematia Ruth Molly	Maracha	NRM	
3.	Hon Atim Joy Ongom	Lira	Ind	
4	Hon Barumba Rusaniya	Kiruhura	NRM	
5	Hon Betty Aol Ochan	Gulu	FDC	
6	Hon Dr. Michael Bayigga Lulume	Buikwe South	DP	
7	Hon Dr. Patrick Mutono Lodoi	Butebo	NRM	
8	Hon Dr. Twa-twa Mutwalante. J	Iki-Iki	NRM	
9	Hon Egunyu Nantume Jennifer	Buvuma	NRM	
10	Hon Femiar Wadada	Sironko	FDC	
11	Hon Khainza Justine	Bududa	NRM	
12	Hon Rhona Ninsiima	Kabale Mun	Indep	
13	Hon. Iriama Margaret	Moroto	NRM	
14	Hon. Kabasharira Noame	Ntungamo	NRM	
15	Hon. Katwesigye Oliver Koyekyenga	Buhweju	NRM	
16.	Hon. Omona Kenneth	Kaberamaido	NRM	