

PARLIAMENT OF UGANDA



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

JULY, 2022

OFFICE OF THE CLERK TO PARLIAMENT

PARLIAMENT BUILDINGS

KAMPALA-UGANDA

[Handwritten signatures and initials]

1-M
Furukasha
Munyira
NSU
Munyira
NSU
Munyira
NSU

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The Public Health Act, Cap 281, was enacted 87 years ago in 1935 during the colonial era and has never been amended or repealed since then.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,

The bottom of the page contains several handwritten signatures and initials. From left to right, there is a large scribble, a signature that appears to be 'G. J.', a signature that looks like 'M. M.', a signature that looks like 'S. M.', a signature that looks like 'H. M.', a signature that looks like 'N. M.', a signature that looks like 'L. M.', and a signature that looks like 'P. M.'. There are also some other marks and initials scattered around.

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.

[Handwritten signatures and initials]
I.M
Mpho
3
NGA

- 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

Handwritten signatures and initials, including 'I.M.', 'N.G.A.', and others, are present at the bottom of the page.

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

[Handwritten signatures and scribbles]

I.M

Shimuna

USAID

UNICEF

WHO

5

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

A collection of handwritten signatures and initials in black ink. Some legible text includes "I.M.", "NGSA", and "AMREF".

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

The bottom of the page contains several handwritten signatures and initials. On the left, there are several scribbled-out signatures. In the center, there are initials 'I.M' and a signature that appears to be 'Shumun'. To the right, there are more signatures, including one that looks like 'Hylm' and another that is partially obscured. The handwriting is in black ink on a white background.

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

Amendment
~~Handwritten signatures and initials~~
I.M
NZA
High⁸
~~Handwritten signatures and initials~~

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 onaly 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.

A collection of handwritten signatures and initials in black ink, including the letters 'I.M.', 'NSA', and a circled signature.

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.

[Handwritten signatures and initials]
I.M
NSGA
10
10

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.

[Handwritten signatures and initials]
I.M
11
Kantamata

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

[Handwritten signatures and initials at the bottom of the page, including "I.M.", "Hajim", and "12"]

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.

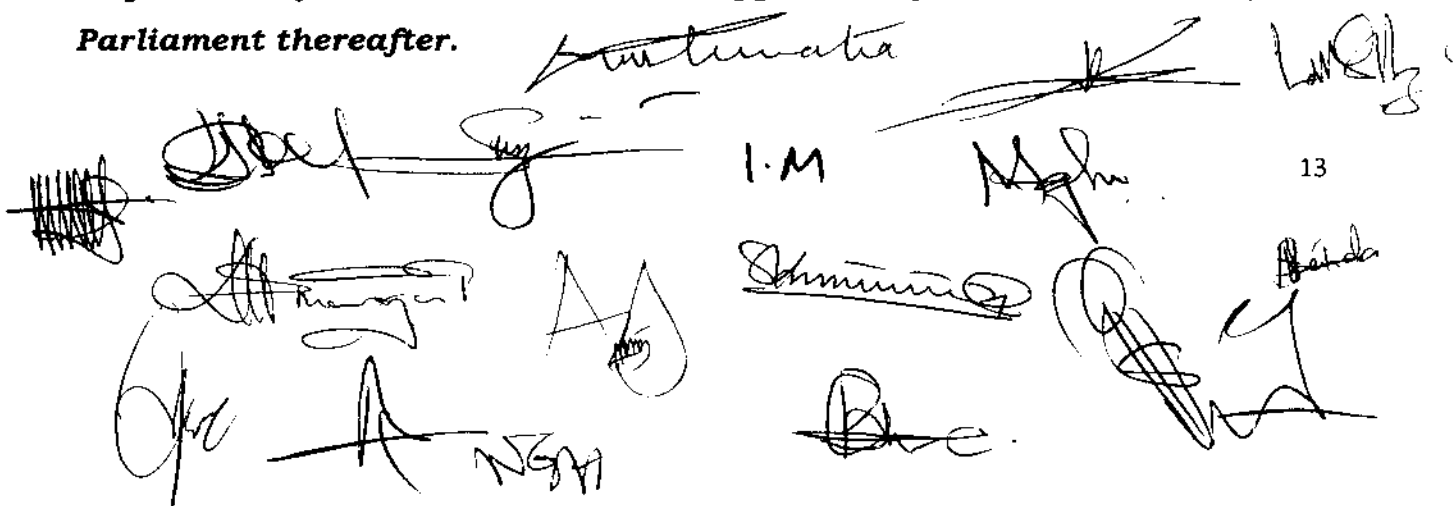
VACCINATION OF CHILDREN

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.

Antunata
I.M
13
NSM

The bottom of the page contains several handwritten signatures and initials. On the left, there is a large scribble and a signature that appears to be 'Sug'. In the center, there are initials 'I.M' and 'NSM'. On the right, there are several more signatures, including one that looks like 'Maha' and another that is partially legible as 'L...'. The page number '13' is written in the center-right area.

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

~~Handwritten signatures and initials at the bottom of the page, including "I.M", "Schmutter", "14", and various illegible signatures.~~

section will promote under the table payments by vaccinators especially in rural communities where people do not know their health rights and are not empowered. This will act as a deterrent to good health promotion practices in the community.

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

VACCINATION OF INMATES OF INSTITUTIONS

Clause 36 of the Bill repeals Section 44 of the Principal Act which requires inmates of institutions to be vaccinated. It reads, "Every superintendent or person in charge of a leper asylum, mental hospital, chronic sick hospital, gaol, reformatory or other similar institution shall where practicable, cause to be vaccinated within fourteen days following his or her admission to the institution every inmate of the institution who, being in a fit state of health to undergo vaccination, fails to prove satisfactorily that he or she has been successfully vaccinated within the three years immediately preceding; if that person is at the time unfit to undergo vaccination, he or she shall be vaccinated as soon as he or she is so fit."

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.

~~Handwritten scribbles~~ ~~Handwritten scribbles~~ ~~Handwritten scribbles~~ ~~Handwritten scribbles~~ ~~Handwritten scribbles~~
I-M
Immunisation
Stimulus
15
NSW

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.

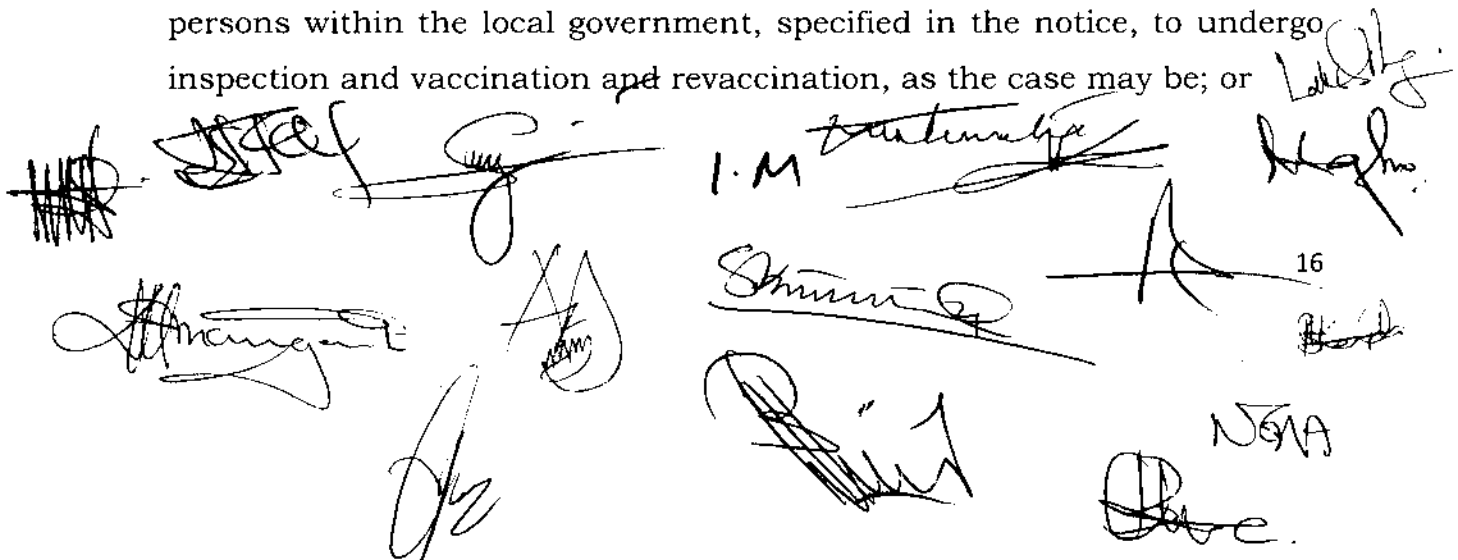
The Committee recommends that production of an immunization card shall be a prerequisite for admission of a child to a day care centre, pre-primary or primary school and the school head should retain a copy of the card.

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

The bottom of the page contains several handwritten signatures and initials. On the left, there are several scribbled-out signatures. In the center, there is a signature that appears to be 'I.M.' followed by another signature. To the right, there are more signatures, including one that looks like 'L. M. S.' and another that looks like 'R. M. S.'. There is also a signature that looks like 'N. S. A.' and another that looks like 'D. S. A.'. The page number '16' is visible in the bottom right corner.

(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

A collection of handwritten signatures and initials in black ink, including 'I.M.', 'NSA', and various scribbled names, located at the bottom of the page.

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."

~~Handwritten signatures and initials:~~
I.M.
Alpha
18
Bada

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.

The bottom of the page contains several handwritten signatures and initials. On the left, there are several scribbled-out signatures. In the center, there are several clear signatures, including one that appears to be 'I.M.' and another that looks like 'Kantamba'. On the right, there are more signatures, including one that looks like 'H. H.' and another that looks like 'B. H.'. The page number '19' is visible on the right side.

REPEAL OF GENERAL PROVISIONS OF THE PRINCIPAL ACT

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 noted that the provisions mentioned above are still relevant apart from Section 120 on control of irrigated land.

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

NEED TO REGULATE RECREATION FACILITIES AND BEAUTY PARLOURS

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.

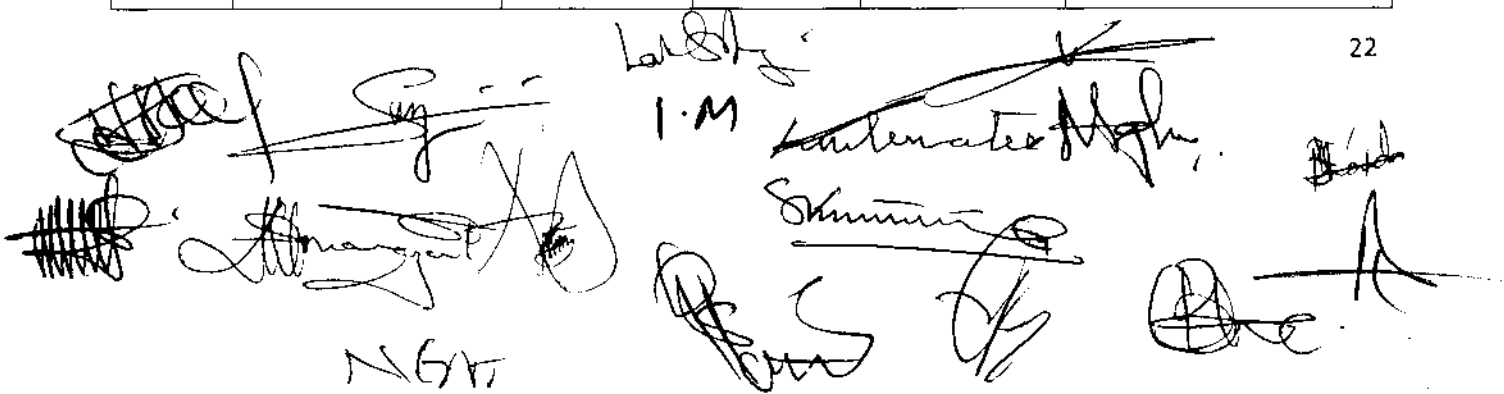
A collection of handwritten signatures and initials in black ink, scattered across the bottom half of the page. Some are large and stylized, while others are smaller and more scribbled. The signatures appear to be from various individuals, possibly members of the committee or officials. Some legible initials include 'I.M.', 'S.M.', 'N.G.H.', and 'D.C.'. There are also some illegible scribbles and marks.

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

NGA
 1. M. Lashy
 K. H. H.
 21

	information that rented house was previously infected				
7.	Penalty for contravention of rules made by the Minister for prevention and suppression of infectious diseases	27	19 (3)	150	50
8.	Penalty for failure to adhere to rules made by the Minister for prevention of certain epidemic diseases (There was no provision for a penalty in the Act)	29	22(2)	150/12 months	50
9.	Penalty for failure/neglect to make a notification of sickness or mortality in animals suspected of infectious	32	25	200/6 months	100



 A collection of handwritten signatures and initials, including "Margaret", "NGH", "1.M", and several other illegible signatures.

	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

NGH
 Sumner
 [Other illegible signatures and initials]

	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

Handwritten signatures and notes:
 - *Sanitation*
 - *NGAT*
 - *Shimira*
 - *Alpha*
 - *20*
 - *24*

	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	

~~Handwritten signatures and notes:~~
 25
 I.M.
 NGA
 [Various illegible signatures and scribbles]

23.	Offences committed by body corporate		133C	500	5,000
-----	--------------------------------------	--	------	-----	-------

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.

A collection of handwritten signatures and initials in black ink, including names like 'Kulsumatra', 'NSGH', and 'Shimminu'.

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;

The bottom of the page contains several handwritten signatures and initials. From left to right, there is a large scribble, a signature that appears to be 'A. M.', a signature that looks like 'I.M.', a signature with 'NSA' written above it, a signature with '27' written below it, and a signature that looks like 'D. S.'. There are also some other smaller marks and initials scattered around.

"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 at the bottom of the page. Notable ones include 'I.M.', 'Shrinivas', 'NBH', and several other illegible signatures. There is also a handwritten '28' on the right side.