



**REPUBLIC OF UGANDA**

**Ministry of Health**

**Ministerial Directive on Access to Health Services without  
Discrimination**

**June 2014**

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## Foreword

This Ministerial Directive has been developed to ensure that health care providers and health researchers adhere and are committed to provision of health services without any form of discrimination.

All people engaged in delivery of health services are reassured of the government's commitment to promoting adherence to existing ethical and professional code(s) of conduct.

This Directive is premised on the existing legal and regulatory frameworks governing provision of health services and conduct of research involving humans and draws from the codes of professional ethics established by the Professional Medical Councils, the Patient Charter, and the National Guidelines for Research Involving Humans as Research Participants.

In situations where health care providers are faced with ethical challenges in the course of discharging their duties, avenues for recourse have been provided herein. In addition, any member of the public who experiences any form of discrimination in the process of seeking health care should seek redress using guidance provided in this document.

The Government of Uganda would like to reassure all citizens, development partners, and other stakeholders of its commitment to uphold and protect all individuals in line with the International Instruments to which the country subscribes.

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Minister of Health  
Uganda.

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## **1. Introduction and Background**

Uganda recently enacted the Anti-homosexuality Act (2014). The law prohibits the practice and promotion of sexual relations between persons of the same sex. In response, several stakeholders have expressed concerns about the potential impact of the law on the right of the most at risk populations (MARPs), including homosexuals, to enjoy continued access to health services without discrimination. There are also concerns about the capability of Uganda to continue mounting a successful national HIV/AIDS response when segments of the population with high rates of HIV prevalence are unable to access necessary prevention and mitigation services. The National HIV Prevention Strategy for Uganda (2011 – 2015) underscores the importance of scaling up core HIV prevention interventions to attain the critical coverage in all high risk population groups for a successful national response. The strategy recommends setting up outreach or dedicated clinics to treat sexually-transmitted infections, among hard-to-reach population groups like sex workers and moonlight clinics for truckers, among others.

The Ministry of Health recognises the ethical dilemmas faced by health care providers in the delivery of services to particular patient groups who may have been involved in potentially criminal activities such as those that may require providing post-abortion care and rehabilitation support to drug and substance abuse addicts. In the same light, the new law is seen to add to the ethical dilemmas faced by health care providers during the process of discharging their professional duties, especially the delivery of health services to the MARPs, which could potentially be interpreted as promotion of homosexuality. The Ministry of Health through this Ministerial Directive reiterates the rights of Ugandans including minority groups to access health services based on the principles of inclusion, non-discrimination, privacy and confidentiality, accountability and transparency in health care.

Uganda subscribes to international and regional commitments and is a signatory to, among others: the Universal Declaration of Human Rights (1948), International Covenant on Economic, Social and Cultural Rights (1966), African (Banjul) Charter on Human and Peoples' Rights (1981) and the WHO African Regional Committee Resolution on Health and Human Rights (AFR/RC62/R6, 2012). Uganda is committed to providing health services on the principles of non-discrimination and has in place appropriate legal instruments and ethical codes to regulate the professional conduct and practice that health care providers as professionals are expected to adhere to in the process of discharging their duties.

## **2. Purpose of the Ministerial Directive**

The purpose of this Ministerial Directive is to reaffirm the government's commitment to provision of health services based on the key principles of non-discrimination, privacy and

confidentiality and to promote adherence to existing ethical and professional code(s) of conduct.

The Ministerial Directive is primarily intended for health care providers and researchers involved in research activities involving humans as research subjects in both public and private health facilities and institutions.

### **3. Objectives of the Ministerial Directive**

- a) Reinforce confidence of health workers to continue providing health services to all population groups according to the code of professional ethics and patient charter;
- b) Reassure the general public of the rights of everyone as enshrined in the Constitution to access health services without any form of discrimination; and
- c) Promote adherence to medical research ethics and practice.

### **4. Provisions for the Ministerial Directive**

Under the Constitution of Uganda, the state is responsible for ensuring that all Ugandans enjoy rights and opportunities and access to health services. In this respect, the government has put in place legal and institutional frameworks to govern and regulate the delivery of health services to its population. These include:

- a) Public Health Act (1964, Revised 2000)
- b) Health Services Commission Act (2001)
- c) The Medical and Dental Practitioners Act (1996)
- d) The Nurses and Midwives Act (1996)
- e) The Pharmacy Act (1996)
- f) The Allied Health Professionals Act (1996)

In addition, the government has developed the following codes of ethical practice to regulate the conduct and practice of health professionals:

- a) The Patients' Charter (2009)
- b) The Code of Professional Ethics for the Medical and Dental Practitioners ( Reprint 2013)
- c) The Professional Code of Conduct and Ethics for the Nurses and Midwives (2009)
- d) The Code of Conduct and Ethics for Uganda Public Service (2005)

The Uganda National Council of Science and Technology is mandated to oversee all research related activities in the country, and the Uganda National Health Research Organization is responsible for coordinating research activities in the health sector. For research involving

humans as research subjects, the government through the Uganda National Council of Science and Technology has developed the National Guidelines for Research Involving Humans as Subjects (March 2007). The overall objective of these National Guidelines is to facilitate the conduct of research without compromising the rights and welfare of research participants. Specifically, these guidelines are intended to:

- a) Protect the rights and welfare of research participants;
- b) Provide ethical standards and procedures for the conduct of research involving humans as research participants; and
- c) Ensure that research takes into account social and cultural sensitivities of participating communities.

This Ministerial Directive is premised on the aforementioned instruments and is not intended to replace, but to reinforce observance of the existing guidelines. The Ministry of Health will collaborate with the professional medical councils and health facility proprietors as well as managers to disseminate the Ministerial Directive and the ethical codes of conduct. Health care providers are encouraged to obtain copies of the ethical codes of conduct and patient charters for reference purposes. They are also encouraged to contact their local managers, the Office of the Director General, Ministry of Health, and the respective professional medical councils for any guidance. The contact details for the Office of the Director General and the respective professional medical councils are provided at the back of this document.

## **5. Guidance for Health Care Providers in the Provision of Health Services**

### **a) Right to Medical Care**

Every person in need of medical care is entitled to impartial access to treatment in accordance with the regulations, conditions, services and arrangements attainable at a given time in the health care system.

### **b) Non-Discrimination**

No health facility or health care provider shall discriminate patients on grounds of disease, religion, political affiliation, disability, race, sex, age, social status, sexual orientation, ethnicity, nationality, and country of birth or other such grounds.

### **c) Confidentiality and Privacy**

All clients have a right to privacy in the course of consultation and treatment. A health care provider shall observe the patient's confidentiality and privacy and shall not disclose any

information regarding the patient except as provided in section 7 (a) below.

#### **d) Informed Consent**

Every client has the right to be given adequate and accurate information about the nature of their illness, diagnostic procedures, possible cause(s) of the illness and proposed treatment in order to make an informed decision about their treatment or/ management. Informed consent may be obtained as follows:

- a) Informed consent shall be in writing and witnessed in case of surgical intervention and research.
- b) In case of medical/surgical emergency, the procedure shall be conducted to save the life of the patient and informed consent shall be sought soon after the patient regains consciousness and is able to understand.
- c) Informed consent should be sought for minors from their respective parents or guardians.

#### **e) Professionalism in Delivery of Health Services**

Health care providers shall deliver health services with the highest level of professionalism, integrity, transparency and honesty as per existing standards and guidelines and act according to medical norms in the management of all their clients.

#### **f) Healthy and Safe Environment**

The health care providers should ensure that all clients are treated in a healthy and safe environment that will ensure physical, mental and social wellbeing.

### **6. Guidance on Conducting Research involving Humans**

Researchers and research organizations should ensure that their research is approved by Institutional Review & Ethical Committees, Uganda National Health Research Organization, and Uganda National Council of Science and Technology. Researchers are advised to obtain copies of the National Guidelines on Research Involving Humans as Subjects from the Uganda National Health Research Organization, and/or Uganda National Council of Science and Technology.

Research should be conducted in a manner that does not violate the rights and welfare of human research participants and the Laws of Uganda. The rights of human research participants include, but are not limited to, the rights to:

- a) Participate in ethically acceptable research;
- b) Be respected, including the right of their autonomy, culture, beliefs and values;
- c) Protection against research related injuries, harm, exploitation, and any other forms of abuse related to the research;
- d) Privacy and confidentiality of their participation, during and after the research;
- e) Decide whether to participate in the research or not, or withdraw at any time without penalty;
- f) The standard of health care that is available nationally; and
- g) Compensation for research related injuries and costs.

Reports of any abuses of one's rights and welfare should be made to the Principal Investigator, Institutional Review & Ethical Committee, Uganda National Health Research Organization, and Uganda National Council of Science and Technology.

## **7. Guidance on Addressing Ethical Concerns for Health Care Providers**

### **a) Disclosure of Client Information**

The health care provider may disclose information about a client with his/her consent, or with the consent of a guardian in the case of minors. In exceptional circumstances, the health care provider may disclose information about a client without consent when:

- a) Disclosure is for the purpose of the patient's treatment by another health care provider.
- b) Disclosure of such information is for purposes of publication, research or teaching where all details of the client's identity have been delinked.
- c) Disclosure of such information is vital for the protection of public health, for example disease outbreaks. In such situations, the identity of the subject/client should be delinked.
- d) Required by court order.

### **b) Medical Care Without Consent**

A health care provider may provide medical care to patients without their consent in the following scenarios:

- a) When the patient's physical or mental state does not permit obtaining his or her informed consent and in the absence of his/her authorized next of kin.
- b) Where it is impossible to obtain consent of the patient's representative or guardian in the case of clients who are children or incapacitated.



### **c) Ethical Dilemmas**

Health care providers may sometimes be faced with ethical dilemmas. For instance:

- Whether or not to withhold medical information from the client
- Providing post abortal care to a patient with induced abortion
- Rehabilitation of substance and drug abuse addicts

It is the ethical responsibility of health care providers to provide services to all clients without discrimination. However, in case of doubt, it is recommended that health care providers seek further guidance from the following:

- a) Their respective health facility managers
- b) District Health Officers
- c) Director General of Health Services, Ministry of Health
- d) Appropriate professional councils

## **7. Guidance on Addressing Concerns for General Public**

The general public may also have some concerns related to service delivery such as:

- Discrimination or marginalization at service delivery points
- Unfair treatment of clients during research
- Disclosure of client information to the public without their consent etc...

It is the role of the health care providers to inform the public about patient and client rights. The health facilities shall use their respective Client Charters to interface with the general public.

The health facility managers shall provide feedback to the facility staff as well as to the health facility management committees on the complaints received and resolved. General notices translated into the appropriate local language shall be put up in the facilities to further inform the

general public of their rights and the mechanisms to seek redress in the case of violation of rights.

## **8. Dissemination of the Ministerial Directive**

This Ministerial Directive shall be disseminated along with copies of the relevant codes of professional ethics, Patients' Charter, and national guidelines for conducting research involving humans as research participants. All the health care providers, health managers, local leaders, civil society organizations, and development partners will be entitled to receive copies. Health care providers are further encouraged to obtain copies of the ethical codes of conduct and patient charters for reference purposes. Dissemination meetings and face-to-face discussions shall be held to clarify issues to health care providers and other stakeholders.

## **9. Monitoring and Evaluation**

The professional medical councils have the primary responsibility of enforcing ethical standards. In this respect, they will take centre stage in monitoring the dissemination of the guidelines and codes of conducts and ensuring compliance by health care providers. The following shall be monitored:

- a) Availability of the guidance materials – codes of professional ethics, patient charter, etc.
- b) Health care provider compliance.
- c) Complaints from health workers and public.

In addition, the Ministry of Health routine supervision and monitoring systems will be used to monitor and support availability and compliance to standards. The Health Facility Management Committees, the district authorities and political leaders, shall also supplement these efforts.

The respective Institutional Review and Ethical Committees will be responsible for monitoring compliance by researchers as stipulated in the National Guidelines for Research Involving Humans as Subjects. Since there are many Institutional Review & Ethical Committees, it is the responsibility of the researcher to inform research participants and the participating health facilities of the contact details of the appropriate Institutional Review and Ethical Committee.

## **10. Reporting Complaints of Abuse or Discrimination**

Where members of the public, patients, institutions or groups of persons observe or experience unprofessional treatment/conduct or unethical behavior on the part of a health care provider, they are entitled and encouraged to report such conduct to the appropriate professional medical council by lodging a formal complaint following the guidelines set out by the councils. The facility managers and District Health Officers should have copies of the guidelines and appropriate forms for reporting complaints to the Councils and the Uganda Human Rights Commission in their premises. The contact details for the appropriate institutions and action centres are indicated in Section 11.

Members of the public may also report complaints and abuses to:

- a) Manager of the health facility;
- b) District Health Office;
- c) Office of the Resident District Commissioner;
- d) Office of the Director General, Ministry of Health;
- e) Uganda Human Rights Commission.

In the event that a health care provider faces harassment in the course of executing their duties, they should report to the appropriate authorities including the facility manager, the District Health Officer, the Resident District Commissioner, the Director General, Ministry of Health and the professional medical councils among others.

The facility managers and the District Health Officers should record and report all complaints received as well as action taken on a regular basis to the appropriate Councils and to the office of the Director General of Health Services.

## 11. Some Contact Details at National Level

<b>Institution</b>	<b>Contact Details</b>
The Director General, Ministry of Health	0414-340873
Uganda Human Rights Commission	0414-348007/8, 0414-233757
Uganda National Health Research Organization	0414-321766

Uganda National Council of Science and Technology	0414-750500
Uganda Medical and Dental Practitioners Council	0414- 345844
Uganda Nurses and Midwifery Council	0312 - 290 327
Allied Health Professionals' Council of Uganda	0414-345688, 0776-345688
Pharmaceutical Society of Uganda	0414- 348796

## List of References

1. The Constitution of the Republic of Uganda, 1995.
2. Ministry of Health, Patients charter; December 2009
3. Ethical code of conduct for health workers, 2008.
4. Public Health Act
5. Health Services Commission Act, year
6. The Medical and Dental Practitioners Act, year
7. The Nurses and Midwives Act, 1996
8. The Pharmacy Act, 1996
9. The Allied Health Professionals Act, 1996
10. The Anti- Homosexuality Act, 2014
11. The Code of Professional Ethics for the Medical and Dental Practitioners ( Reprint 2013)
12. The Professional Code of Conduct and Ethics for the Nurses and Midwives (2009)
13. The Code of Conduct and Ethics for Uganda Public Service (2005)
14. The Universal Declaration of Human Rights (1948)
15. International Covenant on Economic, Social and Cultural Rights (1966)
16. African (Banjul) Charter on Human and Peoples' Rights (1981)
17. The WHO African Regional Committee Resolution on Health and Human Rights (AFR/RC62/R6, 2012).