

## A REFLECTION ON THE RIGHT TO HEALTH IN UGANDA

On 6<sup>th</sup> June, I was on my way to meet my research supervisor and in all sincerity, I was feeling late for I had only 30 minutes to get there. I ordered a *boda boda* and upon its

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ensuring equitable distribution of all health facilities, goods and services and (5) adopting a national public health strategy and plan of action addressing the concerns of all. (Committee on Economic, Social and Cultural Rights, General comment 14.)

Finally, incidental to progressive realisation is the principle of non-discrimination which ensures that even in the dilemma of resource unavailability the right to health is realised on equal grounds. The committee on Economic, Social and Cultural rights puts an obligation on states that, even during times of severe resource constraints, vulnerable members of society must be protected through the adoption of relatively low-cost targeted programs. (Committee on Economic, Social and Cultural Rights, General Comment No. 5, Persons with Disabilities, para 9.)

The principles of progressive realisation have righty been interpreted by courts in Uganda such as in *Centre for Health, Human Rights and Development (CEHURD) & 3 Ors v Attorney General* where court held that states are obliged to progressively realise the right to health and thus obliged to utilise their maximum available resources to realise the right to health without discrimination.

Uganda as a state should abandon using progressive realisation as a defence to cover up systematic redundancy in realisation of the right to health reflected in Uganda's alleged government hospitals. The privatisation of critical services in Mulago hospital such as the kidney medication that was needed by child of the *boda boda* rider needs to be granted to Ugandans for free or indicate progressive realisation by at least subsidizing these services.

Human life has a value, it's the spirit and mind of any state, it ought to be guaranteed, protected and preserved.

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