

INITIATIVE FOR SOCIAL AND ECONOMIC RIGHTS (ISER) ORAL STATEMENT ON SOCIAL ECONOMIC RIGHTS AND COVID 19 TO THE 68TH ORDINARY SESSION OF THE AFRICAN COMMISSION ON HUMAN AND PEOPLES RIGHTS

Presenter: Allana Kembabazi, Program Manager, April 2021

This statement is made on behalf of the Initiative for Social and Economic Rights (ISER) (Observer Number 490) that works holistically on social economic rights. We make this statement over a year since COVID 19 was declared a pandemic, which is a point of critical reflection on the situation of social and economic rights in Uganda.

ISER would like to commend the commission for having been consistent in urging states to respect human rights during the pandemic, and we specifically commend the adoption of Resolution [449 \(LXVI\)](#) of 2020 on Human and Peoples' Rights as a central Pillar of Successful Response to COVID-19 recovery from its socio-political impacts. We would however like to emphasize the following issues that require further attention and a stronger voice by the Commission

1.COVID 19 VACCINES

Need to Waive Patents and Share Know How To Increase Supply of Vaccines

COVID vaccines have been widely recognized as essential to relieve strained health systems and the quickest way to economic recovery. Yet vaccine nationalism and patent monopolies has resulted in vaccine apartheid, leaving low income countries, particularly African ones competing for over priced left overs. Uganda and the AU have paid more for the AstraZeneca vaccine than the EU and other developing nations. Proposals by South Africa, Kenya made to the World Trade Organization last year, and now backed by the AU, to suspend patents for COVID vaccines are yet to be approved. This has resulted in limited supply leaving Africa's health workers and vulnerable persons largely unvaccinated. A COVID vaccine is a public good and access to it a human right. We are yet to see the African Commission strongly call for this.

Inequitable Country Roll Out Of COVID 19 Vaccines

While countries like Uganda have received doses through COVAX and have negotiated bi lateral deals, we are concerned about [how the government is rolling out the COVID 19 vaccination process](#). Despite setting out priority groups, there has been queue-jumping right from the start with privileged and connected individuals prioritized over health workers and older persons. In rural communities in particular, a number of people over seventy years are yet to access the vaccine. Despite the Ministry's directive to allow other forms of ID besides national ID following [litigation](#) initiated by ISER and Unwanted Witness, we note with concern that sometimes directives issued by local governments have required national IDs. This [excludes millions of Ugandans who lack access to national IDs](#). There is insufficient engagement with communities resulting in misinformation and vaccine hesitancy. In Uganda, more than a month since vaccination was launched, less than 20% of the vaccines available have been distributed. There has been limited access to information about the price paid for the vaccines, total number of doses received including donations from other countries and disaggregated data on how many of the different categories that were prioritized have received COVID 19 vaccines by

geographical location. Limited access to information makes it difficult for citizens and civil society to ensure there is no misuse of resources. It also endangers citizens' trust in the vaccination process.

2. DECLINING INVESTMENT IN PUBLIC SERVICES

COVID 19 has underscored the centrality of public services and revealed we cannot leave social services like health and education to the market. Doing so leaves the poor behind. Yet declining State investment in these essential public services and increased marketization of public services through arrangements like public private partnerships and a blind belief in market solutions endangers accessibility of quality public services to all. As a result, public services like health have often been under equipped. Medical workers in health facilities treating patients with symptoms of Covid19 have faced enormous challenges including basics like protective gear, delayed payment of allowances. The country still has a shortage of ICU beds with the government hastily procuring 108 beds when the pandemic hit, to supplement the existing 55 ICU units to serve over 45 million Ugandans.

With poverty and inequality rising due to the COVID 19 pandemic lingering economic effects, it is especially important to invest in strong public health systems. States should not relinquish their human rights obligations to the private sector. They must finance and steward these services.

3. UNREGULATED EXPANSION OF PRIVATE ACTORS DUE TO CHRONIC UNDERFINANCING OF THE PUBLIC HEALTH SYSTEM

Chronic underfinancing of the health sector over the years and the unregulated expansion of private actors-- particularly when they exist in lieu of public options-- have been detrimental to the accessibility of health care for vulnerable populations. [Research](#) has shown the [poor](#) are often left behind. Private facilities continue to violate patient's rights including charging exorbitant fees and detaining patients who fail to pay. This has also been exemplified with the country's COVID 19 management. While the Ministry of Health accredited private facilities to treat patients, there has been no regulation. As a result many Ugandans are unable to access tests, and treatment because of the high cost of testing and treating COVID 19 in private facilities. Some private facilities have issued fake negative COVID 19 test results for a fee, which endangers the country's fight against COVID 19. This risks being replicated with the vaccines where private providers are now allowed to import vaccines amidst scarce global supply with no requirement to ensure equitable supply yet the country is struggling to receive sufficient doses.

Curbing the unregulated expansion of private actors within the health sector is key. We welcome the African Commission's work providing greater interpretative guidance to States in this regard through Resolution [420](#) (LXIV) 2019), [434](#) (EXT.OS/ XXVII) 2020, particularly its work on an upcoming General Comment on non state actors and social service delivery. We also welcome Uganda's development of a draft National Action Plan on Business and Human Rights.

4. OVERDUE COUNTRY REPORTING TO AFRICAN COMMISSION

Uganda has been repeatedly overdue on its periodic report to the African Commission on Human and Peoples Rights(ACHPR), an obligation it undertook. We are yet to see the African Commission address this.

ISER calls on the African Commission to:

- 1. Provide stronger interpretative guidance to states on private actors and social services.**
- 2. Push for a Peoples Vaccine urging the World Trade Organisation to pass the TRIPS waiver.**
- 3. Recommend Uganda take measures to:**
 - 1. Ensure equitable roll out of COVID vaccines by addressing barriers like queue jumping, the national ID requirement, access to information and community participation;**
 - 2. Fund and steward public services;**
 - 3. Regulate private actors providing social services;**
 - 4. Pass the National Action Plan on Business and Human Rights**
 - 5. Submit its overdue periodic report to the ACHPR.**