

PRESIDENT'S REMARKS ON THE TRAINING BY THE ULS ON HEALTH AND THE LAW CLUSTER

“Lawyering and public health: Impact of COVID-19 on SRHR and opportunities for lawyers”

Good morning to you all.

Nelson Mandela once stated that, **“It can be said that there are four basic and primary things that the mass of people in a society wish for: to live in a safe environment, to be able to work and provide for themselves, to have access to good public health and to have sound educational opportunities for their children.”** This quote piqued my interest in the appreciation of the fact that, as a citizen of Uganda, public health stands as one of the fundamental tenements that every person needs in order to fully enjoy the other rights provided by our Constitution. However, most importantly I was moved by the fact that as a legal professional, what is my purpose in ensuring that public health is taken as an important issue, especially in the wake of the COVID-19 pandemic today. What does it avail us as professionals?

In order to appreciate this, one has to understand what facts lay before us. Statistics from the **World Health Organization** place Uganda's public health factsheet as follows; -

- Total population as of **(2016) - 41,488,000**
- Gross national income per capita (**PPP international \$, 2013**) - **1,370**
- Life expectancy at birth m/f (**years, 2016**) - **60/65**
- Probability of dying under five (**per 1 000 live births, 2018**) - **46**
- Probability of dying between 15- and 60-years m/f (**per 1 000 population, 2016**) - **333/243**
- Total expenditure on health per capita (**Intl \$, 2014**) - **133**
- Total expenditure on health as % of GDP (**2014**) - **7.2**

With the emergence of COVID-19 this year, a great decline has been seen especially in the management of public health as a country. Particularly, the pandemic proved that our public health sector is at the weakest when it comes to fighting outbreaks. Our systems stood ill equipped to handle the cases that came in, they stood understaffed as well as undertrained to handle the new asymptomatic cases that arose. However much we have not been terribly hit by the virus, current statistics stand at **5,594 confirmed cases, 2,544 recoveries, 61 confirmed deaths and 444,346 samples tested**. It should be noted that this number is still rising and we are still uncertain how much and for how long our systems can contain the upsurge of these new cases.

In addition to the above, the lime light shed on the COVID-19 pandemic has provided an escape pod for other health issues; especially the sexual reproductive health issues and other non-communicable health issues. Firstly, there has been an increase in sexually related crimes which has particularly placed the young generation at risk of turning them into young mothers without any aid, information or support to handle the implications of these heinous acts. Due to the lockdown that lasted a whopping 6 months, an increase in child mortality rates was experienced due to many mothers lacking access to adequate health care as well as equipment and information both of which are key. For instance, a **World Vision's Child Protection Facilitator** at the **Bidibidi Refugee Settlement**, says that since **March 2020**, they have registered **19 cases of teenage pregnancy, 6 cases of child marriage, 5 defilement cases, 4 child-to-child sex cases and 2 cases of forced marriage**.

According to the "**Sexual and Reproductive Health and Rights Challenges among Ugandan Youth during COVID-19 Pandemic lockdown,**" **An online Cross-Sectional Study**,¹ Out of **724** participants,

¹https://www.researchgate.net/publication/343303111_Sexual_and_Reproductive_Health_and_Rights_Challenges_among_Ugandan_Youth_during_COVID-19_Pandemic_lockdown_An_online_Cross-Sectional_Study

203 (28%) reported not having information and/or education concerning sexual and reproductive health (SRH). About a quarter of the participants **(26.5%)** reported not having testing and treatment services of Sexual transmitted Infections available during the lockdown. Lack of transport means was the commonest **(68.7%)** limiting factor to access to SRH services during the lockdown followed by the long distance from home to health facility where to get the services **(55.2%)**, cost of services **(42.2%)** and curfew **(39.1%)**. Sexually transmitted diseases were the commonest **(40.4%)** challenge relating to SRH during this lockdown followed by unwanted pregnancy **(32.4%)** and sexual abuses **(32.4%)**. The Multivariate Regression Analysis shows that challenges were more prevalent among the co-habiting youth.

In summation, what does all this data mean to us as professionals and what opportunities does it open up? **Norman Vincent Peale** states that, **“People become really quite remarkable when they start thinking that they can do things. When they believe in themselves, they have the first secret of success.”** As officers of the law and justice, I am certain such data gives us the necessary push to think outside the box and appreciate the multitude of work that has to be accomplished, before we can sit back. We have the necessary ability to cooperate with the government and where possible other helping hands to ensure that we bring justice to all those that need it. This should be our faithful duty towards our mandate as lawyers, and therefore our ability to be available to execute it only serves to show that we’re an adaptable profession willing to learn with the stress of the challenge at hand.

I wish you all fruitful deliberations in this training.

PHEONA NABASA WALL

PRESIDENT - UGANDA LAW SOCIETY