

1. *Journal of the American Medical Association*, 1997; 277: 1039-1043.



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1.0 INTRODUCTION

Rt. Hon. Speaker and Hon. Members;

The Public Health (Amendment) Bill was read for the First Time on 3rd February, 2022 and referred to the Committee on Health in accordance with Rule 129(1) of the Rules of Procedure of Parliament.

The Committee on Health scrutinised the Bill in accordance with rules 129(2), 129(3) and 129 (4) of the Rules of Procedure and now begs to report.

This report is being presented in compliance with Rule 130(2) which states that, "The Chairperson of the Committee to which the Bill is referred or a Member of the Committee designated by the Committee or by the Speaker shall, after the Motion for the Second Reading has been moved under sub-rule (1) and seconded, present to the House the report of the Committee on the Bill."

2.0 BACKGROUND TO THE BILL

In 2012, the Ministry of Health commenced the amendment process of the Public Health Act. The Public Health Act comprises 16 parts: Part 1- Preliminary, Part II –Administration of the Act, Part III – Part VIII focuses on control of communicable diseases, Part IX-Part XIV is about environmental health, food safety, proper disposal of human remains, Part XV contains general provisions and Part XVI provides for miscellaneous matters. The schedules to the Public Health Act relate to certificates for vaccination.

The Public Health Act, Cap 281, was enacted 87 years ago in 1935 during the colonial era and has never been amended or repealed since then. From 1935 to date, the country has undergone tremendous transformation in the public health sphere in terms of practices and structures. The political, economic,

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social and technological environment has also changed; necessitating amendment of the principal law. With globalisation, the changes taking place in Uganda cannot be looked at in isolation but in the context of the global village.

Uganda is a signatory to the World Health Organisation (WHO) International Health Regulations (2005) which require all member states to review their public health laws to enable domestication of the Regulations.

3.0 OBJECT OF THE BILL

The object of the Bill is to amend the Public Health Act by

- (i) repealing obsolete provisions (building and construction and public sewers) and Acts – The Venereal Diseases Act, Cap. 284 and the Immunisation Act, 2017. In the latter, the provisions on vaccination will be brought back into the main Public Health law.
- (ii) insertion of new provisions in tandem with the public health challenges, research and proposed solutions.
- (iii) revision of fines for offences committed under the Act
- (iv) updating the nomenclature used in the Act to the current status.
- (v) to embrace a one health approach to disease surveillance and response

4.0 JUSTIFICATION FOR THE BILL

- There is need to address emerging public health threats as earlier mentioned. Over the years, new infectious diseases like haemorrhagic fevers (Ebola, Marburg, Crimean-Congo fever), Avian influenza and most recently, Covid-19, have taken centre stage of global health.
- New drivers of spread of diseases have emerged while others have evolved. These include but not limited to, increase in population, improved and faster transport means and contact with domestic and

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wild animals. The spread of infectious diseases has to be controlled by revising and strengthening the preventive measures.

- Non communicable diseases are on the increase in terms of morbidity and mortality. Cancers, cardiovascular diseases, accidents, diabetes, mental health and pulmonary conditions have not only caused physical infirmity and death but also are costly to households and governments. The paradox is that most of these conditions are preventable.
- Enactment of the law will lead to domestication of the WHO International Health Regulations (2005), which aim at controlling the spread of infectious diseases, detection of potential threats through surveillance systems and laboratories; reporting of specific diseases and potential international public health emergencies through national focal points.
- Fines have become so mild due to inflation over the years. There is need to revise these payments for offences committed under the Act to make them deterrent.
- Immunisation is one of the most effective public health interventions. The evidence supporting this is declaration by WHO in 1980 that small pox in humans had been eradicated with the last case reported in 1977. Organization on Animal Health (OIE) which is the WHO equivalent in 1980 declared that Rinderpest which is found in cattle and other herbivores had been eradicated. There had been years of widespread immunization and disease surveillance programmes around the world. This remains among the most notable and profound public health successes in history.
- Decentralization as a means of governance was introduced by the 1995 Constitution and yet the Public Health Act was enacted in 1935. There is therefore a need to link the administration of the Act between the central government and local governments.

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- New emerging infectious diseases of animal origin have become a global public health threat hence the need to correlate the drivers of spread between animals and humans and integrate these into the prevention and control strategies.

5.0 METHODOLOGY

While considering the Public Health (Amendment) Bill, the Committee utilised the following methods:

5.1 MEETINGS

The Committee held meetings with the following entities:

Government entities

- Ministry of Health, the mover of the Bill
- Ministry of Agriculture, Animal Industry & Fisheries
- Kampala Capital City Authority (KCCA)
- National and Regional Referral Hospitals represented by the Director, Moroto Regional Referral Hospital
- Makerere University School of Public Health
- Butabika National Referral Mental Hospital
- Uganda National Immunisation Technical Advisory Group (UNITAG)
- Kampala Cancer Registry
- Uganda Law Reform Commission (ULRC)

The Committee extended invitations to the above Government entities but was unable to meet them:

- Ministry of Security
- Ministry of Internal Affairs
- Ministry of Defence & Veteran Affairs
- Ministry of Tourism, Wildlife and Antiquities
- Ministry of Water & Environment
- Ministry of Lands, Housing and Urban Development
- Ministry of Gender, Labour and Social Development

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Professional associations

- Uganda Medical Association (UMA)
- Uganda Law Society (ULS)
- Uganda Healthcare Federation (UHF)
- Uganda Veterinary Association (UVA)
- Environmental Health Workers Association of Uganda (EHWA)
- Medical Clinical Officers Professionals-Uganda (MCOP-U)
- Uganda Public Health Specialists Association (UPHSA)
- The Pharmaceutical Society of Uganda
- Kampala City Traders Association
- Uganda Dental Association

Other associations

- Kampala Capital City Traders Association
- Uganda Local Governments Association (ULGA)
- Urban Authorities Association of Uganda (UAAU)
- Global Economic Network Association
- National Christian Students Association
- Ugandans for Voluntary Vaccination (UVOVA)

Religious institutions

- Reigning in Life Ministries
- Templemount Glory Ministries
- Charris Fellowship Limited
- Medics for Faith Association

Private not for profit health service providers

- Uganda Catholic Medical Bureau
- Uganda Protestant Medical Bureau
- Uganda Orthodox Medical Bureau
- Uganda Muslim Medical Bureau

Civil society organisations & non-governmental organisations

- Foundation for Human Rights Initiative
- Intentional Parents
- Family Life Network

Development partners

- Health Development Partners: WHO, UNICEF, USAID

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Private enterprises

- The Eastern, Central and Southern Africa Group of Consultants (ECASA)
- Crownel Company Limited

Education institutions

- St. Anne Preparatory School, Kabowa, Kampala
- Educational accelerators, an association of schools which use international curriculum

5.2 WRITTEN MEMORANDA

The Committee received and reviewed written memoranda from the following:

Individuals:

- Ms Stella Kyomuhangi
- Mr Bright Robert Mutyaba
- Mr Samuel Sanya

Associations

- Inter-religious Council of Uganda
- A group of ladies: Mrs Carol Tugume Ssekandi, Hon. Miria Matembe, Ms Justine Kyobutungi, Mrs Prisca Besigomwe, Ms Natukunda Allen
- Uganda Non-communicable Diseases Alliance
- Freedom House
- Options Consult

5.3 PRESENTATION BY A COALITION OF CIVIL SOCIETY

The Committee received a consolidated presentation from 26 civil society organisations namely: PATH, Initiative for Better Health (IBH), Reproductive Health Uganda (RHU), Naguru Youth Health Network (NYHN), Sexual and Reproductive Health and Rights (SRHR) Alliance, Human Rights Awareness and Promotion Forum (HRAPF), Living Goods Uganda, SRHR Advocates, Uganda Youth Adolescents Health Forum (UYAHF), World Vision Uganda (WVU), Uganda National Health Users and Health Consumers Organisation (UNHCO), Centre for Health, Human Rights and Development (CEHURD), African Medical and Research Foundation (AMREF) Uganda, Action Group for

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Health, Human Rights and HIV/AIDS (AGHA), Partners in Population and Development, Africa Regional Office (PPD-ARO), Action for Rural Women's Empowerment (ARUWE), Coalition for Health Promotion and Development (HEPS), Reach a Hand Uganda (RAHU), Akina Mama wa Afrika (AMWA), Think Well Uganda, Global Coalition of Women Against AIDS – Uganda (GCWAA), Hope for Jos.org, WALIMU-Uganda and Foundation for Male Engagement (FOME).

5.4 DOCUMENT REVIEW

The Committee reviewed and made reference to the following documents:

- International Health Regulations (IHR), 2005
- The Immunisation Act, 2017

5.5 RETREAT

The Committee held a retreat to review submissions from stakeholders and write the report.

6.0 COMMITTEE OBSERVATIONS AND RECOMMENDATIONS

The Public Health Amendment Bill has 93 clauses.

NOMENCLATURE

The Committee observed that some of the nomenclature used in the Act is not in conformity with the current practices, science or governance and therefore recommends that it has to be repealed or substituted. Other new terms or definitions have to be inserted into the Interpretation Section of the Act.

ESTABLISHMENT OF ADVISORY BOARD OF HEALTH

Clause 6 of the Bill repeals Section 8 of the Principal Act about establishment of an advisory board of health. The advisory board of health is supposed to be

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appointed by the Minister responsible for health who also sets rules pertaining to the functioning of the board in matters of public health.

The Committee observed that in addition to national advisory boards of health, there is need for a local advisory board of health.

The Committee noted that local governments have a big role to play in terms of implementing the Public Health law. Delivering on that mandate is not supported by a formal establishment within the local government structures. Absence of a formal arrangement to specifically handle health issues, including public health at the lower levels of Government may adversely affect handling of public health emergencies and lead to unqualified people constituting district health taskforces when need arises.

The Committee therefore recommends that Section 8 should be deleted and substituted with Local Authority Health Boards whose membership will be determined by the Minister responsible for health.

SUPREMACY OF THE PUBLIC HEALTH LAW IN RELATION TO RELATED LEGISLATION

Clause 6 of the Bill repeals Section 9 of the Principal Act. Section 9 of the Principal Act establishes the public health law as the supreme legislation in matters of public health.

The Committee observed that repealing Section 9 will cause confusion and mix-up in matters pertaining to public health since there will be no supreme law which will be used as a central reference point.

The Committee noted further that to date, there are many laws with a component of public health. The long-time taken to amend the 1935 law on

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public health coupled with the rapidly evolving field of public health has led to the above scenario in the public health legal & regulatory environment.

The Committee recommends that the Public Health Act should remain the supreme law on public health.

MINISTER'S POWER TO DECLARE NOTIFIABLE DISEASES

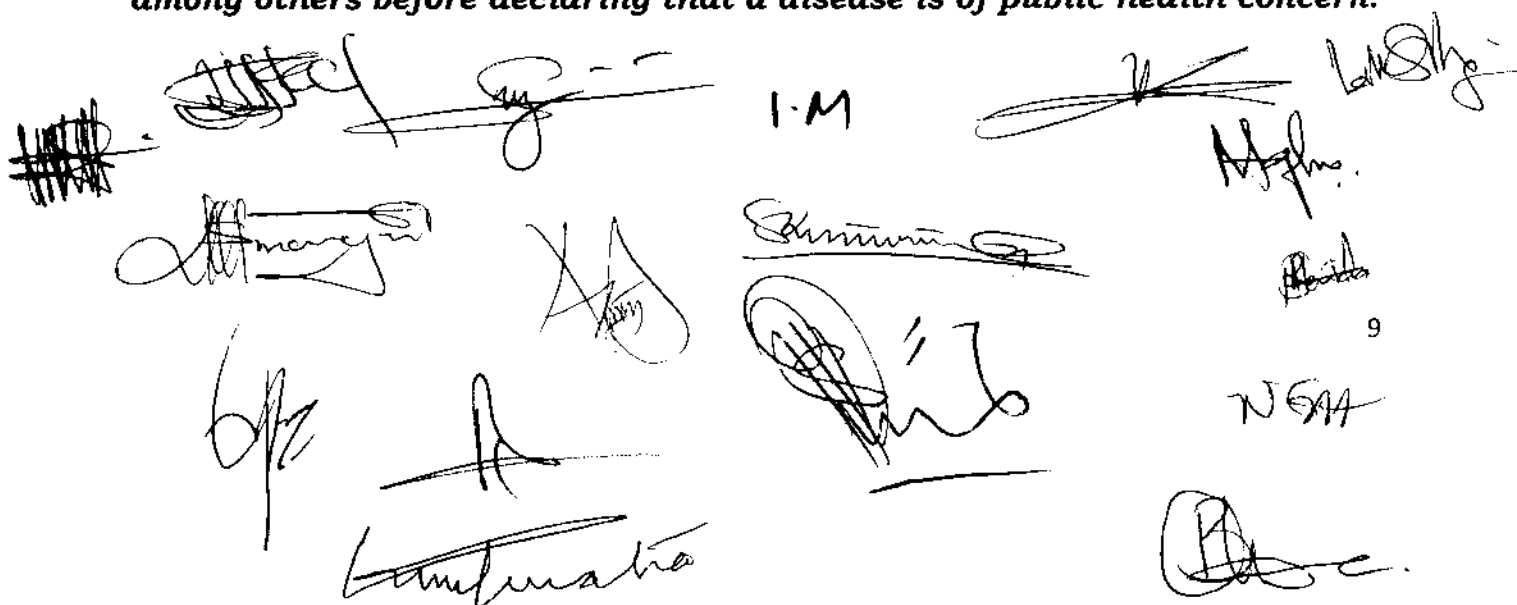
Section 10 of the Principal Act gives powers to the Minister to declare notifiable diseases. It reads;

"The Minister may by statutory order-

- (a) declare that any disease, shall be a notifiable disease for the purpose of this Act;
- (b) declare that only such provisions of this Act are mentioned in the order shall apply to any notifiable disease;
- (c) restrict the provisions of this Act, as regards the notification of any disease, to the district of any local authority or to any area defined."

The Committee observed that the issue of public health is multi-sectoral in nature and in order to manage notifiable diseases; there is need for involvement of different stakeholders.

The Committee therefore recommends that the Minister of Health shall consult other relevant ministries like Agriculture, Animal Industry and Fisheries, Water and Environment, Tourism, Wildlife and Antiquities, among others before declaring that a disease is of public health concern.

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DESTRUCTION OF INFECTED MATERIALS OR ARTICLES

Clause 11 (a) of the Bill which is amending Section 14 of the Principal Act requires that before any infected beddings, clothings, materials or articles are destroyed, the Medical Officer shall first obtain a court order authorising the destruction.

The Committee observed that the requirement for a court order to destroy infected materials or articles is time consuming and can escalate the spread of infectious diseases arising from improper storage of contaminated materials.

The Committee recommends that the requirement for a court order to destroy infected materials or articles should be waived from the Bill. Instead, local authorities should grant the Medical Officer power to destroy the infected articles or materials.

The Committee further recommends that the word 'infected' be replaced with the word, 'contaminated.'

DAMAGE TO ARTICLES DURING DECONTAMINATION

Clause 12 of the Bill seeks to repeal Section 15 of the Principal Act about damage to articles during disinfection. The section states that, "When any article is damaged during disinfection, no compensation shall be payable if suitable methods of disinfection have been employed and due care and all reasonable precautions have been taken to prevent unnecessary or avoidable damage."

The Committee observed that only Government has the mandate to make critical and emergency public health decisions in times of crisis. This may include taking all the necessary precautions while decontaminating infected materials or articles.

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The Committee recommends that in the unfortunate event that materials or articles are damaged during the process of decontaminating them; no compensation shall be provided to the owner unless the damage was occasioned by carelessness. And thus recommends that Section 15 should not be repealed.

PROVISION OF MEANS OF DISINFECTION

Clause 12 of the Bill seeks to repeal Section 17 of the Principal Act about the requirement for a local authority to provide means of disinfection like a place and the necessary apparatus as a free service in the spirit of infection control.

The Committee observed that the process of disinfection requires expert handling and cannot be left to an ordinary person. The chemicals used for disinfection like quaternary ammonium are not readily available on the market.

The Committee recommends that Government should still hold the responsibility of providing means of disinfecting contaminated materials or articles to curb the spread of infectious diseases. Section 17 should not be repealed.

PROVISION OF CONVEYANCE OF INFECTED PERSONS AND THINGS

Clause 12 of the Bill seeks to repeal Section 18 of the Principal Act about provision of conveyance for infected persons and things. The section places the responsibility of transporting infected persons or things on the local government.

The Committee noted that transportation of infected persons and or articles during times of outbreak of infectious diseases is an emergency medical service which may not be professionally done by private individuals and may require ambulances or any other special kind of transportation.

The Committee recommends that transportation of infected persons/things should be done by Government which shall meet the cost as well. Section 18 of the Act should not be repealed.

REMOVAL TO HOSPITAL OF INFECTED PERSON

Clause 13 of the Bill seeks to amend Section 19 of the parent law. The amendment requires a Medical Officer to ensure that a person suffering from an infectious disease is moved to a hospital or any other suitable place for further management and is confined in that place until the person is free from infection.

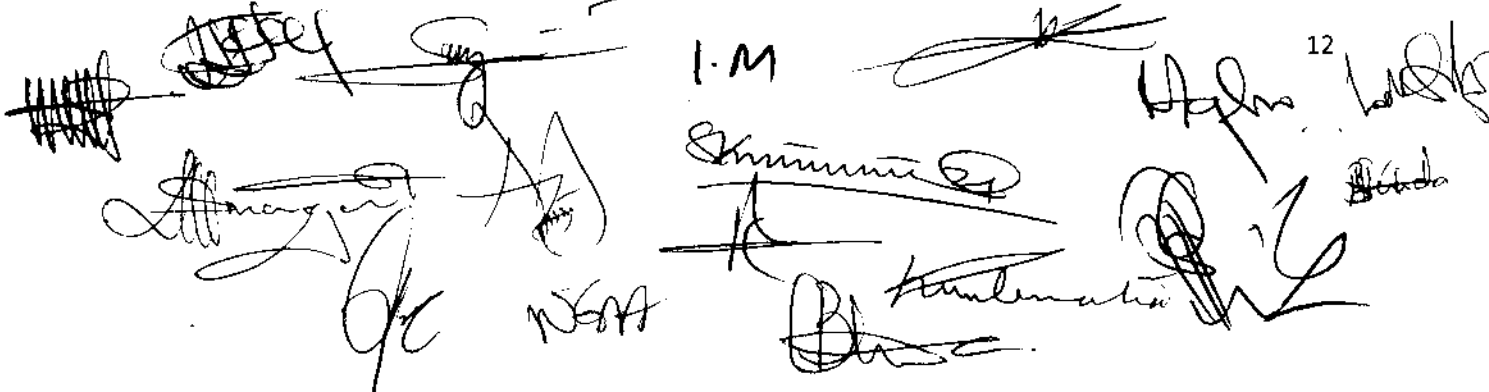
The Committee noted that management of sick people in society is no longer confined to a hospital, but includes many other types of facilities. The second wave of the COVID-19 pandemic in 2021 demonstrated that in times of emergency, provisions for more beds can be made as long as the patients are isolated.

The Committee recommends that the word hospital should be replaced with health facility.

TITLE OF PART VII -VACCINATION

Clause 29 of the Bill proposes to substitute the title of Part VII of the principal act which is Small Pox with vaccination.

The Committee is in agreement with the amendment of the Title Part VII which reads Small Pox. This is because WHO declared small pox eradicated in 1980 following decades of rigorous awareness and immunization campaigns. It is no longer a public health threat. However, immunization encompasses a series of internal body processes geared towards immunity following inoculation with a vaccine or the act of vaccination. The current Act is called the Immunisation

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Act and not the vaccination Act. Excerpts of the Immunization Act 2017 which is to be repealed will form part of the Public Health Bill.

The Committee recommends that the word vaccination as proposed in the PHA should be replaced with Immunisation hence the Title of Part VII should read Immunization.

VACCINATION OF CHILDREN

Clause 31 of the Bill requires all children from birth to 12 months to be fully vaccinated against childhood immunizable diseases. There are 10 disease in the second schedule of the Immunization Act and these include Tuberculosis, Polio, Diptheria, Pertusis, Tetanus, Hepatitis B, Haemophilus Influenza, Measles, Rubella and Pneumococcal pneumonia immunized against using 5 vaccines (Polio, BCG, Pentavaccine, MR and PCV). In the Immunization Act, the Title of Part II reads Compulsory Immunization and this encompasses immunization of children, production of immunization cards before admission to day care, pre-primary and primary schools, penalties, access to vaccines, free provision of vaccines and immunization against tetanus and human papilloma virus. Title of Part III –Other Immunizable Diseases and this encompasses, administration of vaccines in extraordinary cases, information about other vaccines and implementation of the Act.

The Committee recommends that immunisation of children for the routine immunisation remains mandatory as is the law in the Immunization Act.

In cases of new emerging diseases and emergency situation, novel vaccines should be administered following a declaration by the Minister responsible for health with the approval of Cabinet and inform Parliament thereafter.

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CERTIFICATE OF INSUSCEPTIBILITY TO VACCINATION

Clause 34 of the Bill repeals Section 41 of the Principal Act. Section 41 mandates a public vaccinator or medical practitioner to issue a certificate of insusceptibility to an adult or child who is insusceptible of successful vaccination or has already been successfully inoculated or has suffered from an infectious diseases like small pox.

The Committee noted that the requirement to issue a certificate of unfitness for vaccination is important in the case of children or persons who it has been ascertained by a medical officer are not fit to be immunized. However caution should be taken against those who might abuse this provision like antivaxers. The section also promotes natural immunity and exempts those who have suffered from an infectious disease from being immunised.

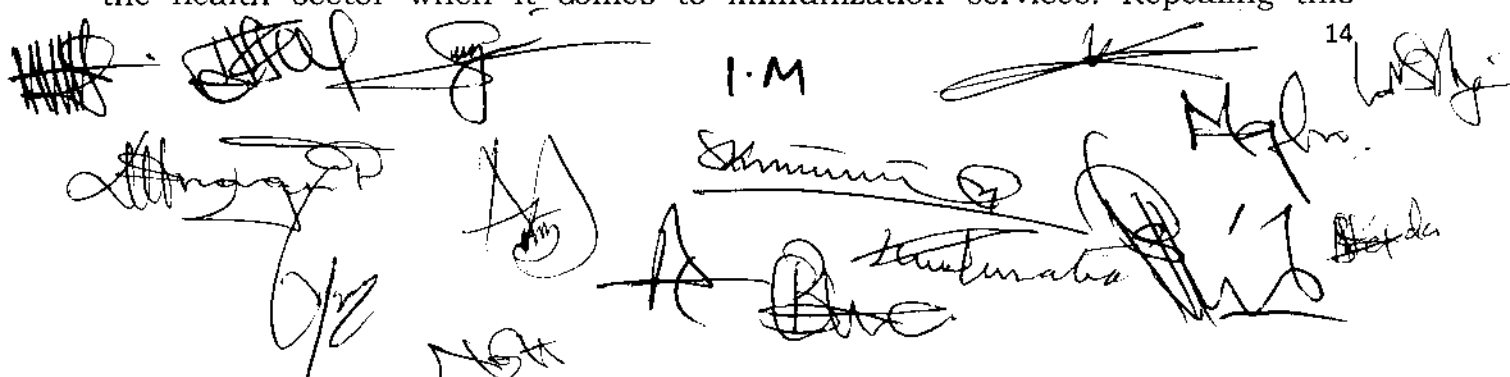
The Committee recommends that the provision of issuing a certificate of insusceptibility to vaccination be retained but be captured as is provided for in the Immunization Act, Part II, section 4, sub section 2.

NO FEE TO BE CHARGED FOR A CERTIFICATE OR FOR VACCINATION BY A PUBLIC VACCINATOR

Clause 36 of the Bill repeals Section 43 of the Principal Act. According to section 43, no fee is supposed to be charged for a certificate or for vaccination by a public vaccinator. Section 43 (1) "No fee or remuneration shall be charged to the person vaccinated by any public vaccinator for any certificate granted under this Act, nor for any vaccination done by him or her under this Act."

(2) A public vaccinator or medical practitioner giving any certificate under this Act shall enter in it a description of the person in respect of whom the certificate is given sufficient for the purpose of identification."

The Committee noted that Section 43 acts a safety net to curb corruption in the health sector when it comes to immunization services. Repealing this

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The Committee recommends that Section 43 should not be repealed in order to maintain and improve accessibility and address equity of immunization services and promote uptake of immunization services

The Committee noted that detention centres, hospitals for mental patients, prisons and other similar facilities are hot spots for spread of infectious diseases.

The Committee recommends that inmates of the above institutions
should be immunised against infectious diseases.

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VACCINATION AS A REQUIREMENT FOR ADMISSION TO SCHOOL

Clause 37 of the Bill seeks to amend Section 45 of the Principal Act. Section 45 requires that any before any child is admitted to a school, the child's vaccination certificate should be provided to the school head by the parent or guardian. Failure to comply with the above provision is a criminal offence punishable through a fine or imprisonment.

The Committee observed that education institutions, especially for children, are epi-centers for the spread of infectious diseases given the close levels of interaction among the little ones.

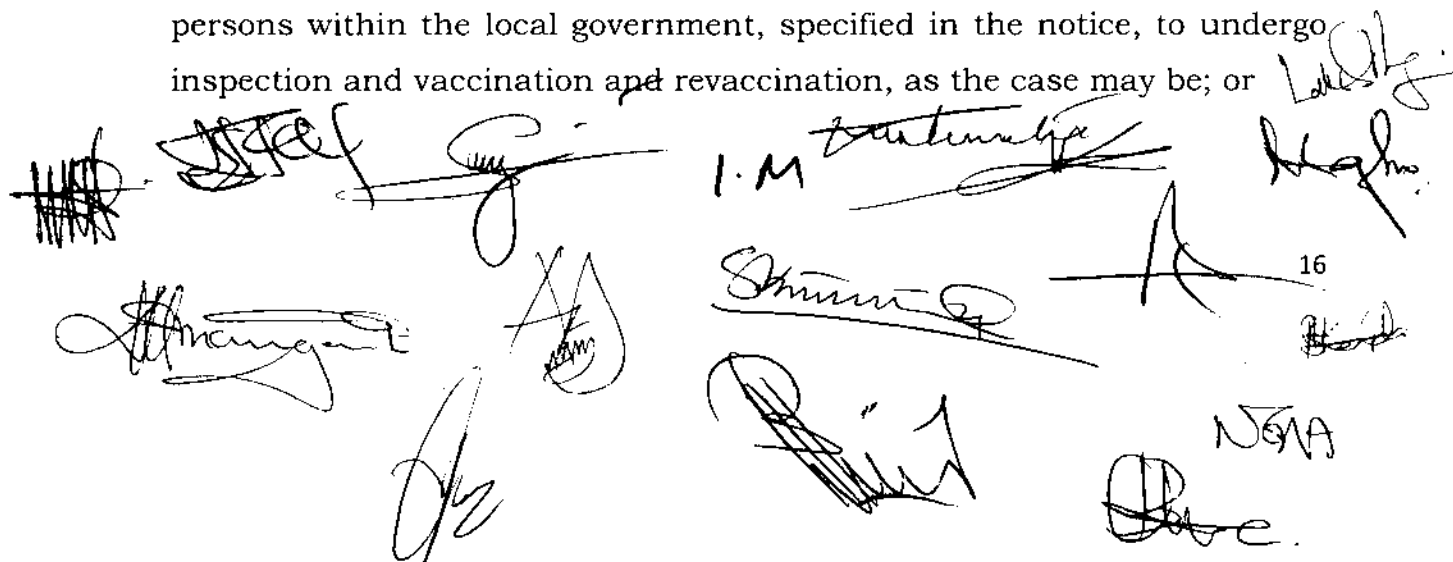
The Committee recommends that production of an immunization card shall be a prerequisite for admission of a child to a day care centre, pre-primary or primary school and the school head should retain a copy of the card.

MASS VACCINATION AND RE-VACCINATION

Clause 39 of the Bill seeks to substitute the provisions of Section 47 of the Principal Act about emergency vaccination of population in areas threatened with small pox with a new title-mass vaccination and re-vaccination.

The proposed new section 47 reads thus, (1) In the event of the occurrence or threatened outbreak of any disease in any local government or where it is necessary to conduct vaccination or revaccination in a local government for all the residents of the local government or for a specified category of residents-

- (a) a local government council shall where instructed by the Minister, issue a notice posted in public places in the local government, requesting all persons within the local government, specified in the notice, to undergo inspection and vaccination and revaccination, as the case may be; or



(b) a local government council shall require any person in the local government to be vaccinated or revaccinated and shall require the parent or guardian of any child, to have the child vaccinated or revaccinated.

(2) A person who fails or neglects to comply with a requirement made under this section commits an offence and is liable on conviction to a fine not exceeding two hundred currency points or to imprisonment not exceeding six months or both."

The Committee noted that development of a vaccine may take more than 10 years and all vaccines have side effects depending on the health of the person who is being vaccinated.

The Committee further noted that the cost of some special vaccines limits access to them by poor people. Additionally, inadequate information about vaccines has created a gap in health promotion and education.

The Committee recommends that:

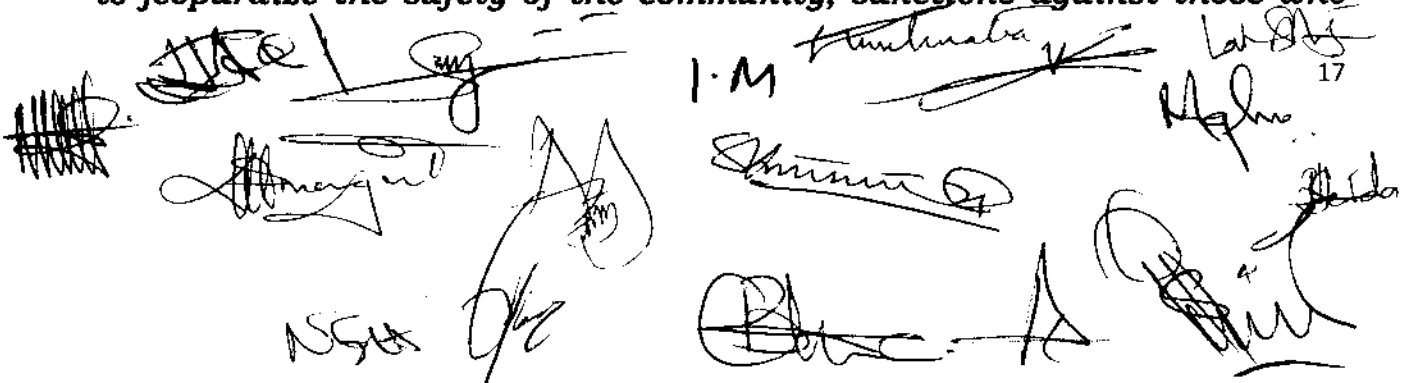
The safety and efficacy of a vaccine to be administered in the country should be first approved by Cabinet.

A system for reporting adverse effects of vaccines should be established.

The Government should provide vaccines and related services free of charge and ensure that they are available.

Government should provide all the necessary information and education about any disease and the vaccine; and create awareness about the importance of vaccination in order to promote voluntary health seeking behaviour like vaccination.

However in the event that all measures are taken by Government to provide all the necessary information, education and make vaccines accessible; and where a disease is of grave public health concern so as to jeopardize the safety of the community; sanctions against those who



deliberately refuse without any valid explanation and those who promote a smear campaign, will come into effect.

NON-COMMUNICABLE DISEASES (NCDS)

The Committee noted that non-communicable diseases are on the increase and contribute to 34% of morbidity in Uganda. The NCDs include Diabetes, cardiovascular diseases, mental health, trauma/injuries, cancers and pulmonary conditions. Due to the increase in severity of these diseases over the years, some that were under small departments are now fully fledged legal entities and have Acts enacted to their names e.g Uganda Cancer Institute Act, Mental Health Act. This is made worse by the fact that advanced cases of NCDs are very expensive to treat and manage.

The Committee recommends that there should be a provision on prevention and control of non-communicable diseases as well as the required Government intervention.

The Committee recommends that Part VII of the Principal Act which is being repealed by Clause 41 is replaced with Non-Communicable Diseases.

REGULATION OF MORTUARIES, FUNERAL HOMES AND RELATED SERVICES

Clause 72 of the Bill proposes a repeal of Section 107 and Section 108 of the Principal Act. Section 107 is about regulation of cemeteries. It reads, "The Minister may select and appoint by statutory instrument sufficient and proper places to be the sites of and to be used as cemeteries or crematoria for municipalities and towns; and it shall be an offence, where such cemeteries or crematoria exist, to bury or burn the dead within the municipality or town."

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Section 108 is about authorized cemeteries. It reads, "All cemeteries now being used as such and such other cemeteries as may be authorized by the Minister shall be deemed authorized cemeteries."

The Committee noted that the above provision leaves out services of cemeteries and funeral managers, yet they are positioned to handle cases of infectious diseases. Also, they are a rapidly growing business which needs to be regulated.

Additionally the committee noted that is rampant abuse and sell of already established cemeteries to change of use and this is usually granted by the Local government Councils or the area land committees.

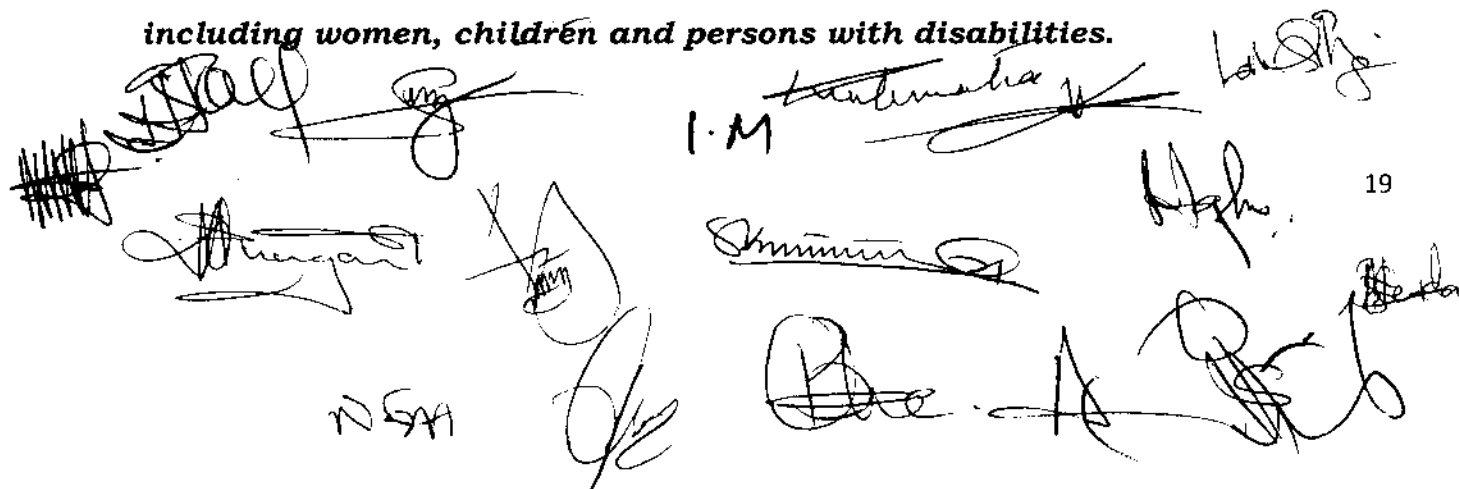
The Committee rejects the proposal to repeal Section 107 and Section 108 of the Principal Act and proposes that a new section 107A be introduced to regulate mortuaries, funeral homes and related services.

GOVERNMENT'S OBLIGATION TO PROVIDE HEALTH SERVICES

Principle XX of the National Objectives and Directive Principles of State Policy of the Constitution of the Republic of Uganda provides that the state shall take all practical measures to ensure the provision of basic medical services to the population.

The Committee noted that the Bill is silent on the duties and responsibilities of the state in relation to universal health coverage, yet the sanctions for violation of specific provisions are clearly spelt out in the Bill.

The Committee therefore recommends that a new clause be inserted immediately after Clause 74 to indicate Government's obligations in public health services like access to health services by all persons, including women, children and persons with disabilities.

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Clause 75 of the Bill seeks to repeal Part XV of the Principal Act which has general provisions. The provisions are about: basements, lodging houses, nursing homes, maternity and child welfare, provision of medical; attention by employers to their staff, regulation of public washer men, control of irrigated land and supervision of importation or manufacture of vaccines.

The Committee recommends that Section 120 should be repealed and the other sections under Part XV retained.

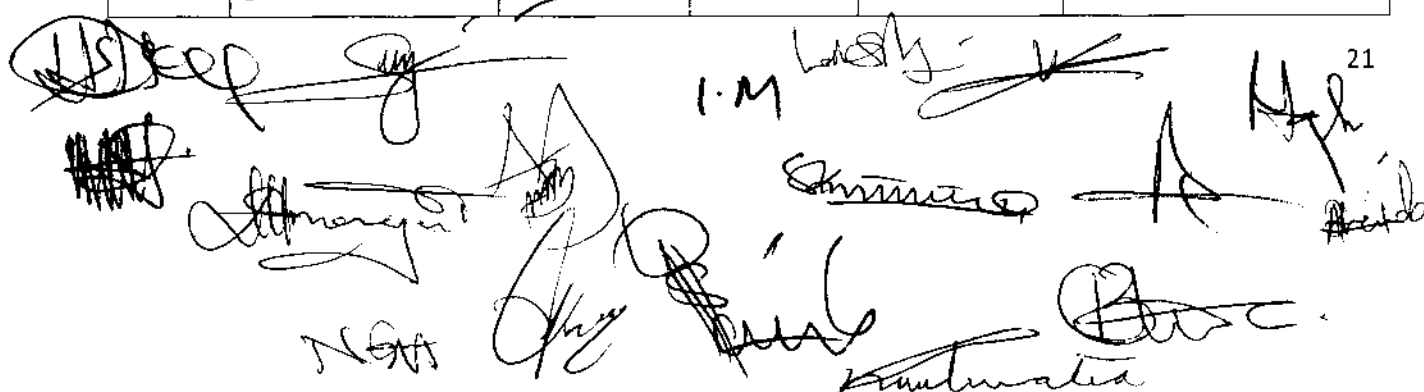
The Committee noted that there are many recreation facilities in urban centres and peri-urban centres which attract large crowds of people. These areas are potential drivers of spread of diseases in case one infectious person is amidst these crowds. Due to the interactive nature of the activities in the recreation centres, infectious diseases can spread fast if there is no regulation. The only regulation that is done is in form of licenses issued by the local authorities. The same scenario applies to beauty parlours.

The Committee recommends that since Section 121 of the Principal Act about supervision of importation or manufacture of vaccines is repealed, it should be replaced with Regulation of recreation facilities and beauty parlours. 100

replaced with Regulation of recreation facilities and beauty parlours.

Table 1- Penalties in the Public Health Act, Public Health (Amendment) Bill and Committee recommendations

S/NO	OFFENCE	SECTION	CLAUSE	PENALTY IN BILL (CURRENCY POINTS)	COMMITTEE POSITION
1.	Contravention of rules made under section 11 (1)	11 (2)	8 (2)	150/12 months	100
2.	Failure to comply with a notice to cleanse & disinfect a building or part of a building & articles	13 (2)	10 (b) (i)	5 from 200/=	50
3.	Penalty on exposure of infected persons and things	20	14	150 from 300/=	100 currency points/3 months
4.	Penalty on failing to provide for disinfection of public vehicle	21	15	5 from 400/=	5
5.	Penalty for letting infected house	22	16	5 from 1,000/=	100
6.	Penalty for failure to provide	23	17	5 from 1,000/=	100



 21

	disease (There was no provision for a penalty in the Act. It was stated as an offence)				
10.	Penalty for violation of precautionary measures at points of entry	36	28(1) (b) (2) & (3)	Individuals 150/12 months or both Body corporate – 250 and below	2,500
11.	Penalty for admitting children at school who have not been immunised	45 (1)	37(1) (a)	200/6 months	100
12.	Penalty for violation of requirement for mass vaccination or revaccination (This new clause has replaced section 47 in the Act)	47	47	200/6 months	200
	Penalties in relation to	61(1) &	48	100 from	50

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	nuisances	(2)		80/=	
	Penalty for failure to comply with a notice to abate a nuisance	60(3)	47	200 from 400/=	100
13.	Penalty for failure to repair defective latrines capable of repair	89(2)	58(2)	250 & 50 for continuous offence	50-one off
14.	Penalty for failure to keep yards free from bottles, whole or broken	94 (2)	60	10 from 100/=	5
15.	Penalty for failure to clear bush or long grass (There was no penalty in original Act)	95	61	50 & 1 for continuous offence	50
16.	Penalty for failure to cover water in an open vessel/container or space	96 (2)	62(2)	250 & 50 for continuous offence	5
17.	Penalty for failure to screen or	97 (2)	63	250 & 50 for continuous	100

	protect cesspits			s offence	
18.	Penalty for residing in a room where foodstuffs are kept There was no penalty in original Act)	102 (2)	67	150 & 50 for continuous offence	250 & no other penalty
19.	Penalty for refusal/failure to give access to any officer, inspector or authorised person powers of entry to inspect premises	126 (2)	79 (1) (b)	150	150
20.	Penalties which are not expressly provided for	133	86	250 & 50 from 2,000/= & 60/=	
21.	Punishment without prosecution	133A		200 fixed penalty	
22.	Penalty for subsequent offences & continuing offences	133B		150 subsequent & continuing offences	

23.	Offences committed by body corporate		133C	500	5,000
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The table above shows fines and penalties for various offences in the Public Health Act and Public Health (Amendment) Bill. All the fines in the Act have been revised given the little value they hold in current economic times. The Public Health (Amendment) Bill has proposals for various fines. The Committee agrees with some fines and recommends that other fines be reduced or revised upward.

The Committee recommendations on the various penalties for the various offences are captured above.

7.0 CONCLUSION

Amendment of the Public Health (Amendment) Bill has been long overdue; but it is what the country needs at this time. Enactment of the law will solve the current and emerging public health concerns.

Rt. Hon. Speaker, I beg to move that the report of the Committee be adopted.

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PROPOSED COMMITTEE AMENDMENTS TO THE PUBLIC HEALTH (AMENDMENT) BILL, 2021

CLAUSE 2: AMENDMENT OF SECTION 1 OF THE PUBLIC HEALTH ACT

a) Amendment of Clause 2 (a)

In paragraph (a), insert the word "parent."

Justification:

The deletion of the word parent in the principal Act opens room for a better definition of the same word as proposed in the amendments.

b) New Insertion

Insert the following new paragraph immediately after clause 2(a) and renumber accordingly:

"(b) by inserting in appropriate alphabetical order the following new definitions;

"adult" means a person above the age of eighteen years

"child" means a person below the age of eighteen years

"immunization" means the process whereby a person is made immune or resistant to an infectious disease, typically by the administration of a vaccine;

"immunization card" means a document issued by a vaccinator to a parent of a child, showing a record of immunization of the child;

"minister" means the minister responsible for health;

"parent" includes a biological mother or father, a guardian, a person who has lawful custody of a child or an adult person who has parental responsibility for a child;

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"parental responsibility" means the rights, duties, powers, responsibilities and authority which by law a parent of a child has in relation to the child;

"public health" means the art and science of preventing disease, prolonging life and promoting health through the organized efforts of society;

"pre-primary school" means an establishment set up for the purpose of providing education to children below the age of six years;

"primary school" means an establishment set up for the purpose of providing education to children aged six years and above;

"vaccine" means any preparation intended to produce immunity to a disease by stimulating the production of antibodies.

Justification:

1. This is a reflection of the provisions of the Immunization Act which are to be incorporated in the Public Health Act.
2. There is need to have a standard definition of public health in the law regulating the area of public health.
3. The Minister responsible for implementation of the law should properly defined.

CLAUSE 3: REPEAL OF SECTION 4 OF PRINCIPAL ACT

Delete

Justification:

Sanitary boards play a critical role in public health and should be strengthened rather than abolished.

[Handwritten signatures and initials are present below the justification text, including "I.M.", "Shimwani", "N.B.H.", and others.]

Substitute clause 6 with the following:

For section 8 of the principal Act is substituted the following -

1) The minister shall constitute local authority health boards comprising such number of persons as the minister may determine.

2) The membership, functions, powers and all matters pertaining to the proper functioning of the boards constituted under subsection (1) shall be prescribed by the minister by statutory instrument.

- This is the formal way of having the public health structures at the local authority involved administratively in the management of public health issues.
- The Public Health Act should remain overriding in matters of public health thus Section 9 of the Public Health Act should be retained.

Clause 11 is amended as follows:

1. Substitute the current title with the following “*Destruction of contaminated bedding, clothing or articles*”
2. In sub-clause (a), substitute the words “secure an order of court” in the sixth line with the following “seek the permission of the local authority”

3. In sub-clause (c) substitute the word "shall" with the word "may".

Justification:

- It's not practical to destroy buildings given the costs and legal issues
- It is not proper to subject such emergency response decisions to court processes save possibly for compensation after the response.
- A court appeal is not mandatory hence the term "may"

CLAUSE 12: REPEAL OF SECTIONS 15, 16, 17 and 18 OF PRINCIPAL ACT

Substitute Clause 12 with the following:

"12. Amendment of sections 17 and 18 of the principal act

a) For section 17 is substituted the following:

17. Provision of means of decontamination

A local authority shall provide a proper place, with all necessary apparatus and attendance, for the decontamination of bedding, clothing or other articles which have become contaminated, and shall cause any articles brought for decontamination to be dealt with free of charge.

b) For section 18 is substituted the following:

18. Provision of conveyance for infected person or thing

A local authority shall provide and maintain conveyances for the carriage of persons suffering from any infectious disease or for the removal of any contaminated bedding, clothing or other articles and shall pay the expenses of carriage in such conveyance of any person so suffering to a health facility or other place of quarantine."

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Justification:

1. Sections 15 and 16 give the needed latitude for Government action in case of a dangerous infection and should not be repealed.
2. On the other hand government should remain responsible for providing ambulances to manage the transportation of infected persons.

CLAUSE 13: AMENDMENT OF SECTION 19 OF PRINCIPAL ACT

In clause 13, substitute the word "nursed" with the word "managed" and the word "hospital" wherever it occurs in the bill with the phrase "health facility".

Justification:

- 1) These are the most appropriate terminologies. Nursing mainly presupposes nurturing, cherishing and fostering.
- 2) Hospital is narrow but health facility is broader and most applicable in the circumstances.

CLAUSE 18: REPEAL OF SECTIONS 24 AND 25 OF THE PRINCIPAL ACT

Delete clause 18

Justification:

- 1) Notification of death and removal of a person dying of an infectious disease are important in reducing spread of infection
- 2) Removal and burial of a body of a person who has died of an infectious disease protects the bereaved family or unsuspecting mourners from contracting an infectious disease.

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CLAUSE 20: INSERTION OF SECTION 27A IN PRINCIPAL ACT

Insert the words "a local authority or" between the words "to" and "a" in the third line and between the words "where" and "a" in the fourth line.

Justification:

The words "local authority" cater for Kampala Capital City Authority.

CLAUSE 23: AMENDMENT OF SECTION 30 OF PRINCIPAL ACT

In paragraph (b)

- a) insert the word "for" between the words "substituting" and "subsection"
- b) delete the numbering (1)

Justification:

The word "for" was omitted and the proposed deletion is consequential to the flow of the amendment.

CLAUSE 28: AMENDMENT OF SECTION 36 OF PRINCIPAL ACT

In paragraph (3) substitute the phrase "two hundred and fifty" with "two thousand five hundred".

Justification:

In case of corporate entities the penalty should be punitive over and above being deterrent.

CLAUSE 29: AMENDMENT TO PART VII

Substitute the word "VACCINATION" with "IMMUNIZATION"

Justification:

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1. The most appropriate term under the Immunization Act, 2017 is immunization especially so because Part VII incorporates the substantive provisions of the Immunization Act.

2. Immunization is broader than vaccination.

CLAUSE 30: AMENDMENT OF SECTION 37 OF PRINCIPAL ACT

In paragraph (a) and wherever it occurs, substitute for the phrase "public vaccinator" the word "vaccinator".

Justification:

Vaccination can be both in the public and private health facility setting.

CLAUSE 31: SUBSTITUTION OF SECTION 38 OF PRINCIPAL ACT

Substitute clause 31 with the following:

"31. REPEAL OF SECTIONS 39, 40 (2), 41, 43, 44, 46 AND 48 (D), (E) AND (f) OF THE PRINCIPAL ACT

a) Sections 39, 40(2), 41, 43, 44, 46, 48(d), 48(e) and 48(1) are repealed.

b) For section 38 is substituted the following -

38. Immunization of children.

(1) Subject to subsection (2), a parent or guardian of a child resident in Uganda shall within twelve months from birth ensure that the child is immunized free of charge against the immunizable diseases that may be declared by the Minister by Statutory Instrument.

(2) Where vaccinator is of the opinion that any child is not in a fit state to be vaccinated or revaccinated, the vaccinator shall issue in respect of

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that child a certificate to that effect and indicate where applicable the date at which the child is to be vaccinated or revaccinated.

(3) A vaccinator shall, immediately after the immunization of the child mentioned in sub-section (1), issue to the parent of the child, an immunization card in the prescribed form which shall be presented by the parent each time the child is due for immunization.

(4) The immunization card issued under sub-section (3) shall be signed by the vaccinator every time the child is immunized.

(5) A parent of a child to whom an immunization card has been issued shall keep it for at least fifteen years.

Justification:

These provisions are lifted with the necessary modifications from the Immunization Act, 2017 which is to be repealed in this Bill.

CLAUSE 34: REPEAL OF SECTION 41 OF PRINCIPAL ACT

Delete

Justification:

This has been dealt with in the preceding amendment in clause 31.

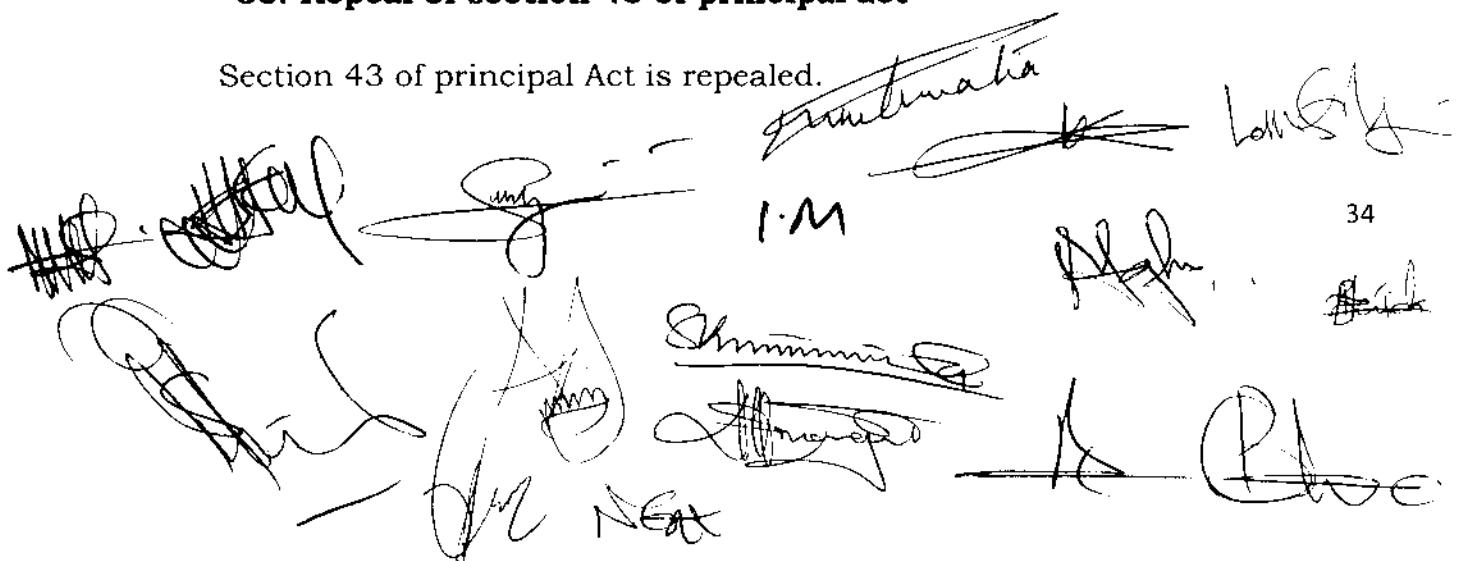
CLAUSE 36: REPEAL OF SECTIONS 43 AND 44 OF PRINCIPAL ACT

Substitute clause 36 with the following:

"36. Repeal of section 43 of principal act

Section 43 of principal Act is repealed.

Continuation
1.M
Shriman
NEA
34

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Justification:

- The proposed amendment of section 38 (1) reaffirms that the vaccination will be free of charge hence the repeal of section 43 which would be a duplication.
- There is need to maintain a provision for the vaccination of inmates in institutions like Butabika, prisons etc hence Section 44 is retained.

CLAUSE 37: AMENDMENT OF SECTION 45 OF PRINCIPAL ACT

Substitute clause 37 with the following:

"37. Substitution of section 45 of principal Act

For section 45 is substituted the following -

45. Admission for education.

(1) Subject to subsection (2), a head teacher or any other person responsible for admission of a child to a

- (a) daycare centre;
- (b) pre-primary school; or
- (c) primary school;

shall not admit a child unless an immunization card certifying that the required immunizations were given to the child is produced to him or her by the parent or guardian of that child.

(2) Where a parent of a child produces a certificate signed by a vaccinator certifying that immunization against any of the immunizable diseases is not advisable on medical grounds, an immunization card shall be

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produced by the parent showing that the child has undergone immunization with respect to other immunizable diseases.

(3) 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 daycare centre, preprimary or primary education.

45A. Penalties

A person who contravenes the provisions of section 38(1) or Section 45 (1) commits an offense and is liable on conviction to a fine not exceeding fifty currency points or to imprisonment not exceeding three months or both;

Justification:

These provisions are currently law in the Immunisation Act and should be adapted in the Public Health Act rather than being repealed.

CLAUSE 39: SUBSTITUTION OF SECTION 47 OF PRINCIPAL ACT

Substitute clause 39 with the following:

39. Substitution of section 47 of principal Act.

For section 47 of the principal Act is substituted the following:

47. Mass vaccination and revaccination

(1) In the event of the occurrence or threatened outbreak of any disease in any Authority, local government or where it is necessary to conduct vaccination or revaccination in a local government or Authority for all the residents of the local government or for a specified category of persons -

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- *Shimmering*
- *NSM*
- *Ph*
- *36*

(a) the minister shall by notice in the gazette, a copy of which shall be posted in a newspaper of wide circulation in the affected local government or authority, request all persons specified in the notice, to be vaccinated or revaccinated;

(b) the minister shall within seventy two hours of making the request in paragraph (a) notify the local government or authority under whose jurisdiction the request has been made.

(2) A person who fails or neglects to comply with a requirement made under this section commits an offence and is liable on conviction to a fine not exceeding fifty currency points or to imprisonment not exceeding three months, or both."

Justification:

The responsibility to call for mass vaccinations should be the preserve of the Minister.

CLAUSE 40: INSERTION OF NEW CLAUSE:

Insert a new clause after clause 40 as follows:

"Insertion of New Sections 48A & 48B

48A. Vaccination or revaccination conditions

1) The minister shall not require any person to be vaccinated or revaccinated unless -

a) the vaccine to be administered is approved by cabinet to be safe for the health of the person required to be vaccinated or revaccinated;

b) the minister has by statutory instrument issued detailed information indicating the eligible and ineligible persons, health risks and benefits of the vaccine so required to be administered.

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- c) the minister has by statutory instrument established vaccine adverse event reporting and management system;
- d) the government has provided the vaccine and other related services free of charge to the persons
- e) the government has ensured that the persons. required to be vaccinated or revaccinated have access to the vaccines.

2) The Minister shall by statutory instrument issue guidelines regarding the accessibility to and administration of vaccines for other immunizable diseases of public health interest.

48B. 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) Any person who contravenes this section commits an offence and is liable on conviction a fine not exceeding fifty currency points or imprisonment not exceeding six months, or both."

Justification:

The deployment of vaccines can have adverse effects on the population as such a higher level of scrutiny should be applied before their use.

CLAUSE 41: REPEAL OF PART VIII OF PRINCIPAL ACT

In place of Part VIII insert the following new part and number accordingly:

"Part VIII – Non-communicable diseases

49. Application to non-communicable diseases

- 1) Where the minister, a local authority, medical officer or medical practitioner or a person is required to act or desist from acting in relation to the prevention or control of a communicable disease under this Act,

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the requirement so to act or desist from acting shall be interpreted to apply to action or inaction in relation to the prevention or control of a non-communicable disease.

2) The minister shall by statutory instrument issue guidelines to give full effect to subsection (1).

50. Health promotion and awareness

1) In the implementation of this Act, the minister shall by adopt a preventive approach to disease control.

2) The minister shall by statutory instrument institutionalize health promotion and awareness in the public domain.

3) Where applicable, the minister shall make financial provisions for the promotion of national health and wellness programmes.

51. Collaboration with other entities

In the implementation of this Act, the Minister shall have power to require any government ministry, department or agency or any person to institute and implement mechanism to give full effect to the prevention and control of non-communicable diseases.

Justification:

- There is need to include and address NCDs in the law for visibility and proper disease prevention and control of NCDs to match the curative aspects of disease control.
- NCDs are on the rise and government action should be mobilized to stave the risk factors.

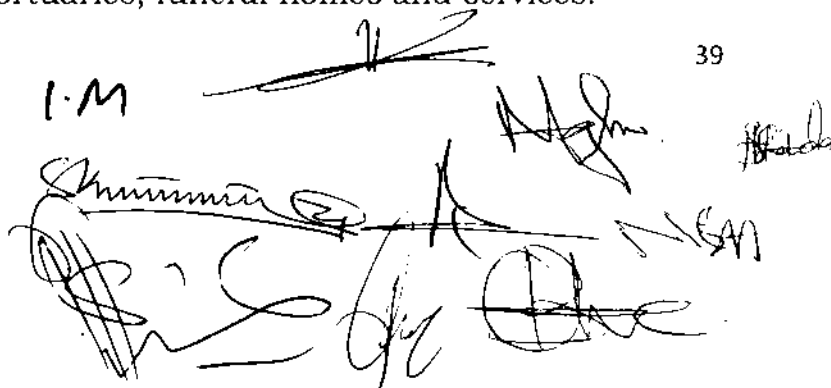
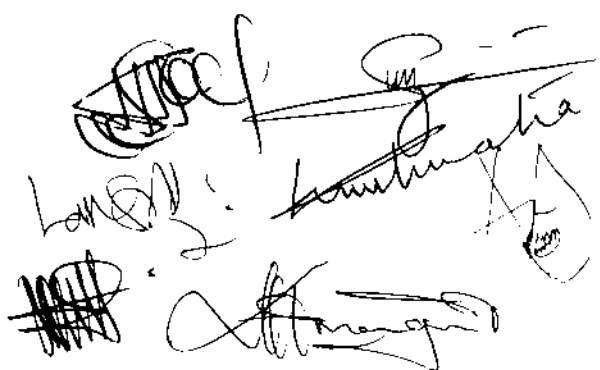
CLAUSE 72 –REPEAL OF SECTIONS 107 AND 108 OF PRINCIPAL ACT

Substitute Clause 72 with the following:

(a) Insert a new section 107A after section 107 as follows:

107A. Regulation of mortuaries, funeral homes and services

The Minister shall by statutory instrument issue guidelines for the licensing, regulation and management of mortuaries, funeral homes and services.



(b) In section 108, re-number as sub-section (1) and insert a new sub-section (2) as follows:

“(2) where a cemetery is authorized, it shall remain so authorized until the Minister authorizes otherwise.”

Justification:

This area is not regulated. There is no justification for its repeal. The amendment is necessary for the protection of authorised cemeteries.

CLAUSE 73: AMENDMENT OF SECTION 109 OF PRINCIPAL ACT

In paragraph (a) substitute the word “magistrate” with the word “court.”

Justification:

The use of magistrate creates ambiguity in terms of jurisdiction envisaged since that term is not defined and there are different levels of magistrates.

INSERTION OF NEW CLAUSE AFTER 74

Insert new clause after clause 74 as follows:

Insert a new section immediately after section 113 –

Government’s obligation in public health services:

The Government shall –

- (a) take all practical measures to ensure the provisions of basic medical services to the population;
- (b) ensure that all Ugandans have access to health services;
- (c) provide health facilities and opportunities necessary to enhance the welfare of women to enable them realize their full potential and advancement;
- (d) ensure that no child is deprived of medical treatment for any reason;

- (e) take appropriate measures to ensure that persons with disabilities realize their full mental and physical potential

Justification:

The provision underscores the obligation of Government as per the Constitution.

CLAUSE 75 -REPEAL OF PART XV OF PRINCIPAL ACT

Substitute clause 75 with the following:

CLAUSE 75 -REPEAL OF SECTION 120 AND SUBSTITUTION OF SECTION 121 OF PRINCIPAL ACT

(a) Section 120 of the principal Act is repealed.

(b) Substitute section 121 of the principal Act with the following:

121. Regulation of recreation facilities and beauty parlours

The Minister shall by statutory instrument issue regulations for the licensing, regulation and management of swimming pools, spas, recreation centres, massage parlours, barber shops, sauna and steam baths and jacuzzis.

Justification:

- The general provisions should be maintained because they are relevant.
- The Minister should be given power to regulate recreation facilities and beauty parlours.

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- *1. M*
- *Shimmin*
- *NGA*
- *41*
- *NGA*

NEW INSERTION AFTER CLAUSE 88

"Amendment of Section 138 of Principal Act.

Section 138 of the principal Act is amended by inserting a subsection (2) as follows:


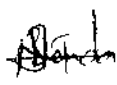
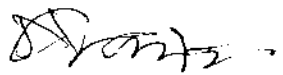
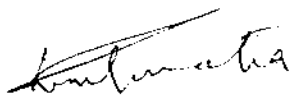

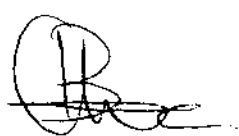
(2) Where the Minister makes regulations for the implementation of this Act, the Minister shall do so in consultation with other ministers relevant in promoting public health."



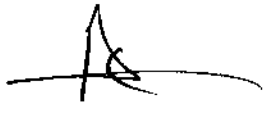
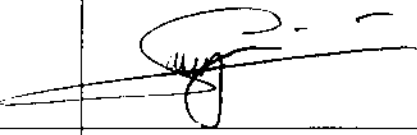


Justification:

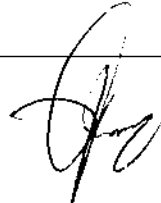
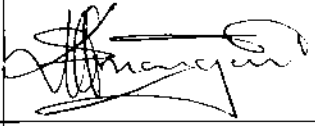

This promotes the one health approach to public health

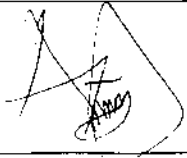
The image contains several handwritten signatures and initials. On the left, the word "Implementation" is written vertically. To its right are several large, stylized signatures. In the center, there are initials "I.M." and a signature that appears to be "Sh...". On the right side, there are more signatures, including one that looks like "Lan..." at the top, and another that looks like "A..." below it. At the bottom right, there are initials "P..." and "D...".

**ENDORSEMENT OF THE REPORT OF THE COMMITTEE ON HEALTH OF
THE PUBLIC HEALTH (AMENDMENT) BILL, 2021**

S/NO	NAME	CONSTITUENCY	SIGNATURE
1.	Hon. Dr Charles Ayume - Chairperson	Koboko Municipality	
2.	Hon. Ssebikaali Yoweri – Vice-chairperson	Ntwetwe County, Kyankwanzi district	
3.	Hon. Dr Ninkusiima John Paul	Ibanda County South	
4.	Hon. Namukuta Brenda	DWR Kaliro	
5.	Hon. Nakazibwe Hope Grania	DWR Mubende	
6.	Hon. Lematia Ruth Molly	Maracha East County	
7.	Hon. Laker Sharon Balmoyi	DWR Gulu	
8.	Hon. Bebona Babungi Josephine	DWR Bundibugyo	
9.	Hon. Chelain Betty Louke	DWR Amudat	

10.	Hon. Dr Bhoka Didi George	Obongi County	
11.	Hon. Atwijukire Dan Kimosho	Kazo County	
12.	Hon. Otingiw Isaac Ismail	Padyere County	
13.	Hon. Ayebare Margaret	DWR Mbarara	
14.	Hon. Dr Rutahigwa Elisa	Rukungiri Municipality	
15.	Hon. Dr Ruyonga Joseph	Hoima West County	
16.	Hon. Ssekyanzi Benard Kirya	Budyabo County	
17.	Hon. Eng. Irene Nafuna Muloni	DWR Bulambuli	
18.	Hon. Mbayo Esther	DWR Luuka	
19.	Hon. Dr Nandagire Christine N	Bukomansimbi North	
20.	Hon. Dr Kagabo Twaha Mzee	Bukoto South	

21.	Hon. Zaaake Francis	Mityana Municipality	
22.	Hon. Nanyondo Veronica	DWR Bukomansimbi	
23.	Hon. Batuwa Timothy	Jinja West	
24.	Hon. Dr Kamara Nicholas	Kabale Municipality	
25.	Hon. Dr Lulume Bayiga Michael	Buikwe South	
26.	Hon. Col. Dr Victoria Nekesa	UPDF	
27.	Hon. Auma Kenny	DWR Kwanja	
28.	Hon. Makhoha Margaret	DWR Namayingo	
29.	Hon. Nakato Mary Annet	DWR Buyende	
30.	Hon. Dr Opio Samuel Acuti	Kole County North	
31.	Hon. Bahireira Tumwekwase B Sylvia	DWR Kamwenge	

32.	Hon. Nebanda Florence Andiru	DWR Butaleja	
33.	Hon. Zawedde Victorious	DWR Nakasongola	
35.	Hon. Rwaburindore Tarsis	Ibanda Municipality	