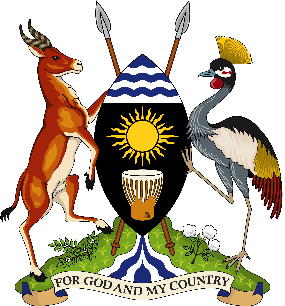
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**PARLIAMENT OF UGANDA**

**Tuesday, 19 July 2022**

*Parliament met at 2.00 p.m., at Parliament House, Kampala.*

PRAYERS

*(The Speaker, Ms Anita Among, in the Chair.)*

*The House was called to order.*

COMMUNICATION FROM THE CHAIR

**THE SPEAKER:** Honourable members, I welcome you to today’s sitting. I commend you for the consistent and dedicated commitment to the House business. I urge you to uphold the spirit of service beyond self for our people.

Honourable members, at the end of the 1stSession of the 11th Parliament, various committees were left with pending work. This work has been in the committee business. I urge you, members and the committee leaderships, to ensure that work is brought to the House.

I also ask you to take priority of what is pending. For instance, we have the Kampala Capital City Authority (KCCA)(Amendment) Bill, 2022. I ask the Committee on Presidential Affairs – Hon. Ababiku, I know you are a very efficient person, but I ask you to bring - the 45 days as per rule 129 have elapsed and none of you has come to ask for an extension. I expect all those Bills in the House next week.

We have the National Local Content Bill, 2022, which is a Private Member’s Bill, which was brought by Hon. Patrick Nsamba. It is in the Committee on Finance, Planning and Economic Development. I also want that Bill next week since the days have elapsed and we should be able – in my first communication I said the 1st session should be for Bills. By September, we should have finished all the Bills. Therefore,we need to be very conscious and make sure we pass those Bills.

Honourable members, on 17 February 2022, the House passed the Mining and Minerals Bill, 2022. The Bill was duly transmitted to the President for assent, pursuant to Article 91(1) and (2) of the Constitution of Uganda. However, His Excellency,the President, through a letter dated 18 June, 2022, returned the Bill for reconsideration by the House. That was pursuant to Article 91(3) of the Constitution. I want to read the letter from the President, verbatim. The letter is addressed to the Rt Hon. Anita Among, the Speaker of Parliament of Uganda and it reads:

“*Ref: Consideration of the Mining and Minerals Bill, 2022.*

*The above matter refers.*

*I have received the Mining and Minerals Bill, 2022, for assent. However, there are some provisions in the Bill that need to be reconsidered as listed below:*

1. *Clause 8 on the definition of Large Scale Mining:*

*The definition under clause 8 should be deleted and instead a new provision numbered 59 (Threshold for Large Scale Mining) inserted under crossheading: Large Scale Mining.*

*The justification is that clause 28(1) of the Bill restricts a Mineral Agreement to exploration, licences and large-scale mining licenses. The Bill under clause 8 defines large-scale mining to mean ‘the intentional mining of minerals in a mechanised operations, involving the excavation of large surface pit, sinking of shafts, driving of adits or other underground openings with limitations to the extents of the mining operation dictated by the extents of the ore body and annual ore production volumes or throughput exceeding one million tonnes.*

*The current definition, if maintained, has effect on excluding projects such as Kilembe Mines, Makutu Rare Earth Elements, Rubanda and Muko Iron Ore, which are complex and capital intensive, but may not meet the annual ore production or throughput exceeding one million tonnes.*

1. *Clause 33(1) on establishment of a tribunal:*
2. *Clause 33 (6) on appeals against the decisions of the minister being made to the tribunal should be substituted with ‘an appeal being made to the High Court within thirty days of receipt of the decision.’ The establishment of a tribunal is contrary to the Government’s ongoing process of rationalising and merging of agencies. Since the High Court has unlimited jurisdiction in all matters and has been strengthened to improve delivery of justice, and it is empowered to handle such grievances.*

*(b) Clause 33 (7) and (8) should be repealed.*

1. *Clause 31 (7) on competitive bidding should be amended by substituting it with the following:*

*‘For avoidance of doubt, competitive bidding shall not apply to areas under a mineral right except for a mineral right held by a state-owned enterprise.’*

*The justification is that the Bill, as passed by Parliament, empowers the minister to announce areas open for bidding for an exploration licence, medium-scale mining licence or a large-scale mining license. It further states that: ‘competitive bidding shall not apply to areas under mineral right’. The exemption would prevent Government from using competitive bidding for licences in the control of Government, like bidding of Kilembe Mines. The proposed amendment would enable the Government to use competitive bidding for the licences it controls.*

*Therefore, in accordance with Article 91(3) of the Constitution of Uganda, I hereby return the Bill to Parliament for reconsideration with the above clauses.”* Signed by President Yoweri Museveni.

And since this has very few clauses to be reconsidered, I, therefore, refer the Bill back to the Committee on Environment and Natural Resources and let it be presented in the House tomorrow, Wednesday, 20th just for clarity.

2.11

**MR WILFRED NIWAGABA(Independent, Ndorwa County East, Kabale):** Thank you, Madam Speaker. I had actually wanted to raise the same matter because the information I got this morning, from the alternative Attorney-General on this side, is that the Committee on Environment and Natural Resources has already processed this reference even before you referred the Bill to the committee.

This particular Bill, particularly, the first area, where the President has raised concern, is a technical matter. And because it is a technical matter, it would be important that the committee interfaces with the technocrats from the ministry, particularly, those from the Directorate of Geological Survey and Mines. As we speak, since –

**THE SPEAKER:** Honourable member, can I finish my communication, then you raise that later; because it is something that we are going to discuss, we cannot just pass it like that.

Honourable members, over the past few days, the media has been awash with the news of the fatal accident of the death of a student during the Makerere University Guild Presidential Campaigns. This was tragic; and without jeopardising the ongoing investigations, I urge Members to preach peace: politics is here to stay and we need peace. I request you to be the peace agents of this country. We need the peace that we desire. We should not lose a person over campaigns. Let us preach peace for the good of this country. Politics is not a matter of life and death. We lost a child; we are all parents and we have lost somebody just out of negligence.

I sincerely want to convey my condolences to the bereaved family, to the management of Makerere University and Uganda Christian University together with the entire students’ body, for this kind of death that happened and this must stop. Let us not take politics as a matter of life and death.

Honourable members, the plight of our people in famine-infested areas like Karamoja is a scar on the conscience of this country. We have seen very many malnourished people, and I think Government needs to come out clearly on how to handle this issue in the short-term, medium-term and long-term.

I had a statement, where they were saying that the food is available for three months. Which food can you grow now and it becomes ready within three months? Let us have the short-term approach, the medium-term and then the long-term. At the same time, we also need to do a mindset change for our people; the people down there think they should only live on cattle, but you cannot live on cattle alone. You need to encourage them to do farming as well.

And if we do not do that, we will continue lamenting while people are dying and become malnourished. When you look at the pictures that are on social media, you will not want to look at it the second thing.

So, as Government, we want you to take an action and it must be a coordinated approach: one group is fundraising on this side, the other group doing something else. Let us have a coordinated approach towards solving the problem not only in Karamoja region, but for the whole country.

And as we said, at some point, that it is a constitutional provision for us to have a disaster committee. However, up to now, we have not had that committee in place. We are doing everything in an ad hoc way. If we had the committee, the committee would be able to understand what should be done, when and where. But since that time, nobody has bothered to report to this House, whether there is a committee in place and we are still waiting.

Honourable members, as we move on, it is just appropriate that if you can have a way -and what I said about the committee is in Article 249 of the Constitution; it is a constitutional matter. I do not know why we do not have it up to today. This committee would be able to help us to manage whatever is happening.

I wish you good deliberations for the day. And maybe just to answer on the issue of the Shadow Attorney-General, when we received a letter from the President, we sent it to the committee, awaiting committal from the House. We send it to the committee to go ahead and hold the meetings and have these issues that were raised resolved. That is how the committee had a sitting.

2.18

**MR BONIFACE OKOT(NRM, Youth Representative, Northern):** I want to, first of all, thank you very much, Madam Speaker, for condemning violence in our institutions of higher learning. By our rules, you are considered “blind”, but I thank you for having your eyes wide open, for issues that happen, among the young people of this country.

Indeed, on the 14th of July 2022, we lost a one Bewotti Batungura in a stabbing while at the guild campaigns. One of the most painful things for the young people of this country is to lose an asset like Mr Batungura, especially in a political process, where we expect people to have contestation of ideas and not muscles. As you are aware, Madam Speaker, the greatest resource for Africa is not necessarily our diamonds and gold, but our youthful population. Batungura’s story is one of the many unacceptable occurrences of students losing their lives, sustaining injuries, and losing their property during activism in the universities.

Many Ugandans were left wondering how safe our institutions of higher learning are, especially during these unavoidable intra-institutional electoral processes. I just have two quick prayers on behalf of the young people:

One, following the death of Batungura, Makerere University Council has communicated that it is in the process of instituting electoral reforms to ensure the safety of students.

However, through you, Madam Speaker, Parliament must also task the relevant ministry to ensure that reforms do not only happen in Makerere University, but in all the institutions that embrace political processes to guarantee the safety of all our students.

Secondly, the Ministry of Education and Sports must report to this House on whether the Acts, regulations or Government policies and roles of the different agencies are adequate and whether the extent of implementation of these regulations is adequate to end violence in our institutions of higher learning.

I beg to submit, Madam Speaker.

**THE SPEAKER:** Thank you very much. If it is anything regarding that killing, we will not discuss it since it is before court. That would amount to *sub judice.*

2.21

**THE CHIEF OPPOSITION WHIP (Mr John Baptist Nambeshe):** Madam Speaker, you have rightly said that what is happening in Karamoja is a scar on the conscience of humanity. I took time to look at footages, especially from the sub-county of Rupa in Moroto District. It was shocking.

Moroto is where marble is mined. There are a number of other mining companies in this sub-region of Karamoja, but we are reliably informed that they hardly pay royalties to the district local governments, as per the law.

Secondly and most importantly, the corporate social responsibility, where these companies would be expected to give back to the communities, is lacking in every aspect. This is callous. By the way, you see children of 14 years and below crushing stones and loading them onto the trucks. These people are not compassionate at all to give even a penny back to the community.

What also becomes a challenge to the Government is in abdication of its responsibility. We have district disaster management committees, but they are incapacitated. This House ought to come up with a legislation that strengthens these district disaster management committees. You alluded to the disaster management commission – that commission is not yet in place. However, we could start with these lowest units – the district disaster management committees.

By law, they have no powers – no functions whatsoever – to attend to emergency operations. They ought to be allocated a budget to quickly attend to emergencies before the Office of the Prime Minister comes in. These disaster management committees only conduct a needs assessment and report to the ministry. By the time aid – whether food or non-food items – is dispatched, many lives would have been lost.

Madam Speaker, I would be of the view that these district disaster management committees be strengthened to have what it takes to attend to emergency cases like the one in Karamoja.

**THE SPEAKER:** Honourable members, as leaders of the people and voice of the voiceless, ensure all your district disaster committees are working. Let us not wait to hear from the Prime Minister alone. Let us be the ones to check if they are working.

I had forgotten one thing: yesterday, our flag was flying high, again, in the World Athletics Championship and that was courtesy of Joshua Cheptegei and Jacob Kiplimo. *(Applause)* We would like to thank Ugandans and to congratulate the young men. We are proud of them. At an ample time, we will bring a motion recognising them, when they return.

On Karamoja, we have a minister for Karamoja region here. Can we hear from Hon. Nandutu?

2.26

**THE MINISTER OF STATE, OFFICE OF THE PRIME MINISTER (KARAMOJA AFFAIRS) (Ms Agnes Nandutu):** Thank you, Madam Speaker, for this opportunity. The issue of Karamoja has been publicised widely in social media. Indeed, pictures are disheartening.

As Government, we have already taken charge of the situation. As I speak now, we have already flagged off food to Karamoja region. We have given priority to Karamoja.

You talked about the mid-term and long-term interventions. As you are aware, there has been drought and insecurity in Karamoja. For the whole year, the people of Karamoja have not been going to the gardens. That is why there is food shortage in Karamoja. The army is doing their work.

My request to the leaders of Karamoja is that we support the security team to do their work and rid Karamoja of guns so that there is security in the area and we are able to embark on the production of food in Karamoja.

As Government, the Ministry of Agriculture, Animal Industry and Fisheries is already going to provide for us about 50 tractors to go and embark on food production in the region such that we do not depend on relief all the time. Karamoja is able to produce its own food.

As Government, we are on ground. Food is already there and we are planning for more food to go to Karamoja. We are on top of the situation in Karamoja –*(Interjections)*– I am informing you *–(Interruption)*

**MS AMERO:** Thank you, Madam Speaker. I rise on a point of order against my friend, Hon. Nandutu, the minister for Karamoja. This is a minister who is supposed to be almost resident in Karamoja. Everything that has happened has been taking time to happen up to where it has reached now.

Is the minister in order to say they have just taken action, yet she has been there in Karamoja and she could not report on the state of Karamoja before things went out of hand? *(Applause)*

**THE SPEAKER:** Honourable members, I am not sure that if you are a minister for Karamoja you are supposed to be resident there. You are an MP of your constituency, are you resident there? Aren’t you in Kampala?

Honourable members, let us remove the blame game. Let us focus on how we solve the problem. It should be a joint responsibility – we the leaders and the Executive. Let us solve the problem.

2.29

**MR PATRICK OSHABE (NUP, Kassanda County North, Kassanda):** Thank you, Madam Speaker. I appreciate you for condemning the violence that happened in the university. I think it should go with all of us, leaders, that all campaigns we do in this country should be non-violent. I think Ugandans have heard that message.

However, Madam Speaker, one of your Members, Hon. Frank Kabuye, the Member of Parliament for Kassanda South and a Shadow Minister for Youth, could not have sat at his home when the youth are involved in such wrangles; he visited the injured students in the hospital, but he was arrested.

Madam Speaker, this is the fifth day and Hon. Kabuye is still at Wandegeya Police. The law talks about 48 hours. If they preferred any cases against him, he would have been charged in courts of law.

Madam Speaker, the people of Kassanda, because of the history of Hon. Ssewanyana and Hon. Mohammed Ssegirinya who were arrested under similar circumstances and now it is over seven months while they are still in detention, are so worried that the same situation is going to happen to their Member of Parliament.

Madam Speaker, that is a worry to us who are in Opposition; every time you get caught in similar circumstances – people are so worried.

Whereas we are seated here, we need to also mind about our colleague. It is my prayer that Hon. Kabuye is brought before courts of law and charged so that we can get to know how a man who had gone to visit the youth in hospital got into this situation. Thank you very much, Madam Speaker.

**THE SPEAKER:** Honourable members and Hon. minister, we may not be aware of all the information about what could have happened, but let us respect the law and have the honourable member produced in court; be charged or not. Of course as of now, the principle of innocence still prevails. Let us have the Member produced in court - Honourable members, stop chorusing that he should be released. You do not know what the case is. Do not mislead this House. Let the law take its course so that we have the truth on table.

2.32

**MR ANTHONY AKOL (FDC, Kilak North County, Amuru):** Madam Speaker, my concern is still about the issue of Karamoja Region. When I was in northern Uganda, I got information that the people are now exchanging their children for food. Exchanging them for the remains of *kwete -*

**THE SPEAKER:** You said people are doing what?

**MR AKOL:** They are now selling their children for food; I mean exchanging the children for *kwete.*

**THE SPEAKER:** At how much?

**MR AKOL:** I am talking about exchanging for the remains of *Kwete.* That is how bad the situation is.

**THE SPEAKER:** Batter trade?

**MR AKOL:** Yes, it was also featured in one of the news stories in the *Daily Monitor* newspaper. Madam Speaker, I am insisting because we should get to the route of the problem.

My suggestion is that, if you can, institute a select committee to go on the ground and furnish us with the reality. I am talking about the number of people who have died and buried. This is starvation. It is a shame to all of us. We are leaders in this country. There are procedures on how things can be done. I am not saying Government is not doing much, but in situations where you are overwhelmed, you can declare a particular area, not the whole country, a disaster area. That will bring on board many people from different walks of life to help.

**THE SPEAKER:** Honourable members, I already made a ruling to that effect. We need to get involved as leaders. In doing our oversight role, let the members of Karamoja Parliamentary Group go and see how the food is being distributed. Let us go and watch how food is being distributed. We cannot just sit in this House when people are dying down there. Let the Members go and see to it that the food reaches the rightful people. That is important because at the end of the day, you are going to take the food to people who are not suffering. Yes, Prime Minister.

2.35

**THE PRIME MINISTER/ LEADER OF GOVERNMENT BUSINESS (Ms Robinah Nabbanja):** Thank you so much, Madam Speaker.

**THE SPEAKER:** Order!

**MS NABBANJA:** Madam Speaker, I wish people knew how many meetings we have had with our honourable colleagues from the Karamoja region. Then I do not know whether Members know that our food started reaching Karamoja region the other week when you told us. Even as I talk, over 15 trucks have also gone to Karamoja. Colleagues from the Karamoja region can testify to this.

We even went ahead and said let the food- because these big trucks sometimes go up to the districts. Our Members from the Karamoja region suggested that the food goes up to the sub-counties. And that is exactly what we are doing.

Colleagues, when you look at some of these pictures - there is a picture that is circulating indicating a mother burying a baby. That picture has been in the media for over four to five years and it is a picture taken from Sudan *–(Interjections)*- yes, we are told it is from there. It has been on social media for quite many years.

Madam Speaker, we have to be careful. It is an abuse for one to say a person can sell your child. To me I feel even if a mother is mad, the last thing a mother can do is to give in her child.

Colleagues, I want to tell you that the Government and Members of Parliament from Karamoja region and the surrounding districts are almost on top of the game. I request that you give us more support like Madam Speaker has said.

**THE SPEAKER:** Thank you, Prime Minister. The Karamoja Parliamentary Group together with the Committee on Presidential Affairs, this situation is under your docket. Make sure the food reaches the right people. Go on the ground and do your oversight role. We need a report on the short term, medium term and long term plans for that area. Make sure the food is available and that food is not diverted. I saw food being flagged off.

Honourable members, in the public gallery this afternoon we have interns attached to the Department of Legislative and Procedural Services in Parliament. You are welcome. Stand up.

Also this afternoon, we have pupils and teachers from Seeta Junior, in Mukono North, Mukono District. They are represented by Hon. Kiwanuka Abdullah and Hon. Betty Nambooze. You are welcome. Where are the pupils? Thank you for coming. This is your Parliament. They are here to witness the proceedings of this House. (*Applause*)

2.39

**THE LEADER OF THE OPPOSITION (Mr Mathias Mpuuga):** Thank you, Madam Speaker. I heard the commitment from the honourable Prime Minister regarding the handling of the crisis in Karamoja Region. However, governments are not there to handle crises, but to avert them.

We have a general drought in the country Madam Speaker and general crop failure across the country. I would like to get a commitment and an assurance from the Prime Minister, with the information in inform of statistics, for how long is Government prepared to take the country through an impending and very obvious food crisis.

I am aware from a number of Members of Parliament, that the people they represent are reaching out for food from Members of Parliament. This is probably all over the country. I do not expect Members of Parliament to be taking loans to feed their communities.

Will the Prime Minister inform the country how prepared the Government is to feed the population given an obvious crop failure across the country and given the long drought? Where are the national food silos? How much tonnage is there in terms of food and for how long can it take the country?

2.41

**THE PRIME MINISTER AND LEADER OF GOVERNMENT BUSINESS (Ms Robinah Nabbanja):** Thank you, Madam Speaker. The strategy of Government changed, this Government appropriated money under the Contingency Fund. We keep money to avert such situations and therefore with the contingency fund that this Parliament appropriated, we shall handle the situation.

**THE SPEAKER**: Honourable members, what we want is the strategy to avert the situation in terms of drought, and loss of fuel; now that Kenya is going for elections. Do we have fuel in our reserves? Let us plan towards that and see how that can be solved.

Members, we have a Bill and am not going to spend all my time on points of procedure, order, or information. Hon. Joan Namutaawe; she has a matter of national importance.

2.43

**MS JOAN NAMUTAAWE (Independent, Woman Representative, Masaka):** Thank you, Madam Speaker. I rise on a matter of national importance concerning the growing number of accidents on our roads. Just last week, we lost a family of a police officer. Mr Bwesigye, his wife and three children on Kampala-Masaka Highway. In the same week, we lost five school-going children who were knocked dead by a speeding Toyota Wish in the Ssembabule District.

Records from Uganda Police Force showed that on average 12 lives are lost daily because of road accidents. In June 2022 alone, a total of 366 people died and 1,146 sustained injuries as a result of road accidents.

It is my prayer that the Minister of Transport updates this Parliament about the specific measures being taken to reduce road accidents and improve road safety, thank you. *(Applause)*

**THE SPEAKER:** Hon. Joan Namutaawe has raised a very pertinent issue and this must be answered - where is the Minister of works? Before the Minister of Works comes, there is something related to that.

2.45

**MR RAUBEN ARINAITWE (Independent, Isingiro West County, Isingiro):** Thank you, Madam Speaker. I am presenting a matter of public importance. Yesterday, on Kitagate-Kafujo Road, a boda cyclist lost his life. This is the sixth person to lose their life along that road. Ministry of Works under Uganda National Roads Authority put heaps of marram along that road and they never spread it.

So, when people are riding at night, they bump into those heaps hence dying. The six people who died include: Daisy Ngabirano, Turyakihayo Emmanuel and his wife Karen, those ones got an accident and broke their arms and chests; Asaph Moromamo, Evaristo Musiimeki and Kamanda Basheija.

The cause of the accident is the negligence of the Uganda National Roads Authority (UNRA) because since April up to now, they have never attended to those heaps along the road, not even putting road signs, I submit.

**THE SPEAKER:** Thank you; the issue of accidents is a very serious matter, so many people are dying. Leave alone where Joan is talking about; we need a status report and the action that you are taking.

2.47

**THE MINISTER OF STATE FOR WORKS AND TRANSPORT (Mr Musa Ecweru):** Thank you. First, I would like to thank my colleague, Hon. Joan and my brother from Isingiro. I have just come from one corner of the country where the attention of the ministry was drawn to similar challenges.

We realised many things, including the absence of road humps in some of the centres. I want to promise this House that I will come, if possible, tomorrow, with a comprehensive statement that captures at least what we have been doing and if we have not been doing it well, how we have organised ourselves to try to step up the work.

Particularly, some interventions on the roads and also sensitisation and education to the members of the public on issues of the Highway Code and road safety in general. I promise the House that I will be able to bring this report here tomorrow.

**THE SPEAKER:** Bring the report plus action that you intend to take on what is happening and especially on the speeding vehicles and the trucks that park on the road.

We lost a former Member of Parliament here, the late hon. Gordon, over a car that was parked. People just park on the side of the road which is very unfair.

2.49

**MS BEATRICE AKELLO (NRM, Woman Representative, Agago):** Thank you, Madam Speaker, for giving me the opportunity to raise issues of national importance. I am up on issues of insecurity in our District, Agago. But before I come to this point, allow me to thank the Government of Uganda for all the interventions and strategies that they are putting in place to restore peace and security in the neighbouring districts – the districts neighbouring Karamoja, Agago inclusive. However, a lot more needs to be done.

Madam Speaker, it seems the cattle rustlers are changing their tricks. They are no longer rustling cows and animals only; they are now killing lives.

Madam Speaker, on 5July 2022, at around 4.00 p.m., a one John Katongole, 38 years old and from Mbarara, was taking the animals to graze and he was shot on the way. He died instantly. He was living with his in-laws in Omiya Pacwa Sub-county, Layito Parish.

On the 6th, at midnight, a one Caesar Opio, 57 years old, was called by the cattle rustlers at night that “come out and give us the cows”. He came out – because these days, they lock up the cows with padlocks. So, he forgot one key; he opened others. When he failed to open for one cow, he was shot. He died instantly.

Madam Speaker, on the 16th, still of July, a one Janet Ajalo was shot with arrowswhen the rustlers came and took some goats from Lira Kato Sub-county. They were making an alarm so that they could follow these goats and recover them. She is still in the hospital, battling for her life.

On the 17th, in Lacek-oto Village, Labwa Parish in Adilang Sub-county, a one Joseph Akoru - Joseph is from a parish called Alyek, Agali Sub-county in Lira District. He was shot in the stomach – near his heart - by the cattle rustlers. It was when these rustlers came and they were removing the goats. He came to rescue the goats. They shot him and he died instantly.

On the same day, they abducted a teacher from Arumudwong Primary School in Patongo. This teacher is called Charles Komakech – 46 years old. They got him in his garden, abducted him and tortured him. Right now, he is battling for his life in the hospital.

Yesterday, on the 18th, they killed one person called Charles Otto. When they came, Charles Otto was leading the soldiers to lay an ambush in the corridor. They shot him. He died instantly.

Madam Speaker, all these murders took place this month and the month has not yet ended.

I don't know whether – if another strategy is not developed, my people of Agago and our neighbouring districts will get finished – it is not only in Agago. All the districts neighbouring Karamoja subregion –

**THE SPEAKER:** Lagen?

**MR LAGEN:** Thank you, Madam Speaker. I am very grateful to my sister, the Woman MP, Agago, for submitting very reliable information.

Madam Speaker, to add to that, just today morning, over 30 heads of cattle were taken by the Karimojong cattle rustlers.

**THE SPEAKER:** Did you identify them that they were Karimojong? *(Laughter)*

**MR LAGEN:** Yes.

**THE SPEAKER:** Were you part of them?

**MR LAGEN:** I am not part of them, but this is reliable information –

**THE SPEAKER:** No, they are cattle rustlers; they are not Karimojong.

**MR LAGEN:** Yes. Apart from that, yesterday –

**THE SPEAKER:** First withdraw your statement.

**MR LAGEN:** Madam Speaker –

**THE SPEAKER:** They were cattle rustlers. I am saying withdraw.

**MR LAGEN:** Today, a group of the cattle rustlers took over 30 heads of cattle from Adilang Town Council. Not only that, yesterday, Madam Speaker, another group of cattle rustlers took over 40 heads of cattle from Adilang Sub-county. The situation is becoming volatile. The community is very scared. People are not going to the gardens. They are not going to school. Life is very difficult. The community is trying to find out what can be done.

Madam Speaker, we need the UPDF, now, to deploy helicopter gunships because some of these cattle rustlers normally use the mountain for hiding. So, we are requesting for the gunships for the UPDF to be able to help.

Madam Speaker, the local defence unit force has been taken away from the area. Now, there is a new deployment of the UPDF and most of these people do not know the area. We are requesting for our local people there to be empowered because they know the footpaths of these people.

That is why yesterday this gentleman called Otto was shot – it is because he knew the footpaths and was helping security personnel. So, we are requesting Government to empower the local people for them to be able to combat these security issues. That is our prayer. I thank you.

**MS AKELLO:** Madam Speaker -

**THE SPEAKER:** You gave out your time. *(Laughter)* Prime Minister?

2.56

**THE PRIME MINISTER AND LEADER OF GOVERNMENT BUSINESS (Ms Robinah Nabbanja):** Madam Speaker, this issue of insecurity in Agago was brought here last week by Hon. Amos Okot. We held meetings with the army commanders – with everybody – and deployment is ongoing.

I want to assure honourable members that the Government of Uganda, under the wise leadership of His Excellency Yoweri Kaguta Museveni – he was even in the area - shall definitely get on top of this problem. I want to assure the country that we shall get on top of this problem because we have deployed.

Now, the other appeal of the Member is to involve the local community. Let me go with this idea and we involve the local community. I am sure that this will be history. Thank you.

**THE SPEAKER:** Honourable Prime Minister, report back to the House after a week on the action you will have taken. Hon. Jonathan Odur?

2.57

**MR JONATHAN ODUR (UPC, Erute County South, Lira):** Thank you very much, Madam Speaker. I am raising this matter in relation to how decisions of this House and your directives are handled by the Executive.

Madam Speaker, you had directed the minister for finance – at that time represented by my brother, Hon. Musasizi – to come here with a report –*(Laughter)*- about the fate of the traders that lost their properties in South Sudan.

This week, Madam Speaker, one of our senior citizens, Hon. Levi Okodi Macpio, a senior presidential advisor who sold his house to start business in South Sudan, called me, following up on the decision of the House and whether I have had access to the list of people who have been compensated.

Now that the minister is here, Madam Speaker, wouldn't it be procedurally right that this minister, first of all, explains to us why he has defied your directive to bring the list here - the list he claims he has with him – and, secondly, gives us an update on what is happening so that we can explain to the people who are asking us questions? I thank you.

**THE SPEAKER:** Hon. Musasizi – I thought that list was laid on the Table.

2.59

**THE MINISTER OF STATE FOR FINANCE, PLANNING AND ECONOMIC DEVELOPMENT (GENERAL DUTIES) (Mr Henry Musasizi):** Thank you, Madam Speaker. It is true we made a commitment to report to this House on how far we have handled the South Sudan traders’ issues.

Madam Speaker, our procedures require that before we come here, we first get authorisation by the Cabinet. I wish to report to this House that we have done our report, which is before the Cabinet for consideration and after that, I will bring the outcome to the House.

**THE SPEAKER:** Did you get an addendum from South Sudan? Because what the senior minister promised was to follow up on that addendum.

**MR MUSASIZI:** The Cabinet paper we have presented is a comprehensive one. It has everything that concerns South Sudan. I beg your indulgence that after the Cabinet has considered, I come report to the House.

**THE SPEAKER:** Rt Hon. Prime Minister, I am directing you that a team headed by the Deputy Speaker and comprising the Leader of the Opposition, Hon. Kibalya and Hon. Cecilia Ogwal should travel to South Sudan and make a follow up on the addendum and report back to the House in two weeks. Also on that team should be the minister from finance.

We will wait for the report from South Sudan because what is being reported is contrary to what we know.

3.01

**MS NOAME KABASHARIRA (Independent, Rushenyi County, Ntungamo):** Thank you, Madam Speaker, for giving me this chance. Related to what he has just stated, people are talking about South Sudan, but my area neighbours, Rwanda - People supplied milk and when Rwanda closed out, people lost a lot of money.

I am wondering whether in that same paper you are also considering this group of people. The businessmen closed their businesses, they lost all the money and cannot access it up to today. I have a list of people who are asking; those who have nothing to do.

Therefore, Hon. Musasizi, I hope - and I am sure that even your constituents suffered the same. You should consider not only South Sudan traders, but also those who lost money in Rwanda. I thank you, Madam Speaker.

**THE SPEAKER:** Let us handle what came first; we will handle what has come up today later because we may also have similar concerns coming from DRC, Tanzania and/or Kenya.

3.03

**MR ALEX NDEEZI (NRM, PWD Representative):** Madam Speaker, I would like to put on record my appreciation for this opportunity to present an issue of national importance from my constituency. I am bringing it to the attention-

**THE SPEAKER:** Minister of Education and Sports, please listen to Hon. Ndeezi; his issue concerns you.

**MR NDEEZI:** I am bringing it to the attention of this august House to interest itself in the management of problems in one of the strategic institutions in this country that provides education opportunities to people with disabilities. That strategic institution is called Mbale School for the Deaf. It is very strategic in the sense that in this country, we only have two schools for the deaf. Therefore, this institution serves the whole country.

Madam Speaker, we have evidence that the Ministry of Education and Sports is aware of the problems that have been going on in this school. However, the ministry is reluctant to take action. We do not know where the problem lies.

Therefore, we come before you, as representatives of the people in this country, to implore the Minister of Education and Sports to go an extra mile and take action to ensure this school is helped.

The ministry sent a team to investigate the problems in this school about a year ago and a good paper was produced; I have a copy and I am going to lay it on the Table. However, for more than a year, the ministry has been reluctant to implement these very good recommendations.

Madam Speaker, as I speak, former staff members of this school have dragged the school to court. The school has ignored the summons from the court; this is a very serious matter.

Madam Speaker, our prayers are that, this august House orders the Minister of Education and Sports to implement the recommendations of the report and take measures to save this school from courts.

I beg to lay, on the Table, the report written by the ministry investigating team on the investigations carried out. I also beg to lay, on the Table, documents indicating that Mbale School for the Deaf and the ministry have been reluctant to go to court. I beg to lay.

**THE SPEAKER:** Thank you so much, Hon. Ndeezi. Honourable minister for Education and Sports - please lay on the Table what you have.

**MR NDEEZI:** There are two documents I am laying on the Table. The first document is titled *“The Republic of Uganda Report on the stubbornness by the Management at Mbale School for the Deaf, July 2021, the Ministry of Education and Sports.”* I beg to lay.

Madam Speaker, I also beg to lay, on the Table, a document from Mbale Magistrates Court clearly indicating that the school has been unable or is reluctant to respond to the summons issued by the courts. I beg to lay.

Madam Speaker, for record purposes, I believe it is important for you to allow me to share a copy of these reports with my colleague, the Minister of Education and Sports, to work with me*. Laughter)*

3.07

**THE MINISTER OF STATE FOR EDUCATION AND SPORTS (HIGHER EDUCATION) (Dr John Chrysostom Muyingo):** Thank you very much, Madam Speaker. I have received the reports. I will study them and all the documents laid on the Table and report back to the House.

However, Madam Speaker, of course it is true, we have not been having enough education institutions to cater for all Ugandans. However, now in our new strategy, we are planning to provide education services for everybody. We would like to see that everybody with any kind of disability is catered for.

Madam Speaker, I pray that you give me time; I will come back and present a comprehensive report about it.

Madam Speaker, may I also use the same opportunity to share thanks from the Ministry of Education and Sports for recognising and appreciating the good work done by our brothers, Kiplimo and Cheptegei recently. Thank you very much for that support. That encourages our people really to put in a lot of effort. I thank you.

**THE SPEAKER:** Thank you. LOP, do you need -

3.09

**THE LEADER OF THE OPPOSITION(Mr Mathias Mpuuga):** Thank you, Madam Speaker. The issue raised by Hon. Alex Ndeezi is very sticky. I am only humbled by the not-so-conclusive commitment of my dear friend and mentor, Dr Muyingo.

However, the statement I want to make is that the state of these specialised schools he was referring to- he was referring to a particular school, but it is a nationwide problem.

In Masaka City, we have a school for the disabled; which has been neglected for several decades, and actually dilapidated.

If it were not for the vigilance of the leaders in the community, the land grabbers that have turned their act into an art form had targeted this land because they saw negligence.

I would like to request through you that the honourable minister, comprehensively, probably submits on each of the individual schools and action to be taken to make them schools that are respectful of the plight, and the specialised requirements of our people that have special learning requirements.

As a people that are able, we owe them a duty of care, by making sure that their service centres are properly facilitated. I can speak to the neglect of these schools; we cannot speak about their needs in general terms, because their needs cannot be immediately changed. We can only make provisions through their unique needs.

In addition, now in education with due respect to the honourable minister, we need to have a very firm commitment and probably do not ask for tomorrow to return. You probably need to go out and even get to understand the individual needs of each of those institutions because they are in a very terrible state. Ask for more time to come and report on each of them. Ask your District Education Officers (DEO) to report about them so that you can come to this House, and we give you support to lift these institutions so that we can offer respect to these citizens that require specialised training because the equipment is not there, the facilities and toilets are dilapidated; it is really humbling.

I would like to ask the minister to be unequivocal in the nature of commitment he wants to make to this House. Thank you.

**THE SPEAKER:** Honourable minister, give us a report and the strategies of how to increase these kinds of centres. In addition, resolve the issue that is there, which should have been resolved out of court; because now they have taken the institution to court and people are suffering. So, give us a report to that effect. Next item. Procedural matter-

**MR ATKINS KATUSABE:** Thank you, Madam Speaker; I thank you for your leadership. Governance and specifically good governance is the ability to detect a problem before it becomes a crisis.

Madam Speaker, you raised the fact that you have been reaching out to the Government to ensure that they put concrete plans in as far as addressing disaster-inclined problems.

I rise on a procedural issue that globally, Parliament is supposed to lead - So, if we could come up with a committee on climate change, a committee on ICT-

Madam Speaker, my procedural issue is derived from rule 191. I am wondering whether we as Parliament cannot explore the possibility of coming up with a committee -and I would be specific to call this committee, “Disaster Management, Preparedness, Mitigation and a Resilient Committee.”

Madam Speaker, disaster knocks on the doors unknown - would we be procedurally right for us to come up with a committee because this is a national need. You are talking about fuel which is becoming a national crisis in our country, that would be covered under this; If that is not the case, rule 191, ad hoc committees, the House may at any time, on the advice of the Business Committee, appoint an ad hoc committee to invest in a matter of public importance that does-

**THE SPEAKER:** Honourable member, I want to refer you to rule 71; *“close of debate”*. The debate on disaster was closed; we are now on another item. Secondly, rule 191 talks about an ad hoc committee. We cannot have an ad hoc committee when we have a Committee of Presidential Affairs.

We already made a ruling to that effect. We said the Committee of Presidential Affairs must handle this thing. Secondly, you cannot take us back to debate on what has passed. Next item.

BILLS

FIRST READING

THE COMPUTER MISUSE (AMENDMENT) BILL, 2022

**THE SPEAKER:** Hon. Nsereko came to this House to seek leave on 15 February 2022. This House granted him leave to introduce the Computer Misuse (Amendment) Bill.

As you are aware, section 79 of the Public Finance Management Act, 2015 and rule 118 of the Rules of Procedure require that a certificate of financial implications must accompany a Bill when it comes in for the first reading.

On 22 February 2022, the Clerk to Parliament wrote to the Permanent Secretary and Secretary to Treasury (PS/ST) requesting for a certificate of financial implications for the Computer Misuse (Amendment) Bill, 2022.

In response to the Clerk's letter, the PS/ST wrote back on 25 March 2022 advising the Member to liaise with the Minister of ICT and National Guidance to arrive at an estimated cost implication of the law.

In my considered opinion, this was a deviation from the law. Deriving the cost estimates is not upon the Member who is introducing the Bill. Bringing a private Member's Bill is a constitutional matter and it is a right of a Member of Parliament.

So, in this case, the PS/ST did not guide well. The guidance of the PS/ST is only setting a bad precedent for Members of Parliament; all of you have a right to introduce Private Member's Bills, so long as they are good for this country *(Applause).*

This is pursuant to Article 94(4) (b) of the Constitution of the Republic of Uganda.

Honourable members, Section 76 of the Public Finance Management Act, 2015 – on cost estimates for Bills – stipulates as follows:

*“(1) Every Bill introduced in Parliament shall be accompanied by a certificate of financial implications issued by the minister.*

*(2) The certificate of financial implications issued under subsection (1) shall indicate the estimates of revenue and expenditure over the period of not less than two years….”*

The role of a minister is, therefore, to study the provisions of the proposed law and then the attendant cost implications. Once passed, the issue of certificate of financial implications does not now arise.

The modalities of establishing the cost implications of the Bill are entirely a preserve of PS/ST, not the private Member.

Honourable members, I have noted this anomaly and it has affected so many of our Members, who want to introduce Private Member’s Bills.

I, therefore, guide as follows:

The requirement of issuance of a certificate of financial implications, as per Section 76 of the Public Finance Management Act, is mandatory and a certificate must be issued by the minister responsible for finance, in accordance with Section 76 (2) and (3) of the Public Finance Management Act.

The certificate of financial implications must indicate the estimates of revenue and expenditure over the period not less than two years, after the coming into effect of the Bill – when it is passed – and the impact of the Bill on the economy.

The law does not empower the minister not to issue the certificate of financial implications. The minister is required to issue a certificate of financial implications within 60 days, failure to, the Member will continue. *(Applause)*

I, therefore, ask Hon. Nsereko to come and read his Bill.

3.20

**MR MUHAMMAD NSEREKO (Independent, Kampala Central Division, Kampala):** Thank you, Madam Speaker. Pursuant to Rule 122 (3) of the Rules of Procedure, the Bill has been published, gazetted and the copy hereto is present.

Therefore, without wasting time, Madam Speaker, I move that the Bill entitled, “The Computer Misuse (Amendment) Bill, 2022” be read for the first time. With your intervention, I beg to lay the copy on the Table.

**THE SPEAKER:** Thank you. Please, lay. The Bill is referred to the Committee on Information, Communication Technology and National Guidelines, pursuant to Rule 129 of the Rules of Procedure.

BILLS

FIRST READING

THE PARLIAMENTARY PENSIONS (AMENDMENT) BILL, 2022

**THE SPEAKER:** Hon. Rwakajara? Honourable members, on 19 April 2022, this House granted Hon. Arinaitwe Rwakajara leave to introduce the Parliamentary Pensions (Amendment) Bill, 2022. Can you go ahead and lay it? Incidentally, this Bill was given a certificate of financial implications and it is attached. So, we are wondering why it should be discriminative.

3.22

**MR ARINAITWE RWAKAJARA (NRM, Workers Representative):** Thank you very much, Madam Speaker. I beg to move that the Bill entitled, “The Parliamentary Pensions (Amendment) Bill, 2022” be read for the first time. I have a copy of the Bill and I beg to lay it.

Madam Speaker, it is accompanied by a certificate of financial implications as required under Section 76 of the Public Finance Management Act, 2015 and Rule 118 of the Rules of Procedure of Parliament.

Madam Speaker, I beg to lay the certificate of financial implications.

**THE SPEAKER**: Thank you. The Bill is duly referred to the Committee on Legal and Parliamentary Affairs, pursuant to Rule 129 of the Rules of Procedure. Thank you, Hon. Rwakajara. Next item.

BILLS

SECOND READING

THE PUBLIC HEALTH (AMENDMENT) BILL, 2021

**THE SPEAKER:** Honourable members, the Public Health (Amendment) Bill, 2021 was read for the first time on 3 February 2022 and referred to the Committee on Health. The committee is ready to report and the ministers are ready to present their Bill. Honourable minister?

3.25

**THE MINISTER OF HEALTH (Dr Jane Ruth Aceng):** Madam Speaker, I beg to move that the Bill entitled, “The Public Health (Amendment) Bill, 2021” be read for the second time.

**THE SPEAKER:** Is the motion seconded? It is seconded by Hon. Bahati, Hon. Musasizi – by the whole House. *(Laughter)* Thank you.

*(Motion seconded)*

Honourable minister, would you love to speak to the objects of the Bill?

**DR ACENG:** Madam Speaker, the object of this Bill is to amend the Public Health Act to –

1. repeal the obsolete provisions – because since then, we have had other laws;
2. revise the fines for offences committed under the Act;
3. repeal the provisions on venereal diseases, building and constructions and public sewers, which are in other laws; and
4. repeal the Venereal Disease Act, Cap 284 and the Immunisation Act and place it in the Public Health (Amendment) Bill.

The Public Health Act, Cap. 281, Madam Speaker, was enacted in 1935 and has never been amended. The Bill, therefore, seeks to address the emerging public health challenges, including the new and emerging infectious diseases like the current one that is still running – the COVID-19 – and the numerous *Ebola* outbreaks that we have had.

It is premised on the public health response structures and mechanisms in the national technical guidelines for disease surveillance and response of the Ministry of Health and domesticates the World Health Organisation International Health Regulations, 2005, to control the spread of infectious diseases across the borders of Uganda and to provide public health response mechanisms that will not disrupt international trade and travel.

It also addresses public health issues within the country, including a few such as environmental hygiene and sanitation, nutrition and many others.

Madam Speaker, I beg to submit.

**THE SPEAKER:** Thank you very much, honourable minister. Honourable members, I note we have two reports: the main report and the minority report – signed by two people. Of course, all that will form our debate – and how I wish our debate should actually go to the committee stage, which is the gist of the matter.

Can we, first, hear the major report? Give us a summary.

This was uploaded in the system. It is on our iPads. Let us have just an abstract. We have over 100 clauses in this Bill.

3.29

**THE CHAIRPERSON, COMMITTEE ON HEALTH (Dr Charles Ayume):** Thank you, Madam Speaker. I beg to lay the Report of the Committee on Health on the Public Health (Amendment) Bill, 2021 and its appendages, which are the minutes.

As the honourable minister said, this Bill is 87 years old. I beg to skip the introduction part of the report. The background to the Bill is that this Bill has 16 parts and most of this Bill is in relation to communicable diseases – that is part III to part VIII while parts IX to part XV are about environmental health, food safety, proper disposal of human remains and part XVI concerns the general provisions.

As the minister said, Uganda is a signatory to the World Health Organisation International Health Regulations of 2005, which require all member States to review their public health laws to enable domestication of regulations.

In addition to the objectives of the Bill, the committee thought that the nomenclature used in the Act needs to be revised; it has been overtaken by events.

Objective V also seeks to embrace a one-health approach to disease surveillance and response.

Section 4: justification for the Bill

1. There is need to address emerging public health threats as earlier mentioned. Over the years, new infectious diseases like haemorrhagic fevers like Ebola, Marburg, Crimean-Congo fever, Avian influenza and most recently, COVID-19, have taken centre stage of global health;
2. New drivers of spread of diseases have emerged while others have evolved. These include, but are not limited to, increase in population, improved and faster transport means and contact with domestic and wild animals. The spread of infectious diseases has to be controlled by revising and strengthening the preventive measures
3. 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, as has been alluded to in the submission by one of our colleagues;
4. The enactment of the law will lead to the domestication of the WHO International Health Regulations;
5. Fines have become very mild due to inflation over the years;
6. Immunisation is one of the most effective public health interventions. The evidence supporting this is the declaration by WHO in 1980 that small pox in humans had been eradicated with the last case reported in 1977 in Somalia. The Organisation on Animal Health (OIE), which is the equivalent of the WHO, declared that Rinderpest, which is found in cattle and other herbivores, had been eradicated. There had been years of widespread immunisation and disease surveillance programmes around the world. This remains among the most notable and profound public health successes in history; and
7. This law was enacted before decentralisation. The 1995 Constitution included decentralisation. There is, therefore, need to link the administration of this Act between the central government and the local governments.

I had talked about the new emerging infections. I beg to move to the methodology.

Methodology

We held meetings with the following institutions: the list is very long. This Bill attracted a lot of attention and I encourage Members to peruse through that list.

However, much as we sent invitations out to some key players, they did not all turn up. One of them was the Ministry of Defence and Veterans Affairs. I have it on good authority when I was a practising doctor that the first cases of Ebola – index cases – were soldiers returning from the Democratic Republic of Congo. It would, therefore, have been good for our colleagues from the ministry to attend and know what our thoughts are in regard to this Bill.

We received written memoranda from the following - they were individuals and associations.

We also had presentations from the Coalition of Civil Society.

Madam Speaker, I beg to move to 6.0, which is the committee’s observations and recommendations.

The Public Health Amendment Bill has 93 clauses while the Act had 138 sections.

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.

Establishment of the Advisory Board of Health

Clause 6 repeals Section 8 of the principal Act about the establishment of an Advisory Board of Health. The Committee, therefore, recommends that section 8 should be deleted and substituted with the 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

Health is at the centre of many sectors. The committee recommends that the Public Health Act should remain the supreme law on matters pertaining to public health.

Minister's Power to Declare Notifiable Diseases

Section 10 of the principal Act gives the powers to the minister to declare notifiable diseases. *It reads: “The Minister may, by statutory order*…” – I beg not to read bullets a, b, and c

The committee’s recommendation is that the Minister of Health shall consult other relevant ministries like the Ministry of Agriculture, Animal Industry and Fisheries, the Ministry of Water and Environment, the Ministry of Tourism, Wildlife and Antiquities, among others, before declaring that a disease is of public health concern. We are trying to promote the one health approach towards public health.

Destruction of infected materials or articles

Clause 11(a) of the Bill, which amends section 14 of the principal Act, requires that before any infected beddings, clothing materials or articles are destroyed, the medical officer shall first obtain a court order.

Madam Speaker, some of these diseases move like bush fires. Obtaining a court order in our current setting may not be practical. The committee recommends that the requirement for a court order 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 “contaminated”.

Damage to articles during decontamination

Madam Speaker, clause 12 seeks to repeal Section 15 of the principal Act about damage to articles during disinfection. This section states thus: "When an article is damaged during disinfection, no compensation shall be payable if suitable methods of disinfection have been employed and due care or reasonable precautions have been taken to prevent unnecessary or avoidable damage."

Madam Speaker, 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.

Provision of means of disinfection

This is still under clause 12. 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 recommends that the Government should still hold the responsibility of providing means of disinfecting, contaminated materials or articles to curb the spreading of infectious diseases.

Provision of conveyance of infected persons and things

Conveyance, Madam Speaker, is transportation. Clause 12 of the Bill seeks to repeal section 18 of the principal Act about the provision of conveyance for infected persons or things.

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

Removal to hospital of infected persons

The spirit is the same, Madam Speaker. The committee recommends that the word “hospital” should be replaced with “health facility”.

Title of part vii; That is vaccination: Madam Speaker, in the Act, the title of part VII reads “smallpox”. As I have been mentioning, smallpox was declared not a public threat by the World Health Organisation in 1980. So, the Bill chose to replace the word “smallpox” with “vaccination”.

However, Madam Speaker, the committee recommends that the word “vaccination” as proposed in the Public Health Act should be replaced with “Immunisation” hence the title of part VII should read, “Immunisation”.

Madam Speaker, immunisation, vaccination and inoculation most times are used interchangeably, but there is a difference. With vaccination being the act and immunisation being the act plus a series of internal processes, whose output is immunity, the committee felt immunisation is much better since it encompasses all.

Vaccination of children

Clause 31 of the Bill requires all children from birth to 12 months to be fully vaccinated against childhood immunisable diseases. There are 10 diseases in the second schedule of the Immunisation Act and these include Tuberculosis, Polio, Diphtheria, Pertussis, Tetanus, Hepatitis and so on.

The committee recommends that immunisation of children for routine immunisation remains mandatory as is the law in the Immunisation Act of 2017.

Madam Speaker, we were talking about *-(Interruption)*

**MS NALUYIMA:** Thank you so much, Madam Speaker. Considering the fact that as the whole House we still have also to dissolve ourselves into the committee stage. Wouldn’t it be procedurally right if the chairperson of the committee explains to us more of those clauses or reads them when we consider them clause by clause at the committee stage.

**THE SPEAKER:** What are you suggesting?

**MS NALUYIMA:** I am suggesting that the Chairperson summarises and then we go to the committee stage.

**THE SPEAKER:** Not all of us are medics. You need to explain to us those things about vaccination. We may be hearing it for the first time. Can you summarise, then we go and you will explain clauses at the committee stage -

**DR AYUME:** Thank you, Madam Speaker. I slowed it a bit on immunisation because it was one of the most contentious issues when we invited people. That is why I tried to slow it down, to give the thoughts of the committee in relation to the findings.

Madam Speaker, regarding the issue of mandatory vaccination; we need to distinguish the childhood immunisable diseases, which are in the Immunisation Act 2017; to this date, no one has complained about that, to the ones whereby there is immunisation of diseases- that is the area of contestation and including the number of people we interacted with.

Madam Speaker, on the issue of mass vaccination – and that is on page 16 - clause 39 of the Bill seeks to substitutethe provisions of section 47 of the principal Act about emergency vaccination of the population in areas threatened with smallpox, etc.

The committee recommends that:

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

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 jeopardise the sanctions of a community; sanctions against those who deliberately refuse without any valid explanation and those who promote a smear campaign, will come into effect.

Madam Speaker, much as there are people who object to vaccination, there are also people who want to live in a sanitised environment. We have to coexist - science and human rights.

Madam Speaker, on non-communicable diseases (NCDs), in our reports, we agree with the Bill to repeal Part VII, which is about venereal diseases - the Venereal Act of 1977. Venereal diseases are no longer a grave public health concern, with the discovery of so many antibiotics like penicillin.

The committee recommends that Part VII should be titled, “Non-Communicable Diseases: the non-communicable diseases like mental health, injuries, cardiovascular diseases, diabetes, cancers and pulmonary conditions are on the rise and, right now, account for 34 per cent of the cases of illness we see.

Regulation of mortuaries, funeral homes and related services

The committee rejects the proposal to repeal section 107 and section 108 in the principal Act that talk about mortuaries and instead proposes that a new section 107A be introduced to regulate mortuaries, funeral homes and related services.

Funeral homes are not regulated and one time they came to my office, asking for right away for their cars.

Government's obligation to provide health services

Principle XX of the National Objectives and Directive Principles of State Policy of the Constitution – I would encourage Members to read that bit.

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

Repeal of general provisions of the principal Act

The committee recommends that section 120 should be repealed and other sections under Part XV retained.

The need to regulate recreation facilities and beauty parlours

The committee noted that there are many recreation facilities in urban and peri-urban areas, which attract large crowds of people. These areas are potential drivers of spread of disease in case one gets an infectious person amidst them.

The committee recommends that since section 121 of the principal Act is about supervision of importation or manufacture of vaccines, this provision will be repealed since vaccines are under the National Drug Authority Act. This should now be replaced with regulation of recreation facilities and beauty parlours.

In Table One, penalties in the Public Health Act are spelt out clearly. I beg not to read through them individually. However, as I had read in the preamble, most of the penalties do not apply. They have been overtaken by inflation – we are still using Shs 200, Shs 300 - so, we revised these aspects and they are quite many.

Madam Speaker, I am very aware that there was a minority report introduced to me by the shadow minister. Thank you, very much.

**THE SPEAKER:** Thank you, chairman of the committee, DrAyume. I have had a chance to look at the minority report. One of the issues of dissent is on codification and inclusion of the rights and responsibilities of patients and health providers.

This is coming in clause 9(2) of the principal Act and it talks about the users and the patients’ rights. I would like to guide that the patients’ rights and responsibilities is better housed in a stand-alone legislation.

I am aware the Member, who has signed the minority report, has a Bill before me that is supposed to come – on the patients’ rights and responsibilities. I am going to give the Member space on the Order Paper to bring that Bill.

Repeal of sanitary boards without replacing them with equivalent bodies

By the time the law was made 87 years back, matters of hygiene and sanitation were exclusively under the health department. Today, the functions are under the various responsibilities, say, the Ministry of Water Environment and other Government entities. So, that is covered in other ministries.

Repealing the advisory board for health

The committee seeks to retain the advisory board.

The local authorities – the Bill has sought to repeal that.

Compulsory vaccination of adults – that should be debated at committee level.

3.54

**DR TIMOTHY BATUWA (FDC, Jinja South Division West, Jinja City):** Thank you, Madam Speaker. Allow me to deliver to you the minority report on the Public Health Amendment Bill, 2021, moved under Rule 205 of the Rules of Procedure.

On behalf of the members of the Committee on Health, who have signed this minority report, I would like to state from the onset that we are proud of the immense effort and work that went into the majority report, which took care of the majority of our positions and proposals and will go a long way in improving health care management and delivery in Uganda.

We dissented on four areas. The first was on the codification and inclusion of the following in the Bill:

* + - 1. The patients' rights and duties.
      2. The health service providers’ rights and duties.

Secondly, we dissented on the idea of repealing sanitary boards without replacing them with equivalent bodies.

Thirdly, we dissented on the idea of repealing the Advisory Board of Health.

Finally, we dissented on the compulsory vaccination of adults. *(Applause)*

On codification of rights and duties of patients, we propose to insert a new section – but as you have guided that you equally see it important that patients should have rights and Government should be obliged to deliver health care, we can consider it coming as a stand-alone law such that we beef it up properly.

Otherwise, the Ministry of Health equally saw the need of addressing this gap. In 2009, having realised that in the 1995 Constitution, the right to health or Government's obligation to deliver health is not expressed – it is only implied in the Constitution – there was that gap and the Ministry of Health came up with the patients’ charter in 2009. It was our desire to use this opportunity, where we are mending a law that is as old as 1935, such that we make the charter an enforceable tool by inserting it in here. However, it can come as a stand-alone law.

Going to the second item that we dissented on – go to paragraph 3.2 on page 3: repealing of sanitary boards. The majority resolved that the sanitary boards provided under the principal law in section 4 be repealed.

Our recommendation is that let us modify the provision in this principal Act to have sanitary boards replaced with an authority or Local Government Health Management Boards and these should operate on a permanent basis.

The justification for this – I will rush you to page 11 so that we conclude with this area of dissent – page 11.

So, the justification is that the district health management boards should be permanent and always in existence to oversee and supervise healthcare delivery and promotion in the district. COVID-19 has exposed us to understand how better we can manage these health insurgencies. In COVID-19, we had ad hoc committees; you had the RDC heading a health intervention body or committee at the district.

So, we want to transition from this nature to have permanent bodies that actually also drive the preventive medical agenda, as well as the curative, but preventive health promotion, health prevention, and that calls for this to be a recognised permanent body.

Thirdly, we dissented - going to the third area of dissent - see clause 6 on page 11- that section 8 of the parent Act should not be repealed, as amended, to provide one ad hoc National Health Advisory Board.

Here, we all agreed with the majority that we should maintain the boards. Where we departed is the point at which when the majority decided that the board be ad hoc - the National Advisory Board. Rather than repealing it, we agreed that we maintain it, but the majority wants it to be ad hoc. It is called upon as and when need arises.

We are saying let it be permanent because it is important to notice that we have now moved from an output-based budget to a programme-based budget. We have so many ministries contributing to human capital development, where the Ministry of Health is contributing as well. The budget to that is Shs 7.7 trillion.

When you have so many players contributing towards one thing, you always want them to have a place where their minds and ideas converge. So, we see it important that having a board would actually enable Uganda to deliver on the programme-based budgeting system, the new approach that the country has now taken on. Otherwise, we are still in the old system of doing things in silos –the Ministry of Health running alone and all that.

However, it is also important to realise that the Ministry of Health already has an existing structure which mimics what we are looking at. That is the Health Policy Advisory Committee; this committee is in there.

This committee, however, has no law to back it up. So, if the work of this committee is now taken up by the National Advisory Board, which is provided for in the Constitution the way we are suggesting, then things can be better. Boards are nothing, but governance. The World Health Organisation, to which we subscribe, has established a health care structure –

**THE SPEAKER:** Can you be brief? We have a long way to go.

**DR BATUWA:** Finally on this, I am saying that going by the advice we are giving, we shall conform to the requirements of the World Health Organisation. We shall have a governance structure, which is established or provided for by the law.

Lastly, on the issue of vaccination –

**THE SPEAKER:** Can we discuss vaccination at committee stage?

**DR BATUWA:** I can give our brief such that Members can have our thoughts while debating. Thank you, Madam Speaker.

As per the World Health Organisation guidance, compulsory vaccination should be the last resort. It should only be done after Government has identified important ethical considerations and caveats that should be explicitly evaluated and discussed through ethical analysis.

We are alive to the importance of mass vaccination in certain contexts, when it may be the only option to deliver the public good of public health, but at the same time, we are cautious to the sanctity of the right to consent to medical procedures. As laid down by the World Health Organisation, ethical considerations of necessity and proportionality, sufficient evidence of vaccine safety, sufficient evidence of vaccine effectiveness and efficacy, sufficient supply, public trust and ethical processes of decision making should all be satisfied for compulsory vaccination to be allowed. Less of that, it becomes non-compliant with WHO.

We, therefore, propose that if the possibility of compulsory vaccination has to be maintained, the law should require the Minister to draft the regulations and guidelines for the same and seek parliamentary approval before they can take effect.

Madam Speaker, we request you to consider and support the minority report. *(Applause)*

**THE SPEAKER:** Thank you. Honourable minister, do you have anything to say, especially on compulsory vaccination, which is very contentious?

4.04

**THE MINISTER OF HEALTH (Dr Jane Aceng):** Madam Speaker, thank you very much. I have two issues to say.

The first is that depending on the disease that we will be vaccinating against, there may be need for compulsory vaccinations and there will be the release of a statutory instrument to that effect.

Two, regarding the advisory boards, Madam Speaker, advisory boards are better when ad hoc because different outbreaks do require different expertise; you cannot use permanent boards. *(Applause)* The scientists will be different and so, we need flexibility in the system.

I thank you.

**THE SPEAKER:** Thank you. Honourable members, you want to debate the report? Honourable minister, are you cognisant of the fact that in some countries, there has been some court rulings in effect to compulsory vaccination?

For instance, in Brazil, the Supreme Court already ruled that it is legal for local governments to make COVID-19 vaccination mandatory, while specifying that citizens cannot physically be forced, but you can have the regulations that you enforce, rather than making it a compulsory thing?

**DR ACENG:** Madam Speaker, you are absolutely right. We are not forcing, but we shall have regulations towards that effect. I thank you. *(Applause)*

**THE SPEAKER:** So, we are not putting it as mandatory – Members, you need to understand this very well – but you are going to have regulations. That should –

**DR ACENG:** Yes, Madam Speaker.

**THE SPEAKER:** Yes, Hon. Patrick Oshabe?

4.07

**MR PATRICK OSHABE (NUP, Kassanda County North, Kassanda):** Madam Speaker, we are at a critical stage of legislation. We desire that the minister opens up and joins the team that does not want mandatory vaccination because by the way she is talking, it looks like she is not for it and she says they will introduce certain things. We are inviting you, honourable minister –

**THE SPEAKER:** Hon. Patrick, that is a clause that we are going to handle at committee stage.

**MR OSHABE:** Yes, but we are inviting her- at this stage, we want to inform the committee and the honourable minister that there is no reason for us to subject Ugandans to mandatory vaccination of any nature. Thank you very much, Madam Speaker. *(Applause)*

**THE SPEAKER:** Honourable members, we have now started getting into the Committee Stage.

4.08

**MR JONATHAN ODUR (UPC, Erute County South, Lira):** Madam Speaker, before we go ahead, I would like us to, in consideration of rule 228, given the nature of the presentation by the chairman of the committee and the minority report, that you direct that this report be published in the *Hansard* as it is. Given that it is not - because rule 228(1) says that the *Hansard* will capture it word for word and I know that as they present it, they skip some things. Therefore, let that first go because this is a very important step in processing a Bill. So that-

**THE SPEAKER:** Clerk, can you have this uploaded as it is and whatever is said should be recorded as it is on the *Hansard.*

4.09

**MS SARAH OPENDI (NRM, Woman Representative, Tororo)**: Thank you Madam Speaker. I would like to thank the committee for the report and the ministry. I remember when I was in the sector, this is one of the Bills that we were working on and finally, it is here.

Madam Speaker, I would like to appreciate that investing in health is one of the most direct routes for us to have or create a healthy population. The benefits of vaccination are known; we have been able to deal with the childhood killer diseases like measles and polio, which we have eradicated, and smallpox and others.

Therefore, Madam Speaker, it is okay for us to compulsorily immunise children so that we can protect them against those known killer diseases.

**THE SPEAKER:** The 10 diseases.

**MS OPENDI:** Yes, it is okay. However, I would like to request that in dealing with this Bill, we should look at two sides; there is the health side and also the human rights side and this is where we have to be careful when passing this Bill; using the word “shall” - let us critically examine.

For example, when you talk about compulsory vaccination, the COVID-19 experience is still fresh in our minds. In my own village, a lady was forced to have the COVID-19 vaccine. She had gone to the trading center to buy fish; she did not leave to have that fish for dinner and I remember *–(Interjection)-* yes, she passed on. I remember even sharing that issue with the minister.

Therefore, Madam Speaker, let us be careful not to make adult vaccination compulsory. Otherwise, I do support the Bill; it is important and it will help us in dealing with some of the public health issues.

**THE SPEAKER:** Thank you so much. Honourable minister, the Members just want a commitment from you that it is not what- you know, we are not all health experts.

**DR ACENG:** Madam Speaker, vaccines are brought into the country after they have been proven to be safe and efficacious. This is confirmed by the World Health Organisation and they are as well tested by our regulatory authority in the country.

Vaccination of adults is difficult. And I will give you two examples; this Parliament directed that we vaccinate adults for Hepatitis B; to date, the response has been poor. The first dose was very good; subsequent doses were very poor. Likewise, vaccinating adults for COVID-19 has been an uphill task. Therefore, we cannot make the vaccination of adults compulsory. We advise them to get vaccinated in the interest of their health.

However, for the children’s diseases that have been confirmed to be necessary for vaccination; I do agree with Hon. Sarah Opendi-

*[Member rose]*

**THE SPEAKER:** Are you looking after cows by standing? Honourable member, the minister has clarified that you cannot force adults into mandatory vaccination. However, for the children, there are those vaccinations that are mandatory. And of course, you cannot vaccinate a child without the consent of the parents. That is what has been happening and that is that. And honourable members - yes, Dr Ayume, do you have something to say?

**DR AYUME:** Thank you very much, Madam Speaker. I just would like to provide some information that part three of the Immunisation Act 2017, which was enacted during the 10th Parliament reads: “*other immunisable diseases*.”And section 10 reads: “*administrations of vaccines in extraordinary cases.”* And it clearly spells out when these vaccines will be administered; where a person has not been vaccinated in case of an epidemic, when there is a danger of entry of transmissible diseases into the country and whenever so required.

However, most importantly, Madam Speaker, Subsection 2, says: “*The minister shall determine whether the vaccination required under subsection one shall be mandatory or not.*” I think this is one of the safety nets. It is not mandatory; there will be determination.

Madam Speaker, we have an immunisation technical advisory group called the national immunisation technical advisory group (NITAG) and the minister consults them from time to time. This is a technical scientific group. Thank you very much.

**THE SPEAKER:** Honourable members, issues of immunisation are included in the Immunisation Act, 2017. And as you have heard, Section 3 is on immunisation of children and when you look at it, it talks about immunisation which, as per the advice, is not mandatory. I think that should not be an issue to worry about.

4.19

**MR PATRICK NSAMBA (NUP, Kassanda County North, Kassanda)**: Madam Speaker, when you read section 39-

**THE SPEAKER:** Of what?

**MR NSAMBA:** Of the Bill. Clause 39 of the Bill - Madam Speaker, I can read and we determine whether this is mandatory or not because we are still debating, but they are confusing us that it is not mandatory, but what is in the text is mandatory.

**THE SPEAKER:** I thought you are going to the committee stage where you will either remove or leave it.

**MR NSAMBA:** Madam Speaker, at the debate level we can process this and when you reach there we just remove it.

**THE SPEAKER:** We have already resolved that issue; that is not mandatory. And we are going to delete it because it is provided for under the Immunisation Act, 2017.

Honourable members, I put the question that the *“*Public Health (Amendment) Bill 2021” be read for the second time?

*(Question put and agreed to.)*

BILLS

COMMITTEE STAGE

THE PUBLIC HEALTH (AMENDMENT) BILL 2021

Clause 1

**THE CHAIRPERSON:** I put the question that clause 1 stands part of the Bill.

*(Question put and agreed to.)*

*Clause 1, agreed to.*

Clause 2

**THE CHAIRPERSON:** Can we stand over clause 2 and go to the next clause? We shall come back to it in case we have other -

**DR BATUWA:** Madam Chairperson, the committee seeks to amend section 1.

**THE CHAIRPERSON:** We stood over clause 2.

*(Clause 2, stood over.)*

Clause 3

**DR AYUME:** Clause 3: Repeal of section 4 of the principal Act.

The clause should be deleted.

The justification is that sanitary boards play a critical role in public health and should be strengthened rather than abolished.

**THE CHAIRPERSON:** Minister?

**DR ACENG:** Madam Chairperson, the sanitary boards are captured under parts II and III of the Second Schedule of the Local Government Act. All these actions of sanitation and hygiene were devolved to the local governments in the 1995 Constitution. Therefore, it is now a responsibility of the local governments; we do not need to maintain it in the Public Health Act.

**THE CHAIRPERSON:** So, is it a deletion?

**DR BATUWA:** Thank you, Madam Chairperson. At the time this Bill was drafted in 1935, there was nothing close to COVID-19. However, with the exposure of COVID-19 and what we saw the Minister of Health doing, where she instituted the COVID-19 Taskforce headed by the RDCs - If COVID-19 is a lesson to be taken to inform our future decisions, we find it important to have boards at the district level, which are provided for by the law.

We know that the Ministry of Health is going to form a board. The difference between the board it is going to form and the board we are advocating for is that this one would be anchored in the law – it will be supported by the law.

Therefore, we implore Members that let us institute the governance pillar, which is well outlined in the health systems of the World Health Organisation. It is one of the six pillars - there are only six and governance is one of the pillars.

If we have it at national level, then, let it be at district level. Through this pillar of governance, we shall drive the mandate of preventive health care. We shall see that the Village Healthy Teams (VHTs) – community health extension workers – are well managed and coordinated.

The people we apparently have in the structure are technical people who are very busy with their day-to-day life. The people doing governance are nonexistent; they are only called upon as and when the need is there. Therefore, we now want a law that anchors governance at the district level.

We propose that we maintain the sanitary boards, but change the name and call them Local Government Health Management Boards. The Minister of Health will assign them duties as and when need is there and they will drive the curative as well as the preventive health care mandate. Thank you.

**THE CHAIRPERSON:** Honourable minister?

**DR ACENG:** Madam Chairperson, the issue of sanitation and hygiene is well addressed in the Local Government Act and all those actors that have been mentioned by my colleague are regulated under the Local Government Act. We cannot strengthen the Local Government Act under the Public Health Act. Rather, the Ministry of Health can work with the local governments to strengthen their system. Therefore, I still maintain that we delete it.

**MR ENOS ASIIMWE:** Thank you, Madam Chairperson. I want to support the honourable minister because the Opposition has always pushed for a lean government. Now, they are telling us to form more administrative structures, which will require resources. We have VHTs who have no allowances – who are actually demanding for more allowances. Why don't we restrict ourselves from forming more administrative units and we have more resources to support the existing structures like VHTs, who need more money than what they are already earning? Thank you, Madam Chairperson.

**DR BWANIKA:** Thank you, Madam Chairperson. The issue of health should never be fragmented. We should have a system from the centre to the lowest.

We have learnt from COVID-19 that it is very necessary to have a structure that runs down. I pray that we have those health committees at the district that are attached to the centre so that we can manage diseases and public health better and efficiently in this country.

**MS AISHA KABANDA:** Thank you, Madam Chairperson. I pray that issues of health are not relegated to the local governments. When we had COVID-19, it took the whole President to sit with his ministers to decide on what should be the structure at district level.

If we had a board at that time, things would be moving even right away. Most of the health issues we have stem from sanitary issues. We all know all our districts get problems because of sanitary issues. Actually, if we had such boards, even the ministry would be briefed in time on the local issues.

It is so important to us that we get that board into which information from the VHTs feeds and then the board would feed the national level. It would be good for us to plan that way and solve the health issues of our people.

I really pray and would like to try and convince colleagues that they accept to put these boards in place for the sake of our people and the health of our people and curing sanitary issues in our areas. Thank you.

**THE CHAIRPERSON:** Honourable members, the clarification I need to make to you is that section 3 actually has no amendment. They are repealing section 4 of the principal Act, which is on appointment of the sanitary boards.

They are saying – on the sanitary boards – these duties have been distributed. When you are talking about sanitary issues, you are talking about water and different departments that come together to do what is supposed to be done. Therefore, there is no amendment in clause 3.

**MR ODUR:** Madam Chairperson, if I got the report from the committee well, the minister wants that section to be repealed. However, the committee appears to be against it – the committee wants it to remain because they think it is very important.

**THE CHAIRPERSON:** No, the committee wants it to be repealed and deleted. What does the chairman want?

**DR AYUME:** I concede that it is deleted.

**MR ODUR:** In the report, the committee had said it should not be deleted. If he is changing, he should put it on record.

Secondly, when you go ahead, the same committee is proposing another committee, which is the same – you are calling it a health board. So, if you are deleting this one, under section 6, you are proposing the same thing; can you clarify so that the House -

**DR AYUME:** Thank you, Madam Chairperson. The one we are talking about is the advisory board, not sanitary boards.

**THE CHAIRPERSON:** So, there is no change in clause 3; is that so,minister?

**DR ACENG:** Madam Chairperson, you are absolutely right. We are deleting – we do not need sanitary boards. It was overtaken by decentralisation, which was approved by this Parliament.

**THE CHAIRPERSON:** I put the question that clause 3 stands part of the Bill.

*(Question put and agreed to.)*

*Clause 3, agreed to.*

*Clause 4, agreed to.*

*Clause 5, agreed to.*

Clause 6

**THE CHAIRPERSON:** Clause 6, there is an amendment.

**DR AYUME:** Thank you, Madam Chairperson. Clause 6 is the substitution of section 8 and 9 of the principal Act. Our justification is that – in clause 6, the committee recommends this:

1. The minister shall constitute local authority health boards comprising such a number of persons as a minister may determine. The membership functions, powers and all matters pertaining to the proper functioning of boards constituted, under section 1, shall be prescribed by the minister by statutory instruments.

The justification is that there is a formal way of having the public health structures at local authority involved administratively in the management of public health issues; and

1. The Public Health Act should remain overriding in matters of public health, as such, section 9 of the Public Health Act should be retained.

**THE CHAIRPERSON**: Minister?

**DR ACENG**: Madam Chairperson, again I will refer to the Local Government Act. We do not need this clause. Every district has a health management committee and every district has structures up to the village levels. So, we do not need local authority boards.

Thank you.

**DR BATUWA:** Thank you, Madam Chairperson.

For the time I have been around and most especially when the Minister of Health was battling with COVID-19, among the changes, most especially the very last change that she made to us here in Parliament, the Minister of Health informed us:

1. That they were going to take on a multi-sectoral approach to COVID-19. That was the time she was reacting to a situation having blocked trailers at the border, which drove the price of fuel to over Shs 12,000 in Hoima. So, she said she needed a multi-sectoral approach to COVID-19. We see a National Advisory Board as a forum or a platform through which the Minister of Health can effectively effect a multi-sectoral approach.
2. We also see it as an opportunity for the Minister of Health to liaise with other ministries that are contributing on the pillar in the programme-based budgeting system. We are now in the programme-budgeting system where several ministries are clustering around a single pillar. So, for them not to duplicate activities and well align themselves, we see this as an opportunity -

**THE CHAIRPERSON:** Dr Batuwa, you are on which side? Are you agreeing with the committee or the minister?

**DR BATUWA:** We are with the committee, but we defer on one thing: it being a permanent advisory body. We want it to be permanent; the committee wants it to be ad hoc.

**THE CHAIRPERSON:** You cannot have something permanent; we are not living in a static world.

**DR BATUWA:** We agree with the committee on having a National Advisory Board. We see that it will help the Minister of Health given what she has told Parliament before. It will help her to have a multi-sectoral approach to any disease that is disturbing us and it will also help her -

**THE CHAIRPERSON:** The committee is talking about local authority boards.

**DRBATUWA:** Madam Chairperson, we agree with the setting up of the local authority boards. We also agree with the setting up of the National Advisory Board. We agree with the idea of having boards -

**THE CHAIRPERSON:** You are agreeing with the committee, which is okay, but the minister is not agreeing with the committee.

**DR BATUWA**: Madam Chairperson, we have what we call the World Health Organisation -

**THE CHAIRPERSON**: Let me hear from the minister; you are not the minister.

**DR ACENG**: Madam Chairperson, like I clearly explained, the Local Government Act clearly explains what needs to be done up to the village levels. So, we do not need local authority boards constituted all over the villages for purposes of disease management. That is why we do not need this clause.

I thank you.

**THE CHAIRPERSON:** Chair?

**DR AYUME:** Madam Chairperson, for starters, we recommend that all these boards be ad hoc because we are trying to rationalise, as a country. So, we cannot have permanent institutions to put pressure on the Consolidated Fund.

However, in regard to – I think it is an issue of nomenclature, Madam Chairperson, but the activities are the same. Whether they are doing sanitary work, disease prevention or surveillance – I think the spirit is the same; it is just an issue of the title. We should go with the local advisory boards up to the grassroots level and co-opt all those ad hoc committees into the board.

Thank you.

**DRBATUWA:** Madam Chairperson, I am grateful to the position the majority have taken -

**THE CHAIRPERSON:** Can you sit down. Can I hear from the Frontbench – you are not the one going to sign this report. Minister?

**DR ACENG:** Madam Chairperson, I think there is need for us to have clarity.

One, the advisory board is a board that advises the Ministry of Health when there is any outbreak. For example, when we had the COVID-19 outbreak, we constituted a Scientific Advisory Committee. That committee gave advice, which is rolled out to the entire country.

Local authority boards would be boards that would be at the local government levels. What would they be doing that is not rolled out from the centre down to the local authority boards? That is why I am saying that the National Advisory Board should be only one and let it be ad hoc. It will be constituted as and when it will be needed – when we have an outbreak. We do not need local authority boards because the same advice will be rolled out to the entire country *(Applause).*

**THECHAIRPERSON:** Dr Ayume, the minister is saying this is provided for under the Local Government Act. If it is provided for under the local government, should you replicate it here?

**DRAYUME**: Madam Chairperson, at the local government level we have the district health teams, which are ad hoc and they only commune when there is a matter of public health importance. Our opinion was that these district health teams become the local government advisory boards because they perform the same function at the local government level.

Thank you.

**MRODUR**: Madam Chairperson, I would like the Chairperson of the Committee on Health and the minister to help us on this issue I am going to raise because it is the one causing confusion.

The Chairperson and members of the Committee on Health appear to have processed this matter taking into consideration the local authority, which is in the old Act. But the minister is changing that definition replacing the Kampala Capital City Authority (KCCA) and the local government council.

If the chairperson of the committee can reconcile with the minister and agree – because if you put local authority here, you are talking about something else that the minister had not envisaged in her Bill. So the word “local authority” is coming from the old Act yet that old concept of local authority is what the minister wants to do away with by replacing it with Kampala City Council Authority, and then local government councils.

**THE CHAIRPERSON:** Yes, doctor.

**DR AYUME:** Madam Chairperson, we have harmonised with my colleague, the minister and we concede.

**DR ACENG:** Thank you, Madam Chairperson. That clause is for the Advisory Board of Health. That is what should be maintained, not the local authority boards.

**THE CHAIRPERSON:** Where is the advisory board now? Are you maintaining it the way it is?

**DR ACENG:** Madam Chairperson, let me read it as it shall be. “So, for purposes of this act, the minister shall, on an ad hoc basis, appoint an Advisory Board on Health, based on whatever outbreak comes.” I will draft it and make it available.

**THE CHAIRPERSON:** Yes, Hon. Alum.

**MS ALUM:** Thank you, Madam Chairperson. Since the minister has understood our explanation and she is in the process of drafting it, I propose that we stand over this, as she drafts her proposal so that we move in a unified way.

**THE CHAIRPERSON:** Thank you.

**MR ODUR:** Madam Chairperson, if the minister has now conceded - her own Bill had sought to repeal. We are on clause 6, repeal sections (8) and (9) - and if she now agrees and the committee has conceded, the question then should be not even to tamper with it, but take it as it is.

**THE CHAIRPERSON:** As it is?

**MR ODUR**: Yes.

**THE CHAIRPERSON:** It stands part of the Bill. Honourable minister?

**MR ENOS ASIIMWE:** Thank you, Madam Chairperson. What I have understood from the minister is that she is saying we should not repeal section (8), but we should make an amendment to make it ad hoc as and when needed.

According to her explanation, advisory boards are special committees with specific qualities to deal with that particular outbreak. Meaning that when it is COVID-19, we shall need an advisory board with qualifications to help us with that; when there is an Ebola outbreak, then we look for a committee that can advise us on issues related to Ebola.

So, I think we should make an amendment to make it ad hoc; as and when an outbreak appears, but not to repeal it.

**THE CHAIRPERSON:** Honourable minister, look at section (6) of the Act. Why don’t you delete clause 6 of the Bill and maintain clause 8 of the parent Act? Yes, check.

Honourable members, let us stand over clause 6 so that they reconcile and come up with something substantial.

Clause 7

**THE CHAIRPERSON:** I put the question that clause 7 stands part of the Bill.

*(Question put and agreed to.)*

*(Clause 8, agreed to.)*

*(Clause 9, agreed to.)*

*(Clause 10, agreed to.)*

Clause 11

**THE CHAIRPERSON:** Clause 11, amendment -

**DR AYUME:** Madam Chairperson, clause 11 is amended as follows: 1. Substitute the current title with the following: “Destruction of contaminated bedding, clothing or articles”

2. In subclause (a), substitute the words “secure an order of court” in the sixth line with the following “seek the permission of the local authority”.

Madam Chairperson, in the event of emergencies, we cannot seek court orders given the nature of these epidemics.

3. In subclause (c) substitute the word “shall” with “may”.

Justification:

1. It is not practical to destroy buildings given the costs and legal issues.
2. It is not proper to subject such emergency responses to decisions of the court processes, save possibly for compensation after the response.
3. A court appeal is not mandatory hence the term “may”.

**THE CHAIRPERSON:** Honourable minister?

**DR ACENG:** Madam Chairperson, I concur.

**THE CHAIRPERSON:** I put the question that clause 11 be amended as proposed.

*(Question put and agreed to.)*

*(Clause 11, as amended, agreed to.)*

Clause 12

**DR AYUME:** Madam Chairperson, I am amending “Section 17 and 18 of the principal Act.

1. 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 clothes or other articles, which have become contaminated, and shall use any articles brought for the decontamination to be dealt with free of charge.

1. Section 18 is substituted with the following:
2. Provision of conveyance of infected persons or things

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

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. Thank you, Madam Chairperson.

**THE CHAIRPERSON:** Honourable minister?

**DR ACENG:** Chairperson, I concur.

**THE CHAIRPERSON:** I put the question that clause 12 be amended as proposed.

*(Question put and agreed to.)*

*(Clause 12, as amended, agreed to.)*

*(Question put and agreed to.)*

**MR ODUR:** Madam Chairperson, now that the minister has conceded, the local authority should be replaced consequentially by “authority” and “local government council” so that the spirit of the Bill remains.

**THE CHAIRPERSON:** That would come in clause 2.

**MR ODUR:** If we pass it already in the clauses, then, it means we will have to recommit to correct them.

**THE CHAIRPERSON:** I thought local authority is the local government. Even KCCA is a local authority; ask your shadow minister.

Claus 12, as amended

**THE CHAIRPERSON:** I put the question that clause 12, as amended, stands part of the Bill.

*(Question put and agreed to.)*

*Clause 12, as amended, agreed to.*

Clause 13

**DR AYUME:** Thank you, Madam Chairperson. Clause 13: Amendment of section 13 of the 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.

**THE CHAIRPERSON:** Minister?

**DR ACENG:** Madam Chairperson, I concur.

**THE CHAIRPERSON:** I put the question that clause 13 be amended as proposed.

*(Question put and agreed to.)*

*Clause 13, as amended, agreed to.*

*Clause 14, agreed to.*

*Clause 15, agreed to.*

*Clause 16, agreed to.*

*Clause 17, agreed to.*

Clause 18

**DR AYUME:** 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 the 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.

**THE CHAIRPERSON:** Minister?

**DR ACENG:** Madam Chairperson, I concur.

**THE CHAIRPERSON:** I put the question that clause 18 be deleted as proposed.

*(Question put and agreed to.)*

*Clause 18, deleted.*

*Clause 19, agreed to.*

Clause 20

**DR AYUME:** Clause 20: Insertion of Section 27A in the 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.

**THE CHAIRPERSON:** Minister?

**DR ACENG:** Madam Chairperson, I concur.

**THE CHAIRPERSON:** I put the question that clause 20 be amended as proposed.

*(Question put and agreed to.)*

*Clause 20, as amended, agreed to.*

*Clause 21, agreed to.*

*Clause 22, agreed to.*

Clause 23

**DR AYUME:** Thank you, Madam Chairperson. 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.

**THE CHAIRPERSON:** Minister?

**DR ACENG:** Madam Chairperson, I concur.

**THE CHAIRPERSON:** I put the question that clause 23 be amended as proposed.

*(Question put and agreed to.)*

*Clause 23, as amended, agreed to.*

*Clause 24, agreed to.*

*Clause 25, agreed to.*

*Clause 26, agreed to.*

*Clause 27, agreed to.*

Clause 28

**DR AYUME:** Clause 28: Amendment of section 36 of the 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. Two thousand five hundred is about Shs 50 million because one currency point is Shs 20,000. We thought the 250 was not deterrent enough for corporate bodies. Thank you.

**THE CHAIRPERSON:** Minister?

**DR ACENG:** Madam Chairperson, I concur.

**THE CHAIRPERSON:** I put the question that clause 28 be amended as proposed.

*(Question put and agreed to.)*

*Clause 28, as amended, agreed to.*

Clause 29

**DR AYUME:** Madam Chairperson, clause 29 seeks to amend the title of Part VII. Whereas the Bill says that we should replace it with “vaccination”, the committee recommends “immunisation”.

Justification

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

2. Immunisation is broader than vaccination. As earlier mentioned, vaccination is the act while immunisation encompasses the act and the processes that happen for you to gain immunity. Thank you.

**THE CHAIRPERSON:** Minister?

**DR ACENG:** Chairperson, I concur.

**THE CHAIRPERSON:** I put the question that clause 29 be amended as proposed.

*(Question put and agreed to.)*

*Clause 29, as amended, agreed to.*

Clause 30

**DR AYUME:** Thank you, Madam Chair. Clause 30 is about the amendment of section 37 of the principal Act. We propose that in paragraph (a) and wherever it occurs, we substitute the phrase “public vaccinator” with the word “vaccinator.”

The justification is that vaccination can be both in public and private health facility settings. Thank you, Madam Chair.

**THE CHAIRPERSON:** Honourable minister -

**DR ACENG:** Madam Chair, I concur.

**THE CHAIRPERSON:** I put the question that Clause 30 be amended as proposed.

*(Question put and agreed to.)*

*Clause 30, as amended, agreed to.*

Clause 31

**DR AYUME:** Thank you, Madam Chair. Clause 31 is on the substitution of Section 38 of the Principal Act.

The committee recommends that clause 31 be substituted with the repeals of sections: 39, 40, 4l, 43, 44, 46 and 48 of the principal Act with sections: 39, 40(2), 41, 43, 44, 46, 48(d), 48(e) and 48(1) are repealed.

Section 31 will be substituted with the following – that is Clause 38 on the immunisation of children. The justification is that these provisions are lifted with the necessary modifications from the Immunisation Act, 2017, which is to be repealed in this Bill.

**THE CHAIRPERSON:** Yes, honourable minister -

**DR ACENG:** Madam Chair, I concur.

**THE CHAIRPERSON:** I put a question that Clause 31 be amended as proposed.

*(Question put and agreed to.)*

**THE CHAIRPERSON:** What is being repealed is in the Immunisation Act. This would be a repetition.

**DR BATUWA:** Chair, the Immunisation Act has areas we do not agree with. It has an area that denies parent’s consent.

**THE CHAIRPERSON:** Did you discuss the Immunisation Act?

**DR BATUWA:** Yes.

**THE CHAIRPERSON:** No.

**DR BATUWA:** We are on the vaccination of children.

**THE CHAIRPERSON:** There is a Vaccination Act of 2017. Do you have a copy?

**DR BATUWA:** Yes, I have it, Madam Chair.

**THE CHAIRPERSON:** Was it part of your discussion?

**DR BATUWA:** Yes, it was.

**THE CHAIRPERSON:** Did you repeal it? Did you make amendments to it?

**DR BATUWA:** We wanted to repeal it.

**THE CHAIRPERSON:** Bring it afresh and do it. Bring an amendment to the Act. There is a difference between the Health Bill and the Immunisation Act so, bring an amendment to the Act of Immunisation.

**DR BATUWA:** Thank you, Chair. However -

**THE CHAIRPERSON:** I have given you two assignments; one in regard to immunisation and the rights and the other on responsibilities of patients.

**DR BATUWA:** Most obliged.

**THE CHAIRPERSON:** I put the question that Clause 31, as amended, stands part of the Bill.

*(Question put and agreed to.)*

*Clause 31, as amended, agreed to.*

*Clause 32, agreed to.*

*Clause 33, agreed to.*

Clause 34

**THE CHAIRPERSON:** 34, Chair -

**DR AYUME:** Madam Chair, Clause 34 seeks to repeal section 41 of the principal Act. The committee recommends that this is deleted.

The justification is that this has been dealt with in the preceding amendment in clause 31.

**DR ACENG:** Madam Chair, I concur.

**THE CHAIRPERSON:** I put the question that Clause 34 be deleted as proposed.

*(Question put and agreed to.)*

*Clause 34, deleted*

*Clause 35, agreed to.*

Clause 36

**THE CHAIRPERSON:** 36, yes, committee chair -

**DR AYUME:** Clause 35: Repeal of sections 43 And 44 of principal Act. The committee recommends that Clause 36 be substituted with the following: “Repeal of Section 43 of principal Act. Section 43 of the Principal Act is repealed.”

The justification is that 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.

Two, there is need to maintain a provision for the vaccination of inmates in institutions like Butabika, prisons, etc., hence section 44 is retained.

**THE CHAIRPERSON:** Yes, honourable minister -

**DR ACENG:** Madam Chair, I concur. Section 44 would emphasise the need to have these people vaccinated.

**THE CHAIRPERSON:** I put a question that Clause 36 be amended as proposed.

*(Question put and agreed to.)*

*Clause 36, as amended, agreed to.*

Clause 37

**DR AYUME:** Madam Chair, on the amendment of section 45 of the principal Act, the committee recommends that Clause 37 is substituted with the following:

Substitution of section 45 of principal Act. Section 45 is substituted with the following: “Admission for education and penalties.”

The justification is that these provisions are currently low in the Immunisation Act and should be adapted in the Public Health Act rather than being repealed. Thank you.

**THE CHAIRPERSON:** Yes, honourable minister -

**DR ACENG:** Madam Chair, I concur.

**THE CHAIRPERSON:** I put a question that clause 37 be amended as proposed.

*(Question put and agreed to.)*

*Clause 37, as amended, agreed to.*

*Clause 38, agreed to.*

Clause 39

**DR AYUME:** Substitution of section 47 of the principal Act. Substitute Clause 39 with the following: “Section 47 of the principal Act is substituted with ‘Mass vaccination and revaccination.’

The justification –*(Interruption)*

**MR ODUR:** Thank you, Madam Chair. We had an extensive debate and the Chair rightly pointed out that she will not be seeking to proceed with this amendment. Wouldn’t it be procedurally right that we just move straight away?

**THE CHAIRPERSON:** Let him first read it before the minister comes in.

**DR AYUME:** Thank you, Madam Chair. The justification is that the responsibility to call for mass vaccinations should be the preserve of the minister. Thank you.

**MR OSHABE:** Madam Chairperson, section 47 in the principal Act talks about smallpox mainly. What we need to deal with is the removal of mandatory vaccination as they brought it. What they brought is not bad, but the problem is making it mandatory and that is all we need to deal with in this section.

**THE CHAIRPERSON:** In the parent Act, it is talking about only smallpox. Now, we are expanding it beyond.

**MR OSHABE:** But what we need to deal with is to remove the mandatory bit that had been inserted here.

**THE CHAIRPERSON:** It is saying, “In the event of occurrence or threatened outbreak of any disease in any local government”. Now, put local government or local authority or where it is necessary to conduct vaccination - “necessary”.

Who has said that we are making it mandatory? Which school did you go to? There is ‘mandatory’ and ‘where it is necessary’. I am reading so that we correct it.

“To conduct vaccination or revaccination in the local authority for all residents of the local authority or for a specific category of residents.”

**DR AYUME:** Madam Chairperson, we remove the word “all the” we leave it that in “local Government for residents.” Once we say “all” –

**THE CHAIRPERSON:** “... or where it is necessary”. If smallpox breaks out in Parliament - Bring the necessity in it and the necessity suggests compulsion.

**MR OSHABE:** Madam Chairperson, I have no problem because the ministry can determine that it is necessary, but it cannot be for all because there are some people who may not be fit for that vaccination. So, the necessity is still okay, but all we need to deal with is to remove the requirement for all.

Even in the following section where they are requiring “all persons”, let us remove that. In the last bit where they are saying, “all persons”, we remove that and leave it to read “that the ministry may determine.”

**DR AYUME:** Thank you. “In the Immunisation Act, section 4(2), where a parent of a child produces a certificate signed by a medical practitioner certifying that immunisation against any of the immunisable diseases is not advisable on medical grounds, an immunisation card shall be produced by the parent showing that the child has undergone immunisation with respect to other immunisable diseases in accordance with the Second Schedule.”

The point I am trying to make here is that there are some safety nets and the committee was alive to the fact that there are circumstances where people may not be eligible. Thank you.

**THE CHAIRPERSON:** Hon. Patrick, where they are saying, “where it is necessary”, that is why when you go for immunisation, they ask, do you have any allergies? Are you allergic to anything? Okay, frame it for me.

**MR OSHABE:** Madam Chairperson, I propose that we leave the statement the way it is, but remove the mandatory bit. For example, in part one, where it reads that in local Government, “all the residents” we remove that.

When we go to 1(a), it reads that, “A local Government council shall, where instructed by the minister, issue a notice posted in public space in the local Government and request all persons...”

So, we remove “all persons” within the Local Government Act. (b) “A local Government council shall require any person” we say “people in the local government are to be vaccinated or revaccinated” and where it says “require”, we can say “shall advise the parent” instead of “shall require the parent.”

We remove those statements that make it mandatory and we leave it the way it is.

**THE CHAIRPERSON:** Let us hear from the minister first.

**DR ACENG:** Madam Chairperson, first of all, I concur with the statement of my chairperson; it is very clear. Part one says “where necessary” and I want to give my honourable colleague an example.

About 10 years ago, we had an outbreak of yellow fever in northern Uganda and it became necessary to vaccinate everyone in Acholi Sub-region and part of Lango Sub-region to prevent death.

So, if you say others will get vaccinated and others will not then you are not going to achieve the immunity that you want. There is nothing wrong with this statement.

I can also give another example. If we got an outbreak of chickenpox here in Parliament, are you going to vaccinate some and leave others? You have to protect everyone.

**THE CHAIRPERSON**: Honourable members, one thing you need to know is that Government has a public duty to ensure that everybody is safe. In this statement, I do not know where you get it that it is mandatory. It says, where it is necessary.

**MR OSHABE**: Madam Chair, in part (ii) it says, “A person who fails and neglects to comply with this requirement under this section commits an offence and is liable on conviction to a fine not exceeding 200 currency points.”

In that statement alone you have said, everyone must. That cannot be accepted and the minister committed that she is not up to mandatory vaccination.

**THE CHAIRPERSON**: Hon. Patrick, what do you understand by the word “specified category of residents” in 47(i)? How would you interpret it? Under clause 39 – No, that is where we are saying “all residents or specified categories”. Do you get it? So, does that mean “mandatory”? Hon. Odur -

**MR ODUR:** Madam Chairperson, in law, once you prescribe a penalty – even if you don't read any other thing – it means it is mandatory. *(Applause)*

**THE CHAIRPERSON:** Honourable minister, why don't we remove the penalty and you specify that in the regulations? This is because when you put a penalty, that now amounts to “compulsory…” Let us reconcile it.

**DR AYUME:** Madam Chairperson, does that also mean for children? We just heard that –

**THE CHAIRPERSON:** No, we are not on children; we are on adults.

**DR AYUME: …** but mass vaccination and re-vaccination encompasses both adults and children.

**THE CHAIRPERSON:** That is okay. Children are in (b). Let us hear from the doctor.

**DR ACENG:** This clause covers both adults and children. Again, I want to give an example: if we get an outbreak of measles, are we going to vaccinate some children and leave out others? *(Interjections)* Then, it will not work unless we are going to break the clause and separate adults from children. For me, I maintain that the clause should be upheld.

**MS ABABIKU:** Thank you so much, Madam Chairperson –

**THE CHAIRPERSON:** I will give all of you a chance to talk. Do not worry.

**MS ABABIKU:** Thank you so much, Madam Chairperson. You guided us very well before we came to Committee Stage and we had built consensus that we were not agreeing with the blanket compulsory vaccination. *(Applause)* So, we expect, at this point, that any drafting should be consistent with what we agreed. *(Applause)* However, what we have just received, Madam Chairperson, is not consistent. We would rather stand over it and a clear statement –

**THE CHAIRPERSON:** We are not standing over anything.

**MS ABABIKU:** Thank you so much.

**MS GALIWANGO:** Thank you, Madam Chairperson. Like my predecessor has just put it, if we put it as a blanket, we will be putting some people at risk. In my area, during the COVID-19 time, all the elderly men above 70 years, who were vaccinated, died –*(Interjections)* - all of them, my father inclusive.

I am not going to be part of this – where I may put other people at risk. Government must do its work of sensitisation and make sure that even for the children, it is with the consent of the parents and also with a lot of sensitisation.

Otherwise, I want to tell you that there are many people who have never been vaccinated for COVID-19, but because we have SOPs, we are coexisting.

I want to thank you, Madam Chairperson. *(Applause)*

**DR BWANIKA:** Madam Chairperson, when you read the clauses that we are considering, they are mandatory. There is no space for anyone to say no to vaccination. They are mandatory, both for children and adults. When we discussed the principles of this Bill, we agreed that we were not going to enact any provision that is compulsory for the people of Uganda.

Madam Chairperson, secondly, you have guided very well that the proposed subsection (2) should be deleted. However, also (1)(b) – when you read it clearly, at the end of the day, the whole proposed section 47 has problems, except when we say there are going to be exemptions - unless we put provisions for exemptions.

If we can include provisions for exemptions and then delete subsection (2), it will make it better, Madam Chairperson.

**MR ODUR:** Madam Chairperson –

**THE CHAIRPERSON:** Now you are making a provision of amendment.

**MR ODUR:** Yes. Madam Chairperson, I propose that the proposed sections 47 (1)(b) and 47 (2), that provide for an offence on conviction, be deleted. The justification is that we have already provided, comprehensively, for vaccination of children under clause 31, which seeks to amend section 38. So, the children have been taken care of. I propose.

**THE CHAIRPERSON:** Honourable minister, are you in agreement with the amendment?

**DR ACENG:** Madam Chairperson, for the proposed subsection (2), I am in agreement, but 47 (1) (b) should be maintained because the minister should inform the local authority.

**THE CHAIRPERSON:** I think that is fine. Can you now – Hon. Odur, that is administrative. I put the question that clause 39 be amended, as proposed by Hon. Odur and Dr Aceng.

*(Question put and agreed to.)*

*Clause 39, as amended, agreed to.*

*Clause 40, agreed to.*

New clause

**DR AYUME:** Insertion of a new clause

Madam Chairperson, we seek to insert a new clause after clause 40, as follows:

Insertion of new sections 48A and 48B

48A is on vaccination or revaccination conditions and 48B has misleading information about vaccines.

The justification is that the deployment of vaccines can have adverse effects on the population. As such, a high level of scrutiny should be applied before their use. When it comes to misleading information about vaccines, people who propagate false information need to be subjected to some punitive measures. Thank you.

**DR ACENG:** Madam Chairperson, on clause 48A, I do not agree with the proposal and I will state reasons why -

**THE CHAIRPERSON:** Read it.

**DR ACENG:** Part A says that the vaccine to be administered be approved by the Cabinet. This is not possible. The vaccines are approved by our regulatory authority, which is the NDA. Cabinet, as the Government, already put in place this regulatory authority so we cannot take vaccines to be approved by the Cabinet. Therefore, I disagree.

**THE CHAIRPERSON:** But the Cabinet is not an approving body for vaccines.

**DR ACENG:** That is what is here and that is why I do not agree.

**THE CHAIRPERSON:** Yes.

**DR ACENG:** Part B, is already catered for under Part A so, I also do not agree with it. On Part C, there are already systems under NDA for pharmacovigilance and monitoring adverse events following immunisation. So, I do not agree with it.

Part D is already in the law; that Government has to provide vaccines free of charge so, it is obvious. In part E, Government has to ensure that persons required to be vaccinated or re-vaccinated have access - that is already addressed.

Then part two, which says that the minister shall, by statutory instrument, issue guidelines regarding accessibility to and administration is also already in the system.

Lastly, I request that 48A be collapsed. I concur with 48B.

**THE CHAIRPERSON:** Is it a system or it is in the law?

**DR ACENG:** Madam Chairperson, the vaccination processes are clearly known and the vaccines are in the facilities. The cold chain is in the facilities and people go to get vaccinated at the facilities. We do not have to specify it in the law; it is a system that exists.

**THE CHAIRPERSON:** What harm does it cause?

**DR ACENG:** It is free of charge.

**THE CHAIRPERSON:** What harm does it cause by including it in the law? *(Applause)*

**DR ACENG:** Madam Chairperson, if we are going to legislate on processes and systems that are obvious, that will not a smart law.

**THE CHAIRPERSON:** Honourable minister, we need something prescribed in the law; not the obvious because if we are to rely on the obvious, why would we be sitting in this House? We need it in the law because it protects you as a person, an institution or a country. The only thing that I want you to change is from the “Cabinet” to “NDA.”

**DR AYUME:** Madam Chairperson, some of these subclauses highlight the obligations of the Government in the law, like free vaccines, access to information -

**THE CHAIRPERSON:** That is noble due to the country.

**DR AYUME:** Yes and that is why I was saying that we should not repeal what has been proposed.

**THE CHAIRPERSON:** The approval is done by NDA not by Cabinet.

**DR ACENG:** Madam Chair, on replacing Cabinet with NDA, I do agree. However, Part B, which says that the minister has, by statutory instrument, issued detailed information indicating eligible and ineligible persons, health risks and so on, this is already captured when we talk about the NDA ensuring that the vaccine is safe. Once we say the vaccine is safe, we cannot repeat that.

Then in Part C, which says, “The minister has, by statutory instrument, established a vaccine adverse events reporting and management system”, the pharmacovigilance” is captured in the NDA Act. That is why I am saying that some of these would be repetitions.

**THE CHAIRPERSON:** Chairman, it was not a matter of dissent.

**DR AYUME**: Madam Chairperson, Part C gives the population some confidence to come forward for vaccination because when we were interfacing with a number of stakeholders, adverse events were key on the agenda. So, I humbly request that it is maintained. Thank you.

**MR NSAMBA:** Madam Chairperson, I have a problem with 48B, which says that the minister says she is comfortable with this. When it is the minister to determine, which is misleading information, we will be taking away the rights of the people to comment and complain about these vaccines.

Therefore, Madam Chairperson, whereas the committee had proposed this, I propose that it be deleted and we do not include it because then we are denying people the right to say anything about these vaccines. Thank you very much, Madam Chairperson.

**THE CHAIRPERSON:** Honourable members, we are changing from the “Cabinet” to “NDA.” We are deleting B and C because they are in the NDA Act. The rest remains as a new clause.

I put the question that a proposed new clause stands part of the Bill.

*(Question put and agreed to.)*

Clause 41

**DR AYUME:** Madam Chairperson, repeal of Part 8 of the principal Act. In place of part 8 -

**THE CHAIRPERSON:** Pardon, repeal of what? Is that clause 41?

**MS AISHA KABANDA:** Thank you, Madam Chairperson. We want to create a law that we will all embrace and be happy about when it has been passed. It kills the spirit when the minister for the alternative side stands consistently and is not given the opportunity and later on, the Leader of the Opposition also stands, but he is not given an opportunity. I am wondering, Madam Chairperson, whether we are proceeding well when the alternative side is not being listened to. Thank you.

**THE CHAIRPERSON:** The law that we are making is a Ugandan law, not for the Opposition or the ruling Government. That is one. Number two, this was not an issue of dissent. The person who gave us information is from the Opposition; the hon. Dr Abed Bwanika. He is from the Opposition; is he from the NRM?

It depends on what somebody is standing to say. I mean you can decipher from the face of it. Aisha, whenever you stand, I know you are going to say something that will move this country. *(Laughter)*

Clause 41

**DR AYUME:** Repeal of Part viii of the Principal Act.

In place of Part viii, insert the following new parts and number accordingly;

Viii. Non-communicable diseases.

The proposed section would be:

49. Application to non-communicable diseases

50. Health promotion and awareness.

51. Collaboration with other entities.

Justification

There is need to include and address non-communicable diseases 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 mobilised to limit the risk factors.

**THE CHAIRPERSON:** Minister -

**DR ACENG:** Madam Chairperson, I want to appreciate my chairperson of the committee for this clause. However, I have my worries that it will stop our health workers from attending to patients. So, we need to amend this clause as it is very ambiguous. The way it is, it will subject health workers to litigation at all times. So I request that it is amended. I am still reading and amending.

**THE CHAIRPERSON:** LOP -

**MR NAMBESHE:** Madam Chairperson, let me thank you because I was able to catching your eye at last. *(Laughter)*

As the chairperson of the committee vividly put it, that health decision should be a preserve of the minister. My take is, where is the role of the people’s representatives?

**THE CHAIRPERSON:** We are looking at 49; venereal diseases. It has been repealed and the minister is saying -

**MR NAMBESHE:** The one about the health workers is very important because in the past we have had -

**THE CHAIRPERSON:** It is being repealed and replaced with non-communicable diseases.

**MR NAMBESHE:** Of course that is where I would have wanted my line Minister of Health to weigh in, but you are not giving him an opportunity; he is technical in that area.

**THE CHAIRPERSON:** Give him the chance.

**DR BATUWA:** Thank you, honourable chairperson. On 41; non-communicable diseases, we have no dissent. We agree that there should be a preventive approach to that.

While I was in Finland, I was informed that -

**THE CHAIRPERSON:** Give me the amendment.

**DR BATUWA:** There is no amendment on that; we concur with the majority report.

**THE CHAIRPERSON:** So, we delete it?

**DR AYUME:** Madam Chairperson, on subsection one, we concede that it should be removed.

**MR BAHATI:** Madam Chairperson, it appears that now that the chairperson of the committee has conceded, we can go with what was in the Bill.

**THE CHAIRPERSON:** So, you are repealing Part viii without replacing it?

**DR AYUME:** Madam Chairperson, in Part viii, we are repealing venereal diseases.

**THE CHAIRPERSON:** Without replacing?

**DR AYUME:** We are replacing it with non-communicable diseases.

The proposed section 49, application to non-communicable diseases, subsection one, the area of contention is where the minister, a local authority or medical practitioner is required to act or desist from acting - I think that is our differing point with the minister. Therefore, we are asking that this point be redrafted.

**MS OPENDI:** Madam Chairperson, it is strange that the chairperson of the committee who has rightly said that they delete that particular clause now says they should redraft it. I expected the committee to have come up with the draft for us to accept, amend or reject, but now to say that we should redraft - Who should redraft it?

We all agreed that NCDs are important. That is what you should have come with; to draft the sections for this House to adopt, which has not been done.

**MR BAHATI:** Madam Chairperson, this particular clause is on non-communicable diseases. However, what we are saying is in 49; application to non-communicable diseases, the proposal by the committee appears unclear. However, when you go to 50, it is very clear about health promotion and awareness; collaboration with other entities is very clear. The clause stands but without 49 and that would read well. We shall still cater for non-communicable diseases under 50 and 51 but then we do away with 49 because it is not very clear; it is ambiguous. Therefore, I want to propose that 49 under clause 41, as proposed by the committee, be deleted so that we stay with 50 and 51.

**THE CHAIRPERSON:** Honourable chairperson, is that agreeable?

**DR AYUME:** Madam Chairperson, I concur.

**THE CHAIRPERSON:** I put the question that clause 41 be amended as proposed.

*(Question put and agreed to.)*

*Clause 41, as amended, agreed to.*

*Clause 42, agreed to.*

*Clause 43, agreed to.*

*Clause 44, agreed to.*

*Clause 45, agreed to.*

*Clause 46, agreed to.*

*Clause 47, agreed to.*

*Clause 48, agreed to.*

*Clause 49, agreed to.*

*Clause 50, agreed to.*

*Clause 51, agreed to.*

*Clause 52, agreed to.*

*Clause 53, agreed to.*

*Clause 54, agreed to.*

*Clause 55, agreed to.*

*Clause 56, agreed to.*

*Clause 57, agreed to.*

*Clause 58, agreed to.*

*Clause 59, agreed to.*

*Clause 60, agreed to.*

*Clause 61, agreed to.*

*Clause 62, agreed to.*

*Clause 63, agreed to.*

*Clause 64, agreed to.*

*Clause 65, agreed to.*

*Clause 66, agreed to.*

*Clause 67, agreed to.*

*Clause 68, agreed to.*

*Clause 69, agreed to.*

*Clause 70, agreed to.*

*Clause 71, agreed to.*

Clause 72

**THE CHAIRPERSON:** Chairman -

**DR AYUME:** Thank you, Madam Chairperson. Clause 72 seeks to repeal sections 107 and 108 of the principal Act.

The committee recommends that clause 72 be substituted with the following:

1. Insert a new section 107A after 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.”

1. In section 108, re-number as subsection (1) and insert a new subsection (2) as follows:
2. "(2) Where a cemetery is authorised, it shall remain so authorised until the minister authorises otherwise."

Justification

This area is not regulated and there is no justification for its repeal. The amendment is necessary for the protection of authorised cemeteries. Cemeteries have been reclaimed and repurposed into shopping malls and all that. We need to give the dead decent send-offs. Thank you.

**THE CHAIRPERSON:** Honourable minister -

**DR ACENG:** Madam Chairperson, I concur.

**THE CHAIRPERSON:** I put a question that clause 72 be amended as proposed.

*(Question put and agreed to.)*

*(Clause 72, as amended, agreed to.)*

Clause 73

**THE CHAIRPERSON:** Chairman -

**DR AYUME:** Thank you, Madam Chairperson. Clause 73: Amendment of section 109 of the 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. Thank you.

**THE CHAIRPERSON:** Honourable minister -`

**DR ACENG:** Madam Chairperson, I concur.

**THE CHAIRPERSON:** I put the question that clause 73 be amended as proposed.

*(Question put and agreed to.)*

*(Clause 73, as amended, agreed to.)*

*Clause 74, agreed to.*

New clause

**THE CHAIRPERSON:** New clause. Chairman -

**DR AYUME**: Thank you, Madam Chairperson.

Insertion of a new clause after clause 74. Insert a new clause after clause 74 as follows:

Insert new subsection immediately after section 113 to read:

“Government’s obligation in public health services:

The Government shall –

1. take all practical measures to ensure the provision of basic medical services to the population;

(b) ensure that all Ugandans have access to health services;

1. provide health facilities and opportunities necessary to enhance the welfare of women to enable them realise their full potential and advancement;
2. ensure that no child is deprived of medical treatment for any reason;

(e) take appropriate measures to ensure that persons with disabilities realise their full mental and physical potential.”

Justification

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

**THE CHAIRPERSON:** Honourable minister -

**DR ACENG:** Madam Chairperson, this clause is good; it unpacks what is in the Constitution. However, I request that in the first sentence, we substitute “the Government shall” with “the Government will”.

**THE CHAIRPERSON:** The Government of Uganda has a responsibility and duty to its people. *(Applause)* So, we will maintain “shall”. Next? Is that all? I put a question that a proposed new clause stands part of the Bill.

*(Question put and agreed to.)*

*New clause, agreed to.*

Clause 75

**THE CHAIRPERSON:** Chairperson -

**DR AYUME:** Clause 75: Repeal of Part XV of the principal Act

Substitute clause 75 with the following:

Clause 75: Repeal of section 120 and substitution of section 121 of the principal Act

1. Section 120 of the principal Act is repealed.

(b) Substitute section 121 of the following 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 poo1s, 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 powers to regulate recreation facilities and beauty parlours. Madam Chairperson, these includes the saunas, which could be potential drivers of spread of disease. Thank you.

**DR ACENG:** Madam Chairperson, this provision is already captured in the Local Government Act. The Minister of Health can only make the rules and this is captured under Section 104(2) of the Public Health Act. So, I request that we maintain it as it is in the Local Government Act.

**THE CHAIRPERSON:** Chairperson -

**DR AYUME:** Thank you, Madam Chairperson. I concede to the minister’s guidance and advice.

**THE CHAIRPERSON:** Is it on everything or on saunas? Honourable minister, can you rephrase how it is so we can see how it looks? Or do you not want any change? Should we keep it as it is? Okay, I put the question that clause 75 stands part of the Bill.

*(Question put and agreed to.)*

*Clause 75, agreed to.*

Clause 76

**THE CHAIRPERSON:** The Minister of Local Government had already given us a position.

**DR BATUWA:** What we did not capture is that the context in which local governments look at saunas is in terms of trading licences and the like. The Minister of Health was required to look at the sauna as a source of disease –

**THE CHAIRPERSON:** The minister makes rules and regulations. You need to create time, Dr Batuwa, and interact with your ministers on this side so that you share ideas. *(Laughter)*

**THE CHAIRPERSON:** I put a question that clause 76 stands part of the Bill.

*(Question put and agreed to.)*

*Clause 76, agreed to.*

*Clause 77, agreed to.*

*Clause 78, agreed to.*

*Clause 79, agreed to.*

*Clause 80, agreed to.*

*Clause 81, agreed to.*

*Clause 82, agreed to.*

*Clause 83, agreed to.*

*Clause 84, agreed to.*

Clause 85

**MR JONATHAN ODUR:** Thank you. The heading of clause 85 that seeks to replace 132 is “Protection of the Authority and Local Governments and the Employees from Personal Liability.” Even the text seems to suggest that the authority and local governments are immune yet the intention is that it is their employees that are supposed to be protected if they do any act under lawful direction of the authority or the council.

If we maintain it the way it is, it means it will be impossible to sue the local authorities in case they make decisions that affect people.

I suggest that we reframe it to remove the authority and local governments and only take care of the employees of the authority from personal liability.

**DR AYUME:** I concede.

**THE CHAIRPERSON:** Can you rephrase the amendment?

**MR JONATHAN ODUR:** Madam Chair, I do not have the full amendment, but our technical team would understand that my point is to remove the words “authority and local governments” and only allow it to proceed in the spirit of the employees. I think the technical team can modify it.

**MR BAHATI:** Madam Chair, I understand the proposal moved by the member of the great party of the past; the UPC – *(Interruptions)*

**THE CHAIRPERSON:** Hon. Alum, since you came here, you have not said a word. *(Laughter)* You can now speak.

**MS ALUM:** Madam Chair, I propose that we stand over that clause before making this submission – *(Interjections) -* the clause number is on the *Hansard. (Laughter)*

Anyhow, Madam Chair, allow me to put my very good friend, the former Minister of State for Planning and the Minister of State for Trade to order. I am the whip of UPC and we have honourable members in this Parliament. Therefore, is it in order for hon. Bahati to refer to the Uganda People’s Congress, a party which is very important to this country *– (Laughter) -* as a party of the past?

**MR BAHATI:** Madam Chairperson, I wanted to suggest that we maintain this particular clause because when you read the clause properly, you realise that it says, “no matter or thing done by the authority or local government or by a member of the council or the authority or local government, by any person acting under the direction of the authority or local government shall, if the matter or thing is done in good faith for the purpose of executing this Act, subject the member of the council or the person acting under the direction of the authority or local government to any liability.”

We are talking about public health and not anything else. Therefore, I think my good friend from the great party, UPC –*(Laughter)*– should accept that we maintain this particular clause.

**THE CHAIRPERSON:** Thank you. It helps us avoid negligent actions by people. When you read it in totality, you realise that it talks about “in good faith.” If one acted in good faith, it helps you. You will find that other people will even abandon patients on the road because they say after all, it will not be borne by me; it will be borne by the institution. But if you are acting in good faith – let us keep it as it is.

I put the question that Clause 85 stands part of the Bill.

*(Question put and agreed to.)*

*Clause 85, agreed to.*

*Clause 86, agreed to.*

*Clause 87, agreed to.*

*Clause 88, agreed to.*

**THE CHAIRPERSON:** New Clause -

**DR AYUME:** New insertion after Clause 88, "Amendment of Section 138 of the 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."

The justification is that this promotes the one-health approach to public health. Thank you.

**THE CHAIRPERSON:** Minister -

**DR ACENG:** Madam Chairperson, I concur.

**THE CHAIRPERSON:** I put a question that the proposed new clause stands part of the Bill.

*(Question put and agreed to).*

*Clause 89, agreed to.*

*Clause 90, agreed to.*

*Clause 91, agreed to.*

*Clause 92, agreed to.*

*Clause 93, agreed to.*

**THE CHAIRPERSON:** Clause 2 on the definition; interpretation -

**DR AYUME:** Thank you very much. Amendment of section 1 of the Public Health Act, which talks about the nomenclature.

1. Amendment of clause 2 (a). In paragraph (a), insert the word "parent."

The justification is, deletion of the word “parent” in the principal Act opens room for a better definition of the same word as proposed in the amendments. In brief, we are going to have a better definition.

1. 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”, "child”, "immunisation". “Child” - we got it from the Child Act. "Immunisation card", "minister”, "parent" - this includes biological mother or father, guardian, a person who has lawful custody. The Act only talks about mother or father, "parental responsibility", and "public health". We also thought it is important to define "preprimary school", "primary school" and "vaccine".

The justification is:

1. This is a reflection of the provisions of the Immunisation Act which are to be incorporated in the Public Health Act.

2. There is a need to have a standard definition of public health in the law regulating the area of public health.

3. The minister responsible for the implementation of the law should have it properly defined.

**THE CHAIRPERSON:** Minister -

**DR ACENG:** Chair, I concur.

**THE CHAIRPERSON:** Thank you.

**MR ODUR:** Chair, on this Clause 2 of the Bill, paragraph (a) was seeking to repeal one of the definitions which is “local authority” which we have extensively used. The same (g) has the “local government council” and g (1) has “authority” which means Kampala Capital City Authority. If the two; the Chair and the minister could reconcile so that we have one, we would not use them interchangeably as it is going to cause a lot of confusion. Do you want to maintain “local authority” to mean “local government” or do you want to replace “local authority” with the word “authority” and “local government council”?

**THE CHAIRPERSON:** Propose and we make a change. We can have the “local authority” together with “Kampala Capital City Authority”.

**MR ODUR:** I tend to agree with the original proposal in the Bill that in paragraph (a) we repeal the word “local authority”. In Law if you are to sue the council, you cannot say you are suing a “local authority”. You must sue a “local government council”. We shall remain with the authority, which means “Kampala Capital City Authority” and then “Local Government Council” as proposed. Wherever the word “Local authority” appears, it is consequentially replaced.

**THE CHAIRPERSON:** That is okay. Yes, minister -

**DR ACENG:** Chair, I agree with the honourable member.

**THE CHAIRPERSON:** I put a question that clause 2-

**MS AISHA KABANDA:** Thank you, Chair. We have just put up legislation that one who acts in good faith is not subjected to litigation. I just think that good faith needs to be defined because it can be very subjective. I think it should be defined. What is good faith?

**THE CHAIRPERSON:** Okay, define good faith for us.

**MR ODUR:** No. Chair, we do not need to define it. The courts have, over time, agreed on the interpretation of good faith.

**THE CHAIRPERSON:** And determination of good faith is subjective.

**MR ODUR:** Yes.

**THE CHAIRPERSON:** Thank you. I put a question that Clause 2 be amended as proposed by Hon. Jonathan Odur of UPC.

*(Question put and agreed to).*

**THE CHAIRPERSON:** Plus Hon. Ayume’s amendments.

*Clause 2, as amended, agreed to.*

Clause 6

**THE CHAIRPERSON:** Hon. Minister -

**DR ACENG:** Chair, for purposes of Clause 6, we are proposing the following:

“For purposes of this Act:

1. The minister shall establish a committee as the Advisory Committee of Health comprising of the Director, General Health Services or his/her representative as the chairperson and such other members as the minister may see fit to appoint.
2. The tenure of the members of the Advisory Committee of Health will be ad hoc.
3. The chairperson of the committee shall appoint such person as he/she may deem fit to be the secretary to the committee.
4. Notwithstanding subsections 1 and 2, the minister may, by order, vary or cancel the membership of the committee.
5. The minister may make rules for the governance of the functions of the committee.”

I beg to submit.

**THE CHAIRPERSON:** Patrick -

**MR OSHABE:** Madam Chair, I think we made a mistake by telling the minister to propose the amendment here because whereas we are talking about these local authority boards – which I thought should be local health management boards, not authority – the minister, in everything she has brought, is talking about the “minister” -

**THE CHAIRPERSON:** Hon. Oshabe, the minister is not Dr Jane Aceng. Dr Aceng is laying a bed now but she may not sleep on that bed. If somebody gives you a buffet and tells you to serve, do you serve little? *(Laughter)*

**MR OSHABE:** But she has not acted in good faith, in bringing this amendment.

**MR NAMBESHE:** Madam Chairperson, we may be lucky at this time that the Minister of Health is a technical minister; a doctor but we may, in future, get a minister who may not be. In the past, we have had ministers in that office who were not technical – like my good friend from Ssembabule. *(Laughter*) So, the minister, in some of these decisions, should seek the approval of Parliament.

**THE CHAIRPERSON:** Honourable members, we need to be consistent. In the insurance law we made, we talked about the minister. In the Public Finance Management Act, we talked about the minister. In the petroleum law, it is the minister. This is the one who bears the political responsibility.

You and I are politicians. When it comes to technical issues, you look at the directors and that kind of thing.

Honourable Members, I put a question that Clause 6 be amended as proposed by the Minister for Health.

*(Question put and agreed to.)*

*Clause 6, as amended, agreed to.*

*The Title, agreed to.*

MOTION FOR THE HOUSE RESUME

6.19

**THE MINISTER OF HEALTH (Dr Ruth Aceng):** Madam Chairperson, I beg to move that the House do resume and the Committee of the whole House reports thereto.

**THE CHAIRPERSON:** Thank you. I put a question that the House do resume and the Committee of the whole House reports thereto.

*(Question put and agreed to.)*

*(On resumption, the Speaker presiding.)*

REPORT FROM THE COMMITTEE OF THE WHOLE HOUSE

6.19

**THE MINISTER OF HEALTH (Dr Ruth Aceng):** Madam Speaker, I beg to report that the Committee of the whole House has considered the Bill entitled, “The Public Health (Amendment) Bill, 2021” and passed it with amendments.

MOTION FOR ADOPTION OF THE REPORT OF THE COMMITTEE OF THE WHOLE HOUSE

6.21

**THE MINISTER OF HEALTH (Dr Ruth Aceng):** Madam Speaker, I beg to move that the report from the Committee of the whole House be adopted.

**THE SPEAKER**: *[Member: “Recommittal.”]* But how do you start making noise – Recommittal? Why didn't you tell us at that stage? Why? Let us pass the Bill. If it is not assented to, you can still amend it. You still have a chance to amend it.

I put the question that the report of the Committee of the whole House be adopted.

*(Question put and agreed to.)*

*Report adopted.*

BILLS

THIRD READING

THE PUBLIC HEALTH (AMENDMENT) BILL, 2021

6.21

**THE MINISTER OF HEALTH (Dr Ruth Aceng):** Madam Speaker, I beg to move that the Bill entitled, “The Public Health (Amendment) Bill, 2021” be read the third time and do pass.

**THE SPEAKER:** I put a question that, “The Public Health (Amendment) Bill, 2021”, be read a third time and do pass.

*(Question put and agreed to.)*

A BILL FOR AN ACT TITLED, “THE PUBLIC HEALTH “AMENDMENT ACT, 2022.”

**THE SPEAKER:** Title settled and the Bill passed. *(Applause)*

I would like to congratulate the honourable minister, the committee and the shadow minister for being very aggressive. *(Applause)*

I thank all Members of Parliament who have been here. *(Applause)* You have been so good. Now, finally, we have a Bill in place in the name of public health. I hope that once it is assented to, you will publicise what we have passed in the Bill, not keeping the Bill in the drawers like other sectors have done where Bills were passed, but people don't know what we passed.

6.24

**THE MINISTER OF HEALTH (Dr Ruth Aceng):** Madam Speaker, allow me to start by appreciating you for your commitment and stamina to pass this Bill. We are very appreciative. *(Applause)*

Honourable Members of Parliament, thank you very much for your input, interest in the Bill and for passing this Bill today.

Allow me also to appreciate the Committee on Health for a very good job done on the Bill. *(Applause)*

I would also like to appreciate the shadow Minister of Health. *(Applause)* Yes, he has been very supportive. *(Laughter)* Also, allow me to appreciate my fellow ministers for a job well done. Thank you very much.

**THE SPEAKER:** Thank you very much. The House is adjourned to tomorrow at 2.00 p.m.

*(House rose at 6.24 p.m. and adjourned to Wednesday, 20 July 2022 at 2.00 p.m.)*