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**IMPLEMENTATION OF GENERAL ASSEMBLY RESOLUTION 60/251
OF 15 MARCH 2006 ENTITLED "HUMAN RIGHTS COUNCIL"**

**Report of the Special Rapporteur on the right of everyone to the enjoyment
of the highest attainable standard of physical and mental health, Paul Hunt**

Addendum

Preliminary note*

**MISSIONS TO UGANDA AND TO THE OFFICES OF THE EXECUTIVE
DIRECTORS OF THE NORDIC-BALTIC COUNTRIES AT THE
WORLD BANK AND THE INTERNATIONAL MONETARY FUND**

* The report is in the original language only due to its late submission.

I. INTRODUCTION

1. At the invitation of the Government of Uganda, the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health visited Uganda from 4 to 9 February 2007. During the mission, the Special Rapporteur met with the Ministers for Health and Planning, senior government officials, international organizations, donors, civil society and health professionals.

2. The mission to Uganda had two principal objectives:

(a) To understand the role of Sweden, in particular the Swedish International Development Cooperation Agency (SIDA), in relation to the highest attainable standard of health in Uganda. This aspect of the mission builds upon the Special Rapporteur's mission to Sweden in January 2006;

(b) Follow-up to the mission that the Special Rapporteur undertook to Uganda, at the invitation of the Government of Uganda, in March 2005.

3. The Special Rapporteur wishes to express his gratitude to the Governments of Uganda and Sweden for the invitation to undertake a mission, as well as for the support they provided prior to, and during, the mission.

4. At the invitation of the Government of Sweden, the Special Rapporteur also undertook a mission in October 2006 to Washington D.C. to meet the Executive Directors of the Nordic-Baltic countries at the World Bank and the International Monetary Fund (IMF). The objective of this mission was to understand the role of Sweden in relation to the right to the highest attainable standard of health in the context of its membership of the World Bank and IMF.

5. This preliminary note outlines the missions and provides some preliminary observations. However, when the Special Rapporteur reports in full to the Human Rights Council on these missions, he will not exclusively confine himself to the observations and issues signalled in this preliminary note.

II. THE ROLE OF SWEDEN AND SIDA IN RELATION TO THE HIGHEST ATTAINABLE STANDARD OF HEALTH IN UGANDA

6. In January 2006, the Special Rapporteur visited Sweden at the invitation of its Government. Last year, the Special Rapporteur submitted a full report on his mission to the Human Rights Council. During the visit of January 2006, he learnt about Sweden's excellent international policies on development, health and human rights. These policies are among the best in the world. They make an important contribution to assisting the realization of the right to the highest attainable standard of physical and mental health in developing countries.

7. The Government's commendable policies give rise to the question of how far the policies have actually been operationalized. Has SIDA, for example, managed to operationalize the

policies on the ground in developing countries? While on mission in Sweden in 2006, it soon became clear that if this question is to be subject to close examination, it should not only be put to public officials in Stockholm, but also to some of those working overseas.

8. The Special Rapporteur therefore greatly appreciated the opportunity to examine how SIDA applies these international policies in the Ugandan context. He appreciates the openness of the Swedish and Ugandan Governments to him visiting Kampala to understand how SIDA contributes to the realization of the right to health in Uganda, as well as the constructive engagement with Sweden's embassy staff, and Ugandan government officials in Kampala, during his visit.

9. The Special Rapporteur was impressed by SIDA's health development assistance in Uganda. SIDA provides important support to the Ugandan Ministry of Health. It also supports the World Health Organization's (WHO) Uganda programme on health and human rights, as well as many non-governmental organizations working on health and human rights. Further, SIDA funds the provision of humanitarian assistance in northern Uganda.

10. Much of SIDA's health support is aligned to Uganda's Health Sector Strategic Plan II (HSSP II). The Plan has much to commend it from the point of view of the right to health. However, some aspects could be strengthened. The Special Rapporteur is pleased that the Ministry of Health and its partners, including SIDA, are engaging in discussions about HSSP II and human rights. He commends all actors involved in this process. He encourages them to ensure that human rights are given due attention in the context of implementation of the Plan.

11. In recent years, donors in Uganda have made efforts to harmonize their development assistance. Harmonization has many benefits including avoiding duplication of programmes and simplifying administrative and financial procedures. The Special Rapporteur commends these efforts. To a degree, harmonization is also leading to discussions of different policy positions among donors. He therefore urges other donors to support the efforts by SIDA to implement its excellent international policies relating to the right to health.

12. The Special Rapporteur wishes to emphasize that he considers SIDA's assistance in Uganda to be an important contribution to Sweden's provision of international assistance and cooperation, in accordance with its duties under the International Covenant on Economic, Social and Cultural Rights.

13. During his mission, SIDA's staff in Kampala expressed their ambition to integrate a rights-based approach into their forthcoming Uganda country strategy. The Special Rapporteur welcomes this commitment and urges SIDA to support its Ugandan office in this endeavour by providing training, resources and advice. The inherent features of a rights-based approach to health, such as participation, non-discrimination and equality and accountability, will further support the realization of Sweden's responsibility to provide international assistance and cooperation for the right to health.

14. It is important that donor harmonization - the "Paris Agenda" - does not lead to donors adopting policies that sink to the lowest common denominator. It is also important that SIDA

reflects further on strengthening its accountability, not only to the Swedish taxpayer, but also to the Government and people of Uganda. These are some of the issues that the Special Rapporteur will explore in his full report.

The role of Sweden in relation to the highest attainable standard of health in the context of its membership of the World Bank and the International Monetary Fund

15. In October 2006, the Special Rapporteur travelled to Washington, D.C., where he met with the Executive Directors of the Nordic-Baltic countries in the World Bank and IMF. This official visit was undertaken by way of follow-up to his mission to Sweden in January 2006. The Special Rapporteur was interested in understanding how Sweden's excellent policies on development, health and human rights are applied in the context of its membership of these institutions. The Special Rapporteur believes that there is much congruity between human rights and the aims and objectives of the World Bank and the International Monetary Fund and, in his view, human rights can reinforce much of the work of these institutions.

16. The Special Rapporteur greatly appreciated the opportunity to discuss with the Executive Directors, and their advisers, the impact of international development assistance on the realization of the right to the highest attainable standard of health, in the specific context of Sweden's international human rights obligations.

III. FOLLOW-UP TO THE MISSION THAT THE SPECIAL RAPPORTEUR UNDERTOOK TO UGANDA IN MARCH 2005

17. The Special Rapporteur, in collaboration with WHO, carried out a mission to Uganda in March 2005. The objective of the visit was to gather information on neglected diseases and related policy and legal frameworks in Uganda, and to analyse them in the context of the right to health. The Special Rapporteur considered issues such as access to health care, access to drugs for neglected diseases, underlying determinants of the right to health and their impact on the health of people living in poverty in the rural areas and other marginalized groups, and so on.

18. The mission report submitted to the Human Rights Council (E/CN.4/2006/48/Add.2) included a number of recommendations addressed to the Government, development partners, the Ugandan Human Rights Commission and others. During his visit to Uganda in February 2007, the Special Rapporteur was pleased to learn that the Government and other actors, have acted upon a number of his recommendations.

19. The Special Rapporteur commends the steps that the Ministry of Health has taken to place human rights - especially the right to health - within its work. The Ministry of Health is now establishing a Health and Human Rights Team to provide technical guidance in support of a human rights-based approach in the health sector. The Team will consist of representatives from various departments within the Ministry of Health, other key ministries, development partners, civil society and the Ugandan Human Rights Commission and will be coordinated by the Ministry of Health.

20. Furthermore, the Ministry of Health has adopted an integrated approach for interventions against some neglected diseases (such as lymphatic filariasis, bilharzia and Guinea worm). These interventions are now integrated with “Child Days” (which take place biannually over one month) and so Child Days are now known as Child Days “Plus”. This important step towards an integrated approach, which was one of the central recommendations in the January 2006 report, is warmly welcomed.

21. Commendable progress has been made with respect to some neglected diseases. For example, the transmission of Guinea worm has been interrupted and is moving now towards eradication.

22. To its credit, Uganda encourages community participation in health-related issues. In the Special Rapporteur’s report on his 2005 mission, he emphasized the crucial role of Village Health Teams. He is therefore pleased that more Village Health Teams have been established. In order to flourish, Village Health Teams must be provided with more support and resources. Their role is not only service-delivery, it is also to ensure that health policies and programmes are responsive to local priorities.

23. In the report on his 2005 mission, the Special Rapporteur recommended that the Ugandan Human Rights Commission establish a right-to-health unit that is responsible for monitoring those policies, programmes and projects relating to neglected diseases. The Special Rapporteur is therefore very pleased that the Commission has recently established such a unit. He urges donors to provide support to ensure that the unit is adequately staffed and resourced.

24. Despite some progress, there is still much to be done.

25. While there have been positive developments with respect to some neglected diseases, the situation regarding prevention and treatment of other diseases is less positive. For example, prevention measures for sleeping sickness have not been scaled up and the number of cases is increasing. Sleeping sickness has even been reported in districts, such as Kalangala, which had not experienced the disease for some years.

26. The Special Rapporteur notes with particular regret that the health sector in Uganda is seriously underfunded. The cost of Uganda’s national minimum health-care package is estimated at US\$ 28 per person per year. Yet public expenditure, from the Government and donors, is only US\$ 9 per person per year. At the African Summit on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases, at Abuja in 2001, African Heads of State and Government pledged to set a target of allocating at least 15 per cent of their national budgets to their health sectors. Yet in Uganda less than 9 per cent of the budget is currently devoted to the health sector. The Special Rapporteur is also concerned that this year’s health budget has declined in real terms. In his last budget speech, the Minister of Finance listed nine priority actions requiring the most urgent attention. Health was not amongst them.

27. The Government’s present level of investment in health is inconsistent with Uganda’s international human rights obligations. It is an obstacle to the implementation by Uganda of its Health Sector Strategic Plan II, including its commitments with respect to neglected diseases, and to the realization of the right to health.
