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The Health Consumer

A Voice for Health Consumers

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Editorial Note

Aziz Agaba - Editor

Welcome to the January-March 2013 edition of *The Health Consumer*.

The quarter saw the launch of the civil society tobacco control advocacy. UNHCO and partners launched an advocacy campaign in support of the tobacco control bill. The objectives of this campaign are: to galvanize support for the passage of the tobacco control bill; and to broaden the voice of Civil Society Organisations in the passing of the tobacco control bill. Another campaign that was launched is the crackdown on the illegal activities of the Traditional Birth Attendants which is concentrated in UNHCO projects' districts.

The Maternal Health Project (MHP) has also concluded monitoring of recruitment and enhancement of health workers 'salaries across Uganda as committed by the Government.

UNHCO funding partners *Cordaid* and *World Bank* provided support to initiate research on progress on realisation of government commitments on maternal health and research on client satisfaction with health services with support respectively.

The quarter also marked the end of the two year OSF funded community monitoring project on "improving transparency and accountability in health service delivery in the public sector in Uganda." UNHCO's strategy is to roll-out the community monitoring work to other districts including Sheema, Dokolo and Mukono

OSF also supported program staff to attend training on creative activism - a concept that will be adopted by UNHCO to carry-out more rigorous advocacy activities.

By Grace Cherotich Ruto – Project Assistant

A group the civil society organisations during a match past demanding for a tobacco control frame work

1 Civil Society Partners launch the advocacy in support of Tobacco Control Bill

Uganda is a tobacco growing country where 22% of males and 4% of females between 15-49 years of age currently use tobacco products. Uganda has been involved in curbing the tobacco epidemic since 1998. Whereas the main causes of death in the country are infectious diseases, the burden of non-communicable diseases is on the increase and tobacco is a common risk factor for at least five of the major NCDs, namely cancers, heart diseases, chronic obstructive pulmonary diseases and stroke.

Campaign for tobacco free kids carried out inception training on tobacco control in Kampala-Uganda where Civil Society Organisations shared responsibilities with the same mind-set of ensuring

that a tobacco control framework is put in place in Uganda. The different aspects of TC Campaign include:

- The tobacco control bill
- The coordination of the CSO's
- The media component

The Uganda Tobacco control advocates has grown and is still expanding to ensure that the public is well informed on importance of regulating tobacco production and use in the country. The most significant issue that should be made known to the public is the health burden and most especially the effects of second hand smoke. About 22% of Ugandan males and 4% of females between 15 and 49 years of age, currently, use tobacco products. It is also known that tobacco use is highly addictive and kills one-third to one-half of all lifetime users and an estimated 6 million people die each year from lung cancer, heart disease and other tobacco related illness (1 in 10 adult deaths). By 2030, 80% of those deaths will be in developing countries, where Uganda lies, unless something is done. Scientific research says that on average, smokers lose 15 years of life and half of all smokers will die of tobacco-related diseases.

It's sad to note that about 600,000 of the deaths are attributed to second hand-smoke. Unless preventive action is taken now, Uganda will be one of those countries to bear the brunt of this death toll.

The Uganda tobacco control advocates include: Uganda National Heath & Consumers Organisation (UNHCO) , Uganda Health Communication Alliance(UHCA) , Text To Change(TTC) , Uganda National Tobacco Control Association(UNTCA) , Parliamentary Forum for Non Communicable Diseases (PFNCD), Mental Health Uganda(MHU) , Uganda National Association of Community and Occupational Health (UNACOH) Women Awareness Against Cervical Cancer (WAACC) ,Action Group for Health Human Rights and HIV Uganda (AGHA) and Sickle Cell Association Uganda(SAU). All these civil society organisations work towards achieving a Uganda where all citizens will fully enjoy their right to health. They are currently specific on pressuring the legislators to ensure the passage of the tobacco control bill.

In 2005 the world ratified the World Health Organization (WHO) Framework Convention on

The Minister of State for Primary Healthcare, Hon. Sarah Ochieng flags-off the Tobacco Control Campaign as Dr. Amandua Jacinto and Ms. Robinah Kaitiritimba and other members of civil society witness.

Tobacco Control (FCTC), the first public health treaty in history. It was negotiated by 193 World Health Organization member states and has so far been signed and ratified by 176 countries, representing nearly 90% of the world's population. Uganda signed and ratified the Framework Convention for Tobacco control in 2005 and 2007 respectively and it is therefore obliged to have a comprehensive tobacco control policy. The comprehensive framework which should be FCTC compliant was to be in place by 2012 which did not happen. According to the WHO FCTC, a comprehensive law is known to protect and promote public health. The bill is also premised on the fact that 1995 constitution of the republic of Uganda guarantees the right to health, right to clean environment and right to life.

The Preamble of the WHO FCTC emphasizes the special contribution of NGOs and other members of civil society to tobacco control efforts. **Article 4.7** of the WHO FCTC states that the participation of civil society is essential in achieving the objectives of the Convention and its protocols.

The rule of thumb for UTCA is: ***TOBACCO IS THE ONLY SUBSTANCE THAT IF CONSUMED AS PRESCRIBED WILL KILL YOU!!!!!***

By Sylveria Alwoch – Project Officer, Maternal Health Project (MHP)

2 Improving maternal health through Constructive Community Dialogues

UNHCO is the lead agency of the maternal health project (2011-2014) funded by Sida, implemented by 09 Voices of Health Rights Coalition in the districts of Mubende, Mityana, Sheema, Hoima, Oyam, Nwoya, Soroti and Mayuge. The project goal is to contribute to reduction of maternal mortality in Uganda. The project focuses on four key result areas; Target communities aware of their rights and demand quality MSRH services, Good access to and high utilization of MSRH services in target communities, Key duty bearers held accountable for delivery of MSRH services in target areas, Implementing partners and Secretariat have institutional capacity to effectively implement the Maternal Health Project (MHP)

Through community sensitization sessions, IECs, radio programmes, drama performances, suggestion boxes, dialogues and interface meetings, the communities have appreciated and identified themselves with the project as a sign of support and ownership. Currently, the project supports;

- 40 health facilities to integrate Maternal, Sexual and Reproductive Health Services into their routine outreaches
- 33 HUMCs have been re-activated and supported to meet quarterly to deliberate on Maternal, Sexual and Reproductive Health Services issues
- Trained 380 VHTs and facilitated them with bicycles to integrate maternal health into their routine sensitization and Mobilization work
- 44 health facilities have been supported to establish functional feedback redress mechanism
- Issues of rights and entitlements have been taken to the community through constructive dialogues
- At national level, advocacy has influenced government action on maternal death audits, secured 49.2bn for health workers' recruitment and salary enhancement, secured a resolution in support of maternal and child health at the 126th Inter Parliamentary Union assembly held in Kampala between March-April 2012.

A number of successes have been reported across all districts of implementation. Below is a presentation of success stories from some of the project sites.

Improved responsiveness to community needs by duty bearers

Princess Diana H/C IV one of the health facilities in Arapai Sub County in Soroti district had challenges

of water availability. This affected negatively the maternity ward. Expecting mothers would be asked to fetch water and bring it to be used in the labour suite. Through constructive dialogue facilitated by AGHA between health workers, District and communities, the district appreciated the importance of the issues and committed to drill a borehole which was completed by late Nov 2012.

MHP fostering growing interest and institutional collaborations to address maternal health issues

In Mayuge district at Baitambogwe Health Centre III there was a challenge of poor ambulance services. Through dialogue, collaborative solution finding meetings between HUMCs, MHP implementing partners (Reproductive health and Joyce Fertility Support Centre Uganda), the sub county chief and the police, the police undertook to use their patrol vehicle as a standby vehicle to transfer emergencies as a temporary measure until a lasting solution is found. This kind of partnership and collaboration has potential for greater benefits in future for maternal health.

Systems strengthening through small grass root interventions

In the MHP areas, like other parts of Uganda, there were challenges with functionality of HUMCs and VHTs. The MHP has innovatively reactivated these structures to effectively play their roles. The HUMCs are now active, they meet regularly, they are now in contact with communities and have dealt with issues of management of facilities; ***"although the MHP supported HUMCs are not completely perfect, they are the best in the districts" – DHO Oyam.***

The VHTs are now better able to mobilise and follow up pregnant women at community level, this has increase service utilisation ***–"we were about to close Minuakulu HC II because it was not being used, with the MHP, we are better off dealing with the current congestion" – DHO Oyam.*** The outreaches have also created a link between health facilities and VHT structures. While the MHP has made it possible to bring maternal health services closer, it has also helped districts integrate outreaches.

The new bore hole drilled at Princess Diana H/C IV in Soroti District

It has also created functional linkages between health centres and VHTs. During the outreaches, VHTs mobilise and health workers bring services.

Fostering quality improvement through accountability

It is common to find minor defects like faulty lamp holders, faulty batteries affecting lighting at facilities for years. At Kabwoya health centre III in Hoima, faulty solar batteries had remain unrepaired for a long time. Health workers would assist women to deliver at night using phone torches, candles or paraffin lamps. Through constructive dialogue organised by UNHCO with the sub county technical planning committee, the repairs were included in the sub county budget in 2012/2013. It has since been rectified and reconnected.

Counting the MHP gains in service uptake

Mubende district is one of the districts that used to perform poorly during previous national health league table. In the course of the MHP, the district has registered major improvement in the number of supervised deliveries. In 2012 supervised deliveries increased from 12% to 30%. Other services have also improved. The district rating has also improved from 112th to 30th position in 2012. Although there are other contributors, the district openly appreciates the role the MHP has played in the general improvements experienced. This is just a pointer to the wider health benefits the MHP is contributing to, which will be further investigated through special studies.

By Mable Kukunda and Moses Kirigwajjo
Programme Officers

3 Urgent need to revisit the operations of Traditional Birth Attendants (TBA)

The Traditional Birth Attendant (TBA) is an institution as old as the birthing process in the human species. Generally a female, in the absence of a better alternative, continues to deliver two thirds of the world's babies. The interaction with TBAs in the Maternal Health Projects' districts of operation revealed that pregnancy is viewed as a test of endurance and maternal death a sad but normal event. The use of primary health units and the referral hospital is considered only as a last resort.

In Uganda, TBAs were trained and given certificates by Government of Uganda during a time when the country had fewer health resources. Around 2010/2011, the Government agreed to phase out and integrate TBAs in the VHT system but some TBAs have adamantly refused to join VHT system.

In this regard, CSOs under Voices for Health Rights Coalition are implementing a three year project on reduction of maternal mortality in Uganda. The project is implemented by 8 members of Voices for Health Rights Coalition (VHR) in 8 districts of Uganda including; Oyam, Mubende, Sheema, Mayuge, Soroti, Mityana, Hoima and Nwoya.

The project implementation is now mid way and has registered improvement in maternal health indicators in the districts of implementation as indicated by MoH league table of 2011/2012.

The woman the TBA inserted a stick nursing the wounds after a dead fetus was removed from her stomach

However, amidst many achievements that the project has registered including increased skilled attendances, antenatal, access to maternal health services; there has been persistent challenge of traditional birth attendants. The project works with 20 Village Health teams (VHTs) per Sub County of operation conducting household per household mobilization, community sensitization, registering and following up pregnant mothers. The TBAs however frustrate the work of VHTs, Government's efforts of recruitment of additional midwives, medical officers, salary enhancement, utilities, equipments, construction and upgrading the health centre II to IIIs; and construction of theatres at H/CIVs to effect and increase deliveries at lower levels and EmoC

Deliveries at TBAs have often times resulted into disability of mothers for instance loss of uterus, fistula and transmission of HIV/AIDs to the babies if they don't die during their delivery. This creates high health relate challenge has been that pregnant women end up delivering in the hands of TBAs. This has resulted into some pregnant women getting disabled (e.g. losing uterus), children being born-with HIV and some of the mothers dyeing living children behind or dyeing with their babies.

Risks associated with delivering in the hands of a TBA

- Most of the TBAs do not have skills to detect or read the antenatal cards for pregnant women who are HIV positive and kids end up being infected with HIV.
- Referring very late when the pregnant women are in very critical conditions which are worsened by poor road system and resulting into maternal death.
- Most of the TBAs refer without any write up accompanying the pregnant women rendering it difficult for the health workers to follow up.
- The "I can do anything attitude" among some TBAs which make them retain some pregnant women even those ones that are giving birth for their first born or had previously had C-section.
- The risk of some of TBAs getting infected with HIV or infecting the pregnant women in the process of delivery.
- The high cost associated with delivery of children at the TBAs' homes which is not regulated.
- The poor sanitation at the homes of the TBAs which lead to infection of some of the pregnant women.
- Most of the Women who deliver at TBAs do not attend post natal visits.
- Greatly frustrating the government investment in the health care system in Uganda

Why the campaign against services of Traditional Birth Attendants (TBA)

In the districts of implementation, UNHCO under VHR has collected cases of deaths, disability and/or women producing kids with HIV resulting from pregnant women giving birth at TBAs. It is from this background that UNHCO as the representative of consumers of health services and therefore aggrieved party filed a case against TBAs who have caused those deaths, disabilities or children being born with HIV.

Cases in Mubende district

In Kasambya sub-country

There are two prominent TBAs in this sub county and one of them is very old though still delivering mothers. UNHCO filed a case at Mubende police against the second TBA called Matovu Justine on 7th March 2013. The case against her is attempted murder in which the TBA inserted a "wood/stick" as medicine in the uterus of one called Atuheire. The wood/stick damaged the uterus of Atuheire and killed her baby. When contacted, the TBA admitted to having worked on the patient and informed the team she had been doing the same to different women just that "Atuheire was unlucky and she hurried to go to the hospital". Atuheire is still hospitalized at Kigganda HCIV with a lot of pain.

In Nalutuntu sub country

There are many TBAs in this area but UNHCO filed a case against one called Nalongo Nakate and the case against her was also attempted murder which arose after she retained one of the pregnant women in her home until the woman was in a very critical condition. Nakate sent the pregnant woman to Kigganda HCIV but unfortunately she died on her way to the hospital. In Nakate's home which is in Nalutuntu Sub County, the team found over 8 pregnant women of whom some were their first born while others had been operated on the first time. The team encouraged and sent the pregnant women to Kigganda HCIV where more than half of them delivered that very evening.

Nalongo Nakate (listening) to the team that visited her home

In Kigganda Sub County

There are many TBAs in the sub county but UNHCO filled a case against one called Nalongo Sarah Nakyanzi Nalufu. In Nalufu's home, there were over 6 pregnant mothers and one young boy who was terribly convulsing during the visit.. Nalufu made a

The TBA that inserted a stick in the uterus of Justine's (TBA) home in Kasambya sub county

Dr. Jude of Kigganda health sub district talking to some of the pregnant women found at Nalufu's home

Sarah Nakyanzi's (TBA) delivery house at Kawungera in Kigganda S/C

statement at the police and she was cautioned from about retaining pregnant women.

Cases in Sheema district

In Kitagata sub county – Sheema, there are four prominent TBAs and UNHCO opened up a case against one of them at Kitagata Police station. The TBA is called Beatrice and she was found with four pregnant women. Beatrice has beds where she admits pregnant mothers from the different parts of the countryThis was a follow-up of four maternal deaths that occurred in Kitagata last year (2012) in September. It is alleged that one of the maternal death that occurred at Kitagata hospital in September in 2012 occurred at Beatrice's home. the victim left Beatrice's home when she was in critical condition and died with her kid at Kitagata hospital.

What is the way forward?

UNHCO under maternal health project has started a campaign against the TBAs in the districts where the Maternal Health Project is being implemented. UNHCO intends to pursue the respective cases and hold national level dialogues to ensure that TBAs are phased out completely.

By Esther Nalugya – Project Officer

4 The power of mobile phones in reducing Maternal Mortality

In comparison with developed countries like the Netherlands where maternal deaths are 13, Uganda's maternal mortality still remains high at 438 deaths/100,000 live births. Only 40% of births are attended by skilled health staff (Source: AHSPR). These deaths can easily be prevented when the necessary information to have safe births is provided to the mothers so that they are able to seek for help early in case of complications.

What is the project about?

UNHCO together with support from Cordaid, IICD and TTC recently started a campaign aiming at reducing maternal mortality. This is a mobile phone-based program that was set up to reach 3000 people in three districts namely Kamuli, Luweero and Lyantonde in Uganda and is about collecting data and obtaining and responding to feedback. Village Health Team members (VHT's) were trained to enrol community members in the text messaging platform. Once the community members areregistered they receive messages with information to raise awareness on different aspects of maternal health, for example danger signs during pregnancy, nutrition and patients' rights. Registered mothers also receive periodic reminders to go for Antenatal check-ups. Another aspect of the campaign is that community members receive health questions via SMS on client satisfaction.

Combination of mobile technology and other media

Besides sending out and receiving text messages, radio shows are conducted as well. The radio

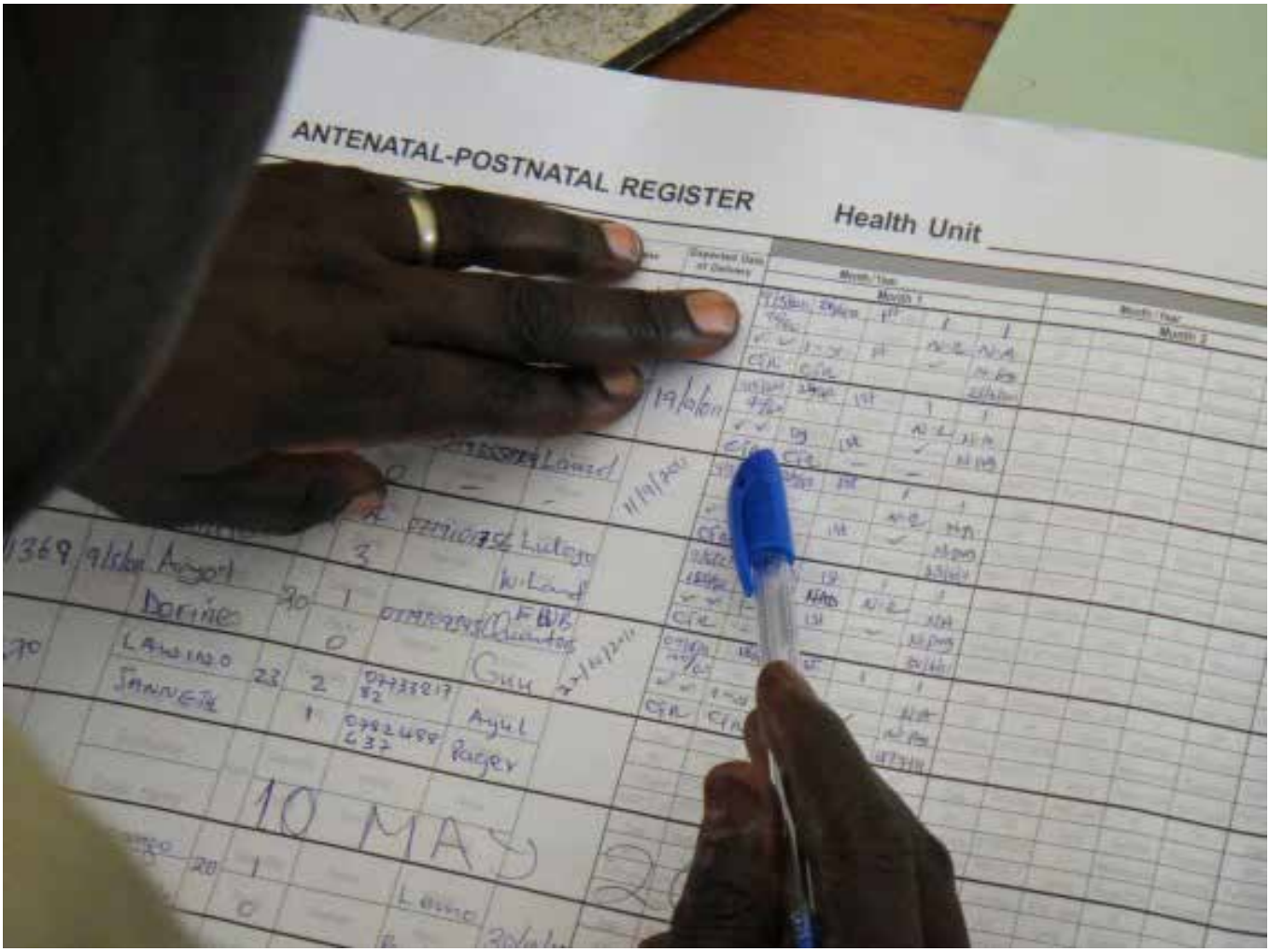
shows consist of two talks shows per month. During these shows community members can talk about their concerns regarding maternal health. Also feedback that was sent through SMS is discussed. In addition, community dialogue meetings are held as a community based intervention. At these meetings issues, concerns and feedback are discussed at the community level.

The use of a combination of multimedia approaches has increased the target audience in this campaign.

Results

In 2012, the project reached 254 mothers with SMS on different aspects on maternal health. The messages were received in a local dialect called Luganda. More so, over the SMS platform, more than 200 feedback messages were received from people in the three districts, Lyantonde, Kamuli, and Luweero and beyond. People commented about the good services received from the health centers, the limited number of doctors, their need for maternal health rights information, requests for more information on maternal health and ways to fight Malaria. It was also observed that the mobile technique gave the respondents privacy to express themselves freely on issues that were not right back in their health centers. Also, via the TTC call center, over 300 patients were interviewed to assess the level of patient satisfaction with the health centers.

In 2013, with continued support from the Connect4Change partners TTC, IICD and Cordaid, UNHCO will continue to use SMS as an innovative tool to provide critical, life saving maternal health information to mothers. The way forward is to target at least 3000 people with information on maternal health, 18 health workers and 60 community resource persons in the project districts.



By Okwi Frederick - Capacity Building and Resource Mobilisation Programme Officer

5 Using community monitors to promote social accountability in health service delivery

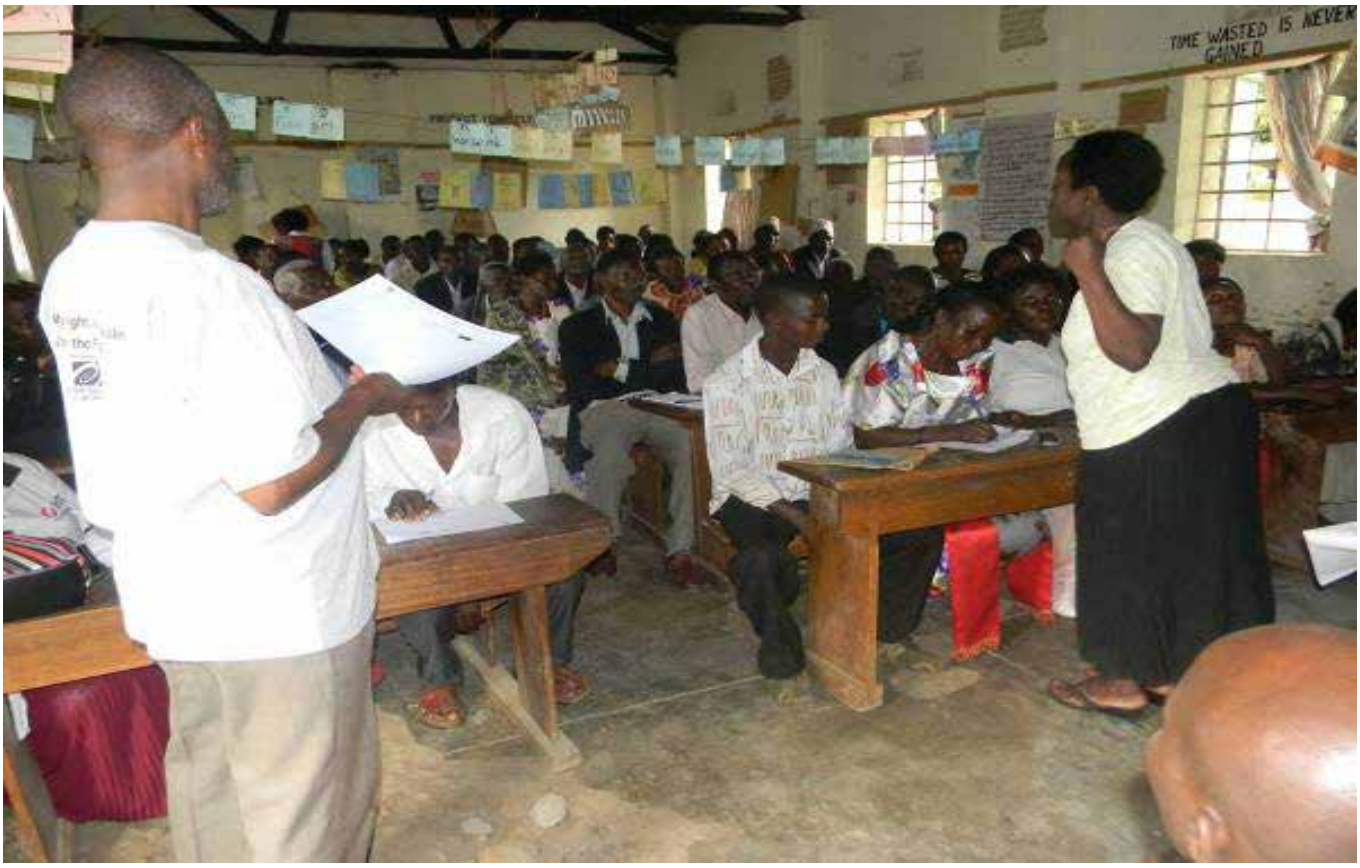
Lack of transparency and accountability in resource utilization remains a major bottleneck to the realization of quality of health care. Management of health services remains poor at facility level with even minor administrative issues like late opening and early closure of facilities remaining unresolved. According to the 2009/10 Uganda National Panel Survey (UNPS), Uganda's health sector registers significant levels of health worker absenteeism. In government health centres, one out of every three health workers is absent in government health centres (HC II-HC IV) at 32.6%. The study also identified leakage of drugs, equipment and other health supplies as another form of quiet corruption. Despite the above gross misappropriations, the citizens have remained silent in these circumstances yet this hinders access to the few services which are available. Yet article 17 (i) of the Constitution of the Republic of Uganda (1995) provides that it is the duty of every citizen to combat corruption and misuse or wastage of public property.

In response to the massive losses due to poor accountably in the health sector, UNHCO social accountability programming adopted the strategy of using community monitors to ensure social accountability in health service delivery. Community monitors are community members selected from Health Unit Management Committees (HUMC), Community Health Workers (CHW),Village Health Teams (VHTs), Parish Development Committees and from other active groups in the community. After selection. . The monitors are provided additional training in community monitoring, social accountability tools, lobby, advocacy and reporting. Then they are provided continuous mentoring and support by UNHCO staff to conduct community based monitoring.

Within the health field, Community based monitoring (CBM) has been used to increase the quality and accountability of health services by enabling local people to evaluate and direct the health services available to them as well as hold healthcare providers accountable. CBM of health services aims to promote decentralized inputs for better planning of health activities, based on the locally relevant priorities and issues identified by various community representatives.

The value addition in using community monitors is that the team can be composed of persons who have served the communities for so long and they

are aware of the important cultural and political aspect of that particular community. Better still they know the power centres of effecting change and the gate keepers. The community members are also able to add a community face to issues they are advocating for as opposed to different people advocating for a particular community's issues.



Community monitors facilitating a community monitoring exercise at Kiyumba Primary School for community that utilizes services of Kiyumba HC IV in Masaka

By Sasha Mugume - Intern

6 Health Innovations Around the World

In the Media recently, there has been a lot of reporting about a case in the United States, where a baby was cured from HIV/ AIDS.

"The mother arrived at a rural hospital in the fall of 2010 already in labour and gave birth prematurely. She had not seen a doctor during the pregnancy and did not know she had H.I.V. When a test showed the mother might be infected, the hospital transferred the baby to the University of Mississippi Medical Centre, where it arrived at about 30 hours old.

Two blood draws were ordered an hour apart to test for the presence of the virus.

The baby was treated aggressively with antiretroviral drugs starting around 30 hours after birth. The tests found a level of virus at about 20,000 copies per millilitre, fairly low for a baby. But since tests so early in life were positive, it suggests the infection occurred in the womb rather than during delivery.

Typically a new born with an infected mother would be given one or two drugs as a prophylactic measure. But doctors said that based on her experience, she almost immediately used a three-drug regimen aimed at treatment, not prophylaxis, not even waiting for the test results confirming infection. Virus levels rapidly declined with treatment and were undetectable by the time the baby was a month old. That remained the case until the baby was 18 months old, after which the mother stopped coming to the hospital and stopped giving the drugs.

When the mother and child returned five months later, the doctors expected to see high viral loads in the baby. But the tests were negative. Suspecting a laboratory error, she ordered more tests. "To my greater surprise, all of these came back negative," as one of the doctors-revealed.

The researchers, sponsored by amfAR, the Foundation for AIDS Research, put the baby through a battery of sophisticated tests. They found tiny amounts of some viral genetic material but no virus able to replicate, even lying dormant in so-called reservoirs in the body.

If further study shows this works in other babies, it will almost certainly be recommended globally.

This study has opened new arenas in the areas of PMTCT and early infant diagnosis. If more sophisticated methods of testing were introduced to areas with the highest rates of transmission particularly through PMTCT, i.e. Sub- Saharan Africa, The number of transmissions would greatly reduce.

The early diagnosis, such as in the study above, would mean that treatment administered earlier on in life would result in "functional cures". In this scenario, Babies infected would only require treatment on a short-term basis approximately 2 years or until a time that the HIV is undetectable in their bodies.

This would be essentially beneficial in developing countries like Uganda, as this would mean fewer costs for treatment per person infected.

Despite it's great future possibilities in curbing the number of new infections through mother to child to possibly zero, It would be a very costly method for diagnosis as it entails numerous, complex and highly sensitive tests, that the local Health Centres might not be able to afford.

Therefore, a great emphasis on pregnant women attending antenatal services should continue to be a major focus in the combat of HIV/ AIDS infections through mother child.

Some content derived from NY Times.com

Notable Future Event

1. Patient Solidarity Day

UNHCO is proud to be a member of the International Alliance for Patients' Organisations (IAPO) and also host a Patients' for Patient Safety (PFPA) Champion, Ms. Robinah Kaitiritimba.

IAPO members are organising the first ever Patient Solidarity Day to be held on 30 October 2013. Patients in countries across Africa will come together to mark the first ever regional Patient Solidarity Day. They will call on all healthcare stakeholders to "Improve lives through patient-centred healthcare." We invite you to join Patient Solidarity Day.

What can I do to support Patient Solidarity Day?

- Call on Ministries of Health, doctors, nurses, health workers, healthcare regulators, hospitals and healthcare facilities to sign-up to the International Alliance of Patients' Organization's (IAPO) Declaration on Patient-Centred Healthcare
- Contact your nearest IAPO member and find out how you can support them
- Join your nearest march or event, or organize your own
- Share your healthcare story and join in solidarity with people throughout Africa who want to prevent the suffering they have experienced by achieving patient-centred healthcare
- Sign-up to the IAPO Declaration on Patient-Centred Healthcare

We call on the Ministry of Health to:

- Develop and implement, in collaboration with patients and community stakeholders, programs to improve health literacy among all populations, including the most disadvantaged
- Empower people and communities as equal partners in their healthcare
- Ensure all policies, programmes, and strategies are based on the fundamental right to patient-centred healthcare based on unique needs, preferences and values, as well as patient autonomy and independence
- Ensure that patients' organizations are engaged as equal partners with other stakeholders in the development, implementation, and monitoring of legislation, health policies, regulatory frameworks, strategies, guidelines, and standards for disease prevention and

management

- Promote early diagnosis and treatment to reduce morbidity and mortality and improve quality of life
- Sign-up to the IAPO Declaration on Patient-Centred Healthcare

Join Patient Solidarity Day 2013 today at www.patientsolidarityday.org.

Article abridged from
http://www.patientsorganizations.org

USE FULL QUOTES

"The scale of maternal mortality is an affront to humanity . Preventable maternal mortality and morbidity is a violation of women's rights to life, health, equality, and non-discrimination . The time has come to treat this issue as a human rights violation, no less than torture, 'disappearances', arbitrary detention and prisoners of conscience." - Mary Robinson, former UN High Commissioner for Human Rights

"I have a suspicion that if men had to give birth, then mortality and morbidity arising from child-birth would be taken more seriously, and attract more resources, than they do today." - Paul Hunt, Former United Nations Special Rapporteur on the Right to Health

"…We emerge from our time together with a shared passion to listen, learn and progressively improve patient safety in our countries…." – Robinah Kaitiritimba, UNHCO

UNHCO
The right to speak out

Positioning Citizens at the Centre of Planning and Delivery of Quality Healthcare in Uganda

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JOIN UNHCO MEMBERSHIP

Since inception the UNHCO family of members has grown. You too can become a member of UNHCO to contribute in your capacity for realization of the right to health in Uganda.

How to join UNHCO

Membership is open to all consumers of health care services in Uganda
Fill in the application form and return to UNHCO
Pay the prescribed subscription and annual membership fee: National Members registration is 50,000 UGX, Annual Subscription 20,000 UGX; Individual Members registration is 20,000 UGX, Annual subscription 10,000 UGX.
District Members shall comprise of members who shall have paid the prescribed District subscription and annual Membership fees.
National Members shall comprise of members who shall have paid up the prescribed National subscription and annual membership fees.

Benefits of being a member

Access to UNHCO centre and information on patients' rights, responsibilities, health policy and delivery issues.
Participation in UNHCO capacity building programs in different thematic areas
Participation in UNHCO activities
Participation in the annual general meeting-UNHCO supreme decision making organ.

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UNHCO
The right to speak out