

MAKERERE



UNIVERSITY

**THE EFFECT OF COVID-19 REGULATIONS ON THE RIGHT TO LIFE IN
UGANDA: A CASE STUDY OF THE PUBLIC HEALTH (CONTROL OF COVID-19)
RULES, 2020.**

BY

ROBERT KASHAIJA

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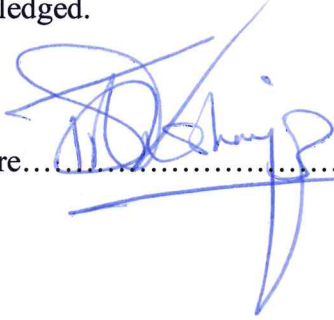
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DECEMBER, 2025

DECLARATION

I, **ROBERT KASHAIJA** do hereby declare that this Dissertation is my original work and it has never been submitted to any other University or Institution whatsoever in its entirety or in part for the award of any Degree or Diploma. Other works cited or referred to are accordingly acknowledged.

Signature.....



Date:

22nd December 2020

CERTIFICATION

This is to certify that this work was compiled under my supervision and is now ready for submission with my approval.

Signature.....*Z. Nampewo*

Date.....*19 Dec 2025*

DR. ZAHARA NAMPEWO

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DEDICATION

To my children Nyangoma Alvina, Nyakato Adianca, Nakura Natalie, Nayebare Heavenly and Murungi Milena.

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3. The Local Government Act Chapter 138
4. The Public Health Act, Cap. 310
5. The Public Health (Control of COVID-19) Rules, Statutory Instrument No. 11 2020
6. The UPDF Act, Cap. 330
7. The Public Finance Management Act, Cap. 171.
8. The Public Health (Notification of COVID-19) Order No. 45 (2020) Statutory Instrument No.45 2020.
9. The Public Health (Prevention of COVID-19) (Requirements and Conditions of Entry into Uganda) Order, 2020.

LIST OF ACRONYMS AND ABBREVIATIONS

AU	African Union
CAO	Chief Administrative Officer
Cap.	Chapter
Ch. D	Chancery Division
CSG	Coronavirus Study Group
DHOs	District Health Officers
EA	East Africa
ECHR	European Court of Human Rights
GBV	Gender Based Violence
HCMA	High Court Miscellaneous Application
ICC	International Criminal Court
ICCPR	International Covenant on Civil and Political Rights
ICJ	International Court of Justice
ICRC	International Commission of the Red Cross
IHRC	International Human Rights Law
IMT	Incident Management Team
J	Justice
JA	Justice of Appeal
JJA	Justices of Appeal
JSC	Justice of Supreme Court
KCCA	Kampala Capital City Authority
LC	Local Council Chairperson
MOH	Ministry of Health
NAPE	The National Association of Professional Environmentalists

NGO's	Non-Governmental Organisations
NTF	National Task Force
No.	Number
Plc.	Public Limited Company
RDCs	The Resident District Commissioners
SARS-CoV-2	Severe Acute Respiratory Syndrome Corona Virus 2
SRH	Sexual and Reproductive Health
UDHR	Universal Declaration of Human Rights
UGX	Uganda Shillings.
UHRC	Uganda Human Rights Commission
UK	United Kingdom
UPDF	Uganda Peoples Defence Force
UN	United Nations
USA	United States of America
WHO	World Health Organization.

ABSTRACT

The COVID-19 pandemic presented an unprecedented public health crisis, prompting governments worldwide to implement stringent measures to contain its spread. In Uganda, the government enacted the Public Health (Control of COVID-19) Rules, 2020, which significantly impacted the right to life and other fundamental human rights. This study examines the impact of COVID-19 regulations on the right to life in Uganda, assessing whether these measures maintained human dignity and achieved public health goals.

The research employs a doctrinal legal approach, analyzing statutory instruments, judicial opinions, and scholarly works on COVID-19 and human rights jurisprudence. It explores the legal framework governing public health emergencies in Uganda, the implementation of the COVID-19 Rules, and their implications for the right to life, right to health, and other interconnected rights.

Employing a doctrinal legal approach, the research reveals that Uganda's legal framework lacks comprehensive legislation to address public health emergencies, posing challenges to effective disease management and human rights protection. The study highlights the intrinsic connection between public health and human rights, emphasizing the need for a balanced approach that prioritizes life, dignity, and well-being. Key findings include: (1) inadequate legal framework for public health emergencies; (2) disproportionate impact on vulnerable populations; and (3) necessity of community engagement and human rights considerations in public health responses. The study concludes with recommendations for policymakers, emphasizing the importance of: (1) establishing emergency Response Funds; (2) strengthening Social Protection Systems; (3) Improving access to Healthcare; (4) ensuring community involvement and human rights prioritization; and (5) guaranteeing continuous responses to public health crises, among others.

TABLE OF CONTENT

DECLARATION.....	i
CERTIFICATION.....	ii
ACKNOWLEDGEMENT.....	iii
DEDICATION.....	iv
LIST OF CASES.....	v
LIST OF INTERNATIONAL INSTRUMENTS.....	vii
LIST OF NATIONAL STATUTES.....	viii
LIST OF ACRONYMS AND ABBREVIATIONS.....	ix
ABSTRACT.....	xi
CHAPTER ONE.....	1
INTRODUCTION.....	1
1.0 Introduction.....	1
1.1 Background to the Research Study.....	2
1.2 Statement of the Problem.....	4
1.3 Significance of the Study.....	5
1.4 Objectives of the Study.....	5
1.4.1 General Objective.....	5
1.4.2 Specific Objectives.....	6
1.5 Research Questions.....	6
1.6 Scope of the Study.....	6
1.6.1 Time Scope.....	6
1.6.2 Geographical Scope.....	6
1.7 Hypothesis.....	7
1.8 Theoretical Framework.....	7
1.8.1 Key Concepts.....	9
1.8.2 Theoretical Perspectives.....	9
1.9 Literature Review.....	9
1.9.1 Overview of Existing Literature.....	9
1.9.2 COVID-19 Regulations and Human Rights in Uganda.....	10

1.9.3 International Perspectives on COVID-19 and Human Rights	11
1.9.4 Right to Life and COVID-19 in Uganda	12
1.9.5 Gaps in Existing Literature	14
1.10 Methodology	14
1.11 Ethical Considerations	16
1.12 Limitations or Anticipated Problems	16
1.13 Chapter Synopsis	16
CHAPTER TWO	18
THE COVID-19 RULES, 2020 IN UGANDA: STRENGTHS AND CHALLENGES...	18
2.0 Introduction	18
2.1 Development of the virus	18
2.2 Legal Framework and the development of the Rules, 2020.	19
2.3 Understanding the State of Emergency	21
2.3.1 Limitation of the right to life and other Human Rights	25
2.3.2 Declaration of a State of Emergency	25
2.3.3 Limitations and Restrictions Rights	26
2.4 Institutional Framework for the implementation of the Rules, 2020	35
2.4.1 The Ministry of Health	36
2.4.2 The National Task Force	37
2.4.3 The District Task Forces	37
2.5 Conclusion	39
CHAPTER THREE	41
INTERROGATION OF THE RIGHT TO LIFE AND LINKAGE TO OTHER HUMAN RIGHTS	41
3.0 Introduction	41
3.1 General Comment Number 36 on the right to life under Article 6 of the International Covenant on Civil and Political Rights (ICCPR)	41
3.2 The linkage between the rights to life, health	46
3.3 Human dignity: A foundational core of the rights to life, health	48
3.4 Covid-19 and the Enforcement of the Directives and Guidelines Pursuant to the Rules, 2020.	50

3.5 Derogation from right to Life and other Human Rights in the Wake of Corona.....	52
3.6 Effect of the Enforcement of the Rules on the right to life in Uganda.....	54
3.7 Limitation of the right to life and other Human Rights.....	57
3.7.1 Declaration of a State of Emergency.....	58
3.7.2 Limitations and Restrictions Rights.....	59
3.8 Conclusion.....	61
CHAPTER FOUR.....	63
THE IMPACT OF THE RULES ON THE RIGHT TO LIFE IN UGANDA.....	63
4.0 Introduction.....	63
4.1 The effects of the Rules on the.....	65
4.1.1 Access to basic necessities and education.....	69
4.1.2 Domestic violence, particularly violence against women.....	69
4.1.3 Displacement from family residences.....	70
4.1.4 Abuse of children’s rights.....	71
4.1.5 Delayed education milestones.....	71
4.1.6 Economic impacts and food security.....	72
4.1.6.1 Reduced access to food.....	73
4.1.7 Effects on livelihoods.....	75
4.1.8 Human rights violations.....	76
4.2 Conclusion.....	79
CHAPTER FIVE.....	82
SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS.....	82
5.0 Introduction.....	82
5.1 Summary of Findings.....	82
5.2 Research Conclusion.....	86
5.3 Recommendations.....	88
5.3.1 Short-term Recommendations.....	88
5.3.1.1 Establish Emergency Response Funds:.....	88
5.3.1.2 Strengthen Social Protection Systems:.....	88
5.3.1.3 Improve Access to Healthcare:.....	88

5.3.1.4 Enhance Food Security:	88
5.3.2 Medium-term Recommendations	88
5.3.2.1 Develop Inclusive Economic Recovery Plans:	88
5.3.2.2 Strengthen Human Rights Frameworks:	88
5.3.2.3 Promote Distance Learning:	89
5.3.2.4 Support Livelihoods:	89
5.3.3 Long-term Recommendations	89
5.3.3.1 Invest in Health Systems:	89
5.3.3.2 Promote Sustainable Development:	89
5.3.3.3 Foster Community Engagement:	89
5.3.3.4 Develop Disaster Risk Reduction Plans:	90
5.3.4 Recommendations for Policymakers	90
5.3.4.1 Review and Revise Laws and Policies:	90
5.3.4.2 Ensure Accountability:	91
5.3.4.3 Promote Transparency:	91
5.3.4.4 Foster International Cooperation:	91
5.4 Recommendations for Future Research	91
BIBLIOGRAPHY	92

CHAPTER ONE

INTRODUCTION

1.0 Introduction

On December 31, 2019, a respiratory syndrome attributed to a beta-corona virus was recorded in Wuhan, China, the occurrence subsequently was pegged as an outbreak of a new corona virus disease, known as COVID-19, by the World Health Organization (WHO). The Coronavirus Study Group (CSG) of the International Committee on Taxonomy of Viruses on February 11, 2020, identified the virus responsible as severe acute respiratory syndrome corona virus 2 (SARS-CoV-2). Given the rapid worldwide spread of this disease, the WHO subsequently declared COVID-19 a pandemic. Clinically, SARS-CoV-2 manifests with symptoms such as fever, dry cough, fatigue, myalgia, and dyspnea. The virus spreads among individuals through respiratory droplets, contaminated surfaces, and close contact, with potential transmission via the eyes, nose, and mouth. The disease is highly infectious and poses significant health risks.

The COVID-19 pandemic has underscored the intricate link between the right to life and the right to health. The World Health Organization (WHO) declared COVID-19 a pandemic, prompting governments to implement measures to contain its spread. In Uganda, the Public Health (Control of COVID-19) Rules, 2020, were enacted to mitigate the pandemic's impact¹. However, these measures have raised concerns about their impact on human rights, particularly the right to life.

The right to life is a fundamental human right, essential for the enjoyment of all other rights. The right to health is also a critical component of the right to life, as it is essential for human dignity and well-being. The Ugandan Constitution and international human rights instruments recognize the right to life and the right to health as fundamental human rights.²

This study examines the effects of the COVID-19 Rules on the right to life in Uganda, assessing their compliance with national and international human rights standards.

The 1995 Constitution of the Republic of Uganda, as amended, was designed to include a bill of rights, specifically detailed in Chapter Four, which is titled "Protection and Promotion of

¹A. Spadaro (2020). COVID-19: Testing the Limits of Human Rights. *European Journal of Risk Regulation*, Vol. 11(2):317-325.

²United Nations Office of the High Commissioner for Human Rights (OHCHR), 'What are human Rights?'. Available at : <https://www.ohchr.org/what-are-human-rights/> [Accessed on 14th June, 2023].

Fundamental and other Human Rights and Freedoms.” This chapter encompasses the right to life as articulated in Article 22.

International human rights law recognizes the right of each person to achieve the highest attainable level of health. Additionally, it mandates that governments take necessary actions to mitigate public health threats and ensure medical care is accessible to those in need³. Article 23(1) of the Constitution acknowledges that, in cases of significant public health threats and national emergencies, it may be permissible to impose restrictions on certain rights, provided these restrictions have a legal foundation, are essential, supported by scientific evidence, and are neither arbitrary nor discriminatory. Furthermore, such measures must respect human dignity and be proportionate to the intended goals.

The scale and severity of the COVID-19 pandemic clearly represent a public health risk that may justify restrictions on certain rights. To mitigate the spread of the corona-virus and its repercussions on health systems and populations, various community-based and facility-based interventions were implemented, as outlined in the Public Health (Control of Covid-19) Rules, 2020 (Hereinafter referred to as the Rules). These measures significantly impacted individuals' right to life in Uganda as part of efforts to limit other rights.

1.1 Background to the Research Study

The COVID-19 pandemic presented an unprecedented global health crisis, prompting governments worldwide, including Uganda, to implement regulations aimed at curbing the spread of the virus. In Uganda, the Public Health (Control of COVID-19) Rules, 2020, were enacted to manage the pandemic. These rules imposed various restrictions, including lockdowns, curfews, and limitations on movement and gatherings.

While the primary intention of these regulations was to protect public health and save lives, their implementation had far-reaching consequences for the enjoyment of human rights, particularly the right to life. The right to life, enshrined in Article 22 of the Constitution of Uganda, is a fundamental right that is essential for the enjoyment of all other rights.

Uganda implemented various measures to control the spread of COVID-19. The Public Health (Control of COVID-19) Rules, 2020, provided measures that were put in place by the

³Zweig SA, Zapf AJ, Beyrer C, Guha-Sapir D, Haar RJ (2021) . Ensuring Rights while Protecting Health: The Importance of Using a Human Rights Approach in Implementing Public Health Responses to COVID-19. *Health Hum Rights*. Vol. 23(2):173-186.

Ugandan government, specifically the Ministry of Health, to control the spread of COVID-19 in the country. The rules and guidelines were enforced by various authorities, including the police, army, and local government officials. Here's a detailed explanation of some of the key measures:

Lockdowns and Curfews: Uganda imposed lockdowns and curfews to restrict movement and gatherings. This meant that people were required to stay at home and avoid non-essential travel. The lockdowns were enforced by security personnel, and those who violated the rules faced penalties.

Travel Restrictions: The government imposed travel restrictions, including suspension of flights and closure of borders. This was done to reduce the spread of the virus from other countries and to prevent people from traveling to high-risk areas.

Social Distancing: People were required to maintain social distancing of at least 1 meter in public places. This meant that people had to keep a safe distance from each other to reduce the chance of transmission.

Mask Mandates: Wearing masks was mandatory in public places. This was done to reduce the transmission of the virus through respiratory droplets.

Hand Hygiene: People were encouraged to wash hands frequently with soap and water or use hand sanitizers. This was done to reduce the transmission of the virus through contact with contaminated surfaces.

Closure of Non-Essential Businesses: Non-essential businesses, including bars, nightclubs, and cinemas, were closed. This was done to reduce gatherings and slow the spread of the virus.

Restrictions on Gatherings: Gatherings, including weddings and funerals, were restricted. This was done to reduce the transmission of the virus through close contact with others.

Vaccination Campaigns: The government launched vaccination campaigns to encourage people to get vaccinated. This was done to protect people from severe illness and reduce the transmission of the virus.

These measures were implemented to slow the spread of COVID-19 and protect public health. The measures, such as lockdowns, travel restrictions, social distancing, mask mandates, hand hygiene, closure of non-essential businesses, restrictions on gatherings, and

vaccination campaigns, were indeed part of the COVID-19 rules and guidelines implemented in Uganda in 2020.

Other specific rules and guidelines implemented in Uganda in 2020 include: the Public Health (Prohibition of Entry into Uganda) Order, 2020, which restricted travel into Uganda from high-risk countries; the Public Health (Mandatory Wearing of Face Masks) Order, 2020, which made it mandatory to wear face masks in public places.

This case study examines the impact of the Public Health (Control of COVID-19) Rules, 2020, on the right to life in Uganda. It explores how the regulations affected access to healthcare, livelihoods, and other essential services, and highlights the challenges faced by vulnerable populations, such as the poor, elderly, and those living in informal settlements.

The study draws on reports from human rights organizations, government data, and media sources to provide an overview of the effects of the COVID-19 regulations on the right to life in Uganda. It also references international human rights standards and guidelines, including those from the United Nations Human Rights Committee, to assess the compliance of the regulations with Uganda's obligations under international law.

1.2 Statement of the Problem

Despite the importance of protecting human rights, the implementation of the Public Health (Control of COVID-19) Rules, 2020, in Uganda raised concerns about the potential infringement on the rights to life. The Rules have led to restrictions on movement, assembly, and access to essential services, which may have disproportionately affected vulnerable populations, including the poor, women, and children. However, there is a lack of clarity on the specific impact of these Rules on the right to life in Uganda, highlighting the need for a comprehensive examination of the Rules' implementation and their effects on human rights.

Uganda's existing legal framework is deficient in comprehensive legislation specifically designed to address public health emergencies. This shortcoming poses a complex challenge in managing disease outbreaks while ensuring the protection of fundamental human rights. The lack of specific laws and regulations hampers the government's ability to execute prompt and coordinated responses to emerging health crises, which may lead to ineffective containment strategies and heightened public health risks. Furthermore, without clear legal guidelines, law enforcement agencies may resort to arbitrary or excessive measures that could infringe upon other human rights, such as the right to privacy, freedom of movement, and the

right to life. This legal gap not only threatens effective disease management but also erodes public trust and confidence in governmental responses during health emergencies.

1.3 Significance of the Study

The research focuses on how the existing legal framework on the control and prevention of COVID-19 in Uganda was implemented so as to improve observance and respect for the right to life of its citizens in the event of a public health emergency. It also examines the international legal instruments and other mechanisms put in place that aim at promoting and protecting the right to life.

Through the analysis of the adequacy and practicability of the Rules in relation to the right to life, this research will address a critical gap in the legal framework that directly impacts the rights and well-being of Ugandan citizens. Understanding the implications of this gap is essential for policy makers and the legislature to develop targeted interventions that balance public health imperatives with the protection of individual rights.

This research will aid to enhance legal knowledge on the nexus of public health and human rights law. It provides an opportunity to investigate complicated legal problems including emergency authorities, government commitments, and the restrictions of rights during times of crisis. By evaluating international human rights standards, comparative legal frameworks, and new jurisprudence in this subject, scholars can provide nuanced insights into the concepts and mechanisms that should drive legal responses to public health emergencies while respecting basic rights.

In a nutshell, the significance of this research lies in its potential to inform policy and legislative reform, advance legal scholarship, and promote rights-based approaches to emergency management. By addressing this critical gap in the legal framework, it can contribute to the protection of fundamental rights and the promotion of public health in Uganda and beyond.

1.4 Objectives of the Study

1.4.1 General Objective

The main objective of the research is to examine the Covid-19 Rules, 2020 on the right to life of people in Uganda in light of the Covid-19.

1.4.2 Specific Objectives

- i. To establish the legal framework of the right to life in Uganda.
- ii. To establish the background and institutional framework for the implementation of the Covid-19 Rules, 2020.
- iii. To assess the challenges and merits of the implementation of the Covid-19 Rules, 2020.
- iv. To assess the interaction of the right to life with other human rights that were violated as a result of the enforcement of the Covid-19 Rules, 2020 in Uganda.
- v. To make recommendations on how to lessen violations of the right to life during public health emergencies.

1.5 Research Questions

- i. What is the legal framework of the right to life in Uganda?
- ii. What is the background and institutional framework for the implementation of the Covid-19 Rules, 2020?
- iii. What are the challenges and merits of the implementation of the Covid-19 Rules, 2020?
- iv. What is the interaction of the right to life with other human rights that were violated as a result of the enforcement of the Covid-19 Rules, 2020 in Uganda?
- v. What can be recommended to mitigate violations of the right to life during public health emergencies?

1.6 Scope of the Study

1.6.1 Time Scope

The study covers the period from 2020 to 2021. This is because it is the period within which the COVID-19 virus emerged and was declared a public health emergency.⁴ That is also the period, when the government and activists started publicizing about the awareness of the COVID-19 virus and the preventive methods. However, the gathering, analysis and compilation of the research will take a year.

1.6.2 Geographical Scope

The study is carried out in Uganda focusing on the most affected parts of the country like the Central region.

⁴World Health Organisation (WHO), 'Coronavirus disease (COVID-19)'. Available at: <https://www.who.int/diseases/coronavirus-disease/> [Accessed on 27th June, 2023].

1.7 Hypothesis

The 1995 Constitution of the Republic of Uganda as amended provides for the establishment of the fundamental human rights of its citizens and provides for their protection as well through the creation of the Uganda Human Rights Commission (UHRC) that ensures that the basic rights of Ugandans are not abused and denied. The government of Uganda has fallen short of the provisions of the Constitution that provide for the right to life through the enactment and implementation of the Rules without taking due regard to human rights considerations.

1.8 Theoretical Framework

Human Rights-Based Approach to Public Health Emergencies

The theoretical framework for this study is grounded in the human rights-based approach to public health emergencies. This approach emphasizes the importance of respecting, protecting, and fulfilling human rights, particularly the right to life, during public health crises.

The researcher relied on the human rights theory to achieve the research objective enshrined in this research. Nickel, defined human rights as the, basic moral guarantee that people in all countries and cultures allegedly have, simply because they are humans⁵. These guaranteed “rights” are attached to particular individuals who can invoke them, they are of high priority, and compliance with them is mandatory rather than discretionary. “Human rights are frequently held to be universal in the sense that all people have and should enjoy them, and to be independent in the sense that they exist and are available as standards of justification and criticism, whether or not they are recognized and implemented by the legal system or officials of a country⁶.”

Human rights have also been adjudged to be “universal rights held to belong to individuals by virtue of their being human, encompassing civil, political, economic, social, and cultural rights and freedoms, and based on the notion of personal human dignity and worth”⁷. Dignity is defined as the importance and value that a person has which makes other people respect

⁵J.W. Nickel, (1987) “Making Sense of Human Rights: Philosophical Reflections on the Universal Declaration of Human Rights,” Berkeley; University of California Press, pp. 561-562.

⁶A. Fagan, (2015) “Human Rights”, Internet Encyclopaedia of Philosophy Human, <http://www.iep.utm.edu/hum-rts/>, (accessed 22/04/2023).

⁷The Columbia Electronic Encyclopaedia. “Natural Rights theory.” Columbia University Press, 2013, <http://encyclopedia2.thefreedictionary.com/Natural+Rights+theory> (accessed 21/04/2023)

them or makes them respect themselves⁸. Dignity is the key term for the discussion about human rights. The universal declaration on human rights appeals to human dignity as its basis⁹.

The Covid-19 Rules, 2020 on the right to life of people in Uganda in light of the Covid-19 is enabled by rules that govern the rights and responsibilities of the government of Uganda and its citizens. These include the international bill of rights ratified by Uganda, and national policies and laws that support an environment that governs the respect, protection, and fulfilling human rights, particularly the right to life, during public health crises.

Historically, human rights can be traced to 539 B.C¹⁰, when the armies of Cyrus the Great, the first king of ancient Persia, conquered the city of Babylon. But it was his next move that marked a major advancement for mankind. He freed slaves, established racial equality, and declared that all people had the right to choose their own religion. These and other decrees were recorded on a baked-clay cylinder in the Akkadian language with cuneiform script¹¹. Known today as the Cyrus Cylinder, this ancient record has now been recognized as the world's first charter of human rights. It is translated into all six official languages of the United Nations and its provisions parallel the first four Articles of the Universal Declaration of Human Rights. From Babylon, the idea of human rights spread quickly to India, Greece, and eventually to Rome¹². Theoretically, a human right is “derived from the theory of natural law and originating in Greco-Roman doctrines”¹³. The notion of human rights also appeared in some “early Christian writers' works and is reflected in the Magna Carta (1215)”¹⁴. The idea winds as a philosophical thread through 17th and 18th century European and American thought, including the Declaration of Independence (1776) and the French Declaration of the Rights of Man and Citizen (1789)¹⁵. The United Nation's Commission on Human Rights, with Eleanor Roosevelt as chair, created the UN's Universal Declaration of Human Rights

⁸Cambridge Dictionaries online, <http://dictionary.cambridge.org/dictionary/english/justice>, (accessed 21/04/2023).

⁹United Nations, Universal Declaration of Human Rights' GA Resolution 217A, 3rd session, U.N. Document A/810 at 71, December 1948.

¹⁰United for Human Rights, (2015) “A brief History of Human Rights,” Available at <http://www.humanrights.com/what-are-human-rights/briefhistory/cyruscylinder.html>, (accessed 20/04/2023)

¹¹Ibid

¹²United for Human Rights, (2015) “A brief History of Human Rights,” Available at <http://www.humanrights.com/what-are-human-rights/briefhistory/cyruscylinder.html>, (accessed 20/04/2023)

¹³Ibid

¹⁴Ibid

¹⁵Ibid

(1948), which reasserted the concept of human rights after the horrors of World War II. Human rights have since become a universally espoused, yet widely disregarded, concept¹⁶.

The natural rights theory of human rights underlies contemporary human rights doctrines¹⁷. The term “human rights” is generally taken to mean what Locke and his successors meant by natural rights, namely rights (entitlements) held simply by virtue of being a person (human being)¹⁸. Human rights are inherent in all human beings, which include the poor and less privileged groups whose rights must not be violated and must be enforced by those charged with their care.

1.8.1 Key Concepts

Right to Life: The right to life is a fundamental human right, enshrined in international human rights law, including the Universal Declaration of Human Rights (Article 3) and the International Covenant on Civil and Political Rights (Article 6).

Human Rights-Based Approach: This approach prioritizes the protection and promotion of human rights, dignity, and well-being in public health policies and interventions.

Proportionality and Necessity: Any restrictions on human rights must be proportionate to the public health threat and necessary to achieve the intended goal.

1.8.2 Theoretical Perspectives

Siracusa Principles: These principles provide guidance on the limitation of human rights in public health emergencies, emphasizing the need for necessity, proportionality, and non-discrimination.

Human Rights Council's COVID-19 Response: The Human Rights Council has emphasized the importance of respecting human rights, dignity, and well-being in COVID-19 responses, highlighting the need for transparency, accountability, and participation.

1.9 Literature Review

1.9.1 Overview of Existing Literature

The literature review section examines existing research on the impact of COVID-19 regulations on human rights, particularly the right to life, in Uganda and globally.

¹⁶Ibid

¹⁷J. Donnelly, (1982) “Human Rights as Natural Rights,” *Human Rights Quarterly*, Vol. 4(3), p.391.

¹⁸Ibid

1.9.2 COVID-19 Regulations and Human Rights in Uganda

Studies have shown that Uganda's COVID-19 response measures, including the Public Health (Control of COVID-19) Rules, 2020, have had significant implications for human rights, including the right to life.

Busingye Kabumba¹⁹, explains the extent to which the government of Uganda can effectively respond to the challenge posed by COVID-19, while respecting and complying with the safeguards stipulated under the 1995 Constitution of Uganda. Kabumba avers that both the states and the citizens would be better served by the transparency and legal certainty that would be provided by the declaration of a state of emergency or at the very least it would ensure institutional checks and balances in determining appropriate response to the crisis. In as much as Kabumba adequately addressed the constitutionality of the Rules, he omitted to touch on the adverse effects of the regulations on the right to life which my research will address. Similarly, Hanibal Goitom²⁰ highlights the COVID-19 measures taken by the Government to control the spread of the virus between March 13 and March 30, 2020. During this period, various preventive measures were enacted, including but not limited to travel restrictions, social distancing guidelines, quarantine protocols and enhanced hygiene practices among others. While Goitom's analysis provides valuable insights into the initial response to COVID-19, it is important to acknowledge potential limitations, such as the scope of measures analyzed, variations in implementation across different regions, and evolving guidance over time. Additionally, the analysis does not account for the full extent of the socio-economic impact or effectiveness of the measures in controlling the spread of the virus. Thus, this research will comprehensively assess the impact of COVID-19 measures on public health outcomes and societal well-being.

Achan et al,²¹ describes the development and application of the Public Health Act, Cap. 310 to implement Non Pharmaceutical Interventions for COVID-19 pandemic control in Uganda. In the article, the authors portray how Uganda applied four COVID-19 broad Rules for the period March 2020 to October 2021 but how they attracted specific litigation due to

¹⁹Busingye-Kabumba (2020), 'The 1995 Constitution and Covid-19', Available at: <https://www.scribd.com/document/458067198/The-1995-Constitution-and-Covid-19-by-Dr-Busingye-Kabumba-pdf-pdf>. [Accessed on 16 June, 2024].

²⁰Uganda: Government Measures to Slow the Spread of COVID-19 (2020). Available at: <https://www.loc.gov/item/global-legal-monitor/2020-04-29/uganda-government-measures-to-slow-the-spread-of-covid-19/>[Accessed on 24th June, 2023].

²¹Achan et al (2023), 'COVID-19 and the Law in Uganda: A Case study on Development and Application of the Public Health Act from 2020 to 2021, *BMC Public Health*, Vol. 23, p. 761.

perceived infringement on certain human rights provisions. In as much as this article, recommends enacting supportive legislation within the course of an outbreak and striking a balance when enforcing public health interventions and human rights infringements, it does not provide direct recommendations as to what the supportive legislation should entail or consider.²² The above study also shows the legal status of the public health laws used to implement the control of the Covid-19 pandemic as well as documenting Uganda's process of development, application, and experience with amending the Public Health Act Rules that guided COVID-19 control. The information in this paper is useful in understanding Uganda's legal framework that are applicable when responding to future health emergencies.

Barugahare J et al,²³ illustrate the value of ethics and human rights considerations for public health measures including during emergencies. They summarize Uganda's social and economic circumstances and some of the measures adopted to contain the spread of COVID-19 and reflect upon the ethical propriety of some of Uganda's responses to COVID-19. Their study found that some of the measures adopted violate ethics and human rights principles and argue that even though some human rights can sometimes be legitimately derogated and limited to meet public health goals during public health emergencies, measures that infringe on human rights should satisfy certain ethics and human rights criteria. They argue that many of the measures taken fell short of these criteria, and potentially limit their effectiveness. This article provides useful reference to my area of study.

1.9.3 International Perspectives on COVID-19 and Human Rights

International research highlights the need for governments to balance public health imperatives with human rights protections during health crises.

Hadi Alizadeh et al²⁴, in their study identify the affected social areas that have undergone dramatic changes during the pandemic which include among others health, social vulnerability, education, social capital, social relationships, social mobility, and social welfare. The study reveals that the unprecedented transformations in these social spheres

²²Ibid, note 5.

²³Barugahare, J., Nakwagala, F.N., Sabakaki, E.M. et al (2020), 'Ethical and human rights considerations in public health in low and middle-income countries: An assessment using the case of Uganda's responses to COVID-19 Pandemic'. *BMC Med Ethics* Vol. 21, p. 91. Available at: <https://doi.org/10.1186/s12910-020-00523-0> [Accessed on 3rd July, 2023].

²⁴Alizadeh, H., Sharifi, A., Damanbagh, S. et al (2023), 'Impacts of the COVID-19 pandemic on the social sphere and lessons for crisis management: a literature review', *Nat Hazards* 117, pp. 2139-2164. Available at: <https://doi.org/10.1007/s11069-023-05959-2> [Accessed on 7th August, 2023].

during the pandemic were largely attributable to the inadequacy of the existing laws, which failed to account for the far-reaching consequences in these areas. The findings suggest that the legal framework's shortcomings contributed significantly to the dramatic changes observed, underscoring the need for more comprehensive and adaptive legislation to address the complexities of modern societal challenges. The insights acquired from this study will significantly inform my evaluation of the Rules in Uganda, enabling a comprehensive assessment of its effectiveness in mitigating the social and economic impacts of the pandemic. By applying the study's findings to the Ugandan context, I will be able to identify the areas of success and shortcomings in the rules, ultimately contributing to the development of more resilient and adaptive laws that better address public health emergencies.

Li H, Hu M and Liu S²⁵ highlight how in China, just like Uganda laws were used to enforce compliance and control the spread of COVID-19. The Chinese government used experts to make COVID-19 specific laws under the Chinese Criminal law that made it an offense for a person to violate laws on the prevention and control measures against COVID-19. China has suffered most from the outbreak and encountered various problems and situations, including discrimination, shortage and inaccessibility of essential services and people's intentional concealing of information on their sickness. How China addressed these types of problems is very relevant for other countries to learn and prepare for emergency crisis responses. It provides useful context for Uganda to consider especially with regard to legal and policy reforms as is the case with my study.

1.9.4 Right to Life and COVID-19 in Uganda

Existing literature emphasizes the importance of protecting the right to life, particularly in the context of public health emergencies like COVID-19.

Luminita Dragne²⁶ explains the significance and magnitude of the right to life. This study assists in understanding the scope and extent of the right to life and how it is interlinked to other human rights like the right to health, right to freedom of movement among others which will enable me comprehensively assess the impact of the Covid-19 regulations on the right to life to the people in Uganda. The National Association of Professional Environmentalists

²⁵ Li H, Hu M, Liu S (2020), 'The need to improve the laws and regulations relevant to the outbreak of COVID-19: what might be learned from China?' *J Glob Health*, Vol. 10(1), Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7182299/>, [Accessed on 17th August, 2023].

²⁶ Dragne, Luminita and Balaceanu, Cristina Teodora (2013), 'The Right to Life -A Fundamental Human Right', *Social Economic Debates*, Vol. 2(2). Available at: <https://ssrn.com/abstract=2408937> or <http://dx.doi.org/10.2139/ssrn.2408937> [Accessed on 8th January, 2024].

(NAPE) report²⁷, showcases some of the blatant human right abuses committed during the Covid era including torture of street vendors by law enforcement officers, gender based violence in homesteads by law enforcement officers and child abuse. It notes that these human rights violations mostly arose out of the deployment of different security agencies, the UPDF, police, military, Local Defence Unit to enforce the presidential directives and the Ministry of Health Guidelines. This article provides an insight to some of the violations to the right to life that will be assessed in and their direct correlation with the Rules.

Elizabeth Katana et al²⁸ in regard to violence and discrimination among Ugandan residents during the COVID-19 lockdown, noted that a substantial proportion of Ugandan residents experienced violence and/or discrimination during the COVID-19 lockdown, mostly perpetrated by law enforcement officers. They also went ahead to recommend mitigation of the collateral impact of lockdowns with interventions that focus on improving policing quality, ensuring continuity of essential services, and strengthening support systems for vulnerable groups including males. However they do not provide measures on how the mitigation of the impact of lockdown can be done focusing on policy quality, continuity of essential services and supporting vulnerable groups.

Kevin Nakimbugwe & Sabiti Edwin's²⁹ analysis delves deeply into the impact of the COVID-19 pandemic on Uganda's health care system, utilizing empirical data to assess the government's performance in fulfilling its obligations during the crisis. Through meticulous examination of data, Kevin and Sabiti scrutinize the effectiveness of the state's response to the COVID-19 crisis, particularly in terms of health care provision. Despite its thorough examination of these aspects, the study does not explicitly address the broader implications of the pandemic response on other human rights interconnected with the right to health, such as the right to life. Center for Public Interest Law³⁰'s excerpt underscores the fundamental

²⁷“A Snapshot of Human Rights abuses amidst the COVID-19 pandemic in Uganda”, www.nape.or.ug. [Accessed on 16th June, 2023].

²⁸Amodan, Bob O., Lilian Bulage, Elizabeth Katana, Alex R. Ario, Joseph N. Siewe Fodjo, Robert Colebunders, and Rhoda K. Wanyenze (2020), "Level and Determinants of Adherence to COVID-19 Preventive Measures in the First Stage of the Outbreak in Uganda" *International Journal of Environmental Research and Public Health*, Vol. 17(23), p. 8810. Available at: <https://doi.org/10.3390/ijerph17238810> [Accessed on 14th August, 2023].

²⁹Kevin Nakimbugwe & Sabiti Edwin (2021) “The Right to Health and the Covid-19 Pandemic in Uganda: An Appraisal of the State’s Obligations Regarding the Right to Health during a Pandemic” *Makerere Law Journal*, Vol. 22(3), , pp 368-396.

³⁰Your Right to Life, Center for Public Interest Law; Available at: <https://cepiluganda.org/cepil--know-rights/your-right-to->

importance of the right to life and its protection under both domestic law and international treaties. Article 22 of the Ugandan Constitution safeguards individuals from intentional deprivation of their right to life, establishing it as a qualified right that may only be interfered with under specific circumstances outlined within the article. Notably, the right to life is deemed non-derogable, meaning it cannot be suspended even during states of emergency. The study further elucidates Uganda's adherence to international treaties such as the African Charter on Human and People's Rights, the International Covenant on Civil and Political Rights (ICCPR), and the Universal Declaration of Human Rights (UDHR), all of which affirm the inviolability of the right to life. This study establishes the legal and normative context within which the right to life is protected in Uganda. By delineating the constitutional provisions and international obligations, it provides a foundation for understanding the legal framework surrounding the right to life and its implications for public policy and human rights discourse in Uganda.

From the views above, it is important to note that the available literature mostly focused on the measures taken by the government of Uganda in curbing the COVID-19 pandemic and their repercussions to general human rights violations. My research will zoom into the Rules and the right to life and make recommendations that the government can rely on to improve and adjust its efforts in relation to respecting the right to life when faced with a public health emergency in the future.

1.9.5 Gaps in Existing Literature

While existing studies have examined the impact of COVID-19 regulations on human rights in Uganda, there is a need for more in-depth analysis of the specific effects on the right to life and recommendations for future public health emergency responses.

1.10 Methodology

The research method employed in this study is doctrinal research, which involves a thorough analysis of existing laws, regulations, and legal documents related to the right to life and COVID-19 regulations in Uganda. The study also incorporates analysis of non-legal sources, including reports from human rights organizations, government data, media sources, and academic literature.

[life/#:~:text=Article%2022%20of%20the%20Constitution,of%20the%20right%20to%20life; \[Accessed on 2nd May, 2024\].](#)

The doctrinal research component involves a detailed examination of the following:

Ugandan Laws and Regulations: The study analyzes the Public Health (Control of COVID-19) Rules, 2020, and other relevant laws and regulations in Uganda, including the Constitution of Uganda and the Public Health Act.

International Human Rights Law: The study examines international human rights standards and guidelines, including those from the United Nations Human Rights Committee, to assess the compliance of Uganda's COVID-19 regulations with international law.

Case Law: The study reviews relevant case law, including decisions from Ugandan courts and international human rights tribunals, to inform the analysis of the right to life and COVID-19 regulations.

In addition to doctrinal research, the study also incorporates analysis of non-legal sources, including:

Reports from Human Rights Organizations: Reports from organizations such as Human Rights Watch, Amnesty International, and the Uganda Human Rights Commission provide valuable insights into the impact of COVID-19 regulations on human rights in Uganda.

Government Data: Official data from the Ugandan government, including reports from the Ministry of Health and the Uganda Bureau of Statistics, provide information on the impact of COVID-19 on public health and the economy.

Media Sources: Media reports and news articles provide context and insights into the impact of COVID-19 regulations on Ugandan society.

Academic Literature: Academic studies and research papers on the impact of COVID-19 on human rights and the right to life inform the analysis and provide additional context.

The use of non-legal sources is justified for several reasons:

Contextual Understanding: Non-legal sources provide context and insights into the social, economic, and cultural context in which the COVID-19 regulations were implemented.

Impact Assessment: Non-legal sources provide information on the impact of the regulations on human rights, including the right to life, and help to identify areas where the regulations may have had unintended consequences.

Triangulation: The use of multiple sources, including non-legal sources, helps to triangulate findings and increase the validity of the research.

By combining doctrinal research with analysis of non-legal sources, this study provides a comprehensive understanding of the impact of COVID-19 regulations on the right to life in Uganda. This approach allowed for a comprehensive examination of the legal framework governing public health emergencies in Uganda, the implementation of the COVID-19 Rules, and their implications for the right to life.

1.11 Ethical Considerations

The study is premised on secondary data and the researcher was unable to conduct field research in order to do away with the ethical issues of authenticity of data. However, the researcher adopted purely doctrinal legal research, involving a prevailing state of legal doctrine and the impact of the COVID-19 regulations that were put in place and in particular, the Rules on the right to life to the people in Uganda.

1.12 Limitations or Anticipated Problems

A first significant limitation of the study was that, the study is premised on secondary data and the researcher was unable to conduct field research in order to do away with the ethical issue of authenticity of data. However, the researcher adopted a purely doctrinal legal research, involving a prevailing state of legal doctrine and the impact of the COVID-19 regulations that were put in place and in particular, the rules on the right to life to the people in Uganda, and discussed under theoretical framework of this study. The researcher therefore undertook doctrinal legal research, through adopting one or more legal propositions, principles, rules or doctrines as a starting point and focus of his study. These principles, rules or doctrine were located in statutory instruments, judicial opinions as was discussed in this research. These principles were used by the researcher in a holistic manner to make an analysis and formulate his conclusions on this study. This study encountered limited interaction with a broader scope of stakeholders due to evasiveness. There was also an issue in regards to limited resources to carry out the study.

1.13 Chapter Synopsis

Chapter 1 is the introduction to the study. This entailed the introduction of the topic of study, the justification of the study, the objectives of the study, the research questions, the scope of the study, the literature review, methodology used and the synopsis of the study.

Chapter 2 provided the general background of the study entailing the background to the emergence of COVID-19, the emergency and content of the Rules; and the context within which it was applied, and other related public health laws and regulations applied during this period, or relevant to the discussion.

Chapter 3 interrogated the right to life, linkage to other rights, especially the right to health, enforcement of this right and relevant case law in relation to Covid-19 in Uganda such as cases on vaccine resistance and access to food among others.

Chapter 4 assessed the impact of the Rules on the right to life of people in Uganda including its weaknesses and strengths.

Chapter 5 provided the summary of the findings, conclusion and recommendations.

CHAPTER TWO

THE COVID-19 RULES, 2020 IN UGANDA: STRENGTHS AND CHALLENGES.

2.0 Introduction

This chapter is concerned with the evolution of the COVID-19 virus outbreak, the legal framework of the COVID-19 prevention and control measures and the institutional framework of the Covid-19 Rules, 2020, the researcher mainly considered this for purposes of portraying a precise background of the Covid-19 Rules, 2020 to clearly explain their effect on the right to life.

2.1 Development of the virus

On December 31, 2019, a respiratory syndrome linked to a beta-corona virus was identified in Wuhan, China. This event was later classified as an outbreak of a new corona virus disease-2019 (COVID-19) by the World Health Organization (WHO) and recognized as severe acute respiratory syndrome corona virus 2 (SARS-CoV-2) by the Coronavirus Study Group (CSG) of the International Committee on Taxonomy of Viruses on February 11, 2020.

On March 11, 2020, the World Health Organization officially classified COVID-19 as a pandemic considering the swift global transmission of this illness. Clinically, SARS-CoV-2 manifests with symptoms such as fever, dry cough, fatigue, myalgia, and dyspnea. The virus spreads among individuals through respiratory droplets, contaminated surfaces, and close contact, with potential transmission via the eyes, nose, and mouth. The disease is highly infectious and poses significant health risks.

On March 13, Minister of Health Jane Ruth Aceng issued an order declaring COVID-19 a “notifiable disease for the purposes of the ‘Public Health Act, Cap. 310’ (As amended)³¹. This order also invoked the provisions of the ‘Public Health Act, Cap. 310’ (as amended) related to the authority to establish regulations, prevent and control infectious diseases, and implement safety measures at the nation's borders. The order was issued under the authority granted to the Minister of Health by Section 10 of the ‘Public Health Act, Cap. 310’ (as amended), which allows for the declaration of notifiable diseases and the application or restriction of relevant provisions of the Act concerning such diseases.

³¹The Public Health (Notification of COVID-19) Order No. 45 (2020).

Originating in Wuhan City, Hubei Province, China the initial epicenter of COVID-19, the pandemic rapidly spread worldwide within a span of less than three months, marking it as one of the most significant pandemics in human history. As of April 18, 2020, the novel SARS-CoV-2 virus had reached all seven continents, impacting 213 countries and territories, with a total of 2,121,675 confirmed cases and a mortality rate of 6.7%. The countries most severely affected by COVID-19 to date include the United States, with 33,971,000 confirmed cases; India, with 27,369,093 cases; and Brazil, with 16,275,440 cases.

The African continent was the last to experience the effects of the COVID-19 pandemic. By December 13, 2021, approximately 8.9 million COVID-19 cases and nearly 225,000 deaths had been reported across Africa. This figure stands in stark contrast to early predictions made by public health experts and epidemiologists, who estimated that up to 70 million Africans could be infected with SARS-CoV-2 by June 2020, resulting in over 3 million fatalities³².

The first case in Africa was identified in Egypt on February 14, 2020, followed by Algeria, which reported its first case on February 25, and Nigeria on February 27. Other African nations began to report their initial cases in March. The countries most impacted included South Africa, Egypt, Morocco, Algeria, and Cameroon. However, due to limited testing capabilities for COVID-19, the actual number of cases may be significantly under-reported, complicating efforts to accurately assess the true epidemiology of the virus on the continent. Uganda confirmed its first SARS-CoV-2 infection on March 21, 2020, involving a traveler from the United Arab Emirates, and as of April 13, 2024, the country has recorded over 172,149 cases and 3,632 deaths³³.

2.2 Legal Framework and the development of the Rules, 2020.

The legal framework governing the Rules is grounded in the Siracusa Principles³⁴, as established by the UN Commission on Human Rights, alongside the Constitution and the Public Health Act, Cap. 310.

³²Walker, P. G. et al (2020). Report 12: The Global Impact of COVID-19 and Strategies for Mitigation and Suppression, Imperial College London.

³³Worldometer Coronavirus Population, <https://www.worldometers.info/coronavirus/#countries>; [Accessed on 17th May, 2024].

³⁴UN Commission on Human Rights, The Siracusa Principles on the Limitation and Derogation Provisions in the International Covenant on Civil and Political Rights, E/CN.4/1985/4, 28 September 1984, <https://www.refworld.org/legal/resolution/unchr/1984/en/57200> [Accessed 31 July 2024]

According to Article 4 of the Siracusa Principles, in the event of a public emergency that threatens the nation's survival and is officially declared, state parties are permitted to adopt measures that deviate from their mandate under the Covenant, but only to the extent that is strictly necessary for addressing the situation. These actions must align with existing international legal commitments and must not lead to discrimination on the grounds of race, color, gender, language, religion, or social origin. Additionally, Article 46 of the 1995 Constitution of the Republic of Uganda specifies that no Act of Parliament or other legislative measures shall be considered a violation of the rights and freedoms protected in this Chapter if such actions are regarded as reasonably justifiable in the context of a state of emergency. The World Health Organization defines a Public Health Emergency as “an occurrence or imminent threat of an illness or health condition, resulting from bioterrorism, an epidemic or pandemic disease, or a novel and highly fatal infectious agent or biological toxin, which poses a significant risk of a considerable number of human fatalities or incidents, or long-term disability³⁵.”

In the event of a public health emergency, the legal framework delineates the protocols that government officials and relevant stakeholders must follow. Legislation grants public health authorities the necessary legal authority and guidelines to identify and address public health threats³⁶. It specifies the responsibilities of various parties in taking emergency actions and outlines permissible and impermissible actions. The most effective laws are those that foresee potential emergency situations and provide a legally sound response plan for government action. In the absence of robust legal provisions, the public health response may be jeopardized. Officials might hesitate to act due to a lack of clarity regarding their responsibilities, and decision-makers may be compelled to make rushed decisions based on insufficient information. Additionally, courts may impede or postpone response initiatives that lack a firm legal foundation, leading to litigation and delays that can deplete vital resources during a crisis. Insufficient legal preparedness can lead to an ineffective public health response, erosion of public trust, and infringement on individual rights and freedoms³⁷.

In order to fully understand the origins and consequences of a state of emergency in relation to international human rights law, it is essential to consider three key questions that are

³⁵Rachel Macleod and Simon Whitbourn (2021), ‘Guidance on Law and Public Health Emergency Preparedness and Response – Pilot Version’, International Federation of Red Cross and Red Crescent Societies.

³⁶Office of the High Commissioner on Human Rights, Emergency Measures and COVID-19: Guidance, April 2020.

³⁷Office of the High Commissioner on Human Rights, Emergency Measures and COVID-19: Guidance, April 2020.

pivotal to the derogation frameworks. The first question is whether the situation has deteriorated to a degree that it qualifies as a 'public emergency' endangering the survival of the nation. Secondly, are the measures implemented by the state 'strictly necessary' given the circumstances? Third, if the state opts to derogate from international law, is it required to inform the treaty depositary, thereby notifying other state parties of its public emergency derogation?³⁸. There is a widespread consensus among legal experts that the exercise of human rights should remain unimpeded during a state of emergency³⁹. Nevertheless, in reality, the standards for when a state can deviate from its human rights commitments have frequently been misinterpreted and exploited.

2.3 Understanding the State of Emergency

Additionally, the concept of a state of emergency has been examined through the lenses of two main academic fields: International Human Rights Law and Constitutional Law. The exploration of this concept within constitutional law gained momentum during the Cold War, notably through the works of Clinton Rossiter and Carl Friedrich. Moreover, the foundational theories can be linked to political philosophy, originating from the concepts proposed by Aristotle and later developments by German philosopher Carl Schmitt, who extensively examined its foundational aspects.

In this context, Uganda, like many other countries, took exceptional steps to deal with COVID-19. The President may proclaim a state of emergency pursuant to the 1995 Constitution, but this warrants the assent of parliament⁴⁰. Notwithstanding this, Uganda did not formally assert a state of emergency during the public health crisis. Instead, a factual state of emergency subsisted, permitting the executive to effect directives without parliament's approval or involvement⁴¹.

³⁸International Covenant on Civil and Political Rights art. 4, 16 December 1966, S. TREATY Doc. No. 95-20, 999 U.N.T.S. 171 [hereinafter ICCPR]; see also Human Rights Committee [H.R. Comm.], General Comment No. 29: the States of Emergency, 1 2, 4, U.N.Doc. CCPR/C/21/Rev.1/Add.11 (31 August 2001) [hereinafter General Comment No. 29] ("Before a State moves to invoke article 4, two fundamental conditions must be met: the situation must amount to a public emergency which threatens the life of the nation, and the State party must have officially proclaimed a state of emergency.").

³⁹Giorgio Agamben (2005), *The State of Exception* (Stato di eccezione). Translated by Kevin Attell, University of Chicago Press, p. 234.

⁴⁰Article 110 (1) of the Constitution of the Republic of Uganda, 1995 (As amended)

⁴¹M, Musiime (2020), 'Uganda's De facto State of Emergency to Address Covid 19, 11 June 2020, Available at: <https://www.asf.be/blog/2020/06/11/ugandas-de-facto-state-of-emergency-to-address-the-covid-19-pandemic/> [Accessed 15 June 2024].

These presidential directives were later formalized into Rules and Orders. Among the measures implemented were the closure of borders, the prohibition of public gatherings, and the suspension of asylum procedures for a period of 30 days⁴², restricting movement of people within and outside the country, suspension of public transport, nationwide lockdown (limiting movement of people coupled with curfew), closure of schools, bars and public places⁴³. The measures in Uganda are enforced through various laws including among others: the Public Health Act, Cap. 310, Rules and through Guidelines issued by the Ministry of Health⁴⁴.

In reaction to the pandemic, the Government of Uganda implemented public health measures aimed at curbing its spread within the nation. Some of the initial actions taken included the refusal to repatriate citizens studying in China, mandatory institutional quarantine, and the enforcement of social distancing. Although classified as a public health emergency, these measures infringed upon the right to life and other ethical and human rights considerations⁴⁵. The objective of this chapter is to evaluate the impact of these Rules on the right to life in Uganda, as well as to develop an ethical and human rights framework for assessing public health measures, which will be used to reflect on the ethical appropriateness of those measures adopted by the Ugandan government to mitigate the spread of the virus.

The Constitution serves as the highest law of the land, providing the foundation for the legitimacy of all other laws⁴⁶. Any law that contradicts any provisions of the Constitution is

⁴²S,Okiror (2020) “In the News: Uganda Suspends Refugee Arrivals as Corona virus Cases Rise,” *The New Humanitarian*, (Uganda) 25 March 2020, Available at: <https://www.thenewhumanitarian.org/news/2020/03/25/uganda-coronavirusrefugees-asylum-seekers>. [Accessed 11 June 2024].

⁴³Daily Monitor, “Museveni Suspends Public Transport for 14 days,” *The Daily Monitor* (Uganda), 25 March 2020, Available at: <https://www.monitor.co.ug/news/national/museveni-suspends-public-transport-for-14-days-/688334-5504246-wtum70z/index.html>. [Accessed 11 June 2024].

⁴⁴The Public Health Act, Cap. 281, The Public Health (Notification of COVID – 19) Order, Statutory Instrument No.45 2020, The Public Health (Control of COVID - 19) Rules 2020 Statutory Instrument No. 11 2020, Circular Letter No. 3 Guidelines on Preventive Measures against Corona Virus (COVID 19), 25 March 2020, Ministry of Health, Covid-19 Guidelines for Safe Mass Gatherings, Ministry of Health, More guidelines on COVID19, Preventive Measures and the need for a Shut down.

⁴⁵J., Barugahare, F.N., Nakwagala, E.M., Sabakaki et al. (2020) “Ethical and human rights considerations in public health in low and middle-income countries: an assessment using the case of Uganda’s responses to COVID-19 pandemic”. *BMC Med Ethics* vol. 21(91) . <https://doi.org/10.1186/s12910-020-00523-0>

⁴⁶Article 2(1) of the Constitution of the Republic of Uganda, 1995 (As amended)

deemed invalid to the degree of that contradiction⁴⁷. This principle of supremacy was highlighted, among other cases in *Uganda Association of Women Lawyers and Ors v Attorney General*⁴⁸, where several sections of the Divorce Act were determined to be inconsistent with the Constitution due to their discriminatory characteristics. The domains of public health and human rights are interrelated and focus on promoting overall well-being⁴⁹.

Article 79 of the 1995 Constitution provides for legislative power which vests in parliament. Under this article, Parliament is mandated to make laws for the peace and development of the country. In exercising this mandate, parliament enacted the Public Health Act. Under Section 11 of the Act, Parliament can delegate these powers to a minister for purposes of enacting regulations and rules pertaining to a particular scenario through a statutory instrument. The Interpretation Act defines “statutory instrument” to include any order, rules, regulation, rules of court, bye laws made...in exercise of powers conferred by an act⁵⁰.” In *NC Bank Ltd & 24 Ors v. Kampala City Council Authority & Anor*⁵¹, it was stated that delegated legislation is one made by a minister or a public official. Nevertheless, in *Bank Mellat v. Her Majesty’s Treasury No.2*⁵², the Court of Appeal of England held that delegated legislation does not have the status of primary legislation and the statutory instrument is the instrument of the Minister who is empowered by the enabling Act.

Section 11 of the Public Health Act provides that the minister can promulgate rules or regulations for purposes of preventing the spread of infectious diseases. In exercise of this mandate, four statutory instruments have been issued to implement various measures announced by the president. Under Rule 9 of Rules, various stay home regulations were issued and have been re-emphasized by the presidential directives.

The Public Health Act is amended to insert section 11A to provide for infectious diseases. This provision pertains to any malady that the Minister may, through statutory order, designate as an infectious disease for the purposes of this section.

⁴⁷Article 2(2) of the Constitution of the Republic of Uganda, 1995 (As amended)

⁴⁸*Uganda Association of Women Lawyers and ors v Attorney General*, Constitutional petition, Constitutional Petition No 2 of 2003, [2004] UGCC 1, ILDC 1137 (UG 2004).

⁴⁹BK Twinomugisha (2020) ‘Using the right to health framework to tackle non-communicable diseases in the era of neo-liberalism in Uganda’ *African Human Rights Law Journal*, vol. 20, pp. 147-180.

⁵⁰Section 14 of the Interpretation Act, Cap. 2.

⁵¹*NC Bank Ltd & 24 Ors v. Kampala City Council Authority & Anor*, Misc. Cause No. 2 of 2018.

⁵²*Bank Mellat v. Her Majesty’s Treasury No.2* [2014] A.C 700.

Consequently, the Rules were enacted to guide the fight against the pandemic in Uganda. Several directives were also issued by the President thereafter; notable among these were the restriction on movement of persons and vehicles⁵³.

This indicates that the efforts in question possess the binding authority of law, as they have been appropriately enacted under the constitutional power.

Conversely, the constitution establishes the bill of rights in Chapter 4. The bill of rights encompasses the essential rights of individuals. The next discussion reviews the various human rights issues which have been raised by the pandemic and the Minister's regulations, in particular the right to life.

It is also the duty of the courts to protect, defend and enforce these privileges whenever they are being suppressed or stifled by any authority or person in authority. Regard for human rights constitutes a fundamental aspect of effective governance, and it is imperative that all measures are taken to guarantee its adherence. This privilege is however restricted under Article 12(2) of the Charter specifies that the right may only be limited by laws enacted for the safeguarding of public security, civic order, civic health, or morals.

Any law, including any regulation, has to serve a legitimate purpose of government and it has to be rational in its scope and content. These notions are fundamental to upholding the rule of law. Due to the pandemic outbreak various African governments have adopted different measures.

The restrictions imposed on the exercise of these rights has revealed diverse strands of obedience, resignation, ignorance, disinterest, and rebellion. As many have averred and rightly so, a virus cannot be used as the pretext for seizing hegemonic control of all the levers of power within a democratic society governed by the rule of law. A government, which is constitutionally obligated to protect, promote, and fulfill the human rights of every person, must not regress into authoritarianism due to the mismanagement and manipulation of its response to the pandemic.

Consequently, the following discussion will examine the legality and constitutionality of the limitations imposed on the right to life.

⁵³J, Sebwami,(2020), "Breaking! Uganda Covid-19 Cases Rise to 48 after Three out of 419 tests done on Friday Return Positive," *PML Daily* (Kampala), 4 April 2020, Available at: <https://www.pmldaily.com/news/2020/04/breaking-uganda-covid-19-cases-rise-to-48-after-three-out-419-cases-tested-on-friday-return-positive.html>. [Accessed 15 June 2024]

2.3.1 Limitation of the right to life and other Human Rights

Giving up freedoms is the currency of good will in a pandemic, on the common understanding that it can limit Corona virus risk to vulnerable people⁵⁴. The UN Siracusa Principles provide that any limitation or derogation on a human right must be provided and carried out in accordance with the law, it must be to further a legitimate objective of general interest; it must not impair the democratic functioning of the society; it must not be imposed arbitrarily or in a discriminatory manner; and it must represent the least restrictive means needed to reach that goal⁵⁵. In *Nabagesera and 3 Ors v. Attorney General and Anor*⁵⁶, it was stated that under the Constitution, different rights are assured to every human being; however, if these rights do not fall within the scope of Article 44⁵⁷, they may be subject to limitations.

The Constitution of 1995 outlines two pathways through which fundamental human rights may be restricted pursuant to Article 43 that provides for the limitations and restrictions test as well as Article 46(1) in circumstances where a state of emergency has been declared. These two tests provide two clashing paradigms of normalcy versus emergency.

This begs the question as to whether Article 43 can validate measures that emergencies warrant? The main argument of this chapter is that the protections imposed by the government restrictions are in the public interest under Article 43.

2.3.2 Declaration of a State of Emergency

In accordance with Article 110(1) of the previously mentioned constitution, the president, after consulting with the Cabinet, is empowered to declare a state of emergency in Uganda or in any particular area within it. Such a declaration may be issued if the President is persuaded that:

- i. Uganda or a portion of it faces threats from war or external aggression; or

⁵⁴It's not just civil liberties; Many other charter rights have been violated by the Covid-19 Pandemic. Available at <https://nationalpost.com/news/its-not-just-civil-liberties-many-other-charter-rightshave-been-violated-in-covid-19-pandemic> [Accessed 7th September 2024]

⁵⁵UN ECOSOC, 'The siracusa Principles on the Limitations and derogation provisions in the international Covenant on Civil and Political Rights', UN Doc.E/CN.4/1985/4. Annex

⁵⁶*Nabagesera and 3 Ors v. Attorney General and Anor*, Misc. Cause No.33 of 2012.

⁵⁷Article 44 of the Ugandan Constitution of 1995 provides for the non-derogable rights which include Freedom from inhuman and degrading Treatment, Freedom from slavery and servitude, Right to a fair hearing, right to an order of Habeas Corpus.

- ii. the security or economic stability of the nation or a segment of it is jeopardized by internal insurgency or natural disasters; or
- iii. there are conditions that necessitate the implementation of measures essential for ensuring public safety, defending Uganda, and maintaining public order along with vital supplies and services for the community's survival.

In light of the Covid-19 pandemic, the third condition would sufficiently justify such a proclamation⁵⁸.

Furthermore, Article 46(1) outlines the restrictions applicable during a state of emergency, stating that an Act of Parliament shall not be deemed to violate the rights and freedoms enshrined in Chapter 4 (including the right to life) if it permits measures that are reasonably justifiable for addressing a state of emergency.

Consequently, a state of emergency allows for greater flexibility in addressing public health crises without significantly infringing upon human rights. However, declaration of this emergency requires precaution which is premised on the reality of brutality, tyranny and oppression by our state law enforcers for example the police and the local Defense units. This brutality is recognized by the preamble of the 1995 Constitution. The state of emergency may be used for unleashing this brutality since the pandemic times have allowed them to do so in a bid to secure the people in question without adequate human rights violation watch.

2.3.3 Limitations and Restrictions Rights

Article 43 permits derogation from human rights based on two grounds firstly, in protection of other individual's privileges, in this regard the right to life and good health are at stake due to the risk of spreading of the corona virus. This henceforth calls for the limitation of the right to life in protection of other individuals.

Secondly, derogation can be done in public interest. However, what is public interest? Oloka-Onyango avers that there is very little consensus on the meaning of the term, with interpretations as diverse as the professionals and intellectuals who have addressed the issue

⁵⁸ Busingye Kabumba (2020), Constitution and Covid-19: Are presidential directives unconstitutional?. Available at: <https://observer.ug/viewpoint/64295-constitution-and-covid-19-are-presidential-directives-unconstitutional>. [Accessed on 6th September 2024]

from economists to authorities on mass communication to anthropologists⁵⁹. He points out that

*... the different uses of these terms reflect the evolution of the law as an instrument of both oppression and liberation*⁶⁰.

In the case of *Attorney General v. P.Y.A. Colliers Ltd*⁶¹, Lord Denning, MR stated that the term public is much more difficult to define legally.

The court made an attempt to ascertain whether the term pertains to a community, a collective of individuals within a specific area, or the entirety of the nation. In everyday language, the term public is derived from the Latin words *populus* or *policus*, and fundamentally denotes a significant assembly of the populace. However, similar to the evolution of the term democracy, the interpretation of ‘public’ has progressed. The term does not merely signify a numerical aggregation. If that were the case, the interests of minority groups would never be recognized as public. Instead, it refers to a collective that is connected to civic matters or issues related to the functioning of the state, encompassing concerns that extend beyond the purely personal or private domain. Furthermore, the term possesses a qualitative dimension⁶².

This then calls for a definition of public interest which for purposes of this research is anything done for the public good considering the introductory remarks of the constitution along with the national goals and guiding principles of state policy.

Article 237 (2) (a) of the Constitution makes mention of the term in the interest of the public. In *Bhatt & Another v Habib Rajani*⁶³ public interest was defined to mean the same purpose or objective in which the general interest of the community as opposed to the popular interest of individuals is directly and virtually concerned. The court’s interpretation highlights the distinction between individual interests and the broader welfare of the community.

According to Article 43(2), public interest does not allow for political persecution, detention without trial, or any restrictions on the rights and freedoms outlined in this Chapter that

⁵⁹Joe Oloka-Onyango, *When Courts Do Politics; Public Interest law and Litigation In East Africa* (U.K, Cambridge Scholars Publishing), Chapter III.

⁶⁰Ibid, note 55.

⁶¹*Attorney General v. P.Y.A. Colliers Ltd*, [1957] 2 QB 169.

⁶²Id.

⁶³*Bhatt & Another v Habib Rajani* [1958] 1 EA 536.

exceed what is deemed acceptable and legitimate in an independent and self-governing society, as enunciated in the Constitution. The restriction on the right to life is addressed in 43(2)(c), which mandates that any limitation must be acceptable and demonstrably justifiable within a free and democratic society. In *Human Rights Network Uganda and 4 Ors v. Attorney General*⁶⁴, Justice Kenneth Kakuru articulated that the values constituting 'demonstrably justifiable in a free and democratic society' include respect for the inherent dignity of individuals, a commitment to social justice and equality, and the acceptance of a diverse range of cultural, religious, and political beliefs. He further asserted that a free and democratic society not only permits but guarantees freedom of expression, speech, association, media and press, movement, and political discourse.

A more in-depth examination of the Article 43(2)(c) stipulation was presented in the case of *Charles Onyango Obbo and Andrew Mujuni Mwenda v. Attorney General*⁶⁵, which emphasized that safeguarding the guaranteed rights is a fundamental aim of the Constitution. Any limitations on these rights are exceptions to their protection and thus represent a secondary aim. While the Constitution acknowledges both objectives, it is clear that the primary aim must take precedence and can only be overridden in exceptional circumstances that necessitate the secondary aim. Currently, the secondary aim pertains to the protection of the health of Ugandan citizens, which necessitates the restriction of the right to life to curb the spread of the virus.

Additionally, the court examined clause (2) of Article 43, which effectively establishes a limitations and restrictions test. The court noted that the language of clause (2) indicates that the Constitution's framers were wary of potential misuse or abuse of the provision in clause (1) under the pretext of safeguarding public interest. Consequently, a standard was introduced, stipulating that any limitation must be reasonable and demonstrably justifiable within a free and democratic society⁶⁶.

⁶⁴ *Human Rights Network Uganda and 4 Ors v. Attorney General*, Constitutional Petition No.56 of 2013[2020], para 10 of his judgement.

⁶⁵ *Charles Onyango Obbo and Andrew Mujuni Mwenda v. Attorney General*, Constitutional Appeal No. 2 of 2002.

⁶⁶ *Lotus River, Ottery, Grassy Park Residents Association v South Peninsula Municipality* 1999 (2) SA 817 (C) at 831D

The concept of an independent free and self-governing society was elaborated upon by the Canadian Supreme Court in *R v. Oakes*⁶⁷, which articulated values such as respect for the inherent dignity of individuals, a commitment to social justice and equality, the accommodation of diverse beliefs, respect for cultural and group identities, and trust in social and political institutions that promote the engagement of individuals and groups in society.

The pertinent question arises: would a reasonable individual, considering recent events, particularly the public health crisis of Covid-19 and the necessity to maintain public order and safety, conclude that the restriction on the right to life is acceptable and demonstrably justifiable in a free and democratic society? The standard of reasonableness in this context is objective rather than subjective. The burden of proof for justifying a limitation lies with the individual asserting it⁶⁸, and it must be discharged clearly and convincingly⁶⁹. In fulfilling this burden, two factors must be taken into account: the increasing number of infections and the potential fatalities that may result.

A two-step test to justify a limitation was discussed in *R v. Big M Drug Mart Ltd*⁷⁰, in which it was held that initially, it must be ... *an objective related to concerns which are pressing and substantial in a free and democratic society*... and subsequently it must be shown ...*that the means chosen are reasonable and demonstrably justified*. The second part of the test is the proportionality test. One of the ways in which a measure can fail this high test is if it can be shown that the legitimate objective (the protection of public health in this instance) can be achieved through an alternative method which is less restrictive to human rights (in this case the right to life)⁷¹.

International human rights obligations do not cease within global pandemics; however, many governments have introduced laws that restrict rights by limiting travel, banning public gatherings and widening powers of detention and force on people failing to self-isolate. Such restrictions have disenfranchised the right of life and subsequently other human rights that are linked to the right of life such as rights to health, housing, work and working conditions, livelihood, nutrition, clean water and sanitation, social security and education which

⁶⁷R v. Oakes [1986] 1 SCR 103

⁶⁸The Public Health (Prevention of COVID-19) (Requirements and Conditions of Entry into Uganda) Order, 2020 Sections 3 & 4.

⁶⁹S v Mbatha, S v Prinsloo 1996 (2)SA 464 (CC)

⁷⁰R v. Big M Drug Mart Ltd, [1985]1 SCR 295.

⁷¹Human Rights Network Uganda and 4 Ors v. Attorney General, Constitutional Petition No.56 of 2013[2020], para 10 of his judgement, p.3.

indivisibly and intrinsically linked to the right to life as one cannot experience other privileges if one does not have the right to life.

Drawing from the ICCPR, international human rights law offers principles to ensure that restrictions on individual rights to protect public health are not needlessly restrictive or harmful. Limitations of rights must be necessary, proportionate and non-capricious⁷². The United Nations (UN) Secretary General has reiterated the need for a human rights approach, arguing that state responses can respect human rights and the rule of law through measures that are proportionate to immediate threats and do not go further than necessary⁷³. It is crucial to consider how this human rights balancing can be used to assess and guide policy responses to home confinement and public health surveillance.

It was on this basis that the Rules were enacted and also ensuring that the measures in these rules like lockdown and curfews were proportionate, necessary, non-discriminatory and respected non-derogable rights like the right to life and freedom from torture.

The Public Health Act, Cap. 310 (As amended) provides a basis upon which rules can be enacted under Section 10 that gives the Minister of Health the power to declare notifiable diseases and make rules concerning the notified infectious diseases.

On March 13, Minister of Health Jane Ruth Aceng issued an directive declaring COVID-19 a notifiable disease for the purposes of the Public Health Act, Cap. 310 (As amended)⁷⁴. The directive further made applicable to the COVID-19 outbreak provisions, the 'Public Health Act concerning the power to makes rules, prevent and suppress infectious diseases, and enforce precautions at the country's borders.

On March 13, 2020, the Minister of Health, Jane Ruth Aceng issued an order to restrict entry into Uganda. The Requirements and Conditions of Entry into Uganda Order, 2020, required any medical officer to examine for COVID-19 any person arriving in Uganda and may for this purpose, enter upon or board any vehicle, aircraft or vessel arriving in Uganda and

⁷²Commission on Human Rights. Siracusa principles on the limitation and Derogation provisions in the International covenant on civil and political rights. New York, 1984.

⁷³Guterres A (2020), 'We are all in this together: human rights and COVID-19 response and recovery'. Available: <https://www.un.org/en/un-coronavirus-communications-team/we-are-all-together-humanrights-and-covid-19-response-and-recovery>. [Accessed 17 June 2024].

⁷⁴Public Health (Notification of COVID-19) Order No. 45 (2020)

examine any person on board the vehicle, aircraft or vessel. The medical officer could then order anyone suffering from COVID-19 to be placed in isolation.⁷⁵ The order also granted a medical officer powers to disinfect vehicles, aircraft or vessels where it has signs of clinical contamination with COVID-19 or where the medical officer has received information of contamination of aircraft, vehicle or vessel.

A violation of any requirement the measure imposed, including giving a medical officer false or misleading information, was an offense punishable by up to three months imprisonment upon conviction. Operators of vehicles, aircraft, or vessels who violated the measure were subject to a one-year custodial sentence. (S. 8.)

On March 19, the then Chief Justice Bart M. Katureebe issued a circular suspending all hearings and appearances for a period of 32 days; however, courts would continue to hear certificates of seriousness and take pleas for serious cases and bail applications. There was to be no open court appearances and whenever courts handle urgent and bail hearings, only the applicant, his or her counsel, and persons posting bond (if necessary) will be allowed in court.

Depending on the level of the outbreak, the Minister revised the regulations on twelve occasions to ensure alignment of the COVID-19 guidelines with the progression of the pandemic. This situation was similarly observed in South Africa, which utilized the Disaster Management Act of 2002 to formulate, execute, and modify several essential regulations based on the five levels of outbreak alertness.⁷⁶ Likewise, in the United Kingdom, the initial provisions of the Public Health Act 1984 (Control of Disease) were deemed sufficient; however, a new Coronavirus Disease Act of 2020 was subsequently enacted and frequently updated to adjust its provisions in response to the evolving outbreak.

Due to the restrictions and controls imposed by the Rules, courts of law were made to intervene in some of the issues that arose as a consequence of these limitations and some of them included the right to liberty, the right to association, and the conduct of business by companies among others. The case of *Theatrical Association of Uganda and another v the Attorney General*⁷⁷ challenged the closure of entertainment centres and open air concerts, the

⁷⁵The Public Health (Prevention of COVID-19) (Requirements and Conditions of Entry into Uganda) Order, 2020 Sections 3 & 4.

⁷⁶Republic of South Africa. Disaster Management Act-Regulations and Guidelines on Coronavirus COVID-19. South African Government: Pretoria; 2020.

⁷⁷*Theatrical Association of Uganda and another v the Attorney General*, Miscellaneous Cause No. 369 of 2021.

case of *Kiganda Michael v The Attorney General*⁷⁸ contested the closure of places of worship or prayer. In addition, the case of *Tumuheirwe Arthur v the Attorney General*⁷⁹ in which the closure of business premises was challenged and the case of *Mgugu Abbey v The Electoral Commission and the Attorney General*⁸⁰ related to the restrictions on political activities. There are cases where it disagreed with the provisions in rules for instance in the case of *Turyamusiima Geoffrey v the Attorney General and Dr. Jane Ruth Aceng*⁸¹ where it contested the failure of listing legal services among the essential services in Rule 8 of the Rules. This case led to the amendment of the rules through statutory instrument no. 64 of 2020 to include legal services with some restrictions. The courts' decisions demonstrate a nuanced approach, balancing individual rights with public health concerns in a way that even while upholding the rules in most cases, the courts also showed willingness to intervene when restrictions were deemed unreasonable right from their enactment unlike the United States of America where the courts at the beginning of the pandemic rejected challenges to the COVID-19 emergency orders but later on supported them.⁸²

Other than the Rules under the Public Health Act, Cap. 310 (As amended), the UPDF Act, Cap. 330 was applied. Due to the nature of the pandemic, there was a national security concern that necessitated the involvement of the Army under Section 42 of the UPDF Act. This section empowers the Army to appoint its officers to work with any part of the Government to control any event that is likely to cause a national disturbance. Consequently, the Army played a role in enforcing the COVID-19 regulations at international borders, appointed the COVID-19 Incident Commander, and operated at the national level via the Local Defence Unit to guarantee adherence to the COVID-19 guidelines. The involvement of the military in controlling COVID-19 presented both benefits and concerns whereby on one hand, the military provided security and enforcement at relatively short notice to help and supplement civilian frontline services, however there were also concerns of military dominance that had effectively taken over the entire response mechanism in the domestic crisis, whose first call of preference by the constitutional mandate would have been the

⁷⁸*Kiganda Michael v The Attorney General*, Constitutional Petition No. 20 of 2021.

⁷⁹*Tumuheirwe Arthur v the Attorney General*, Miscellaneous Cause No. 382 of 2020.

⁸⁰*Mgugu Abbey v The Electoral Commission and the Attorney General*, Miscellaneous Cause No. 63 of 2020.

⁸¹*Turyamusiima Geoffrey v the Attorney General and Dr. Jane Ruth Aceng*. High Court Civil Division: Kampala; 2020.

⁸²Haffajee RL, Mello MM. Thinking globally, acting locally-the US response to COVID-19. *N Engl J Med*. 2020;382(22):e75. incomplete

Ugandan police. In addition, the majority of the documented human rights violations during COVID-19 pandemic revolved around abusive acts done by the military leading to unwarranted restrictions of movement, illegal arrests and even death of civilians. By July 2020, Uganda had reported one death from COVID-19, however the country had suffered a far more devastating toll from the brutal enforcement by the military, with at least twelve people killed in confrontations with security forces⁸³. To mitigate these risks it is essential to establish clear legal frameworks and oversight mechanisms to maintain civilian leadership and ensure accountability.

*Olga Tellis v. Bombay Municipal Corporation*⁸⁴ is a landmark Supreme Court case from India, decided in 1985. The case focused on the rights of pavement dwellers in Mumbai concerning their right to livelihood and adequate housing. The Supreme Court determined that the right to life, as enshrined in Article 21 of the Indian Constitution, inherently includes the rights to livelihood and adequate housing. Furthermore, it mandated that the Bombay Municipal Corporation must ensure the provision of essential services, such as water and sanitation, to these individuals. This ruling established the notion that the right to life is an all-encompassing right that includes access to fundamental necessities like nutrition, shelter, and clothing. It also reinforced the principle that any actions infringing upon an individual's fundamental rights must comply with the tenets of justice and fair play.

In a similar context, following the onset of the pandemic, the Government of Uganda implemented the Rules alongside various preventive measures such as lockdowns and curfews aimed at curbing the virus's transmission, primarily by promoting physical and social distancing. Initial actions included a partial lockdown affecting business and social activities, which entailed the closure of all educational institutions, the suspension of communal worship, and the prohibition of political gatherings, among other restrictions. Some of these measures were deemed disproportionate, unnecessary, and discriminatory, infringing upon fundamental rights, including the right to life. Numerous reports indicated human rights violations, including instances of physical abuse, unlawful detentions, and the imposition of unregulated fines by law enforcement officials, all stemming from the Rules and the

⁸³Uganda Radio Network 'Ugandan security have killed six while enforcing Covid guidelines' The Weekly Observer (Kampala) 4 June 2020, <https://observer.ug/news/headlines/65127-ugandan-security-have-killed-6-while-enforcing-covid-guidelines/> [Accessed on 17th May 2024]

⁸⁴*Olga Tellis v. Bombay Municipal Corporation* (1986 AIR 180, 1985 SCR Supl. (2) 51)

associated lockdown measures, which had detrimental effects on the right to life in Uganda. A comprehensive analysis of the implications of the Rules is presented in Chapter four of this research study.

Similarly, the COVID19 outbreak happened in the middle of the financial year 2019/2020, hence, the Ministry of Health had to get supplementary funding under Section 25 of the Public Finance Management Act, Cap. 171. Characterization of COVID-19 as a disaster required multi-ministerial action thus the application of the UPDF Act and PFMA to control the outbreak. Additionally, the national policy for Disaster Preparedness and Management, 2010 of the Office of the Prime Minister was implemented. The policy lists the Ministry of Health; the Office of the Prime Minister (Disaster Management); Ministry of Internal Affairs (Immigration and Policy); Ministry of Defense (Uganda Peoples' Defense Forces); Ministry of Information and National Guidance; Ministry of Local Government and District Local Governments as the institutions that partnered to control the pandemic. The Policy enabled a swift and comprehensive response by facilitating a coordinated effort across multiple ministries and agencies which helped the rapid scaling up of response efforts.

In response to the pandemic, the Government of Uganda implemented various preventive strategies, as previously outlined, primarily focusing on maintaining physical and social distancing. Initial actions included a partial lockdown of commercial and social activities, which involved the closure of educational institutions, the suspension of communal worship, and the prohibition of political gatherings, among other measures⁸⁵.

Additional steps comprised recommended and, in some instances, mandated hand hygiene practices; preventing citizens studying in China from returning home; encouraging voluntary self-isolation; enforcing mandatory institutional quarantine at personal expense; halting both public and private transportation; and imposing penalties for noncompliance with these regulations. While these measures are likely to be effective in curbing human-to-human transmission, they also raise significant ethical and human rights issues, despite the

⁸⁵NTV Uganda. President Museveni addresses the nation on COVID-19 situation in Uganda. Streamed live on Mar 30, 2020. <https://www.youtube.com/watch?v=Y6AN7ZXKkHk&t=1607s> [Accessed 5 August 2024], Also see: Museveni YK. Guidelines on avoiding the corona virus pandemic. The State House of Uganda. 2020. <https://www.statehouse.go.ug/media/presidentialstatements/2020/03/18/guidelines-avoiding-corona-virus-pandemic>. [Accessed 03 August 2024], Also see: Museveni YK. President's address on COVID19 & new guidelines. The State House of Uganda. 2020. <https://www.statehouse.go.ug/media/news/2020/03/25/presidents-address-covid19-new-guidelines>. [Accessed 03 August 2024]

recognized validity of restricting certain rights during public health emergencies. This validity is partially based on John Stuart Mill's Harm Principle⁸⁶; the Siracusa Principles, particularly Clause 25⁸⁷; and Uganda's Public Health Act, 1935. These references suggest that governments may justifiably restrict individual liberties and freedoms, such as the right to movement and association or the right to privacy, particularly when such freedoms pose a risk of public health harm through the spread of infectious diseases or injury. Although ethics and human rights are often viewed as distinct domains, they significantly intersect in the realm of public health. Most ethical dilemmas regarding public health interventions stem from the ways in which these interventions affect individuals' rights and freedoms. Therefore, ethical and human rights considerations should inform the imposition of such restrictions. Consequently, alongside the declaration of COVID-19 as a Public Health Emergency of International Concern. The Director-General of the World Health Organization urged nations to find a balance between safeguarding public health, reducing economic and social disruptions, and upholding human rights⁸⁸. The WHO has previously sought to motivate governments to ensure ethical preparedness by creating ethical frameworks for public health policies, programs, and immediate responses during health crises⁸⁹, very few countries, if any, had sufficient ethical guidance in place to afford these uncontroversial decisions during the outbreak of COVID-19⁹⁰.

2.4 Institutional Framework for the implementation of the Rules, 2020⁹¹

In response to the emergence of COVID-19 in Uganda in early March, the Ugandan government swiftly implemented a series of measures to mitigate the risk of the virus entering the country, including the establishment of the Rules. Following the initiation of the lockdown, the Ugandan government promptly established the necessary institutional arrangements to effectively address the COVID-19 outbreak.

⁸⁶Mill JS (1966), On liberty. A selection of his works. London: Palgrave; . p. 1– 147.

⁸⁷United Nations Economic, Social and Council. Siracusa principles on the limitation and derogation provisions in the international covenant on civil and political rights. UN Doc E/CN. 1985;4(1985):4.

⁸⁸Ghebreyesus TA. WHO director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020: World Health Organization; 2020. <https://www.who.int/dg/speeches/detail/who-director-general-s-openingremarks-at-the-media-briefing-on-covid-19---11-march-2020>. [Accessed 2 August 2024].

⁸⁹WHO. Guidance for managing ethical issues in infectious disease outbreaks. 2016.

⁹⁰Jullian K-DA (2020), 'Coronavirus: how prepared is the United States? Not very. Experts raise concerns about US response to date, From testing delays to shortage of supplies and healthcare workers; 2020.

⁹¹Uganda's Emergency Response to the COVID-19 Pandemic: A Case Study September 2020.

2.4.1 The Ministry of Health

The Ministry of Health plays a crucial role in the health response, which is organized around the government's six response pillars: case management, surveillance and laboratory, strategic information, research and innovation, risk communication, and logistics operations.

While the Honorable Minister of Health is responsible for providing policy guidance and strategic directions, there is close collaboration with the Uganda People's Defense Forces (UPDF) on the operational command of the response through the Incident Management Team (IMT). The IMT was replicated at the district level. The Resident District Commissioners (RDCs) lead the response, with the support of the District Health Officers (DHOs) and district chairmen under the District Task Force. At the community level, the local council chairman (LC I) is responsible for managing the village populations and ensuring compliance with national regulations. The Ministry of Health, in close collaboration with partners in the National Task Force, provided technical guidance to the entire health sector (national and subnational) in its COVID-19 response efforts⁹².

The national staff of the Ministry of Health have played a significant role in executing the response. Numerous field visits were undertaken to regional referral hospitals to oversee the creation of isolation wards and testing facilities. Uganda's healthcare system consists of the Ministry of Health at the national level and district health services. The Ministry of Health is responsible for managing health service delivery at five national referral hospitals and seventeen regional referral hospitals, as well as for policy formulation and analysis, strategic planning, establishing standards and ensuring quality, mobilizing resources, developing capacity, providing technical support supervision, coordinating health services and research, and conducting monitoring and evaluation. At district level, there are 136 districts. The district health structures oversee the health service delivery within their jurisdiction including the planning and implementation of human resources for health policies, recruitment and management of human resources. Health services at district level are provided by both the public and private sub-sectors. The public sector includes the District General Hospitals,

⁹²Jonas Mbabazi and Fred Kasalirwe (2020), The Performance of the COVID-19 District Task Forces in Uganda: Understanding the Dynamics and Functionality. ACODE Policy Briefing Paper Series No. 55, 2020.

Health Centers with increasing levels of service specialty from IIs, IIIs and IVs, and community health workers/village health teams⁹³.

The Ministry of Health played a very crucial role in Uganda's response to the COVID-19 pandemic through the swift action in activating emergency response systems, coordinating contact tracing and establishing quarantine centres among others. However, Ministry of Health's efficiency was hindered by insufficient funding and resources which limited its capacity to scale up response efforts, particularly in rural areas. Additionally, Ministry of Health faced difficulties in maintaining accurate and timely data through under-reporting caused by delays in reporting at the district level, hindering informed decision making⁹⁴.

2.4.2 The National Task Force

The Ugandan National Security Council set up a multi-sectoral National Task Force (NTF), with representatives from the Office of the Prime Minister, Health, Internal Affairs, Defense, Works and Transport, and Trade and Industry, as well as information and communications technology sectors, Kampala Capital City Authority (KCCA), and the private sector. This National Task Force is led by the His Excellency the President of Uganda and deputized by the Prime Minister. The Incident Management Team (IMT), the District Task Forces, and the related subcommittees have been activated and play a critical role in implementing and overseeing the response. The National Task Force demonstrated a great level of efficiency in controlling the spread of the virus through its multi-sectoral approach which brought together representatives from various government agencies and the private sector which facilitated a coordinated and comprehensive response⁹⁵.

2.4.3 The District Task Forces

In response to the COVID-19 pandemic, the Government of Uganda established both national and local COVID-19 task forces to oversee and execute measures aimed at containing and recovering from the crisis. District Taskforces (DTFs) were created to assist the Central

⁹³Steven Ndugwa Kabwama, Rhoda K. Wanyenze, Suzanne N. Kiwanuka, Alice Namale, Rawlance Ndejjo, Fred Monje, William Wang, Siobhan Lazenby, Susan Kizito, Christopher Troeger, and et al. (2022) "Interventions for Maintenance of Essential Health Service Delivery during the COVID-19 Response in Uganda, between March 2020 and April 2021" *International Journal of Environmental Research and Public Health* 19, no. 19: 12522. <https://doi.org/10.3390/ijerph191912522>.

⁹⁴E.,Lugada, H.,Komakech, I.,Ochola et al (2022), 'Health supply chain system in Uganda: Current Issues, Structure, Performance, and Implications for Systems Strengthening. *Journal of Pharm Policy and Pract*, vol.15(14).

⁹⁵Parker M, Baluku M, Ozunga BE, Okello B, Kermundu P, Akello G, MacGregor H, Leach M, Allen T (2022) 'Epidemics and the Military: Responding to COVID-19 in Uganda', *Social Science & Medicine Journal*, vol. 314.

Government in its efforts to manage COVID-19 and to implement the strategies set forth by the Government of Uganda, which include case management, surveillance, health promotion, resource mobilization, enforcement of standard operating procedures (SOPs), and the ongoing provision of essential services.

Following a presidential directive to fight COVID-19 crisis at the local level, a District Task Force was put in place comprising of the Resident District Commissioner – Chair; District Health Officer - Vice Chairperson; District Internal Security Officer - Secretary; Chief Administrative Officer - member of the executive committee; Regional Police Commander; District Police Commander; COVID-19 Enforcement Officer; UPDF representative at the rank of a Colonel; Special directives - Brigadier General COVID 19 Taskforces and Civil Society Organizations representatives. The composition of the task force varied among districts, particularly regarding the participation of political leaders. In some districts, for example, District LCV Chairpersons and Speakers of Council were co-opted on the team while others were not. The District Taskforces constituted sub-committees to deal with specific issues. These sub-committees also differed from district to district⁹⁶.

The District Task Forces reported directly to the National Task Force and got directives from several fronts, such as, the Ministry of Finance, Minister for Presidency, Office of the Prime Minister, UPDF and each office sends a communication to its representatives on the task force to implement.⁹⁷

District Task Forces helped in enabling a decentralized response, allowing districts to tailor their responses to local contexts and needs, facilitating sensitization, surveillance, case management as well as food and mask distributions. However, these DTFs faced several challenges that affected their effectiveness, some of which include, insufficient resources available to facilitate the activities. While Parliament allocated UGX 165 million in the supplementary budget to Local Governments in April 2020, there were concerns that these funds were not released in time. Wakiso district for example, received the money three months later and had already incurred UGX 90 million on COVID related activities.⁹⁸ Additionally, gaps in technical expertise, particularly in areas such as contact tracing and case

⁹⁶Jonas Mbabazi and Fred Kasalirwe (2020), The Performance of the COVID-19 District Task Forces in Uganda: Understanding the Dynamics and Functionality. ACODE Policy Briefing Paper Series No. 55, 2020.

⁹⁷Muhwezi, W. W., Mbabazi, J., Kasalirwe, F., Atukunda, P., Ssemakula, E. G., Otile, O. M., Mukwaya, N. R., and Akena, W. (2020). The Performance of the COVID-19 District Task Forces in Uganda: Understanding the Dynamics and Functionality, Kampala, ACODE Policy Research Paper Series No.101.

⁹⁸Ibid, Page 59.

management limited their effectiveness to the extent that there were instances where some of the DTF members would take on administrative roles not assigned to them for example the RDCs replacing the District Health Officers⁹⁹.

2.5 Conclusion

Overall, the institutional and legal framework for COVID-19 interventions in Uganda has undergone tremendous transformation since the outbreak began. Since the initial Public Health Emergency declaration, the framework has expanded to include a number of statutory instruments and guidelines from the Ministry of Health and other responsible authorities to quell the spread of the virus. Despite the challenges faced, most notably in obtaining protection of human rights, this regime has created an indispensable pillar to Uganda's pandemic response. Following the emergency, the Government of Uganda put in place the Rules accompanied by a series of preventive measures like lockdowns and evening curfews. These measures aimed at promoting physical and social distancing. The initial steps entailed partly shutting down enterprises and social gatherings, shutting down schools, and canceling communal prayer and political rallies, among other steps. The majority of people saw such steps as excessive, redundant, and unfair and asserted they violated fundamental rights such as the right to life.

*Olga Tellis v. Bombay Municipal Corporation*¹⁰⁰, the Supreme Court ruled that the right to life, as articulated in Article 21 of the Indian Constitution, encompasses the rights to livelihood and adequate housing. The court further mandated that the Bombay Municipal Corporation must provide essential services, including water and sanitation, to the affected individuals. This ruling affirmed that the right to life is a comprehensive privilege that includes access to basic necessities such as food, shelter, and clothing. It also emphasized that any actions that infringe upon an individual's fundamental rights must adhere to principles of justice and fairness.

The measures implemented by various institutional bodies to mitigate the spread of COVID-19 can be deemed justifiable. These actions align with the derogation parameters previously mentioned and are supported by the Constitution and other laws enacted by Parliament or issued by the Ministry of Health. The government introduced these measures to safeguard the population of Uganda from the COVID-19 pandemic. The public was informed of the

⁹⁹Li H, Zhu Y, Niu Y (2022) 'Contact Tracing Research: A Literature Review Based on Scientific Collaboration Network', *Int J Environ Res Public Health*. Vol. 19(15) p. 9311.

¹⁰⁰Supra note 80

restrictions through various media channels, including radio, newspapers, television, and social media. Some of these measures were temporary, and the movement restrictions applied universally to all individuals within Uganda, regardless of nationality.

As previously mentioned, certain rights may be temporarily suspended in the interest of public health, provided that the conditions for such derogation are met. Consequently, the justification for the suspension of specific rights may be warranted. The Siracusa Principles, specifically Clause 25¹⁰¹, articulate that governments are permitted to impose legitimate restrictions on individual rights and freedoms, including the right to movement, association, and privacy, particularly when such liberties pose potential public health risks, such as the spread of infectious diseases or injuries.

In the context of the COVID-19 pandemic, the government has defended the limitation of the right to life by claiming that its primary objective of reducing virus transmission is both essential and appropriate within a free and democratic society. Additionally, the government has shown that the measures enacted to combat the pandemic through COVID-19 regulations were reasonable and justifiable.

In accordance with the proportionality test, the government has consistently shown that the legitimate aim of enacting the COVID-19 regulations was essential for safeguarding public health, and that this aim could be pursued through alternative methods that impose fewer restrictions on human rights, including the right to life¹⁰².

Regarding the legality of the COVID-19 regulations, Article 79 of the 1995 Constitution grants legislative authority to Parliament. This article requires Parliament to enact laws that promote peace and development within the country. In fulfilling this responsibility, Parliament passed the Public Health Act. Section 11 of this Act allows Parliament to delegate its powers to a minister for the purpose of creating regulations and rules relevant to specific situations via a statutory instrument. This applies to the COVID-19 regulations, which were enacted under the authority of the Minister of Health.

¹⁰¹ United Nations Economic, Social and Council. Siracusa principles on the limitation and derogation provisions in the international covenant on civil and political rights. UN Doc E/CN. 1985;4(1985):4.

¹⁰²Supra, note 67, p.3.

CHAPTER THREE

INTERROGATION OF THE RIGHT TO LIFE AND LINKAGE TO OTHER HUMAN RIGHTS

3.0 Introduction

The right to life is a fundamental human right that encompasses not only the right to exist but also the right to livability, dignity, and access to resources necessary for a meaningful life. This right is interconnected with human dignity and is considered the foundation of all other rights. The African Commission on Human and Peoples' Rights has interpreted the right to life broadly, recognizing its violation through environmental degradation and its impact on subsistence and survival. Article 22 of Uganda's Constitution safeguards the right to life, allowing for state intervention under specific conditions. International human rights law, including the ICCPR, also emphasizes the importance of protecting the right to life, including reproductive rights and addressing issues like climate change.

The right to life is often regarded as the 'supreme' or 'foundational' right, as the enforcement of other rights may prove ineffective or insignificant if the right to life is not safeguarded¹⁰³.

In the South African case of *State v Makwanyane and Another*¹⁰⁴, Justice O'Regan articulated that the rights to human dignity and life are inherently connected¹⁰⁵. Without the right to life, the enjoyment of other rights becomes impossible, positioning it as the precursor to all other rights. However, O'Regan also noted that the constitutional right to life pertains to a human existence rather than mere biological existence. Consequently, the right to dignity plays a significant role in shaping the essence of the right to life. Human dignity is often described as the 'cornerstone' of the Constitution, recognized both as a privilege and a fundamental value within it¹⁰⁶.

3.1 General Comment Number 36 on the right to life under Article 6 of the International Covenant on Civil and Political Rights (ICCPR)

The essence of Article 6 states, "Every human being has the inherent right to life. This privilege shall be protected by law. No one shall be arbitrarily deprived of his life." Article 6

¹⁰³Christof Heyns and Thomas Probert (2016), 'Securing the Right to Life: A cornerstone of the human rights system'.

¹⁰⁴*State v Makwanyane and Another* 1995 (3) SA 391.

¹⁰⁵*Ibid* at para 327.

¹⁰⁶*ibid* at para 330.

mandates that States parties must safeguard and uphold the right to life of individuals in all circumstances, including during armed conflicts and public emergencies, as this privilege is non-derogable. Notably, the Committee clarifies that the obligation of States to protect the right to life extends to all individuals under their jurisdiction, even if they are situated outside the State's territory¹⁰⁷. It defines 'jurisdiction' as encompassing "all persons over whose enjoyment of the right to life the State exercises power or effective control." This includes individuals outside any territory effectively governed by the State, whose right to life is nonetheless affected by the State's military or other actions in a direct and reasonably foreseeable manner¹⁰⁸." This interpretation clarifies and arguably broadens the traditional understanding of 'power or effective control' concerning the individual whose right is in question, rather than merely their enjoyment of that right.

General Comment No. 36 discusses arbitrary deprivations of life and specifies which deprivations qualify as capricious under Article 6. The Human Rights Committee acknowledges that while Article 6 explicitly prohibits arbitrary deprivations of life, the right to life is not absolute¹⁰⁹. For instance, deprivations of life may be justified in cases of self-defense or under certain conditions when administering the death penalty. However, the Committee stresses that any permissible deprivation of life must be reasonable, necessary, and proportionate to the intended objectives, and must be established by law with effective institutional safeguards to prevent potential arbitrary abuses¹¹⁰. Moreover, any loss of life that contravenes international or domestic law, or occurs due to a breach of due process, is deemed an arbitrary deprivation and thus constitutes a violation of Article 6¹¹¹. Moreover, any fatalities resulting from discrimination are fundamentally capricious¹¹².

The Human Rights Committee emphasizes that State parties are obligated to guarantee that law enforcement personnel and private individuals permitted to use lethal force, or force that may result in lethal consequences, do so solely when it is deemed 'strictly necessary,' in alignment with Article 6¹¹³. Additionally, State parties must ensure accountability for instances where these individuals arbitrarily take life.

¹⁰⁷Ibid, note 110 at paras. 66.

¹⁰⁸Ibid, note 110 at paras. 63.

¹⁰⁹Ibid, note 110 at paras. 10.

¹¹⁰Ibid, note 110 at paras. 10, 12.

¹¹¹Ibid, note 110 at paras. 11-12.

¹¹²Ibid, note 110 at paras. 61.

¹¹³Ibid, note 110 at paras. 12-15.

The General Comment elaborates on the positive obligations of States to safeguard individuals from threats to life. The Human Rights Committee clarifies that the protection of the right to life necessitates that States implement laws or measures to shield life from all "foreseeable threats," whether these arise from the State itself or from private entities¹¹⁴. The right to life mandates that States explicitly outlaw various forms of violence or incitement to violence. The Committee emphasizes that acts such as intentional and negligent homicide, excessive or disproportionate use of firearms, infanticide, honor killings, lynching, violent hate crimes, blood feuds, ritual killings, death threats, and terrorist acts are all forms of violence that can lead to loss of life¹¹⁵. In addition to prosecuting these offenses, States are required to investigate, prosecute, and penalize those accountable for such crimes¹¹⁶.

Furthermore, beyond the realm of criminal law, States have positive obligations to mitigate conditions that pose direct threats to life or hinder the ability to live with dignity¹¹⁷. The Committee highlights the responsibilities of States to tackle various issues, including elevated rates of traffic and industrial accidents, environmental degradation, the dispossession of indigenous peoples from their lands, life-threatening health crises such as AIDS and substance abuse, widespread hunger, as well as extreme poverty and homelessness. Consequently, the Committee asserts that social and economic rights are essential for safeguarding the right to life. It emphasizes that a failure to provide access to vital goods and services such as food, water, shelter, health care, electricity, and sanitation could constitute a violation of the right to life.

Comment No. 36 reiterates that State parties which have abolished the death penalty are prohibited from reinstating it, and that executing individuals who were under 18 years of age at the time of their offense is also forbidden¹¹⁸. For those States that continue to uphold the death penalty for specific crimes, the Human Rights Committee clarifies that it is only permissible under Article 6 for offenses involving intentional killings¹¹⁹. Utilizing the death penalty for any other type of crime constitutes a violation of the right to life. The Human Rights Committee further affirms that the right to life prohibits the discriminatory application of the death penalty¹²⁰. The Committee expresses concern when data reveals that certain

¹¹⁴Ibid, note 110 at paras. 18.

¹¹⁵Ibid, note 110 at paras. 20.

¹¹⁶Ibid, note 110 at paras. 27.

¹¹⁷Ibid, note 110 at paras. 26.

¹¹⁸Ibid, note 110 at paras. 34, 48.

¹¹⁹Ibid, note 110 at paras. 35.

¹²⁰Ibid, note 110 at paras. 44.

groups defined by race, religion, ethnicity, economic status, or nationality are disproportionately sentenced to death, as this raises issues under Article 6 and Article 2 of the ICCPR, which prohibits discrimination¹²¹. The Committee importantly reminds State parties that the death penalty is fundamentally incompatible with the full respect for the right to life¹²².”

Moreover, the Human Rights Committee examines the connection between climate change and the right to life¹²³. The General Comment emphasizes that the right to life should guide the responsibilities of States in accordance with international environmental law. It asserts that safeguarding the right to life necessitates that States take measures to protect the environment from damage, pollution, and climate change resulting from both public and private entities. Furthermore, States are obligated to promote the sustainable utilization of natural resources and to carry out environmental impact assessments as integral components of their commitment to protecting the right to life.

The General Comment asserts that the use or threat of using weapons of mass destruction, particularly nuclear arms, is fundamentally at odds with the right to life due to the indiscriminate nature of such weapons¹²⁴. The Committee emphasizes that States are obligated to implement all necessary measures to prevent the proliferation of nuclear weapons, which includes ceasing the development of new arms and dismantling existing stockpiles.

The Human Rights Committee has examined several pivotal legal cases related to the right to life as outlined in Article 6 of the ICCPR. Below are two significant instances:

In the landmark case *Norma Portillo Cáceres et al. v. Paraguay*¹²⁵ the Committee acknowledged the link between environmental protection and the right to life. This case was brought forth by families engaged in agriculture in the Canindeyú Department, District of Curuguaty, who reported that the use of pesticides on local soy farms led to one fatality and numerous instances of poisoning. Curuguaty has experienced substantial agribusiness growth and extensive mechanized monoculture of genetically modified soybeans. The widespread application of agro-toxins in this region severely affected the living conditions, local

¹²¹Ibid, note 124.

¹²²Ibid, note 110 at paras. 50.

¹²³Supra, note 114 at paras. 62.

¹²⁴Supra, note 114 at paras. 66.

¹²⁵Norma Portillo Cáceres et al. v. Paraguay. Communication No. 2751/2016.

economies, and health of the affected individuals. The complainants argued before the Human Rights Committee that, even after eight years, the State continued to violate its obligation to protect by failing to act responsibly and permitting the extensive spraying of agro-toxins near their residences, disregarding existing regulations. They contended that these actions were carried out by public officials in the course of their duties and that the lack of regulation regarding agro-toxics constituted a breach of Articles 6 (right to life), 7 (prohibition of torture and cruel, inhuman, or degrading treatment), and 17 (right to private and family life) of the ICCPR. Furthermore, the complainants asserted that there was a breach of the right to an effective judicial remedy (Article 2(3)(a)), as the environmental pollution that resulted in the death of Mr. Portillo Cáceres had not been thoroughly, appropriately, impartially, and diligently investigated, leaving it un-addressed.

The Committee determined that Paraguay's inability to prevent environmental damage constituted a violation of its responsibilities to safeguard the right to life and the right to private and family life as outlined in Articles 6 and 17 of the ICCPR. The Committee evaluated each argument presented by the complainants based on its merits. In relation to the claimed violation of the right to life, the Committee observed that the extensively documented large-scale aerial spraying of agro-toxic chemicals posed a foreseeable threat to the lives of the complainants, which Paraguay should have anticipated. Considering the severe poisoning experienced by the complainants, acknowledged in the 2011 Amparo ruling, along with the death of Mr. Portillo Cáceres, the Committee concluded that there had indeed been a violation of the right to life (Article 6). Notably, this ruling was the first to reference the recently adopted General Comment No. 36 concerning the right to life. Additionally, the Committee found that Paraguay had failed to implement sufficient controls over illegal pollution activities, thereby violating Article 17.

In the case of *Ioane Teitiota v. New Zealand*¹²⁶, the Committee recognized the implications of climate change on the right to life. The ruling determined that New Zealand's decision to deport Ioane Teitiota, who is considered a climate change refugee, did not infringe upon his right to life. However, the ruling underscored the potential threats that climate change poses to this fundamental right.

Ioane Teitiota, a national of the Republic of Kiribati, filed a grievance against New Zealand following his application for asylum. He argued that the detrimental impacts of climate

¹²⁶*Ioane Teitiota v. New Zealand*. CCPR/C/127/D/2728/2016. Communication No. 2728/2016.

change and increasing sea levels forced him to abandon his residence on the island of Tarawa, which had turned into an unlivable and perilous situation for him and his family. The Immigration and Protection Tribunal denied his request for asylum. Subsequent appeals to the Court of Appeal and the Supreme Court were also denied, as there was insufficient evidence to suggest that he or his family would face a violation of their rights under Article 6 of the Covenant. The courts found no proof that his circumstances in Kiribati were so dire as to endanger their lives. Both the Tribunal and the Supreme Court recognized the potential for environmental degradation to result in claims under the Refugee Convention or similar protections.

In September 2015, Mr. Teitiota filed a complaint with the Human Rights Committee, arguing that New Zealand's choice to repatriate him to Kiribati placed him at risk of life-threatening dangers, thus breaching Article 6. He contended that the increasing sea levels in Kiribati had caused a scarcity of livable land, leading to violent land conflicts that threatened his safety.

The Committee addressed the issue of environmental degradation, specifically noting the contamination of freshwater supplies by saltwater. It rejected the communication based on its merits, clarifying that it could only overturn a State's decision if it was evidently arbitrary, constituted a clear error, or represented a denial of justice. Consequently, the Human Rights Committee affirmed New Zealand's conclusion that Mr. Teitiota had not adequately demonstrated that he faced a genuine risk to his life, determining that there was no breach of Article 6(1) of the Covenant. However, as will be elaborated later in this article, the Committee made significant observations regarding the relationship between the right to life, climate change, and the principle of non-refoulement in arriving at this decision.

These cases exemplify the Committee's developing interpretation of the right to life, particularly in relation to environmental and climate-related issues.

3.2 The linkage between the rights to life, health

Amnesty International asserts that the right to life should not be construed in a limited manner¹²⁷. However, considering the universally acknowledged and fundamental nature of this right, its interpretation should be articulated in a positive framework rather than the

¹²⁷Amnesty International (2017), 'The Right to Life: Submission to the UN Human Rights Committee on the Revised Draft General Comment No. 36.'

current negative phrasing¹²⁸. In this context, it is essential to recognize the indivisibility and interconnectedness of all rights, particularly the relationship between the right to life and various economic, social, and cultural rights, as acknowledged by numerous treaty bodies¹²⁹, special procedures¹³⁰, regional human rights bodies¹³¹ and a number of national courts across the world with respect to rights to health¹³², housing¹³³, work¹³⁴ and working conditions¹³⁵, livelihood¹³⁶, nutrition¹³⁷, clean water and sanitation¹³⁸, social security¹³⁹ and education¹⁴⁰.

¹²⁸Judge v. Canada, Human Rights Committee, Communication No. 829/1998, para. 10.5. See, also African Commission on Human and Peoples' Rights, General Comment No. 3 on the African Charter on Human and Peoples' Rights on the right to life (Article 4) (2015) [hereinafter African Commission, General Comment 3 (2015)], para. 41 ("The right to life should be interpreted broadly.") and para. 3 ("This requires a broad interpretation of States' responsibilities to protect life.").

¹²⁹Committee on Economic, Social and Cultural Rights, General Comment 14 (Right to Health), UN Doc. E/C.12/2000/4 (2000), para 1. See also the Committee on the Rights of the Child, General Comment 15, Right of the Child to the Highest Attainable Standard of Health (art. 24), UN Doc. CRC/C/GC15 (2013), paras 16-18.

¹³⁰The Special Rapporteur on the right to physical and mental health has stated that access to health care is required for the full enjoyment of the right to life (UN General Assembly, Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, 69th Sess, UN Doc. A/69/299 (2014), para 2. The Special Rapporteur on the right to adequate housing has stated that people who are homeless or living in inadequate housing describe their experiences in terms of their struggle for dignity and life; see Report of the Special Rapporteur on adequate housing as a component of the right to an adequate standard of living, UN Doc. A/71/310 (2016), para. 8.

¹³¹Inter-American Court of Human Rights: Case of the "Juvenile Reeducation Institute" v. Paraguay, Judgment of 2 September 2004, paras 149, 159, 168, 172.

¹³²Laxmi Mandal v. Deen Dayal Harinagar Hospital and Others, WP(C) 8853/2008, Judgment of 4 June 2010, High Court of Delhi, paras 20-21;

¹³³Chamoli Singh & Ors. v. State of Uttar Pradesh & Anr. (1996; 2 SCC 549).

¹³⁴Committee on Economic, Social and Cultural Rights, General Comment 18, The Right to work (Article 6 of the International Covenant on Economic, Social and Cultural Rights), UN Doc. E/C.12/GC/18 (2006), paras 1 and 31.

¹³⁵Bandhua Mukti Morcha v. Union of India (1984) 3 SCC 161 (condemning bonded labour).

¹³⁶Olga Tellis & Ors. v. Bombay Municipal Corporation & Ors (1985; 3 SCC 545).

¹³⁷Shantistar Builders v. Narayan Khimalal Totame (1990; 1 SCC 520 at 527, pr.9); Social and Economic Rights Action Center (SERAC) and Center for Economic and Social Rights (CESR) v. Nigeria (155/96).

¹³⁸Civil Association for Equality and Justice v. City of Buenos Aires, Chamber for Administrative Matters of the City of Buenos Aires (2007); Perumatty Grama Panchayat v. State of Kerala (2003); Committee on Economic, Social and Cultural Rights, General Comment 15 (Right to Water, Art. 11 and 12 of the Covenant), UN Doc. E/C.12/2002/11 (2003), para. 3.

¹³⁹Committee on Economic, Social and Cultural Rights, General Comment 18, The Right to work (Article 6 of the International Covenant on Economic, Social and Cultural Rights), UN Doc. E/C.12/GC/18 (2006), para. 1 (social security as being necessary to guarantee human dignity).

¹⁴⁰Chamoli Singh & Ors. v. State of Uttar Pradesh & Anr. (1996; 2 SCC 549).

Amnesty International asserts that the right to life should be interpreted broadly, encompassing the right to live with dignity.

The Declaration emphasizes the significant connection between the right to peace and the right to life as outlined in Article 3 of the Universal Declaration of Human Rights (UDHR)¹⁴¹. Yamin has highlighted the importance of this right, indicating that certain international tribunals have recognized the right to life as attaining *jus cogens* status within international law. This right is understood to include not only the basic necessity of survival but also the wider conditions that foster dignity and well-being¹⁴². The Human Rights Council (HRC) has stated in its General Comment 6 that safeguarding the right to life necessitates that States implement proactive measures.¹⁴³ ” The HRC has defined the responsibilities of the State in protecting life to encompass health-related objectives, such as enhancing life expectancy, decreasing infant mortality, and eradicating malnutrition¹⁴⁴.

It is evident that the rights to life, health, and peace are interconnected. In line with these principles, Article 1 of the draft Declaration on the Right to Life in Peace articulates:

“Everyone is entitled to the promotion, protection, and respect of all human rights and fundamental freedoms, particularly the right to life, within a framework where all human rights, peace, and development are fully realized¹⁴⁵.”

To achieve the interconnected rights and their essential social conditions, collaborative human development is imperative. We will now examine human dignity as a fundamental principle that should steer human development within the framework of human rights.

3.3 Human dignity: A foundational core of the rights to life, health

The modern human rights framework is fundamentally based on the dignity of the individual¹⁴⁶. This principle is underscored in the Preamble of the Universal Declaration of

¹⁴¹Article 3 of the Universal Declaration of Human Rights. G.A. Res. 217A (III), UN Doc. A/810.

¹⁴²A. Ely Yamin,(2003) “Not just a tragedy: Access to medications as a right under international law”, Boston University International Law Journal vol.21(2), pp. 325-71. Available at: https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3812014. [Accessed 25 September 2024]

¹⁴³UN Human Rights Committee, CCPR General Comment No. 6: Article 6, Para. 5, (April 30, 1982).

¹⁴⁴ Ibid, note 6.

¹⁴⁵United Nations Human Rights Council. Report of the Open-Ended Intergovernmental Working Group on a Draft United Nations Declaration on the Right to Peace; held June 30-July 4, 2014, UN Doc. A/HRC/27/63 (July 4, 2014).

Human Rights (UDHR), which was adopted by the United Nations General Assembly in 1948. It states that the acknowledgment of the inherent dignity and the equal and inalienable rights of all members of the human family serves as the cornerstone of freedom, justice, and peace in our world¹⁴⁷.

Mann emphasizes the importance of the placement of the term "dignity" before "rights" in the first article of the UDHR, suggesting that this syntactical choice deserves thoughtful analysis. Marks further articulates that human dignity serves as both a foundation for human rights and a right in its own right. As the cornerstone of human rights, a comprehensive understanding of human dignity is essential and should precede any discussions regarding human rights¹⁴⁸.

The acknowledgment of health as a fundamental human right has been progressively defined and established through various human rights frameworks. The relationship between health and human rights is first emphasized in Article 25 of the Universal Declaration of Human Rights (UDHR), which states:

"Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services..."

This significant document asserts that health is a vital goal of human rights and is integral to the right to life. It also highlights that the achievement of health is affected by underlying factors, commonly referred to as the social determinants of health. The explicit recognition of health as a human right is further detailed in Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR), which guarantees 'the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.'

Additionally, the right to health is further explained in the UN Economic and Social Council's General Comment 14 released in 2000. Article 3 of this General Comment indicates that the right to health is closely connected to and dependent on the realization of other human rights specified in the International Bill of Rights. These encompass the rights to

¹⁴⁶D.J. Perry (2008), 'Catholic supporters of same-gender marriage: A case study of human dignity in a multicultural society', The Edwin Mellen Press, Lewiston, NY, p. 9. Available at: <https://mellenpress.com/book/Catholic-Supporters-of-Same-Gender-Marriage-A-Case-Study-of-Human-Dignity-in-a-Multicultural-Society/7633/>. [Accessed 20 September 2024]

¹⁴⁷Preamble to the Universal Declaration of Human Rights (1948), G.A. Res. 217A (III), UN Doc. A/810 at 71.

¹⁴⁸The Universal Declaration of Human Rights (UDHR), 1948.

food, housing, work, education, human dignity, life, non-discrimination, equality, the prohibition of torture, privacy, access to information, and the freedoms of association, assembly, and movement. Together, these rights and freedoms form essential components of the right to health¹⁴⁹.

This document clearly states that the right to health is interconnected with other fundamental rights. Essential conditions such as life, nutrition, adequate housing, and dignity are crucial for attaining health. However, many of these conditions have been unnecessarily restricted due to limitations on individual rights aimed at safeguarding public health.

In Uganda, legislative actions to safeguard public health in response to COVID-19 were reinstated, and new measures were introduced and enforced, including the Uganda COVID-19 Rules, 2020 S.I 55 of 2020. These legislative actions were further supported by Presidential Directives issued periodically throughout that time. The measures primarily took the form of Rules, Guidelines, Circulars, and Standard Operating Procedures (SOPs) established under the ‘Public Health Act, Cap. 310’.

3.4 Covid-19 and the Enforcement of the Directives and Guidelines Pursuant to the Rules, 2020.

Uganda is a signatory to the International Health Regulations (IHR) of 2005, as referenced in the study by Wamala et al which assessed the core capacities for these regulations in the country¹⁵⁰. The implementation of the IHR is facilitated through the Integrated Disease Surveillance and Response (IDSR) guidelines¹⁵¹. These frameworks mandate essential capabilities for the prevention, detection, and response to public health emergencies, including the COVID-19 pandemic. In October 2019, the Ministry of Health, in collaboration with the Ministry of Justice and Constitutional Affairs, expedited amendments to the ‘Public Health Act’¹⁵² to align it with the IHR (2005) and to integrate the IDSR guidelines¹⁵³.

¹⁴⁹Article 3 of the UN Economic and Social Council’s General Comment 14, 2000.

¹⁵⁰Wamala JF, et al. (2009) ‘Assessment of core capacities for the International Health Regulations (IHR, 2005)-Uganda’, *BMC Public Health*. 2010;10 (Suppl1):S9.

¹⁵¹Ministry of Health (2011) In: *Integrated Epidemiology SPHE*, (editor). National Technical Guidelines for Integrated Disease Surveillance and Response. (editor), Kampala.

¹⁵²Public Health Act Chap. 281, 1935.

¹⁵³Amongin F (2022), ‘How public health law will affect you’, The Daily Monitor. Kampala.

The Public Health Act, originally enacted in 1935 during British colonial rule, has undergone minimal amendments, having been re-codified twice. The first re-codification occurred in 1964, post-independence, resulting in the Public Health Act Chap. 269, which was utilized to address a Yellow Fever outbreak in Bundibugyo and a Plague outbreak in Iganga and Kasese Districts. The Act was re-codified again in 2000 to become the Public Health Act, Chap. 281. Notably, it had not been employed to manage any disease outbreaks until the recent COVID-19 crisis. The Act bears similarities to public health legislation in other Commonwealth African nations, such as Kenya's Public Health Act, Chap. 242; South Africa's Public Health Act, 36 of 1919; Zambia's Public Health Act, Chap. 295; Malawi's Public Health Act, Chap. 34:01; and Botswana's Public Health Act, Chap. 63:01 and Zambia Public Health Act, Chap. 295).

Uganda primarily utilized the Public Health Act Chapter 310 (as amended) to address the COVID-19 pandemic, focusing particularly on Non-Pharmaceutical Interventions (NPIs)¹⁵⁴. Additional legal frameworks included Article 189 (Sixth Schedule) of the 1995 Constitution of Uganda, which delineates the government's obligations regarding health policy and the management of outbreaks and disasters. Furthermore, Section 179 of the Local Government Act Chapter 138 (Second Schedule)¹⁵⁵ empowers local governments to prevent and manage disease outbreaks.

Although the amendment of the Public Health Act had not been finalized, the exigencies of the COVID-19 pandemic necessitated the enactment of legislation to facilitate the implementation of control measures. Sections 10, 11, 27, and 36 of the Public Health Act stipulate that the Minister of Health is responsible for enacting subsidiary legislation or rules to implement the specified health measures. The Act grants the Minister the authority to create rules and orders under Sections 11, 27, 29, and 36. These rules are recognized as legal instruments under Section 14 of the Interpretation Act and are integral to Uganda's legal framework.

In preparation for and response to the COVID-19 crisis, the Minister issued several rules and orders, which were published in the Government Gazette.

¹⁵⁴Public Health (Control of COVID-19) Rules, 2020 Uganda Gazette, 2020.CXIII(Statutory Instruments, Supplement No. 11).

¹⁵⁵Local governments Act chap. 243 of 1997.

The Public Health Act serves as the primary legislation governing public health in Uganda and is enforced by the Ministry of Health. Accordingly, Part V of the Act assigns the central government the responsibility for preventing and controlling outbreaks and pandemics. Additionally, Section 5 empowers the Authority and each local government council to enforce all provisions aimed at promoting public health. According to Section 1 (n) of the Public Health Act, ‘Authority’ refers to the Kampala Capital City Authority, while ‘local government’ is defined as per the Local Governments Act.

The Public Health Act has undergone revisions in Part V, now incorporating Section 27A, which pertains to the administration of this section. This provision delineates that the Government holds the primary responsibility for the oversight and management of epidemics, unless this duty is delegated to the Authority or local government, or if the Authority or local government requests and receives authorization to manage an epidemic.

Furthermore, the Public Health Act has been updated to include Section 5A, which defines the powers and duties of medical officers employed by the Government. This section requires that a medical officer in Government service must perform all lawful, necessary, and reasonably feasible actions to prevent the emergence of, or to respond to any outbreak or prevalence of, infectious, communicable, or preventable diseases.

3.5 Derogation from right to Life and other Human Rights in the Wake of Corona

International human rights law allows for derogation during times of crisis¹⁵⁶. The procedures governing such derogation are explicitly detailed in the International Covenant on Civil and Political Rights (ICCPR) and the Siracusa Principles on derogation¹⁵⁷. It is important to note that derogation clauses are intended to be temporary and should be revoked once the emergency situation has concluded¹⁵⁸. Limitations on human rights should comply with the principles of legality, necessity, and proportionality,¹⁵⁹ and should be supported by scientific

¹⁵⁶Schreuert, C (1982), “Derogation of Human Rights in Situations of Public Emergency: The Experience of the European Convention on Human Rights,” *The Yale Journal of World Public Order*, Vol. 9(113), p. 113.

¹⁵⁷Article 4, paragraph 39 (a) (b) of the Commission on Human Rights. Siracusa principles on the limitation and Derogation provisions in the International covenant on civil and political rights. New York, 1984.

¹⁵⁸Supra, note 135, p. 116.

¹⁵⁹Higgins, R.M.A (1976), ‘Derogations under Human Rights Treaties, *British Yearbook of International Law*’, volume 48(1), pp. 281-319.

evidence¹⁶⁰. To justify a derogation, there must be a 'public emergency threatening the life of the nation,' which must affect the entire country¹⁶¹." Such an emergency must be one that impacts the whole nation¹⁶². Furthermore, any restrictions imposed during such emergencies must be proportional to the aims sought, meaning that they should only apply to rights essential for addressing the crisis¹⁶³. Additionally, the measures taken must be the sole means of managing the emergency and should not be excessive.

It is crucial to implement checks and balances,¹⁶⁴ ensuring that the measures respect human dignity¹⁶⁵. Furthermore, discrimination based on race, gender, sexual orientation, or any other criteria is strictly prohibited¹⁶⁶. This implies that measures should not disproportionately affect minority groups or individuals¹⁶⁷.

The legality of any restrictions on human rights necessitates that they be established by law and must not be arbitrary or unreasonable¹⁶⁸. Additionally, these restrictions should be clearly defined and accessible to all, accompanied by sufficient safeguards and effective remedies against unlawful or abusive enforcement of limitations and effective remedies against illegal or abusive imposition or application of limitations¹⁶⁹. The UN Commission on Human Rights has observed that:

"Public health can be referenced as a rationale for restricting specific rights, allowing a State to enact measures that tackle significant threats to the health of the population or individual members. These measures should be explicitly designed to prevent

¹⁶⁰HRW, Human Rights Dimensions of COVID 19 Response, p. 1, Available at: <https://www.hrw.org/news/2020/03/19/human-rights-dimensions-covid-19-response>. [Accessed 12 June 2024].

¹⁶¹Supra, note 18, p. 122.

¹⁶²Supra, note 18, p. 124.

¹⁶³Ireland v. United Kingdom [1978] 2 E.H.R.R. 25, pp. 93-97.

¹⁶⁴Supra, note 18, p. 116.

¹⁶⁵Supra, note 18, p. 116.

¹⁶⁶Article 2 of the African Charter on Human and Peoples' Rights ("Banjul Charter"), 27 June 1981, CAB/LEG/67/3 rev. 5, 21 I.L.M. 58 (1982).

¹⁶⁷ HRW, Human Rights Dimensions of COVID 19 Response, p. 3, Available at: <https://www.hrw.org/news/2020/03/19/human-rights-dimensions-covid-19-response>. [Accessed 12 June 2024].

¹⁶⁸Commission on Human Rights. Siracusa principles on the limitation and Derogation provisions in the International covenant on civil and political rights. New York, 1984, paragraphs 16 and 17.

¹⁶⁹Supra, note 30, para. 18.

disease or injury, or to offer care to the sick¹⁷⁰.” It is crucial to take into account the International Health Regulations established by the World Health Organization¹⁷¹.

Any derogations must be communicated to the UN Secretary-General¹⁷². These notifications should include all pertinent information, such as the justification for the restrictions, the measures implemented, and the rights impacted. Both internal and international oversight is necessary to prevent misuse. Courts, as well as public and international human rights organizations, play a crucial supervisory role in these circumstances. The discussion indicates that Uganda's strategies to mitigate the COVID-19 pandemic must align with the aforementioned considerations.

3.6 Effect of the Enforcement of the Rules on the right to life in Uganda

In this context, Uganda, similar to many nations worldwide, implemented extraordinary measures to combat COVID-19. The President possesses the authority under the 1995 Constitution to declare a state of emergency with Parliament's consent¹⁷³. However, during the corona virus crisis, no formal state of emergency was proclaimed in Uganda. Instead, a de facto state of emergency was established, allowing the executive to issue directives without parliamentary involvement¹⁷⁴.

Subsequently, the Presidential directives were codified into Rules and Orders. Among the measures enacted were: the closure of borders, prohibition of public gatherings, and a temporary suspension of asylum procedures for 30 days¹⁷⁵, restrictions on the movement of individuals both domestically and internationally, suspension of public transport, a

¹⁷⁰Supra, note 30, para. 25.

¹⁷¹Supra, note 30, para. 25.

¹⁷²Article 4(3) of the International Covenant on Civil and Political Rights, 1966 (ICPR).

¹⁷³Article 110 (1) of the Constitution of the Republic of Uganda, 1995 (As amended).

¹⁷⁴M, Musiime (2020), 'Uganda's De facto State of Emergency to Address Covid 19, 11 June 2020, Available at: <https://www.asf.be/blog/2020/06/11/ugandas-de-facto-state-of-emergency-to-address-the-covid-19-pandemic/>. [Accessed 15 June 2024].

¹⁷⁵S, Okiror (2020) "In the News: Uganda Suspends Refugee Arrivals as Corona virus Cases Rise," The New Humanitarian, (Uganda) 25 March 2020, Available at: <https://www.thenewhumanitarian.org/news/2020/03/25/uganda-coronavirusrefugees-asylum-seekers>. [Accessed 11 June 2024].

nationwide lockdown (which included movement limitations and a curfew), and the closure of schools, bars, and other public venues¹⁷⁶.

The 1995 Constitution serves as the highest legal authority in Uganda, from which all other laws derive their legitimacy¹⁷⁷, any law that contradicts the provisions of the Constitution is deemed invalid to the degree of that inconsistency¹⁷⁸. This supremacy was highlighted, among other instances in the case of *Uganda Association of Women Lawyers and Ors v Attorney General*¹⁷⁹, certain clauses of the Divorce Act were found to be at odds with constitutional provisions because of their discriminatory characteristics. The fields of public health and human rights are interconnected, both aiming to improve overall well-being¹⁸⁰.

Article 79 of the 1995 Constitution grants legislative authority to Parliament, which is responsible for enacting laws that promote peace and development within the nation. In fulfilling this responsibility, Parliament enacted the Public Health Act. According to Section 11 of the Act, Parliament may delegate its powers to a minister for the purpose of creating regulations and rules relevant to specific situations through a statutory instrument. The Interpretation Act defines a ‘statutory instrument’ as encompassing any order, rule, regulation, court rule, or bylaw established..... under the authority granted by an act¹⁸¹.” In *NC Bank Ltd & 24 Ors v. Kampala City Council Authority & Anor*¹⁸², it was noted that delegated legislation is created by a minister or a public official. Nevertheless, in *Bank Mellat v. Her Majesty’s Treasury No.2*¹⁸³, the Court of Appeal of England determined that delegated legislation does not possess the same status as primary legislation, and that the statutory instrument is an instrument of the Minister, who is authorized by the enabling Act.

Section 11 of the Public Health Act empowers the minister to establish rules or regulations aimed at curbing the spread of infectious diseases. In fulfillment of this authority, four

¹⁷⁶Daily Monitor, “Museveni Suspends Public Transport for 14 days,” *The Daily Monitor* (Uganda), 25 March 2020, Available at: <https://www.monitor.co.ug/news/national/museveni-suspends-public-transport-for-14-days-/688334-5504246-wtum70z/index.html>. [Accessed 11 June 2024].

¹⁷⁷Article 2(1) of the Constitution of the Republic of Uganda, 1995 (As amended).

¹⁷⁸Article 2(2) of the Constitution of the Republic of Uganda, 1995 (As amended).

¹⁷⁹*Uganda Association of Women Lawyers and ors v Attorney General*, Constitutional Petition No 2 of 2003, [2004] UGCC 1, ILDC 1137 (UG 2004).

¹⁸⁰BK Twinomugisha (2020) ‘Using the right to health framework to tackle non-communicable diseases in the era of neo-liberalism in Uganda’ *African Human Rights Law Journal*, vol. 20, pp. 147-180.

¹⁸¹Section 14 of the Interpretation Act, Cap. 2.

¹⁸²*NC Bank Ltd & 24 Ors v. Kampala City Council Authority & Anor*, Misc. Cause No. 2 of 2018.

¹⁸³*Bank Mellat v. Her Majesty’s Treasury No.2* [2014] A.C 700.

statutory instruments have been issued to implement various measures announced by the president. Specifically, Rule 9 of the Rules outlines several stay-at-home regulations, which have been reiterated through presidential directives.

Furthermore, the Public Health Act was amended to include section 11A, which addresses infectious diseases. This section applies to any disease that the Minister may designate as an infectious disease through a statutory order for the purposes of this Part.

As a result, the Rules were established to direct the response to the pandemic in Uganda. Subsequently, the President issued several directives, notably imposing restrictions on the movement of individuals and vehicles¹⁸⁴.

This indicates that the measures in question possess the force of law, as they are duly enacted under constitutional authority.

The constitution also encompasses a bill of rights in Chapter 4, which safeguards the fundamental rights of individuals. The following discussion will examine the various human rights concerns raised by the pandemic and the Minister's regulations, particularly focusing on the right to life.

Moreover, it is the responsibility of the courts to protect, uphold, and enforce these rights whenever they are threatened or suppressed by any authority or individual in a position of power. Respect for human rights is a fundamental aspect of effective governance, and it is imperative to ensure its adherence. However, this right is subject to limitations as outlined in Article 12(2) of the Charter, which indicates that limitations can solely be enacted through legislation to ensure the protection of national security, uphold public order, and safeguard public health or morality.

Any legislation, including regulations, must pursue a legitimate governmental objective and be reasonable in both its scope and content. In response to the COVID-19 pandemic, various African governments have enacted measures that have resulted in limitations on the right to life. The imposition of these restrictions has elicited a range of responses, including compliance, resignation, ignorance, apathy, and dissent. Many observers have noted that a public health crisis should not be used as a pretext for the accumulation of excessive power in

¹⁸⁴J, Sebwami,(2020), "Breaking! Uganda Covid-19 Cases Rise to 48 after Three out of 419 tests done on Friday Return Positive," *PML Daily* (Kampala), 4 April 2020, Available at: <https://www.pmeldaily.com/news/2020/04/breaking-uganda-covid-19-cases-rise-to-48-after-three-out-419-cases-tested-on-friday-return-positive.html>. [Accessed 15 June 2024]

a democratic society that upholds the rule of law. A state that is constitutionally obligated to respect, protect, promote, and fulfill the human rights of all individuals must not regress into authoritarianism due to poor management of its pandemic response. Therefore, the following discussion will analyze the legality and constitutionality of the restrictions placed on the right to life.

3.7 Limitation of the right to life and other Human Rights

The relinquishment of certain freedoms is often viewed as a necessary trade-off for the greater good during a pandemic, based on the shared understanding that such actions can mitigate the risk of the corona-virus to vulnerable populations¹⁸⁵. It is crucial to recognize that the effects of the Covid-19 pandemic go beyond civil liberties, as various other charter rights have also been compromised. The UN Siracusa Principles assert that any limitations or derogations of human rights must be legally substantiated and directed towards serving a legitimate public interest, must not undermine the democratic structure of society, must not be applied arbitrarily or discriminatorily, and must represent the least restrictive means necessary to achieve the intended objective¹⁸⁶. In *Nabagesera and 3 Ors v. Attorney General and Anor*¹⁸⁷, it was affirmed that while the Constitution guarantees various rights to all individuals, the rights in question may be restricted if they do not qualify for the protections outlined in Article 44, which specifies non-derogable rights including freedom from inhuman treatment, freedom from slavery, the right to a fair trial, and the right to habeas corpus¹⁸⁸.

The 1995 Constitution delineates two methods for restricting fundamental human rights under Article 43, which introduces the 'Limitation-upon-limitation' test, and Article 46(1), which is applicable during a declared state of emergency. These provisions create two opposing frameworks: one representing normal circumstances and the other representing emergency situations.

¹⁸⁵It's not just civil liberties; Many other charter rights have been violated by the Covid-19 Pandemic. Available at <https://nationalpost.com/news/its-not-just-civil-liberties-many-other-charter-rightshave-been-violated-in-covid-19-pandemic> [Accessed 7th September 2024]

¹⁸⁶UN ECOSOC, 'The siracusa Principles on the Limitations and derogation provisions in the international Covenant on Civil and Political Rights', UN Doc.E/CN.4/1985/4. Annex

¹⁸⁷*Nabagesera and 3 Ors v. Attorney General and Anor*, Misc. Cause No.33 of 2012.

¹⁸⁸Article 44 of the Ugandan Constitution of 1995 provides for the non-derogable rights which include Freedom from inhuman and degrading Treatment, Freedom from slavery and servitude, Right to a fair hearing, right to an order of Habeas Corpus.

This raises the critical question of whether Article 43 can justify the measures necessitated by emergencies. The primary assertion of this chapter is that the government-imposed restrictions serve the public interest as outlined in Article 43.

3.7.1 Declaration of a State of Emergency

Pursuant to Article 110(1), the President, after consulting with the Cabinet, has the authority to proclaim a state of emergency in Uganda or in a designated region. This declaration can only be issued if the President is persuaded that:

- i. Uganda or a particular area faces a threat from war or external aggression; or
- ii. the security or economic stability of the country or a specific region is at risk due to internal insurgency or natural disasters; or
- iii. there exist circumstances that necessitate the implementation of measures essential for ensuring public safety, defending Uganda, and maintaining public order, as well as providing essential supplies and services for the community's survival.

In the context of the Covid-19 pandemic, the third condition would sufficiently justify such a proclamation¹⁸⁹.

Article 46(1) further clarifies the limitations that may be imposed during a state of emergency. It states that an Act of Parliament shall not be deemed to violate the rights and freedoms guaranteed in Chapter 4 (including the right to life) if that Act permits measures that are reasonably justifiable for addressing a state of emergency.

A state of emergency thus allows for greater flexibility in addressing public health crises without necessarily infringing on human rights. However, the declaration of such an emergency must be approached with caution, given the historical context of violence, tyranny, and oppression perpetrated by state law enforcement agencies, such as the police and local defense units. This issue of brutality is acknowledged in the preamble of the 1995 Constitution. The state of emergency could potentially be exploited to perpetuate this violence, as the circumstances of the pandemic have provided a pretext for such actions under the guise of protecting the populace, often without sufficient oversight regarding human rights violations.

¹⁸⁹ Busingye Kabumba (2020), Constitution and Covid-19: Are presidential directives unconstitutional?. Available at: <https://observer.ug/viewpoint/64295-constitution-and-covid-19-are-presidential-directives-unconstitutional>. [Accessed on 6th September 2024]

3.7.2 Limitations and Restrictions Rights

Article 43 allows for the suspension of certain human rights under two specific conditions. First, it permits limitations to safeguard the rights of others, particularly concerning the rights to life and health, which are jeopardized by the risk of corona virus transmission. This necessitates a restriction on the right to life in order to protect the broader community.

Second, derogation may occur in the interest of the public. However, the definition of "public interest" remains ambiguous. Oloka-Onyango notes that there is minimal agreement on its meaning, with interpretations varying widely among professionals and scholars, ranging from economists to mass communication experts and anthropologists¹⁹⁰. He observes that the diverse applications of this term illustrate the law's dual role as both a tool of oppression and a means of liberation¹⁹¹.

In the case of *Attorney General v. P.Y.A. Colliers Ltd*¹⁹², Lord Denning, MR remarked that the term "public" poses significant challenges in terms of legal definition.

Does the term pertain to a community, a specific group within a certain area, or the entire nation? In everyday language, the term "public" originates from the Latin words "populus" or "policus," and fundamentally denotes a large assembly of individuals. However, similar to the evolution of the term "democracy," the meaning of "public" has expanded. It no longer merely signifies a numerical aggregation. If it did, the interests of minority groups would not be recognized as "public." Instead, it refers to a collective that is engaged in civic matters or issues related to the functioning of the state, encompassing concerns that extend beyond individual or private interests. Thus, the term also carries a qualitative dimension¹⁹³.

This necessitates a definition of public interest, which, for the purposes of this research, is understood as any action taken for the benefit of the public, in accordance with the preamble of the 1995 constitution and the national objectives and directive principles of state policy.

According to Article 43(2), however, public interest does not allow for political persecution, detention without trial, or any restrictions on the rights and freedoms outlined in this Chapter that exceed what is deemed acceptable and demonstrably justifiable in a free and democratic

¹⁹⁰Joe Oloka-Onyango, *When Courts Do Politics; Public Interest law and Litigation In East Africa*(U.K, Cambridge Scholars Publishing), Chapter III.

¹⁹¹*Ibid*, note 204.

¹⁹²*Attorney General v. P.Y.A. Colliers Ltd*, [1957] 2 QB 169.

¹⁹³*Ibid*, note 206.

society, as stipulated in the Constitution. The limitation on the right to life is addressed in 43(2)(c), which mandates that any restriction must be acceptable and demonstrably justifiable in a free and democratic society. In *Human Rights Network Uganda and 4 Ors v. Attorney General*¹⁹⁴, Justice Kenneth Kakuru articulated the values that constitute "demonstrably justifiable in a free and democratic society," which include respect for the inherent dignity of individuals, a commitment to social justice and equality, and the acceptance and accommodation of a diverse range of cultural, religious, and political beliefs and perspectives. Moreover, he asserts that a free and democratic society not only allows but actively ensures the protection of fundamental rights such as freedom of expression, freedom of speech, freedom of association, freedom of the media and press, freedom of movement, and the right to engage in political discourse

A more thorough examination of the requirements outlined in Article 43(2)(c) requirement was discussed in *Charles Onyango Obbo and Andrew Mujuni Mwenda v. Attorney General*¹⁹⁵. It was emphasized that safeguarding the rights guaranteed by the Constitution is a primary goal. Any restrictions on these rights are considered exceptions and thus represent a secondary aim. Although the Constitution supports both aims, it is evident that the primary objective must be prioritized. Restrictions may only be enforced in extraordinary situations that justify these secondary aims. At present, the secondary aim relates to safeguarding the health of Ugandan citizens, which requires limitations on the right to life to mitigate the virus's spread.

Furthermore, the court reviewed clause (2) of Article 43, which essentially creates 'a limitation upon the limitation.' The court observed that the wording of clause (2) suggests that the framers of the Constitution were cautious about the possible misuse or exploitation of the provisions in clause (1) under the guise of protecting public interest. As a result, a criterion was established, requiring that any restrictions must be reasonable and clearly justifiable in the context of a free and democratic society¹⁹⁶.

¹⁹⁴Human Rights Network Uganda and 4 Ors v. Attorney General, Constitutional Petition No.56 of 2013[2020], para 10 of his judgement.

¹⁹⁵Charles Onyango Obbo and Andrew Mujuni Mwenda v. Attorney General, Constitutional Appeal No. 2 of 2002

¹⁹⁶Lotus River, Ottery, Grassy Park Residents Association v South Peninsula Municipality 1999 (2) SA 817 (C) at 831D

The notion of a 'free and democratic society' was analyzed by the Canadian Supreme Court in *R v. Oakes*¹⁹⁷, where the court defined this notion as encompassing values such as respect for the inherent dignity of individuals, a dedication to social justice and equality, the acceptance of diverse beliefs, respect for cultural and group identities, and confidence in social and political institutions that encourage the active involvement of individuals and groups in society.

This raises the question of whether a reasonable person, considering recent events particularly the public health crisis posed by Covid-19 and the necessity of maintaining public order and safety would conclude that restrictions on the right to life are acceptable and demonstrably justifiable within a free and democratic society. The standard of reasonableness in this context is objective rather than subjective. The burden of proof for justifying any limitation lies with the individual asserting it¹⁹⁸, and this burden must be met with clarity and conviction¹⁹⁹. In fulfilling this burden, two factors must be considered: the increasing number of infections and the potential fatalities that may result.

In *R v. Big M Drug Mart Ltd*²⁰⁰, a two-step test for justifying a limitation was established. Initially, it is essential to establish that the objective pertains to significant and urgent issues within a free and democratic society. Subsequently, it must be demonstrated that the methods utilized are both reasonable and justifiable. The latter aspect of this evaluation is referred to as the 'proportionality test.' A measure may fail this rigorous standard if it can be demonstrated that the legitimate objective such as the protection of public health in this case could be achieved through a less restrictive alternative that does not infringe upon human rights, particularly the right to life²⁰¹.

3.8 Conclusion

International human rights obligations remain in effect even during global pandemics; however, numerous governments have enacted laws that curtail rights by imposing travel restrictions, prohibiting public gatherings, and expanding detention and enforcement powers against individuals who do not comply with self-isolation mandates. These constraints have compromised the right to life and, as a result, other interrelated human rights, including the

¹⁹⁷R v. Oakes [1986] 1 SCR 103

¹⁹⁸Supra, note 71.

¹⁹⁹S v Mbatha, S v Prinsloo 1996 (2)SA 464 (CC)

²⁰⁰R v. Big M Drug Mart Ltd, [1985]1 SCR 295.

²⁰¹Supra, note 212, p.3.

rights to health, housing, employment and working conditions, livelihood, nutrition, clean water and sanitation, social security, and education. These rights are fundamentally connected to the right to life, as the fulfillment of other rights depends on the existence of the right to life.

The 1966 International Covenant on Civil and Political Rights stipulates that international human rights law offers frameworks to ensure that limitations on individual rights intended to protect public health are not excessively burdensome or harmful. Any restrictions on rights must be necessary (grounded in credible scientific evidence), proportionate (relative to the public health threat and time-bound), and non-arbitrary (free from discrimination)²⁰². The United Nations Secretary-General has highlighted the necessity of adopting a human rights approach, asserting that state actions can uphold human rights and the rule of law through measures that are appropriate to immediate threats and do not exceed what is essential²⁰³. It is crucial to investigate how this equilibrium of human rights can guide and shape policy responses concerning home confinement and public health surveillance.

²⁰²Commission on Human Rights. *Siracusa principles on the limitation and Derogation provisions in the International covenant on civil and political rights*. New York, 1984.

²⁰³Guterres A (2020), 'We are all in this together: human rights and COVID-19 response and recovery'. Available: <https://www.un.org/en/un-coronavirus-communications-team/we-are-all-together-humanrights-and-covid-19-response-and-recovery>. [Accessed 17 June 2024].

CHAPTER FOUR

THE IMPACT OF THE RULES ON THE RIGHT TO LIFE IN UGANDA.

4.0 Introduction

The COVID-19 pandemic has exerted an unparalleled influence on a global scale, affecting nearly every nation. Uganda reported its first confirmed case on March 21, 2020. Although COVID-19 is primarily a health crisis, its repercussions extend beyond public health, infringing upon the right to life and other ethical and human rights considerations, as well as the overall well-being of society. This situation arises partly from the government's implementation of various measures aimed at curbing the virus's spread, which have inadvertently restricted and violated the right to life. These measures resulted in a significant decline in economic activity, hindering individuals' ability to sustain themselves. For instance, many Ugandans who depended on daily wages found themselves unable to work, while numerous business owners experienced disruptions in supply chains and a decrease in demand, among other consequences stemming from the Rules, which impacted the right to life in Uganda.

In this context, it is crucial to acknowledge the inseparability and interrelation of all rights, especially the connection between the right to life and numerous economic, social, and cultural rights that have been recognized by various treaty bodies²⁰⁴, special procedures²⁰⁵, regional human rights bodies²⁰⁶ and a number of national courts across the world with respect to the rights to health²⁰⁷, housing²⁰⁸, work²⁰⁹ and working conditions²¹⁰, livelihood²¹¹, nutrition²¹², clean water and sanitation²¹³, social security²¹⁴ and education²¹⁵.

²⁰⁴Committee on Economic, Social and Cultural Rights, General Comment 14 (Right to Health), UN Doc. E/C.12/2000/4 (2000), para 1. See also the Committee on the Rights of the Child, General Comment 15, Right of the Child to the Highest Attainable Standard of Health (art. 24), UN Doc. CRC/C/GC15 (2013), paras 16-18.

²⁰⁵The Special Rapporteur on the right to physical and mental health has stated that access to health care is required for the full enjoyment of the right to life (UN General Assembly, Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, 69th Sess, UN Doc. A/69/299 (2014), para 2. The Special Rapporteur on the right to adequate housing has stated that people who are homeless or living in inadequate housing describe their experiences in terms of their struggle for dignity and life; see Report of the Special Rapporteur on adequate housing as a component of the right to an adequate standard of living, UN Doc. A/71/310 (2016), para. 8.

²⁰⁶Inter-American Court of Human Rights: Case of the "Juvenile Reeducation Institute" v. Paraguay, Judgment of 2 September 2004, paras 149, 159, 168, 172.

²⁰⁷Laxmi Mandal v. Deen Dayal Harinagar Hospital and Others, WP(C) 8853/2008, Judgment of 4 June 2010, High Court of Delhi, paras 20-21;

In the context of the COVID-19 pandemic, this chapter aims to examine the effects of the Rules on the right to life in Uganda. The evaluation employs a framework to examine the impact of these regulations on the right to life within the nation.

*Olga Tellis v. Bombay Municipal Corporation*²¹⁶ established a crucial legal precedent. This case focused on the rights of individuals residing on the streets of Mumbai, specifically concerning their right to a livelihood and suitable housing. The Supreme Court decided that the right to life, as stated in Article 21 of the Indian Constitution, includes the rights to livelihood and proper housing. The court also ordered the Bombay Municipal Corporation to provide essential services, such as water and sanitation, to these residents. This important ruling confirmed that the right to life is a broad right that includes access to basic needs like food, shelter, and clothing. It also stressed that any actions that violate a person's basic rights must follow principles of justice and fairness.

In response to the pandemic, the Government of Uganda introduced the Rules. They also implemented various preventive measures like lockdowns and curfews to reduce the spread of the virus, especially by encouraging physical and social distancing. The initial steps included a partial lockdown that affected businesses and social interactions. This led to the

²⁰⁸*Chamoli Singh & Ors. v. State of Uttar Pradesh & Anr.* (1996; 2 SCC 549).

²⁰⁹Committee on Economic, Social and Cultural Rights, General Comment 18, The Right to work (Article 6 of the International Covenant on Economic, Social and Cultural Rights), UN Doc. E/C.12/GC/18 (2006), paras 1 and 31.

²¹⁰*Bandhua Mukti Morcha v. Union of India* (1984) 3 SCC 161 (condemning bonded labour).

²¹¹*Olga Tellis & Ors. v. Bombay Municipal Corporation & Ors* (1985; 3 SCC 545).

²¹²*Shantistar Builders v. Narayan Khimalal Totame* (1990; 1 SCC 520 at 527, pr.9); *Social and Economic Rights Action Center (SERAC) and Center for Economic and Social Rights (CESR) v. Nigeria* (155/96).

²¹³*Civil Association for Equality and Justice v. City of Buenos Aires, Chamber for Administrative Matters of the City of Buenos Aires* (2007); *Perumatty Grama Panchayat v. State of Kerala* (2003); Committee on Economic, Social and Cultural Rights, General Comment 15 (Right to Water, Art. 11 and 12 of the Covenant), UN Doc. E/C.12/2002/11 (2003), para. 3.

²¹⁴Committee on Economic, Social and Cultural Rights, General Comment 18, The Right to work (Article 6 of the International Covenant on Economic, Social and Cultural Rights), UN Doc. E/C.12/GC/18 (2006), para. 1 (social security as being necessary to guarantee human dignity).

²¹⁵*Chamoli Singh & Ors. v. State of Uttar Pradesh & Anr.* (1996; 2 SCC 549).

²¹⁶*Olga Tellis v. Bombay Municipal Corporation* (1986 AIR 180, 1985 SCR Supl. (2) 51)

closure of all educational facilities, the suspension of communal worship, and the ban on political gatherings, among other restrictions. Some critics argued that these measures were excessive, unnecessary, and unfair, violating essential rights, including the right to life. Many reports documented human rights violations, including physical violence, unlawful arrests, and arbitrary fines imposed by law enforcement. These actions stemmed from the Rules and the associated lockdown measures, which negatively impacted the right to life in Uganda.

4.1 The effects of the Rules on the right to life in Uganda

In March 2020, the World Health Organization (WHO) classified COVID-19 as a pandemic of global significance, it has significantly affected individuals, organizations, communities, and nations in numerous ways. Despite diverse responses to the crisis, many individuals have faced various repercussions stemming from the pandemic. Many of these effects were self-evident. Over the past two years, the diverse impacts of the pandemic have been extensively studied and reported in both traditional and non-traditional media outlets.

SARS-CoV-2 poses a significant global risk to public health. As of March 31, 2024, there have been 775,251,779 confirmed cases worldwide, with 7,043,660 reported fatalities attributed to COVID-19²¹⁷. In the African region, the pandemic has resulted in 9,577,797 confirmed cases and 175,354 deaths as of the same date. Number of corona-virus (COVID-19) deaths in the African continent as of March 31, 2024²¹⁸. The transmission of COVID-19 occurs through person-to-person contact via droplets or aerosols, as well as through airborne and surface routes²¹⁹. To mitigate the spread of COVID-19, governments globally implemented various stringent measures, including the Rules, which introduced lockdowns in Uganda. Additional preventive strategies included the mandatory use of face masks, social distancing, hand hygiene (regular hand washing with soap or the use of alcohol-based sanitizers), and respiratory hygiene (covering the mouth when sneezing or coughing and avoiding contact with the eyes and nose)²²⁰. Evidence indicates that the implementation of the

²¹⁷ World Health Organization (2023). 'WHO Coronavirus (COVID-19) Dashboard'. Available at: <https://covid19.who.int/> [Accessed 18/09/2024].

²¹⁸ STATISTA (2022). Number of coronavirus (COVID-19) deaths in the African continent as of March 31, 2024, by country. [Accessed 18/09/2024].

²¹⁹ World Health Organization (2021). Coronavirus disease (COVID-19): How is it transmitted?. Available at: <https://www.who.int/news-room/questions-and-answers/item/coronavirus-disease-covid-19-how-is-ittransmitted> [Accessed 3/10/2024].

Rules, which led to lockdowns, was essential in curbing the spread of this highly contagious virus and in preventing healthcare facilities from becoming overwhelmed²²¹. Furthermore, the Rules, which initiated lockdowns, were deemed a necessary measure to provide public health professionals with the opportunity to strategize and implement actions that would safeguard public health.

COVID-19 caught many countries, including Uganda, off guard, making stringent measures seemingly unavoidable. While the Rules have been recognized as effective in containing the highly transmissible COVID-19 virus, they have also been associated with adverse effects on the right to life, economic development, and social welfare within the affected communities²²². Studies have demonstrated that lockdown measures resulted in decreased access to education, food, and healthcare²²³; increased unemployment and lower income levels²²⁴; mental health issues including stress, anxiety, and depression²²⁵; as well as a rise in gender-based violence²²⁶, all of which are intrinsically linked to the right to life. A recent investigation revealed that the socio-economic impacts of the COVID-19 pandemic were especially pronounced in low- and middle-income countries (LMICs) and among at-risk populations²²⁷. Despite this body of evidence, there remains a scarcity of literature addressing

²²⁰World Health Organization (2020). WHO announces COVID-19 outbreak a pandemic. Available at: https://reliefweb.int/report/world/whoannouncescovid19outbreakpandemic?gclid=CjwKCAiAyfybBhBKEiwAg_tB7fpocApbiyKe3d9V6lEpFLjBRTT1Gumf7y_A_Kft_o9fl8QwFrZF0XRoCIGQQAvD_BwE [Accessed 3/10/2024].

²²¹Caselli F, Grigoli F, Sandri D (2022), Protecting lives and livelihoods with early and tight lockdowns. *BE J Macroeconomics*, Vol. 22(1), pp. 241-268.

²²²Cross K, Evans J, MacLeavy J, Manley D (2022), Analysing the socio-economic impacts of COVID-19: A new regional geography or pandemic enhanced inequalities? *Reg Stud Reg Sci*, Vol. 9(1), pp. 461-485.

²²³Bozkurt A, Jung I, Xiao J, Vladimirsch V, Schuwer R, Egorov G, et al (2020), A global outlook to the interruption of education due to COVID-19 pandemic: navigating in a time of uncertainty and crisis. *Asian J Distance Educ*, Vol. 15(1), pp. 1-26.

²²⁴Rönkkö R, Rutherford S, Sen K (2022), The impact of the COVID-19 pandemic on the poor: insights from the Hrishipara diaries. *World Dev*. Available at: <https://doi.org/10.1016/j.worlddev.2021.105689>. [Accessed 5 October 2024]

²²⁵El-Zoghby SM, Soltan EM, Salama HM (2020), Impact of the COVID-19 pandemic on Mental Health and Social Support among adult Egyptians, *J Community Health*, Vol. 45(4), pp. 689-95. Available at: <https://doi.org/10.1007/s10900-020-00853-5>. [Accessed 6 October 2024]

²²⁶Mittal S, Singh T (2020), Gender-based violence during COVID-19 pandemic: A Mini-review. *Front Glob Womens Health*, Vol. 1, p. 4. Available at: <https://doi.org/10.3389/fgwh.2020.00004>. [Accessed 9 October 2024]

²²⁷Chackalackal DJ, Al-Aghbari AA, Jang SY, Ramirez TR, Vincent J, Joshi A, et al (2021), The Covid-19 pandemic in low-and middle-income countries, who carries the burden? Review of mass media and publications

the negative effects of the Rules on the right to life, especially in the context of Uganda. The results of this research may serve to guide future responses to disruptions caused by COVID-19 or other public health emergencies, particularly in optimizing the advantages of the Rules, and lockdown measures while mitigating adverse effects on the right to life and other social and economic rights and welfare of the populace.

In Uganda, the government implemented public health restrictions, including a national lockdown, in early April 2020, just 14 days after the country reported its first COVID-19 case in March 2020. The lockdown entailed the closure of schools, bars, places of worship, and workplaces, with exceptions made for essential services such as healthcare and food supply. Additionally, public transport was prohibited, and a nationwide curfew was enforced, allowing movement only between 6:00 am and 7:00 pm²²⁸. Social distancing, hand hygiene, and the wearing of masks were mandated in public areas. A 2020 report by UNICEF indicated that these measures significantly hindered economic activities, resulting in many Ugandans falling into extreme poverty²²⁹, thereby restricting the right to life. A recent study suggested that the socio-economic repercussions of COVID-19 in Uganda, which are both directly and indirectly linked to the right to life, may have surpassed the positive health outcomes associated with the Rules, and the accompanying control measures²³⁰. Research conducted in Uganda has highlighted the unavoidable disruptions to the right to life, which are closely associated with the socio-economic conditions of vulnerable populations. These conditions are fundamentally linked to the right to life²³¹. Recent reports reveal a rise in child

from six countries, *Pathog Glob Health*, Vol. 115(3), pp. 178-187. Available at: <https://doi.org/10.1080/20477724.2021.1878446>. [Accessed 9 October 2024]

²²⁸ Ministry of Health. Update on Uganda's enhanced measures to prevent importation of novel Corona virus disease COVID-19. Kampala 2020. Available at: <https://www.health.go.ug/covid/document/update-onugandas-enhanced-measures-to-prevent-importation-of-novel-corona-virusdisease-covid-19/> [Accessed 13/10/2024].

²²⁹ UNICEF, Economic Policy Research Institute. The socio-economic impact of COVID-19 in Uganda. 2020. Available at: <https://www.unicef.org/uganda/reports/socio-economic-impact-covid-19-uganda>. [Accessed 12/10/2024].

²³⁰ Owori M. Socioeconomic impact of Covid-19 in Uganda: How has the government allocated public expenditure for FY2020/21?, 2020. Available at: <https://devinit.org/resources/socioeconomic-impact-of-covid-19-in-uganda/> [Accessed 13/10/2024]

²³¹ Unintended socio-economic and health consequences of COVID-19 among slum dwellers in Kampala, Uganda, 2022, *BMC Public Health*, Vol. 22(1), p. 88. Available at: <https://doi.org/10.1186/s12889-021-12453-6>. [Accessed 9/10/2024].

abuse, sexual violence, and gender-based violence during this time-frame²³². Furthermore, notable declines in educational attainment have been recorded²³³. The pandemic's socio-economic effects have resulted in reduced purchasing power, depletion of savings, and increased food insecurity, which includes a decrease in the daily number of meals consumed²³⁴.

In reaction to the COVID-19 pandemic, six months post-declaration, the United Nations (UN) launched a framework designed to tackle the socio-economic consequences of the crisis. This framework was designed to mitigate the disruption of social services and prevent the economic collapse of communities before the pandemic's effects became entrenched²³⁵. It consists of five key components, one of which focuses on ensuring the continued availability of essential health services and safeguarding health systems; (2) assisting individuals in managing adversity through social protection and essential services; (3) safeguarding employment, aiding small and medium-sized enterprises, and supporting informal sector workers via economic response and recovery initiatives; (4) directing the necessary increase in fiscal and financial stimulus to ensure macroeconomic policies benefit the most vulnerable populations while reinforcing multilateral and regional responses; and (5) fostering social cohesion and investing in community-driven resilience and response mechanisms²³⁶. In this research, the investigator examines the effects of the Rules on the right to life in Uganda.

The study revealed and articulated the extensive and significant negative social and economic repercussions of the Rules, along with the ensuing lockdown measures, on Ugandan communities across various aspects. These aspects included family disruption, child welfare, educational interruptions, food insecurity, adverse effects on livelihoods, and human rights violations. The results underscore the necessity of addressing such harms in response to

²³² Sserwanja Q, Kawuki J, Kim JH (2021), Increased child abuse in Uganda amidst COVID-19 pandemic. *J Paediatr Child Health*, Vol. 57(2), pp. 188-191. Available at: <https://doi.org/10.1111/jpc.15289>. [Accessed 9/10/2024].

²³³ J Tumwesige (2020) COVID-19 Educational disruption and response: rethinking e-Learning in Uganda. University of Cambridge.

²³⁴ Kansiime MK, Tambo JA, Mugambi I, Bundi M, Kara A, Owuor C (2021), COVID-19 implications on household income and food security in Kenya and Uganda: findings from a rapid assessment. *World Dev.* Vol. 137. Available at: <https://doi.org/10.1016/j.worlddev.2020.105199>. [Accessed 9/10/2024].

²³⁵ United Nations (2020), A UN framework for the immediate socio-economic response to COVID-19. Available at: <https://www.undp.org/kyrgyzstan/publications/un-framework-immediate-socio-economic-responsecovid-19?> [Accessed 13/10/2024].

²³⁶ *Ibid*, note 249.

pandemics, particularly in a low-income nation like Uganda. The UN framework for socio-economic response to COVID-19 could serve as a guide for future outbreak control planning in the country. This framework highlights the importance of ensuring the continuity of essential services, promoting social protection, supporting small-scale enterprises, prioritizing the most vulnerable groups, and enhancing community-led responses.

4.1.1 Access to basic necessities and education

As nations declared states of emergency, implemented stay-at-home orders, and recommended the avoidance of social gatherings, hundreds of millions of individuals in low-income countries found themselves unemployed, affecting both formal and informal labor sectors²³⁷.

The closure of educational institutions and the enforcement of emergency stay-at-home directives have led to various economic challenges for households. Some of these challenges are directly linked to the closures, while others stem from the inherent vulnerabilities faced by many families in low-income regions. These economic shocks encompass job losses, business shutdowns, disruptions in agricultural activities, rising costs of inputs, declining prices for outputs, escalating food prices, and the illness or death of a primary income provider.

4.1.2 Domestic violence, particularly violence against women

This research indicates a rise in domestic violence, especially against women, as a result of the COVID-19 lockdown measures.

ActionAid, which manages 13 centers for supporting victims of gender-based violence (GBV) in Uganda, has reported a 72% rise in GBV incidents from April to August 2020, documenting 8,680 cases during this time-frame compared to 5,040 cases in the same period of 2019²³⁸.

The prevention and response to gender-based violence faced significant challenges during the movement restrictions, as the lockdown fostered conditions that facilitated such offenses.

²³⁷ ILO Monitor: COVID-19 and the World of Work 6th edn (ILO, 2020)

²³⁸ M. Kaakyo (2020), Gender Based Violence in Uganda: Communication with Key stakeholders against Gender Based Violence. : Kampala.

Data from the Ministry of Gender, Labor and Social Development revealed that reported instances of gender-based violence more than tripled, with over 1,000 cases reported monthly in the first nine months of 2020, in contrast to approximately 315 monthly cases in 2019²³⁹.

Financial strain, prolonged close quarters among spouses, and social isolation were identified as significant contributors to conflict within households. Research conducted during the COVID-19 lockdown in Uganda consistently highlighted a rise in domestic violence²⁴⁰. The study also revealed that many families experienced separation, with men leaving their partners and children primarily due to financial difficulties. The tendency for men to abandon their care-giving roles may be linked to the prevalent practice of polygamous and plural relationships in Uganda²⁴¹, which was further complicated by COVID-19 travel restrictions that limited movement between households. Furthermore, the research indicated that when men were unable to fulfill their financial responsibilities to the family, and women did not possess independent income before the lockdown, it frequently led to the loss of family housing as a result of unpaid rent.

4.1.3 Displacement from family residences

The inability to afford housing has been highlighted in numerous studies carried out during the COVID-19 pandemic in Uganda²⁴² and other Sub-Saharan countries such as Kenya²⁴³, Tanzania²⁴⁴, Ghana²⁴⁵ and Nigeria²⁴⁶. This highlights the distinct impacts of lockdown

²³⁹M. Kaakyo (2020), Communication with the Ministry of Gender, Labour and social development officials. : Kampala.

²⁴⁰D Musoke, S Nalinya, GB Lubega, Deane K, E Ekirapa-Kiracho, D McCoy (2023), The effects of COVID-19 lockdown measures on health and healthcare services in Uganda. *PLOS Global Public Health*, Vol. 3(1).

²⁴¹T. Naisiko (2021), An anthropological discourse to christian views on Polygamy and Plural relationships in Uganda. *East Afr J Traditions Cult Relig*, Vol. 4(1), pp. 8-15.

²⁴²SD. Younger, A. Musisi, W. Asimwe, N. Ntungire, J. Rauschendorfer, P. Manwaring (2020), Estimating income losses and consequences of the COVID-19 crisis in Uganda, International Growth Centre, London, UK.

²⁴³ L. Miller-Graff, R. Dowd (2020) . COVID-19 effect on Access to Maternal Health Services in Kenya. *Front Glob Womens Health*, Vol. 1. Available at: <https://doi.org/10.3389/fgwh.2020.599267>. [Accessed 09/10/2024]

²⁴⁴W. Kombe, AG. Kyessi, TM. Limbumba, E. Osuteye (2022), Understanding the impact of COVID-19 partial lockdown in Tanzania: grassroots responses in low-income communities in Dar Es Salaam. *Urbanization*, Vol. 7(1), pp. 30-45.

²⁴⁵AI, Braimah (2020), On the politics of lockdown and lockdown politics in Africa: COVID-19 and partisan expedition in Ghana. *Journal of Political Science and International Relations.*, Odii A, Ngwu MO, Aniakor MC, Owelle IC, Aniagboso MC, Uzuanwu OW. Effect of COVID-19 lockdown on poor urban households in Nigeria: where do we go from here? *Ianna Journal of Interdisciplinary Studies*, Vol. 2(1), pp. 75-85.

measures on different genders and stresses the importance of providing women with income to sustain family finances. Families are the foundation of society, influencing the lives and identities of individuals²⁴⁷. As a result, this scenario has implications for the right to life, which is intrinsically connected to housing.

4.1.4 Abuse of children's rights

This study indicates that child welfare, encompassing children's rights, was significantly impacted by the Rules, along with the subsequent lockdown measures implemented during the COVID-19 pandemic. There was a notable rise in child labor, particularly in urban regions, as well as an increase in sexual exploitation and early marriages, especially in rural areas. These challenges led to an increase in adolescent pregnancies, which in turn posed an indirect threat to the right to life for numerous children, exposing them to greater risks of mortality.

The Ministry of Health reported a 17% rise in teenage pregnancies during the lockdown period. Early marriages may have emerged as a secondary effect of poverty and school closures, both of which were direct consequences of the lockdown. Furthermore, the prevalence of sexual exploitation was found to be higher in rural areas compared to urban settings, underscoring the socio-economic disparities exacerbated by the Rules ²⁴⁸. Additionally, children in urban areas had greater access to virtual learning resources and home-based educational materials than their rural counterparts. Consequently, families in rural regions may have lost hope in continuing education, leading them to consider marriage as an alternative. It is imperative for governments to develop equitable strategies that address the specific needs of children in both urban and rural contexts, thereby reducing their vulnerability and safeguarding both groups, particularly during national emergencies

4.1.5 Delayed education milestones

The research underscores the consequences of the prolonged school closures, which have led to postponed educational milestones and heightened dropout rates. This circumstance poses

²⁴⁶A. Odi, MO. Ngwu, MC, Aniakor, IC. Owelle, MC. Aniagboso, OW. Uzuanwu (2020), Effect of COVID-19 lockdown on poor urban households in Nigeria: where do we go from here? *Ianna J Interdisciplinary Stud*, Vol. 2(1), pp. 75-85.

²⁴⁷Supra, note 254.

²⁴⁸D. Fanelli, F. Cajuste, D. Cetta, E. Amany (2020), Effect of COVID-19 on the educational sector in Uganda. Available at: <https://www.globallivingston.org/dir/research/effect-of-COVID-19-on-the-educational-sector-in-uganda>. [Accessed 09 October 2024]

an indirect threat to the right to life for numerous children by heightening their vulnerability to difficulties. Such disturbances are expected to negatively impact the future opportunities of these children and impede the comprehensive socio-economic advancement of the country.

Recent findings indicate that an additional year of schooling in Africa boosts earnings by 14.5% for females and 11.3% for males²⁴⁹. Consequently, the dropout of students is expected to have an opposite effect on their economic potential. It is imperative for the government to devise and implement strategies aimed at alleviating the long-term repercussions of the two-year school closure in Uganda during the pandemic.

This study has illuminated the significant disruption to education caused by the extended halt of traditional learning, which is poised to yield enduring negative effects on individuals and exacerbate socio-economic disparities within the country. The home-based and virtual learning options employed during the lockdown were largely inaccessible to children in rural areas and among the urban poor, thereby widening the gap between privileged and underprivileged children²⁵⁰. The difficulties associated with virtual learning during the COVID-19 pandemic have also been documented in other sub-Saharan nations²⁵¹. This situation suggests that stakeholders in the education sector, including parents and students, must gradually and equitably transition to more varied learning models that can accommodate diverse socio-economic contexts.

Existing flexible paper based educational options such as the Preparation for Social Action non formal education development programme that are already existing in rural Ugandan Future exploration of existing flexible, paper-based educational programs, such as the Preparation for Social Action non-formal education development initiative, could be beneficial in rural Ugandan contexts²⁵².

4.1.6 Economic impacts and food security

²⁴⁹World Bank (2020), Comparable Estimates of Returns to Schooling Around the World. Available at: . <https://documents1.worldbank.org/curated/en/830831468147839247/pdf/WPS7020.pdf>. [Accessed 10/10/2024].

²⁵⁰Ibid, note 262.

²⁵¹S. Datzberger, J. Parkes (2021), The effects of Covid-19 on education in sub-Saharan Africa. Austrian development policy: Covid-19 and the global south-Perspectives and challenges, pp. 45-56.

²⁵²E. VanderDussen (2009), A spirit of service: Conceptualizing service in learning through the preparation for social action program in Uganda. Unpublished MA thesis, Ontario Institute for Studies in Education, Canada. Available at: https://tspace.library.utoronto.ca/bitstream/1807/18111/1/vanderdussen_elen_a_200911_MA_thesis.pdf. [Accessed 10/10/2024].

4.1.6.1 Reduced access to food

Food insecurity has emerged as a significant consequence of the Rules, affecting the right to life in Uganda.

Numerous reports have documented both physical and financial barriers to food access during the lockdown, resulting in a diminished variety of food and alterations in feeding habits regarding frequency and portion sizes. These observations align with findings from other studies conducted during the COVID-19 pandemic in Uganda²⁵³ and other LMICs²⁵⁴. Notably, participants residing in urban areas reported higher levels of food insecurity compared to those in rural regions. This disparity may be attributed to the reliance of urban dwellers on daily wages for food purchases, whereas rural inhabitants primarily depend on subsistence farming. The suspension of non-essential businesses had a significant impact on the income potential of many urban residents.

While the government attempted to alleviate the situation by distributing food relief packages to the urban poor, the response was slow, inadequate, and failed to reach a large segment of the vulnerable population²⁵⁵. Food insecurity may have further exacerbated other adverse effects of the pandemic, including sexual exploitation, domestic violence, and the deterioration of chronic health conditions. Therefore, it is essential to systematically plan for food security during emergencies, which could involve measures such as maintaining food reserves and establishing effective distribution channels.

In *the Centre for Food and Adequate Living Rights v the Attorney General (CEFROHT)*²⁵⁶, the applicants sought judicial declarations regarding the Ugandan government's failure to provide directives and guidance on food access during the COVID-19 pandemic. They aimed to hold the government accountable for its inability to ensure access to sufficient food during this crisis. The court acknowledged that the Constitution of the Republic of Uganda, 1995 (as

²⁵³C. Giebel, Ivan B, P. Burger, I. Ddumba (2022), Impact of COVID-19 public health restrictions on older people in Uganda: Hunger is really one of those problems brought by this COVID. *Int Psychogeriatr*, Vol. 34(9), pp. 805-812. Available at: <https://doi.org/10.1017/S1041610220004081>. [Accessed 10/10/2024].

²⁵⁴E. Nchanji, C. Lutomia, D.Karanja (2021), Immediate impacts of COVID-19 measures on bean production, distribution, and food security in eastern Africa. *J Agric Food Syst Community Dev*. Vol. 10(2), pp. 259-263.

²⁵⁵Nathan I, Benon M (2020), COVID-19 relief food distribution: impact and lessons for Uganda. *Pan Afr Med J*. Vol. 35(Suppl 2), p. 142. Available at: <https://doi.org/10.11604/pamj.suppl.2020.35.142.24214>. [Accessed 09/10/2024].

²⁵⁶The Centre for Food and Adequate Living Rights v the Attorney General (CEFROHT) Miscellaneous Cause No. 75 of 2020

amended), acknowledges the right to sufficient nutrition in conjunction with various economic, social, and cultural rights.

According to the National Objective and Directive Principle of State Policy No. XXII, the State is obligated to:

- a) Encourage individuals to cultivate and store sufficient food
- b) Establish national food reserves

However, the court noted that, despite the absence of food reserves in the country, the government has implemented alternative systems to address food security. Uganda has been somewhat dependent on food assistance from developed nations and organizations such as the World Food Program. However, the ongoing pandemic, which has incited global panic, may lead these donor countries to reduce or entirely cease their food aid contributions.

In the case of *Hon. Okupa Elijah & 2020 Others Vs Attorney General & Ors*²⁵⁷; and the Indian case of *Olga Tellis & Ors Vs Bombay Municipal Council*²⁵⁸ (Supreme Court of India); where Batema, J, while addressing the right to livelihood, referenced the case of *Attorney General Vs Salvatori Abuki & Anor v Attorney General*²⁵⁹. In this context, it was noted that:

“.....This right is not explicitly articulated in the Constitution of the Republic of Uganda. Nevertheless, it can be substantiated through Articles 8A and 45, which recognize rights and freedoms that are not specifically listed in the Constitution.”

In the *Olga Tellis* (supra) case, the Supreme Court of India held that;

“The right to life includes the safeguarding of one's means of livelihood. Article 21 of the Constitution states that the right to life encompasses the means of livelihood, as it is the responsibility of the State to guarantee that its citizens possess sufficient means of livelihood and the right to employment. Consequently, it would be excessively meticulous to omit the right to livelihood from the wider interpretation of the right to life.”

This suggests that the right to life is intrinsically linked to various other rights previously outlined, such as the right to education, access to food, children's rights, reproductive rights, housing, and safeguards against gender-based violence (GBV). The right to life should be

²⁵⁷Hon. Okupa Elijah & 2020 Others Vs Attorney General & Ors; Misc. Cause No. 14 of 2005

²⁵⁸*Olga Tellis & Ors Vs Bombay Municipal Council* [1985] 2; SCR No. 51

²⁵⁹*Attorney General Vs Salvatori Abuki & Anor v Attorney General*, Constitutional Petition No. 2 of 1997

perceived as more than just survival; it encompasses the notion of livability, which involves having the essential resources to lead a life of importance. These livability rights may include the right to education, access to food, children's rights, reproductive rights, housing, and protection against GBV, among others. Contemporary academic discussions indicate that the right to life should not be confined to mere existence, but rather understood as an individual's right to obtain both the means and the capacity to live a life that is dignified and meaningful²⁶⁰.

4.1.7 Effects on livelihoods

4.1.7.1 Business closures

The study highlights the effects of the Rules, and the related COVID-19 lockdown measures on the right to life in Uganda. These measures severely disrupted livelihoods, resulting in business suspensions or closures, depletion of financial resources, agricultural losses, and changes in employment or business operations. As a result, these elements led to an increase in poverty levels due to a significant reduction or total loss of income within communities, thereby indirectly affecting the right to life. Similar economic difficulties during the pandemic have been reported in various countries around the globe²⁶¹. An evaluation of the economic consequences of the COVID-19 lockdown in Uganda indicated that the losses were considerable, potentially undoing a decade's worth of advancements in poverty reduction²⁶². Most of the impacted communities were engaged in the informal sector, which largely did not benefit from government programs designed to improve livelihoods, such as employment guarantee schemes that mainly assisted those in the formal sector²⁶³. The agricultural losses noted in this research align with findings from previous studies conducted in several low- and middle-income countries (LMICs)²⁶⁴. Importantly, there was limited government support directed towards farmers and rural communities in Uganda²⁶⁵. This situation stands in stark

²⁶⁰Supra, note 99

²⁶¹ OT. Ojogiwa, A. Akinola (2020), The impact of government responses to COVID-19 on the Urban poor in Lagos State, Nigeria. *Afr J Gov Dev*. Vol. 9(11), pp. 367-381.

²⁶²Supra, note 255.

²⁶³Supra, note 255.

²⁶⁴J. Hammond, K. Siegal, D. Milner, E. Elimu, T. Vail, P. Cathala, A. Gatera, A. Karim, JE. Lee, S. Douxchamps, MT. Tu, E. Ouma, B. Lukuyu, P. Lutakome, S. Leitner, I. Wanyama, TP. Thi, PTH. Phuc, M. Herrero, M. van Wijk (2022), Perceived effects of COVID-19 restrictions on smallholder farmers: evidence from seven lower- and middle income countries. *Agric Syst*. Available at: <https://doi.org/10.1016/j.agsy.2022.103367>. [09/10/2024]

²⁶⁵Ibid, note 277

contrast to government initiatives in other countries, such as Zambia and Rwanda, where authorities provided seed and fertilizer subsidies to farmers to alleviate agricultural expenses²⁶⁶. It is important to highlight that the informal and agricultural sectors are vital, supporting 34% and 75% of Uganda's population, respectively²⁶⁷. The downturn in both sectors, combined with insufficient government assistance, has exacerbated the detrimental effects of the Rules, and the COVID-19 lockdown measures on the right to life in Uganda.

Consequently, it is essential to safeguard and enhance both the informal and agricultural sectors in the aftermath of the COVID-19 lockdown to alleviate the long-term repercussions of the pandemic and its associated control measures.

4.1.8 Human rights violations

Numerous instances of human rights violations were reported, including physical assaults, unlawful detentions, and the imposition of unregulated fines by law enforcement officials, all stemming from the Rules, and the COVID-19 lockdown measures, which adversely impacted the right to life in Uganda.

Individuals engaged in informal employment, who were more likely to breach curfew or quarantine regulations, were particularly vulnerable. This aligns with other research conducted in Uganda, which indicated that many residents experienced violence during the pandemic, primarily at the hands of law enforcement²⁶⁸. Prior studies have shown that Ugandans generally harbored fear and distrust towards law enforcement even before the pandemic²⁶⁹. However, it has been argued that the lockdown measures intensified the misconduct of law enforcement officers²⁷⁰ argued that the lockdown measures exacerbated

²⁶⁶M. Fowler (2020), The impact of the COVID-19 pandemic on Uganda's agricultural sector. United States Agency for International Development Kampala.

²⁶⁷World Bank (2021), Uganda Economic Update : Putting Women at the Center of Uganda's Economic Revival. Available at: <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/099100011302141746/p1748840506ccf0da0ba0d08902edcbc883>. [Accessed 09/10/2024].

²⁶⁸E. Katana, BO. Amodan, L. Bulage, AR. Ario, JNS. Fodjo, R. Colebunders, et al (2021), Violence and discrimination among Ugandan residents during the COVID-19 lockdown. BMC Public Health. Vol. 21(1), p. 467. Available at: <https://doi.org/10.1186/s12889-021-10532-2>. [Accessed 09/10/2024].

²⁶⁹N. Wagner, W. Hout, R. Namara (2020), Improving police integrity in Uganda: Impact assessment of the police accountability and reform project. Rev Dev Econ. Vol. 24(1), pp. 62-83.

²⁷⁰J. Parkes, S. Datzberger, C. Howell, L. Knight, J. Kasidi, T. Kiwanuka et al (2020), Young people, inequality and violence during the COVID-19 lockdown in Uganda. CoVAC Working Paper. Available at: <https://discovery.ucl.ac.uk/id/eprint/10111658/> [Accessed on 12/10/2024].

the misconduct of law enforcement officers. The solicitation of unregulated fines is not unexpected, given that Uganda is among the countries with high levels of corruption in the public sector²⁷¹. Such inappropriate behavior by law enforcement must be addressed in future responses to pandemics.

The aforementioned measures have evidently impacted individuals in Uganda, prompting a necessary examination of their justification. Do these measures align with the derogation parameters previously outlined? The government implemented these actions to safeguard the population of Uganda from COVID-19, which has now been classified as a pandemic. The public was informed of the restrictions through various channels, including radio, newspapers, television, and social media. Some of these measures were enforced for a limited duration. The movement restrictions applied universally to all individuals within Uganda, regardless of nationality.

In addition to the aforementioned impacts, several other rights have been compromised, including the rights to education and employment due to the closure of schools and businesses. As previously noted, certain rights may be temporarily suspended in the interest of public health, provided that the derogation parameters are met. Consequently, the temporary suspension of some rights may be deemed justifiable²⁷². Nonetheless, certain rights must always be upheld without exception, including the right to life, the freedom of thought, conscience, and religion, as well as safeguards against torture, inhumane treatment or punishment, servitude or slavery, and the right to due process²⁷³. These rights are considered vital for safeguarding human dignity²⁷⁴. Therefore, as previously outlined in this chapter, the aforementioned rights are intrinsically linked to the right to life, which underpins the discussion in this chapter.

In Uganda, the implementation of lockdowns and movement restrictions during the COVID-19 pandemic resulted in significant consequences. These measures had a profound effect on

²⁷¹ Transparency international. 2023. Available at: <https://www.transparency.org/en/countries/uganda#>. [Accessed 12/10/2024].

²⁷²UN Human Rights Committee CCPR General Comment No. 27: Art 12 (Freedom of Movement), 2 November 1999, CCPR/C/21/Rev.1/Add.9, paras 2 and 4.

²⁷³Oràà, J (1992), 'Human Rights in States of Emergency in International Law', Oxford University Press, New York, p. 94.

²⁷⁴Ibid, note 258.

both the formal and informal sectors of the Ugandan economy²⁷⁵. Consequently, many individuals experienced decreased income, unemployment, and business shutdowns, which intensified challenges in obtaining food. This limited access was attributed to a lack of financial resources to purchase food, rising food prices, and shortages of certain food items. These economic hardships had a ripple effect on people's livelihoods, directly undermining their right to a decent standard of living and ultimately threatening their right to life²⁷⁶. Furthermore, as lockdown measures and travel restrictions intensified, many individuals in need of medical care encountered obstacles in obtaining essential health services. The restrictions hindered patients and pregnant women, particularly those in remote or rural areas, from reaching healthcare facilities²⁷⁷. Additionally, these limitations affected ambulance services and public transportation, further complicating access to medical care²⁷⁸. Due to these challenges, some individuals suffering from illness, including pregnant women, tragically lost their lives or faced a decline in their health that could have been alleviated under normal conditions²⁷⁹.

As various countries, including Uganda, implemented quarantines and school closures to curb the spread of the disease, women and adolescent girls became increasingly susceptible to issues related to Sexual and Reproductive Health (SRH)²⁸⁰. These issues included coercion, exploitation, sexual abuse, and limited access to contraception. Additionally, there were reports of delays in care for pregnant women and a rise in unsafe abortions. The United Nations Population Fund (UNFPA) emphasized in its Global Response Plan for the COVID-

²⁷⁵ Esther K. Nanfuka and David Kyaddondo (2022), 'Making Improvisations, Reconfiguring Livelihoods: Surviving the COVID-19 Lockdown by Urban Residents in Uganda', *COVID 2*, no. 12: 1666-1688.

²⁷⁶ Rebecca Nuwematsiko, Maxencia Nabiryo, et al (2022), 'Unintended Socio-Economic and Health Consequences of COVID-19 among Slum Dwellers in Kampala, Uganda', *BMC Public Health*, Vol 22(88).

²⁷⁷ Allen Kabagenyi, Betty Kyaddondo, et. Al (2022), "Disruption in Essential Health Service Delivery: A Qualitative Study on Access to Family Planning Information and Service Utilization during the First Wave of COVID-19 Pandemic in Uganda", *PublicMed Central*, Vol 13, pp. 75-82

²⁷⁸ Anna Hedstrom, Paul Mubiri, et. al (2021), "Impact of the early COVID-19 Pandemic on Outcomes in a Rural Ugandan Neonatal Unit: A Retrospective Cohort Study", *PubMed Central*, Vol. 16 (12).

²⁷⁹ Pandemic Response Forsakes Patients with Chronic Illnesses, Available at: <https://globalpressjournal.com/africa/uganda/pandemic-tactics-hit-patients-chronic-illnesses/> [accessed on 15 June 2024].

²⁸⁰ Society AC (2020), To C. Mitigating Covid-19 Impacts on Sexual and Reproductive Health and Rights in Low- and Middle-Income Countries. (2020). Available at: <https://pai.org/wp-content/uploads/2020/04/SRHR-and-COVID4.17.pdf> (Accessed November 12, 2024).

19 pandemic that sexual and reproductive health (SRH) is a vital public health issue that necessitates urgent and continuous focus and funding²⁸¹. Similarly, the Inter-Agency Working Group (IAWG) on reproductive health has promoted the ongoing delivery of comprehensive sexual and reproductive health services²⁸². The Government of Uganda has taken steps to guarantee that pregnant women have access to maternity services, which includes arranging transportation for those in need of care and offering ambulance services via the Ministry of Health²⁸³. However, various sexual and reproductive health (SRH) services were given lower priority during the lockdown, leading to reduced availability of contraceptives and menstrual health products, as well as a decline in comprehensive sex education programs, initiatives to combat gender-based violence, and support for assault victims²⁸⁴. The diversion of already scarce resources to address the pandemic, along with the reassignment of healthcare personnel from their regular responsibilities, has hindered the provision of essential SRH services. This has resulted in negative consequences for individuals with chronic health issues, disabilities, HIV, and pregnancy²⁸⁵. Reports indicate an increase in gender-based violence, unintended pregnancies among young girls, unsafe abortions, the suspension of antenatal care services in certain public health facilities, and a significant drop in the number of women and girls seeking SRH services²⁸⁶. Additionally, youth-friendly corners established by the Ministry of Health and various donors to enhance access to SRH services were unavailable during the lockdown²⁸⁷.

4.2 Conclusion

The findings of this study highlight the detrimental effects of the Rules on the right to life and its broader implications for families, including heightened gender-based violence, loss of housing, child labor, increased school dropout rates, and postponed educational

²⁸¹ Daily Monitor. How Covid-19 Is Affecting Reproductive Health Efforts. (2020). Available at: <https://www.monitor.co.ug/Magazines/Full-Woman/How-Covid19-is-affecting-reproductive-health/689842-5533118-umkxsoz/index.html> (Accessed November 10, 2024).

²⁸² IAWG(2020). Programmatic Guidance for Sexual and Reproductive Health in Humanitarian and Fragile Covid-19 Pandemic. . Available at: <https://cdn.iawg.rygn.io/documents/IAWG-Full-Programmatic-Guidelines.pdf?mtime=20200505142838&focal=none> (Accessed November 15, 2024).

²⁸³ Supra, note 294.

²⁸⁴ Ibid, note 294.

²⁸⁵ Chattu VK, Yaya S(2020). Emerging infectious diseases and outbreaks: implications for women's reproductive health and rights in resource-poor settings. *Reprod Health*. Vol. 17, pp. 1-5.

²⁸⁶ Daily Monitor. How Covid-19 Is Affecting Reproductive Health Efforts. (2020). Available at: <https://www.monitor.co.ug/Magazines/Full-Woman/How-Covid19-is-affecting-reproductive-health/689842-5533118-umkxsoz/index.html> (Accessed November 10, 2024)

²⁸⁷ Ibid, note 300.

achievements. Furthermore, livelihoods have suffered due to diminished savings and capital, alongside violations of human rights. Future pandemic responses should incorporate strategies to mitigate the adverse impacts of the Rules on individuals and families.

Although the Ugandan government made efforts to meet its responsibilities to the public by implementing strict measures to curb the rapid spread of COVID-19, it fell short of adhering to both international and national human rights standards for its citizens. The focus on public health protection overshadowed the commitment to uphold specific human rights, particularly for vulnerable groups such as the ill and the hungry, who faced challenges in leaving their homes. Individuals suffering from illness and expectant mothers struggled to obtain necessary medical care²⁸⁸. Additionally, those facing food insecurity were unable to work or access food from their distant gardens or purchase it from typically affordable sources. Although the Government of Uganda took prompt action to curb the spread of COVID-19 and merits commendation for its initiatives, the deficiencies in the laws and measures enacted necessitate thorough scrutiny to guide future legislative actions in the face of comparable health emergencies²⁸⁹. This study seeks to address how Uganda can effectively balance public health protection with the safeguarding of human rights during future health emergencies, thereby avoiding the pitfalls encountered during the COVID-19 pandemic.

This scenario demonstrates that the right to life is fundamentally connected to various other rights, such as the right to education, access to food, children's rights, reproductive rights, housing, and safeguards against gender-based violence (GBV). The right to life must be perceived as more than just survival; it encompasses the right to a quality life, which requires the availability of essential resources for a fulfilling existence.

These rights to a quality life may include the right to education, access to food, children's rights, reproductive rights, housing, and protection against GBV, among others. Recent academic studies indicate that the right to life should extend beyond the simple fact of being

²⁸⁸Patience, Audrey, Muhindo (2023), "Human Rights and Public Health Protection: An Examination of Uganda's Response to the Covid-19 Pandemic" Master of Public International Law Thesis of Kampala International University, Kampala, p. 3.

²⁸⁹Badru, Bukenya et al (2022), "Understanding The Politics Of Covid-19 In Kampala, Nairobi And Mogadishu: A Political Settlements Approach" (The University of Manchester) African Cities Research Consortium Working Paper 4, Available at : https://www.african-cities.org/wp-content/uploads/2022/05/ACRC_Covid-Collective_Politicsand-Covid-19-in-Kampala.pdf. [Accessed on 10 June 2024].

alive. Instead, it should include an individual's right to access the resources and opportunities necessary for leading a dignified and fulfilling life.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This chapter provides a summary of the principal findings, conclusions, and significant recommendations that, if enacted, could effectively address future public health emergencies while preserving the quality of life for individuals and achieving public health goals, based on the researcher's analysis of the findings. It concludes with suggestions for future research.

5.1 Summary of Findings

The research investigated the impact of the COVID-19 regulations, specifically the Rules on individuals' right to life in Uganda. The objective was to assess whether these regulations maintained human dignity and were appropriate in relation to their intended goals. The study was structured around five key objectives: (1) to analyze the legal framework governing the right to life in Uganda, (2) to examine the background and institutional framework for the implementation of the Rules, (3) to assess the challenges and benefits related to the enforcement of these rules, (4) to investigate the interaction between the right to life and other human rights that were affected by the enforcement of the Rules in Uganda. A qualitative approach to data collection was employed for this study. Doctrinal legal research was conducted, concentrating on the existing legal principles associated with the Rules, and their effects on the right to life in Uganda, evaluating whether these regulations respected human dignity.

Consequently, the researcher engaged in doctrinal legal research by adopting various legal propositions, principles, rules, or doctrines as the foundation and focal point of the study, which were derived from statutory instruments and judicial opinions. The researcher performed a qualitative analysis of the data to derive valid research findings, which are elaborated upon in chapters four and five: -

The first objective focused on the study's introduction, encompassing the topic's presentation, the rationale behind the study, its objectives, research questions, scope, literature review, methodology employed, and a summary of the study. The results indicated that Uganda's existing legal framework lacks comprehensive legislation specifically designed to address public health emergencies. This deficiency poses a complex challenge in managing disease outbreaks while safeguarding fundamental human rights.

Furthermore, in the absence of explicit legislation, authorities such as the police may resort to arbitrary or excessive measures that could infringe upon other human rights, including the right to privacy, freedom of movement, and the right to life. This legal gap not only threatens effective disease management but also erodes public trust and confidence in governmental responses during health crises.

Additionally, the findings underscored the intrinsic connection between public health and human rights, highlighting the necessity of addressing this gap to establish a balanced framework that ensures effective disease control while protecting the human rights of Ugandans. It is crucial to develop comprehensive legislation that clearly delineates the duties, responsibilities, and protocols associated with public health emergencies, thereby enabling a robust response to public health crises while promoting the dignity, well-being, and rights of all individuals.

The second objective explored the general background of the study, which included the emergence of COVID-19, the declaration and content of the Rules, and the context in which these regulations were implemented, along with other relevant public health laws and regulations enacted during this period.

The research findings indicated that the legal and institutional framework regulating COVID-19 measures in Uganda has undergone considerable transformation since the pandemic began. Starting with the initial declaration of a Public Health Emergency, various statutory instruments and guidelines have been issued by the Ministry of Health and other pertinent authorities, all aimed at promoting efforts to control the virus's spread. Although challenges emerged, particularly in balancing the protection of individual rights, this framework has established a vital basis for Uganda's response to the pandemic.

Additionally, the study concluded that the actions taken by various institutional bodies to mitigate the spread of COVID-19 were justified. These actions align with the previously mentioned derogation parameters and are supported by the Constitution and other laws enacted by Parliament or issued by the Ministry of Health. The government implemented these measures to safeguard the population of Uganda from COVID-19, which has been officially recognized as a pandemic. The public was informed of the restrictions through various media channels, including radio, newspapers, television, and social media. Some of

these measures were temporary in nature. The movement restrictions applied universally to all individuals in Uganda, regardless of nationality.

Furthermore, the findings indicated that certain rights may be temporarily suspended in the interest of public health, provided that the derogation parameters are met. Consequently, the suspension of specific rights was deemed justifiable. According to the Siracusa Principles, particularly Clause 25, the government is entitled to limit the exercise of individual liberties and freedoms, such as the right to movement and association or the right to privacy, especially when such freedoms pose a potential public health risk through the transmission of infectious diseases or the infliction of harm. The government provided a rationale for the limitation of the right to life in the context of the COVID-19 pandemic, asserting that its primary goal of controlling the virus's spread was a critical concern that is both necessary and appropriate in a free and democratic society. Furthermore, the government argued that the measures implemented to address the pandemic through the establishment of COVID-19 regulations were reasonable and justifiable.

The research applied the "proportionality test," which indicated that the government consistently demonstrated that the legitimate aim of enacting the COVID-19 regulations was essential for safeguarding public health. This objective could potentially be achieved through alternative methods that impose fewer restrictions on human rights, including the right to life.

Regarding the legality of the COVID-19 regulations, the findings indicated that Article 79 of the 1995 Constitution grants legislative authority to Parliament. This article obligates Parliament to create laws that promote peace and development within the nation. In fulfilling this responsibility, Parliament enacted the Public Health Act. Pursuant to Section 11 of the Act, Parliament is empowered to assign these authorities to a minister for the purpose of formulating regulations and rules applicable to specific circumstances through a statutory instrument. This was exemplified by the COVID-19 regulations, which were implemented under the jurisdiction of the Minister of Health.

The third objective assessed the right to life in conjunction with other rights, notably the right to health, as well as the enforcement of this right and relevant case law regarding COVID-19 in Uganda, including challenges related to vaccine hesitancy and food accessibility. The study underscored that international human rights obligations persist during global pandemics; nevertheless, many governments have instituted laws that curtail rights by restricting travel, banning public assemblies, and enhancing detention authorities over

individuals who fail to adhere to self-isolation protocols. Such constraints have compromised the essential right to life, thereby impacting various interconnected human rights, such as the rights to health, housing, employment and working conditions, sustenance, food, clean water and sanitation, social security, and education. These rights are intrinsically connected to the right to life, as the fulfillment of other rights relies on the existence of the right to life.

The research further revealed that, according to the 1966 International Covenant on Civil and Political Rights, international human rights law establishes criteria to ensure that limitations on individual rights intended to protect public health are not excessively burdensome or harmful. Any restrictions placed on rights must be necessary (based on credible scientific evidence), proportionate (in relation to the public health threat and time-limited), and non-arbitrary (free from discrimination). The United Nations Secretary-General has highlighted the necessity of adopting a human rights framework, asserting that state actions can uphold human rights and the rule of law by implementing measures that are appropriate to immediate threats and do not exceed what is essential. It is crucial to investigate how this human rights framework can guide and assess policy responses concerning home confinement and public health monitoring.

The fourth objective evaluates the effects of the Rules on the right to life of individuals in Uganda, highlighting both its strengths and weaknesses. The research revealed and articulated the extensive and significant adverse social and economic consequences of the Rules along with the associated lockdown measures, on Ugandan communities across various aspects. These aspects included family disruption, child welfare, interruptions in education, food insecurity, detrimental effects on livelihoods, and infringements on human rights. The results underscore the necessity of addressing these harms in response to pandemics, particularly in a low-income nation like Uganda. The UN framework for socio-economic response to COVID-19 may serve as a valuable guide for future outbreak control planning in the country. This framework highlights the importance of ensuring the continuity of essential services, promoting social protection, supporting small-scale enterprises, prioritizing the most vulnerable populations, and enhancing community-led responses.

The study further revealed that the right to life is intrinsically linked to other aforementioned rights, such as the right to education, access to food, children's rights, reproductive rights, housing, and safeguards against gender-based violence (GBV). The right to life should be understood as extending beyond mere existence; it encompasses the concept of livability,

which entails having the resources necessary to lead a fulfilling life. This notion of livability includes rights such as education, access to food, children's rights, reproductive rights, housing, and protection against GBV, among others. Current research indicates that the right to life ought not to be limited to merely the right to exist. Rather, it should be understood as an individual's right to obtain both the resources and the ability to lead a life characterized by dignity and importance.

5.2 Research Conclusion

The COVID-19 pandemic has exerted an unparalleled global influence, affecting nearly every nation. The first confirmed case in Uganda was documented on March 21, 2020. While COVID-19 is fundamentally a health emergency, its effects reach far beyond public health, affecting the right to life and breaching ethical and human rights norms, in addition to undermining the general welfare of society. This is, in part, a consequence of the measures taken to control the virus's transmission, which have been viewed as restrictive and infringing upon the right to life. These measures resulted in a significant decline in economic activity and hindered individuals' ability to sustain themselves. For instance, many individuals in Uganda who depended on daily wages were unable to work, while numerous business owners faced disrupted supply chains and diminished demand, among other consequences stemming from the Rules on the right to life in Uganda.

In the interpretation of these rights, it is crucial to acknowledge their indivisible nature and the inherent relationships among all rights, especially the interdependence between the right to life and numerous economic, social, and cultural rights. This interdependence has been acknowledged by numerous treaty bodies, special procedures, regional human rights organizations, and several national courts globally, particularly concerning rights related to health, housing, employment and working conditions, livelihood, food, water and sanitation, social security, education, and sexual and reproductive health.

Regarding the legality of the COVID-19 regulations, Article 79 of the 1995 Constitution grants legislative authority to Parliament. This provision mandates that Parliament legislate in favor of national peace and development. To fulfill this duty, Parliament enacted the Public Health Act. As stipulated in Section 11 of this Act, Parliament is empowered to delegate its authority to a minister for the creation of regulations and rules pertinent to particular circumstances via a statutory instrument. This delegation is applicable to the COVID-19 regulations, which were instituted under the Minister of Health's authority.

Furthermore, the research demonstrated that the measures implemented by different institutional entities to curb the spread of COVID-19 were warranted. These actions align with the previously mentioned derogation parameters and are supported by the Constitution and other laws enacted by Parliament or issued by the Ministry of Health. The government implemented these measures to safeguard the population of Uganda from COVID-19, which has been classified as a pandemic. The public was informed of the restrictions through various media channels, including radio, newspapers, television, and social media. Some of these measures were temporary, and the movement restrictions applied to all individuals within Uganda, regardless of nationality.

The research results suggested that certain rights could be temporarily restricted for the sake of public health, provided that the necessary conditions for such limitations are satisfied. As a result, the restriction of specific rights was considered reasonable²⁹⁰. According to the Siracusa Principles, particularly Clause 25²⁹¹, governments are allowed to impose limitations on individual rights and freedoms, including the right to freedom of movement, association, and privacy, particularly when these freedoms may endanger public health by potentially aiding the spread of infectious diseases or causing harm. The government defended the limitation of the right to life during the COVID-19 pandemic by claiming that its primary objective of controlling the virus's transmission was a significant concern, deemed necessary and appropriate within a free and democratic society. Additionally, the government illustrated that the measures taken to manage the pandemic through the implementation of COVID-19 regulations were reasonable and sufficiently justified.

The research also applied the "proportionality test," revealing that the government consistently showed that the legitimate aim of enacting the COVID-19 regulations was essential for safeguarding public health. This aim could be pursued through alternative methods that impose fewer restrictions on human rights, such as the right to life.

²⁹⁰UN Human Rights Committee CCPR General Comment No. 27: Art 12 (Freedom of Movement), 2 November 1999, CCPR/C/21/Rev.1/Add.9, paras 2 and 4.

²⁹¹United Nations Economic, Social and Council. Siracusa principles on the limitation and derogation provisions in the international covenant on civil and political rights. UN Doc E/CN. 1985;4(1985):4.

5.3 Recommendations

The recommendations below aim to promote a human rights-based approach to responding to public health emergencies, ensuring that the right to life is protected and promoted.

5.3.1 Short-term Recommendations

5.3.1.1 Establish Emergency Response Funds:

The Government of Uganda should allocate funds to support vulnerable populations, including food assistance, housing support, and medical care.

5.3.1.2 Strengthen Social Protection Systems:

The Government of Uganda should expand social protection programs, such as cash transfers and employment guarantee schemes, to support those affected by the pandemic.

5.3.1.3 Improve Access to Healthcare:

The Government of Uganda should ensure continued access to essential healthcare services, including reproductive health services, and provide support for individuals with chronic illnesses. Ministry of Health should ensure that all health facilities have adequate resources and personnel to provide emergency medical treatment to victims of violence, and that medical professionals are trained to document and report cases of violence.

5.3.1.4 Enhance Food Security:

The Government of Uganda should implement measures to ensure food availability, accessibility, and affordability, including food distribution programs and subsidies for vulnerable populations.

5.3.2 Medium-term Recommendations

5.3.2.1 Develop Inclusive Economic Recovery Plans:

The Government of Uganda should design economic recovery plans that prioritize vulnerable populations, including women, children, and informal sector workers.

5.3.2.2 Strengthen Human Rights Frameworks:

The Government of Uganda should review and strengthen human rights frameworks to ensure they are responsive to public health emergencies. Ministry of Justice and Constitutional Affairs should develop and implement policies and guidelines for the investigation and prosecution of crimes, including those related to the right to life, and ensure that all cases are thoroughly investigated and prosecuted. Uganda Human Rights Commission

(UHRC) should monitor and investigate allegations of human rights abuses, including those related to the right to life, and provide redress to victims and their families. Parliament of Uganda should ensure that all laws and policies are consistent with international human rights standards, particularly those related to the right to life, and provide adequate funding for the implementation of human rights programs.

5.3.2.3 Promote Distance Learning:

The Government of Uganda should develop and implement distance learning programs to minimize educational disruptions and ensure continued access to education.

5.3.2.4 Support Livelihoods:

The Government of Uganda, Ministry of Health (MOH) which is responsible for policy formulation, regulation, and oversight and healthcare providers in Uganda should provide support for livelihoods, including vocational training, entrepreneurship programs, and access to credit.

5.3.3 Long-term Recommendations

5.3.3.1 Invest in Health Systems:

The Government of Uganda, Ministry of Health (MOH) which is responsible for policy formulation, regulation, and oversight and healthcare providers in Uganda should strengthen health systems to respond to public health emergencies and ensure continued access to essential healthcare services.

5.3.3.2 Promote Sustainable Development:

The Government of Uganda, Ministry of Health (MOH) which is responsible for policy formulation, regulation, and oversight and healthcare providers in Uganda should prioritize sustainable development, including investments in education, healthcare, and social protection.

5.3.3.3 Foster Community Engagement:

Engage communities in the design and implementation of response measures to ensure they are responsive to local needs. The Government of Uganda, Ministry of Health (MOH) which is responsible for policy formulation, regulation, and oversight and healthcare providers in Uganda should all ensure that when modifications to public health strategies occur, it is vital that communities are kept well-informed and actively involved in the process. This approach

is crucial for building and maintaining trust, particularly in situations where local populations have had minimal participation in decision-making. Effective risk communication should be clear, concise, and transparent, providing an evidence-based rationale for any adjustments to measures, and should be developed in collaboration with the communities affected by these public health initiatives. Furthermore, communities should be granted recognized roles to contribute their insights and take responsibility for the timing and manner in which public health measures are implemented or lifted. Their involvement is critical for the successful execution of population-wide public health strategies and for alleviating the social and economic repercussions of certain measures, such as disruptions in the availability of food and essential supplies. Informing, engaging, and empowering communities promotes trust and cooperation, protecting life through collective action.

5.3.3.4 Develop Disaster Risk Reduction Plans:

Develop disaster risk reduction plans that prioritize human rights and the right to life. The Government of Uganda, Ministry of Health (MOH) which is responsible for policy formulation, regulation, and oversight and healthcare providers in Uganda should develop a national plan of action to address human rights abuses, including those related to the right to life, and ensure that all stakeholders are involved in its implementation.

5.3.4 Recommendations for Policymakers

5.3.4.1 Review and Revise Laws and Policies:

Review and revise laws and policies to ensure they are responsive to public health emergencies and protect human rights. Parliament of Uganda should ensure that all laws and policies are consistent with international human rights standards, particularly those related to the right to life, and provide adequate funding for the implementation of human rights programs. Ministry of Justice and Constitutional Affairs should develop and implement policies and guidelines for the investigation and prosecution of crimes, including those related to the right to life, and ensure that all cases are thoroughly investigated and prosecuted.

5.3.4.2 Ensure Accountability:

The Government of Uganda should ensure accountability for human rights violations and provide remedies for those affected. Government of Uganda should ensure that all allegations of human rights abuses, including those related to the right to life, are thoroughly investigated and prosecuted. Uganda Police Force (UPF) and Uganda Prisons Service (UPS) should ensure that all law enforcement officials and prison officers are trained on the proper use of force and firearms, and that they prioritize the safety and security of all individuals, particularly those in custody

5.3.4.3 Promote Transparency:

Promote transparency in response measures, including regular updates and reporting on progress. Uganda Human Rights Commission (UHRC) should monitor and investigate allegations of human rights abuses, including those related to the right to life, and provide redress to victims and their families. The Government of Uganda should ensure that all government actions and decisions are transparent and accountable, particularly those related to the right to life.

5.3.4.4 Foster International Cooperation:

The Government of Uganda should foster international cooperation to support global responses to public health emergencies. Parliament of Uganda should ensure that all laws and policies are consistent with international human rights standards, particularly those related to the right to life, and provide adequate funding for the implementation of human rights programs.

5.4 Recommendations for Future Research

The Government of Uganda should address environmental factors increasing human-wildlife interactions and curb the illegal wildlife trade.

The Government of Uganda should enhance bio-security measures in laboratories handling potential human pathogens.

The Government of Uganda should develop and agree on comprehensive plans for future pandemics, prioritizing protection, equity, and human rights.

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