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Legal Issues and Challenges in Securing Ugandans' Health Rights in Vaccine Safety

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ABSTRACT: Health is widely regarded as a form of wealth and a fundamental human right that governments must protect. In response to global infectious diseases, the international community has increasingly relied on vaccine development as a strategy to mitigate major health threats. However, public concerns such as those raised by Dr. Wahome Ngare's medical team regarding the safety of certain vaccines highlight the urgent need for strong legal and institutional mechanisms to safeguard public health. Against this backdrop, the study examines Uganda's legal framework for protecting citizens' health rights and explores the structural challenges that may hinder the effectiveness of these laws. Using a doctrinal research method, the study draws on primary and secondary legal materials and analyzes them through descriptive and analytical approaches. The findings reveal that unsafe vaccines can pose severe risks to human health. The Ugandan government is legally obligated, under both international and domestic law, to ensure that vaccines circulating within the country are safe and effective. Despite this mandate, several obstacles limit the implementation of health protections, including constitutional barriers to the application of international law, bureaucratic delays in enforcing national regulations, resource constraints, and low public awareness of the health reporting system. The study concludes by reaffirming the need to strengthen the protection of Ugandans' health rights. It recommends that the government address these challenges by domesticating reliable international legal standards, reducing internal legal bureaucracy, and improving public awareness of health reporting mechanisms. This research contributes to the broader understanding of how Uganda's legal and institutional structures support public health rights, while identifying gaps, accountability issues, and policy challenges related to vaccine safety and public trust.

Keywords: Legal, Health, Rights, Vaccine Safety, Ugandan.



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INTRODUCTION

A nation's prosperity is intrinsically linked to the health and well-being of its citizens (Aidonojie, 2022). No doubt the global Environment has experienced a surge of diseases and infections of various kinds that have ravaged the entire world. A Good example of these viral and bacterial diseases include: Malaria, smallpox, chicken pox, polio, Ebola, monkeypox, anthrax disease, yellow fever, and the current COVID-19 pandemic (Lugada et al., 2022). However, it suffices to state that over the years, there has been a campaign to counter the incidence of current and unforeseen

diseases or infections that could ravage the global Environment (Buregyeya et al., 2020). In furtherance of this, the global community and alongside the World Health Organisation, which is considered the main stakeholder of global health, has, through several scientists, medical scholars, and doctors, invented various vaccines considered as a potential means of curtailing the spread of these viral and bacterial infections (Kerry, 2025).

It should be understood that a vaccine is a bio preparation that is usually made to prevent a particular communicable disease. Vaccines usually contain live or dead agents of disease-causing organisms (e.g. viruses or bacteria), constituents or proteins that provoke the immune reaction of the body upon the appearance of the infection, letting the organism fight back the infestation if it comes back one more time (Samuel et al., 2021). Also, besides the basic ingredients, vaccines usually contain excipients such as preservatives, additives, and stabilizers for better performance and longer periods of storage. Thus, through managed exposure, vaccines are intended to inoculate the host in such a way that the illness-causing microbes are not introduced into the body, thus reducing the severity of the disease in the host (Loh et al., 2015). However, it suffices to state that the manufacturing and production of most vaccines in recent times has come under attack with controversies on the efficacy of the injections and adverse side effects (Aidonojie & Francis, 2022).

Even though vaccines have played a great role in the containment or elimination of many diseases, there is the belief that certain vaccines will not be tolerated by some people (Barugahare et al., 2020). These effects may be mild, such as discomfort at the injection site or a slight fever, or they may include more serious health issues, such as allergies, neurological problems, and in some instances, autoimmune diseases (Uhde, 2019). In this regard, when the 'vaccine risks' are compared to the 'non-vaccinated risks' without understanding the benefits, there are many discussions regarding the safety of many vaccines (Ghedamu & Meier, 2019).

Concerning the above, it suffices to state that the Ugandans have also had their fair share of the global pandemic, also ravaging the global Environment. Several vaccinations have been deployed to vaccinate its citizens against this viral and bacterial disease (Aidonojie, Aidonojie, et al., 2025). Certain medical experts, including Dr. Wahome Ngare's team, have raised concerns regarding the safety of vaccines distributed to Africa (Cullinan, 2024). They state that most of these vaccines pose a severe danger to the health and well-being of Ugandan citizens (Heymann et al., 2015). Hence, the government of Museveni had sought to protect and secure the rights of Ugandan citizens against any harmful and Hazardous vaccine.

The protection of health rights and safety, particularly regarding vaccination and vaccines, is a significant legal and public health issue in Uganda. There is a clear achievement of immunization delivery programs, health-related legislation, adherence to World Health Organization (WHO) standards, and Uganda is making good progress in immunization; however, there are a multitude of legal and institutional gaps. Thus, we will take a moment to note that although there has been a literature published on reviewing the public health systems broadly and disease control with respect to accessing vaccines delivery channels, few legal scholarship has discussed these public health systems with respect to Ugandan legislation on: not securing, if at all the right to safety of vaccination; or create gaps for a failure to secure the right to safety of vaccination. The significance of this article is in the nuanced legal and doctrinal analysis of Uganda's vaccine governance systems, by analyzing the intersection of health rights frameworks and regulatory frameworks with human

rights law. Again, in bringing our analysis to the legal capacity and legal justification side of things, the paper fills a scholarly gap by providing a legal assessment of the institutional and legislative legal mechanisms to protect vaccine safety and safety under Ugandan law and regulatory framework, with an empirical objective of strengthening Uganda's public health legal regime.

It is concerning the above that this study sought to embark on an empirical review concerning the dangers of harmful vaccines, and the legal and institutional framework of securing the rights of Ugandan citizens.

METHOD

This research uses a doctrinal legal research methodology, employing a normative and conceptual legal analysis approach. The doctrinal legal research approach is appropriate for this research, since it seeks to assess how legal rules, principles and frameworks affect vaccine safety and health rights protection in Uganda. The normative framework will facilitate an assessment of how the law ought to ensure vaccine safety, while the conceptual framework will facilitate a systematic understanding of how legal norms, the intersection of public health policies and human rights obligations coexist in safeguarding the health interests of citizens.

Furthermore, the research employs a comparative legal analysis by actively considering selected international instruments, such as the International Covenant on Economic, Social and Cultural Rights (ICESCR), the WHO Global Vaccine Safety Blueprint, and health frameworks applied in national contexts where vaccine governance frameworks already exist, to derive lessons and best practices that can be applied in Uganda. The research will examine primary sources of constitutional provisions, statutes and case law from Uganda, as well as secondary sources including books, journal articles, reports and policy papers, to assess the strengths and weaknesses of the legal regime. The scope of the study is confined to Uganda's legal and institutional frameworks for the protection of vaccine safety and citizens' health rights, within the context of international standards and best practice. It does not include the biomedical or pharmacological aspects of vaccine development, but i.e., looks at issues of legal liability, regulatory processes, and challenges in enforcement. Limitations include the lack of Ugandan case law on vaccine safety and access to unpublished vaccine-related health incidents by government agencies.

RESULT AND DISCUSSION

Conceptualising Discussion on the Essence of Medical Vaccination

Over the years, the development of vaccines has aided in transforming global health welfare and management. This historical success illustrates vaccination's impact as one of the most effective and cost-efficient public health interventions (Antai et al., 2025). The process involved in the development and manufacturing of vaccines is a complex and rigorous scientific process. This act involves a group of scientists indulging in research of a vaccine on a particular pathogen or disease, testing, followed by various phases of preclinical and clinical trials, dosing, and regulatory

measures to ensure the efficacy and safety of the vaccine (Sahar et al., 2020). The global regulatory body concerning health issues and vaccine regulation is the World Health Organisation (WHO). They must ensure vaccines meet stringent safety standards before they can be distributed to the global community.

Concerning the above, it suffices to state that there is no doubt that vaccination has been a major development and groundbreaking medical discovery over the years (Mbonye & Sekamatte, 2018). It aims at curtailing and preventing infection from various diseases and also aids in enhancing the immune system to resist infection. Furthermore, several medical practitioners have also stipulated that vaccination aims to prime the human immune system to resist or fight against pathogens such as bacteria and viruses (K.B. et al., 2022). In this regard, vaccinating an individual is an act of enabling such an individual to develop strong antibodies as it concerns the disease or pathogens vaccinated against (Mugalula, 2025). Furthermore, it suffices to state that there are instances wherein an individual has been vaccinated against a particular disease and such a person is still exposed to that disease; the immune system of the affected person could easily resist and fight against and neutralise the disease, thereby preventing a critical and severe illness that would render severe medical damage to the individual if not vaccinated.

Furthermore, it must also be noted that the essence of vaccination is not just limited to individuals boosting their immunity against certain diseases or pathogens. However, it also involves the protection and prevention of community transmission. In this regard, where a community is being vaccinated, it is impossible to have a widespread breakout of any disease or pathogen that may have been contracted by any individual (Meier et al., 2017). Concerning this, it suffices to reiterate that the herd community is considered a potent and reliable means of curtailing (Gostin et al., 2020), preventing, and eradicating the spread of any pathogenic disease; it also aids in breaking the transmission chain (Buregyeya et al., 2020). A herd community can be better achieved through effective vaccination that could boost the immunity to form resistance to the disease or pathogens being vaccinated against (Ayenigbara et al., 2021). A good example is the campaign against polio, smallpox, yellow fever, and chickenpox, which has been very effective in curtailing and preventing it further spread and killing infants (Kana et al., 2022). This is quite a potent concern regarding good and quality vaccination, not only safeguarding the health of individuals but also protecting the general public's health (Aidonojie, Eregbuonye, et al., 2024).

Although vaccines are generally effective, debates continue regarding their safety in specific contexts (Nampewo et al., 2022). This has further raised public distrust and fear of the health hazard an individual may suffer from being vaccinated with harmful vaccines (Amankwah-Amoah, 2022).

Dangers Associated with Hazardous Vaccination

Vaccines are generally considered safe and effective, with the benefits outweighing the risks for most individuals. However, like any medical intervention, vaccines can pose potential health risks, particularly for certain individuals with specific medical conditions or sensitivities (Sahar et al., 2020). Several scientists and individuals have stated that most vaccines currently being produced are dangerous and harmful. These vaccines could result in severe medical issues and chronic

medical conditions given their toxic nature to the human system (Aidonojie, Mulegi, et al., 2024). According to these anti-vaccination scientists and medical personnel, they stated that most of these vaccines currently being manufactured to curtail new diseases like COVID-19 are capable of causing the following medical conditions:

- 1. Infections
- 2. Sudden death
- 3. Abortion
- 4. Immunosuppression
- 5. Genetic effects or mutilation
- 6. Infertility
- 7. Chronic Health Conditions such as neurological disorders and autoimmune disease
- 8. Cancer Risk

In recent times, there has been a counterclaim from several scholars concerning the dangers of wrong or harmful vaccines that could be very dangerous. Recently in group of medical practitioner experts led by Dr Wahome Ngare detected that vaccinations being transported to Uganda are considered toxic and harmful. In a live show interview conducted by a journalist named Lynn Ngugi with Dr Wahome Ngare (Kimera et al., 2024), he stated that from the medical perspective, most vaccines are not meant to fight pathogens, but man-made viruses that enter the human cell, take over the cell, and produce a spike protein similar to the COVID that was killing humans during the pandemic. Most of these vaccines could result in pregnancy loss and infertility. Furthermore, he stated that most of the vaccines often produced seem to have severe negative effects on fertility, which seems to suggest an agenda of depopulating Africa (Aidonojie, Mulegi, et al., 2024). He said most often the producer of these vaccines tries to discredit his claim, that he is misinforming the general public using anti-vaxxers and conspiracy theories. According to him, these theories are often used by oppressors to seal off truth and oppress anyone trying to expose the true nature of some harmful vaccination practices used as biological weapons to depopulate Africa.

However, the above postulation has been further corroborated by several reported cases and incidents of individuals who died as a result of the medical complications that occur after being vaccinated. For example, during the COVID-19 period, there were reported incidences of individuals who died immediately or had medical complications and died after being vaccinated. During the COVID-19 pandemic, Rosette Kyarikunda a fifth-year student of Busitema University fell ill and died of a severe medical complication as a result of the AstraZeneca Covid19 vaccine she took (Solomon et al., 2021).

However, several other proponents of vaccination seem to be countering the view of Dr Wahome and another scientist who seem to have revealed some facts about currently manufactured vaccines for new diseases as a conspiracy theory (Allen et al., 2017). There is no proof or evidence to show that vaccines currently manufactured are harmful, toxic to human systems, and intended to depopulate the human race, most especially in Africa. They claim that opposition to vaccines could result in a public health crisis, given the fear, confusion, and misinformation from anti-vaccine groups or scientists (Olawunmi et al., 2025). The proponent of vaccines further reiterates that causing public outrage as concerned vaccination could result in a weak herd immunity, lower vaccination, and thereby result in global health crises.

However, it suffices to state that whether the postulation of the proponent of vaccination is considered true or not, it is apt to state that issues of health should not be a thing of chance (Lee & Brumme, 2013). Hence, it is required that the Ugandan government take the necessary steps to ensure that the rights and health of every Ugandan are secure and adequately protected from any form of internal and external violation. In this regard, this mandate of the Uganda government to secure the health rights of Uganda citizens can better be realized through the legal framework that tends to provide, regulate, and control the health rights of Uganda.

Legal Framework for Securing the Rights of Ugandans as it Concerns Vaccine Safety

Every government is responsible for securing and protecting its citizens' health rights from any violation (Aidonojie, Okuonghae, et al., 2025). Also, just as it is the responsibility of every government to provide an adequate healthcare system (Muhammad et al., n.d.). it is required that the government ensure every healthcare operational system is standard of quality, and does not compromise the health of its citizens. In this regard, in Uganda, the government has taken a step to secure and protect the health and the rights of its citizens through a legal framework (Sekamatte et al., 2017). The government has ensured that whatever medication such vaccines introduce for effective treatment and curtailing of any pathogens does not violate the health rights of its citizens (Aidonojie, Obieshi, et al., 2024). This measure executed by the Ugandan government has been made possible through international and local laws, which are briefly examined as follows.

It must be noted that the World Health Organisation (WHO) Guidelines are policy instruments and not legally binding international laws that provide for the health rights of individuals. However, these guidelines set comprehensive protocols for ensuring the efficacy, safety, and monitoring of vaccines (Musoke et al., 2016). In this regard, it suffices to state that the WHO's standards and guidelines cover all aspects of vaccine development and distribution, from clinical trials to postmarketing surveillance. However, one relevant international legal framework that tends to secure the rights of the global community, including Uganda, is the Universal Declaration of Human Rights (Odunsi et al., 2025). This convention was adopted in 1948 by the United Nations. Though it is a global law that tends to generally provide for the rights of everyone, however, a particular provision, such as Article 25 of the convention, was specifically dedicated to securing the health rights of every individual. The said article 25 of the UDHR stipulates that everyone is entitled to quality living, quality healthcare, and access to standard medical care. Concerning this, it suffices to state that, though there was specific mention of vaccines, however, from the wording of the provision of Article 25 of UDHR, it has a broad mandate that could be interpreted to incorporate safe and quality vaccines that will not compromise the health of the general public. Hence, this provision seems to place the mandate on the Ugandan government to ensure that vaccines brought in or developed within the country are safe and meet the required standard (Ziavrou et al., 2022).

Furthermore, it suffices to state that Uganda is a signatory to the International Covenant on Economic, Social, and Cultural Rights, also known as ICESCR (Egielewa & Aidonojie, 2021). This convention, though, provides for several human rights as it relate to economic, cultural, and social rights. However, this convention seems to obligate governments of various countries, including Uganda, to adopt measures to safeguard the health rights of their citizens. Concerning this, article 12 of ICESCR stipulates that everyone has the right to enjoy the highest attainable standard

of mental and physical health. In this regard, it implies that Uganda, being a signatory to this convention, must ensure that before a vaccine is administered to its citizens, such vaccines must meet the safety, effectiveness, and efficacy standards, free from compromising the health of its citizens. Furthermore, the provision of article 12 of ICESCR also requires the Uganda government to take proactive steps in approving vaccines that have passed clinical trials in the control (Aidonojie et al., 2023), prevention, and treatment of any existing pathogen or epidemic. In essence, measures must be taken to evaluate the safety and efficacy of vaccines in the fight against epidemics or any disease affecting public health.

Furthermore, it suffices to state that though the Child Rights Convention seems to focus on the rights of a child, however, several provisions also tend to secure the health rights of children against unsafe and harmful vaccination. This is concerning the fact that a child is considered more vulnerable to several diseases or pathogens at birth and a tender age, hence the need to guard against compromising their health status. Concerning this, article 24 of the Child Rights Convention stipulates that state parties, including the Ugandan government, that is a signatory to the convention, must take the necessary medical steps in combating, preventing, and curtailing diseases that are considered a threat to children and leading to child mortality. Concerning this, it is apt to state that this convention of child rights places it as a mandate within the Ugandan government to administer vaccines that are safe, healthy, and effective for immunisation and vaccination of children. Hence, any vaccines that have the potency of adversely altering the health status and causing harm to children should be prevented by the Ugandan government from being used on children. Furthermore, given the fact that children are minors and incapable of deciding what is right and wrong, the best medical care to be received. Article 3 of the Child Rights Convention seems to stipulate and address this concern of adequately protecting and guiding children in making informed decisions. This is concerning the fact that Article 3 of the Convention provides for the principles of the "Best Interest of a Child". These principles hint at the ideology that whatever decisions should be taken on behalf of a child should be in their best interest without compromising. In this regard, it suffices to state by article 3 of the convention that the Ugandan government is required to always at all times prioritise health policies as it concerns the safety and efficacy of vaccines being administered to children (Aidonojie, Obieshi, et al., 2024).

However, the above international laws are considered unenforceable and implemented given the Uganda constitutional requirement that requires validation of the laws before they can have effect in Uganda. However, these international laws have aided in shaping Uganda's constitutions and various local laws as they are concerned with securing the health rights of its citizens against harmful vaccination and protecting the health and well-being of the nation. Concerning this, it will also be relevant to examine and discuss some of these local laws as they concern securing the health rights of the Ugandan citizens (Junior, 2025).

The Uganda constitution is regarded as the primary and supreme law of the land, upon which every law is validated. Although it is not a primary law concerning health regulation, however, it possesses some relevant provisions that lay the foundation of several rights accorded to Ugandan citizens. In essence, these extend to health rights, as Article 22 of the Uganda constitution stipulates that everyone has the right to life. Concerning this, article 22 of the Uganda Constitution can be interpreted to include protection from harmful and unsafe vaccination that could alter the health status of the individual and threaten their existence. Given this, it suffices to state that

Article 22 of the Uganda constitution seems to place it as a responsibility of the Uganda government to take adequate measures in securing the rights to life of every Ugandan from any dangerous or harmful vaccination that is a threat to life. Furthermore, the Ugandan constitution also stipulates that Ugandan citizens should not be subjected to degrading and inhumane treatment. In this regard, this could be interpreted to include that the Ugandan government is mandated to prohibit any vaccines that could be harmful and result in untold torture and dehumanising health challenges. In Essence, the Ugandan government must take proactive steps in curtailing harmful and unsafe vaccines from being used on the Ugandan citizens. However, Article 45 of the Uganda Constitution seems to require the Uganda government to integrate, incorporate, and domesticate international laws. In this regard, domesticating international laws that seem to guarantee the rights against harmful vaccination and protect the health of every Ugandan citizen seems to reinforce additional protection against dangerous and harmful vaccines that may threaten the health and existence of Ugandan citizens (Gostin et al., 2021).

However, the primary law that tends to regulate public health in Uganda is the Uganda Public Health Act. This law seems to empower the Uganda Ministry of Health to oversee and manage the health of the general public, including vaccination, preventing the outbreak and spread of diseases within Uganda. Furthermore, it is apt to state that the Public Health Act has several provisions and content that seem to require that the Ministry of Health ensure that vaccines are safe and reliable. Hence, securing the rights of the Ugandan citizens against harmful and unsafe vaccination. In furtherance of this, sections 27 and 68 of the Public Health Act stipulate that to protect public health, the Ministry of Health has the mandate to conduct vaccination and ensure that such vaccines are safe and do not pose a health challenge to the citizens. Given the mandate, according to the Ministry of Health, section 29 of the Public Health Act requires the Minister of Health in Uganda to make policies and regulations to ensure the control and use of vaccines, that vaccines administered to Ugandan citizens must have passed through testing, clinical trial and proven to be safe (Hodge et al., 2024). Hence, section 29 of the Public Health Act seems to secure and protect Ugandan citizens against harmful and unsafe vaccination. Section 38 further stipulates that the general public should make prompt reports on any adverse effects emanating from administering a vaccine. In this regard, it suffices to state that the Public Health Act provides a medium for monitoring vaccine safety rigorously and addressing potential vaccine reactions to protect public safety. Similarly, the Ministry of Health is also required to act and ensure that the administering of vaccines in Uganda is by sections 5, 12, and 15 of the Immunisation Act 2017.

Another notable law in Uganda that also protects and safeguards Ugandan citizens from harmful vaccination is the National Drug Policy and Authority Act 19993. This act regulates and controls the production, importation, exportation, and distribution of drugs, including vaccines. It is also their responsibility to ensure that vaccines being administered to the Ugandan citizens meet the efficacy, quality, and safety standards. Section 5 of the Act empowers the National Drug Authority to control the licensing and importation of drugs, including vaccines, in Uganda. Sections 40 and 42 of the acts stipulate that the National Drug Authority has the responsibility of conducting inspection, surveillance, and monitoring the adherence to vaccine safety protocols and compliance (Aidonojie, 2022). Hence, the National Drugs Policy and Authority Act seems to minimize the risks associated with substandard or counterfeit vaccines (Bottini Filho et al., 2025).

Concerning the above, it suffices to state that both the international laws, the Uganda constitution, and other local laws seem to have provided for and regulated the efficacy, safety, and monitoring of vaccines within the public health sector. Furthermore, these laws also require that before vaccines can be accepted and utilise within Uganda, such vaccines must be satisfied to have met a strict medical safety standard. Hence, a commendation to the Ugandan government for protecting and securing the health rights of its citizens from potentially being compromised.

Challenges in Securing Health Rights as it Concerns Vaccine Safety

It suffices to state that there are several international and local laws that have been identified in securing and protecting the rights of every Ugandan from any form of health hazard that may emanate from wrongful vaccination and any medical threat to their health and safety. In this regard, these laws also mandated the various bodies to ensure the safety, efficacy, and standard of vaccines administered to the Ugandan citizens. However, there seem to be some challenges that are likely to limit the effective enforcement and implementation of these laws in the realisation of the health rights of Ugandan citizens (Jufri et al., 2024). These challenges are examined as follows:

No doubt Uganda is signatory to several international laws such as the Child Rights Convention, Universal Declaration of Human Rights, and the International Convention for Economic, Cultural, and Social Rights, which tend to secure and protect the health rights of every given individual within the global terrain. Furthermore, other global medical guidelines stipulated in the World Health Organisation Guidelines require the quality, standards, and safety of any vaccines produced globally. However, it suffices to state that these laws, in their raw form, do not have the force of law for implementation and enforcement in Uganda, as it is a constitutional requirement, provided for by Article 123, that these laws must be localised through parliamentary approval before they can be effective. Concerning this, the domestication process is often lengthy and bureaucratic, which delays effective implementation of these laws in securing the health rights of the Ugandan citizens against harmful and hazardous vaccination.

Furthermore, it is apt to state that the Uganda constitution and various health laws seem to require and provide for the guidelines, efficacy, and standard of admitting vaccines before they can be distributed for use. It also provides for a detailed process of testing, monitoring, and reporting any adverse effects that may occur concerning any vaccine. However, implementation and enforcement of laws are always a major challenge in African countries. This is often a result of the bureaucracy and legal technicality involved in the implementation and enforcement of these laws, which could result in legal lapses and thereby defeat the purpose of the laws. In this regard, it suffices to state that the laws securing health rights are present and well in place, but could only be made effective through limiting legal technicality and bureaucracy that could limit its effectiveness.

Also, it is required by the Uganda laws that in securing the health rights of the Uganda citizens, the government and relevant medical bodies must ensure that their necessary medical resources are available in executing clinical trials and testing to ascertain the safety and efficacy of such vaccines before it can be utilised for vaccination on the Uganda citizens. However, it must be noted that Uganda is a developing country that is still in need of several medical resources to ensure that the clinical testing and safety of vaccines manufactured or brought into the country are

standard, safe, and satisfy the clinical trial requirements. In this regard, it suffices resource constraints to conducting clinical trials and testing on the efficacy and safety of most vaccines brought into Uganda may pose a challenge concerning the regulation, monitoring, detection, and reporting system concerning vaccines manufactured and imported into Uganda.

The challenges identified above are just a few, concerning this, the following identity below also serve as challenges that may limit the realisation of the health rights of Uganda, and they are:

- 1) Balancing the health rights and public health legal mandate that may require mandatory vaccination may pose challenges, as it may violate personal freedom.
- 2) Inadequate public awareness concerning the reporting system communicating any adverse effect emanating from a vaccine.
- 3) Poverty and illiteracy could result in most Ugandan citizens' health rights being compromised.

CONCLUSION

The study has been able to examine the need for the efficacy and safety of vaccines in guaranteeing the health rights of Ugandan citizens from any form of medical abuse or violation. Vaccines are developed to control and prevent infectious diseases, yet concerns over their safety necessitate strong legal safeguards. However, the study identifies that there have been claims and counterclaims concerning the efficacy and safety of some of these vaccines. This is concerning the fact that several scientists, including Dr. Wahome Ngare and his medical team, have revealed that some of the vaccines are capable of causing medical hazards and health challenges. In this regard, it suffices to state that protecting the health rights of Uganda is a basic human right and is an essential obligation of the Uganda government, especially in light of potential health risks posed by certain vaccines. In this regard, the government, by international and national mandate, is obligated to safeguard public health, which includes regulatory oversight of vaccine administration to ensure that only safe and effective vaccines reach the population.

Additionally, the research uncovered some factors that hinder the promotion of health rights in Uganda. Foremost are the provisions in the Constitution that bar the use of some international instruments, bureaucratic bottlenecks in the implementation of national laws, and inadequate funding, which hampers the active role of the health system in informing the population of health risks. There is also insufficient information to the public on what steps citizens can take to address health problems, which decreases the system's interaction with the potential negative effects of vaccines. Such challenges demonstrate an urgent need for change for the State to be able to meet its health duty to the people more efficiently. Concerning the above, the study therefore recommends the following:

- 1) Seamlessly domesticating international health law that secures and protects the health rights of Ugandans
- 2) Facilitating quicker responses to health emergencies as it concerns harmful vaccinations
- 3) Public awareness on the relevant channel to report adverse effects emanating from vaccination

Hence, this study contributes to legal scholarship by proposing an integrated framework aligning Uganda's domestic vaccine regulations with international human rights standards.

REFERENCE

- Aidonojie, P. A. (2022). The Societal and Legal Missing Link in Protecting a Girl Child against abuse before and Amidst the Covid-19 Pandemic in Nigeria. *Jurnal Hukum*, 38(1), 61. https://doi.org/10.26532/jh.v38i1.18412
- Aidonojie, P. A., Aidonojie, E. C., Okpoko, M. O., Obieshi, E., & Damina, J. J. (2025). International Legal Framework in Curtailing Hazardous COVID-19 Medical Waste: Issues and Challenges. *Decora Law Journal*, 1(1), 1–17.
- Aidonojie, P. A., Eregbuonye, O., Majekodunmi, A. T., & Inagbor, M. E. (2024). The Prospect and Legal Issues of Income Tax in the Nigerian Metaverse. *Trunojoyo Law Review*, 6(1), 17–50. https://doi.org/10.21107/tlr.v6i1.23874
- Aidonojie, P. A., & Francis, E. C. (2022). Legal Issues Concerning Food Poisoning in Nigeria: The need for Judicial and Statutory Response. *Jurnal Media Hukum*, 29(1), 65–78. https://doi.org/10.18196/jmh.v29i1.12595
- Aidonojie, P. A., Mulegi, T., Muwaffiq, J., Imiefoh, A. I., & Owoche, A. G. (2024). International Laws Regulating Human Rights in Business Operations in Uganda: Issues and Challenges. *Fenomena*, 23(2), 131–144. https://doi.org/10.35719/fenomena.v23i2.188
- Aidonojie, P. A., Obieshi, E., Aidonojie, E. C., Hassan, I., & Damina, J. J. (2024). The Increase of Child Labour in Nigeria: Legal Custody of Victim by the Nigerian Government as a Panacea. *Journal of Indonesian Constitutional Law*, 1(3), 151–175. https://doi.org/10.71239/jicl.v1i3.26
- Aidonojie, P. A., Okuonghae, N., Najjuma, A., Ikpotokin, O. O., & Obieshi, E. (2025). Legal and Socio-Economic Challenges of E-Commerce in Uganda: Balancing Growth and Regulation. Trunojoyo Law Review, 7(1), 1–32. https://doi.org/10.21107/tlr.v7i1.27704
- Aidonojie, P. A., Wakili, S. A., & Ayuba, D. (2023). Effectiveness of the Administration of Justice in Nigeria Under the Development of Digital Technologies. *Journal of Digital Technologies and Law*, 1(4), 1105–1131. https://doi.org/10.21202/jdtl.2023.48
- Allen, T., Murray, K. A., Zambrana-Torrelio, C., Morse, S. S., Rondinini, C., Marco, M., Breit, N., Olival, K. J., & Daszak, P. (2017). Global hotspots and correlates of emerging zoonotic diseases. *Nature Communications*, 8(1), 1124. https://doi.org/10.1038/s41467-017-00923-8
- Amankwah-Amoah, J. (2022). COVID-19 and counterfeit vaccines: Global implications, new challenges and opportunities. *Health Policy and Technology*, 11(2), 100630. https://doi.org/10.1016/j.hlpt.2022.100630
- Antai, G. O., Ndifon, C. O., Ikubanni, O. O., Ogba, S. A., & Imiefoh, A. I. (2025). The Effect of Conversion of Extradition Methods and Unlawful Deportation on Human Rights in Nigeria. *Journal of Indonesian Constitutional Law*, 2(2), 128–159. https://doi.org/10.71239/jicl.v2i2.67
- Ayenigbara, I. O., Adegboro, J. S., Ayenigbara, G. O., Adeleke, O. R., & Olofintuyi, O. O. (2021). The challenges to a successful COVID-19 vaccination programme in Africa. *Germs*, *11*(3), 427–440. https://doi.org/10.18683/germs.2021.1280

- Barugahare, J., Nakwagala, F. N., Sabakaki, E. M., Ochieng, J., Sewankambo, K., & N. (2020). Ethical and human rights considerations in public health in low and middle-income countries: An assessment using the case of Uganda's responses to COVID-19 pandemic. *BMC Medical Ethics*, 21(1), 91. https://doi.org/10.1186/s12910-020-00523-0
- Bottini Filho, L., Karim, S. A., & Hodgson, T. F. (2025). Vaccine Inequity in the COVID-19 Crisis: Lessons to Leverage Global Health Law through Market-Shaping Policies. *Journal of Law, Medicine & Ethics*, 53(S1), 51–54. https://doi.org/10.1017/jme.2025.18
- Buregyeya, E., Atusingwize, E., Nsamba, P., Musoke, D., Naigaga, I., Kabasa, J. D., Amuguni, H., & Bazeyo, W. (2020). Operationalizing the One Health Approach in Uganda. *Challenges and Opportunities: Journal of Epidemiology and Global Health*, 10(4), 250. https://doi.org/10.2991/jegh.k.200825.001
- Egielewa, P., & Aidonojie, P. A. (2021). Media and Law: An Assessment of the Effectiveness of the Freedom of Information Act by Journalists in Nigeria using Auchi, Edo State as a Case Study. *Nternational Journal of Current Research in the Humanities*, 25.
- Ghedamu, T. B., & Meier, B. M. (2019). Assessing National Public Health Law to Prevent Infectious Disease Outbreaks: Immunization Law as a Basis for Global Health Security. *Journal of Law, Medicine & Ethics*, 47(3), 412–426. https://doi.org/10.1177/1073110519876174
- Gostin, L. O., Habibi, R., & Meier, B. M. (2020). Has Global Health Law Risen to Meet the COVID-19 Challenge? Revisiting the International Health Regulations to Prepare for Future Threats. *Journal of Law, Medicine & Ethics*, 48(2), 376–381. https://doi.org/10.1177/1073110520935354
- Gostin, L. O., Meier, B. M., & Stocking, B. (2021). Developing an Innovative Pandemic Treaty to Advance Global Health Security. *Journal of Law, Medicine & Ethics*, 49(3), 503–508. https://doi.org/10.1017/jme.2021.72
- Heymann, D. L., Chen, L., Takemi, K., Fidler, D. P., Tappero, J. W., Thomas, M. J., Kenyon, T. A., Frieden, T. R., Yach, D., Nishtar, S., Kalache, A., Olliaro, P. L., Horby, P., Torreele, E., Gostin, L. O., Ndomondo-Sigonda, M., Carpenter, D., Rushton, S., Lillywhite, L., & Rannan-Eliya, R. P. (2015). Global health security: The wider lessons from the west African Ebola virus disease epidemic. *The Lancet*, 385(9980), 1884–1901. https://doi.org/10.1016/S0140-6736(15)60858-3
- Hodge, J. G., Piatt, J. L., White, E. N., Barraza, L. F., & Berthiaume, K. M. (2024). Supreme Court Impacts in Public Health Law: 2023-2024. *Journal of Law, Medicine & Ethics*, 52(2), 484–487. https://doi.org/10.1017/jme.2024.120
- Jufri, M., Safi, S., Aidonojie, P. A., Zaini, Z., & Arowosaiye, Y. I. (2024). Religion and State in Islamic Constitutional Law: The Role of Pesantren in Strengthening Symbiotic Islam and the State in Madura. *Justicia Islamica*, 21(2), 221–246. https://doi.org/10.21154/justicia.v21i2.9283

- Junior, R. T. (2025). Legal Education and Training in Kenya: Challenges and Prospects. *Journal of Indonesian Constitutional Law*, 2(3), 249–273. https://doi.org/10.71239/jicl.v2i3.71
- Kana, B. D., Arbuthnot, P., Botwe, B. K., Choonara, Y. E., Hassan, F., Louzir, H., Matsoso, P., Moore, P. L., Muhairwe, A., Naidoo, K., Ndomondo-Sigonda, M., & Madhi, S. A. (2022). Opportunities and challenges of leveraging COVID-19 vaccine innovation and technologies for developing sustainable vaccine manufacturing capabilities in Africa. *The Lancet Infections Diseases*, 23(8), 288–300. https://doi.org/10.1016/S1473-3099(22)00878-7
- K.B., M., Nayar, S. A., & P.V., M. (2022). Vaccine and vaccination as a part of human life: In view of COVID-19. *Biotechnology Journal*, 17(1), 2100188. https://doi.org/10.1002/biot.202100188
- Kerry, C. (2025). African Anti-rights Groups and Anti-Vaxxers Unite in Global Campaign Against WHO,"https://who-track.phmovement.org/african-anti-rights-groups-and-anti-vaxxers-unite-global-campaign-against-who.
- Kimera, A., Atuyambe, L., Mutyaba, H., Nantongo, C., Namagembe, A., Nalumansi, A. M., Basenero, A., Auma, P., Mukiza, N., & Mutyoba, J. (2024). Prevalence and factors associated with hepatitis b vaccination uptake and completion among communities targeted for mass vaccination in gulu: A cross-sectional study. *BMC Public Health*, 24(1), 866. https://doi.org/10.1186/s12889-024-18330-2
- Lee, K., & Brumme, Z. L. (2013). Operationalizing the One Health approach: The global governance challenges. *Health Policy and Planning*, 28(7), 778–785. https://doi.org/10.1093/heapol/czs127
- Loh, E. H., Zambrana-Torrelio, C., Olival, K. J., Bogich, T. L., Johnson, C. K., Mazet, J. A. K., Karesh, W., & Daszak, P. (2015). Targeting Transmission Pathways for Emerging Zoonotic Disease Surveillance and Control. *Vector-Borne and Zoonotic Diseases*, 15(7), 432–437. https://doi.org/10.1089/vbz.2013.1563
- Lugada, E., Komakech, H., Ochola, I., Mwebaze, S., Olowo Oteba, M., & Okidi Ladwar, D. (2022). Health supply chain system in Uganda: Current issues, structure, performance, and implications for systems strengthening. *Journal of Pharmaceutical Policy and Practice*, 15(1), 14. https://doi.org/10.1186/s40545-022-00412-4
- Mbonye, A. K., & Sekamatte, M. (2018). Disease outbreaks and reporting in Uganda. *The Lancet*, 392(10162), 2347–2348. https://doi.org/10.1016/S0140-6736(18)32414-0
- Meier, B. M., Tureski, K., Bockh, E., Carr, D., Ayala, A., Roberts, A., Cloud, L., Wilhelm, N., & Burris, S. (2017). Examining National Public Health Law to Realize the Global Health Security Agenda. *Medical Law Review*, 25(2), 240–269. https://doi.org/10.1093/medlaw/fwx020
- Mugalula, K. G. (2025). Regulation of artificial intelligence in Uganda's healthcare: Exploring an appropriate regulatory approach and framework to deliver universal health coverage. *International Journal for Equity in Health*, 24(1), 158. https://doi.org/10.1186/s12939-025-02513-3

- Muhammad, M. M., Masum, A., Aidonojie, P. A., & Adebayo, A. K. (n.d.). Filling Members of the Financial Audit Board. *Constitutional Review and Legislative Intervention. Al-Adl, 17*(1), 55–72.
- Musoke, D., Ndejjo, R., Atusingwize, E., & Halage, A. A. (2016). The role of environmental health in One Health: A Uganda perspective. *One Health*, *2*, 157–160. https://doi.org/10.1016/j.onehlt.2016.10.003
- Nampewo, Z., Mike, J. H., & Wolff, J. (2022). Respecting, protecting and fulfilling the human right to health. *International Journal for Equity in Health*, 21(1), 36. https://doi.org/10.1186/s12939-022-01634-3
- Odunsi, B., O, O. O., & Oduniyi, O. O. (2025). Fundamental Objectives and Directive Principles of State Policy in the Nigerian Constitution: Re-Examining the Non-Justiciability of Socio-Economic Rights. *Journal of Indonesian Constitutional Law*, 2(3), 274–298. https://doi.org/10.71239/jicl.v2i3.191
- Olawunmi, O. O., Nyapidi, B., & Ifesinachi, C. O. (2025). Comparative analysis of the role of clinical legal education in addressing gender-based violence in Uganda and Nigeria. *Kampala International University Law Journal*, 7(1), 102–118. https://doi.org/10.59568/KIULJ-2025-7-1-08
- Sahar, N., Lee, O., Hoffman, S. J., & Sritharan, L. (2020). Overview of Key Legal, Political, and Social Challenges Facing Global Vaccination Efforts. *Imaginations: Journal of Cross-Cultural Image Studies*, 11(2). https://doi.org/10.17742/IMAGE.IN.11.2.9
- Samuel, A. U., Akinlabi, E. T., Okokpujie, I. P., & Fayomi, O. S. I. (2021). Sustainability of Garri Processing: A Case Study of Ogun State, Nigeria. *IOP Conference Series: Materials Science and Engineering*, 1107(1), 12132. https://doi.org/10.1088/1757-899X/1107/1/012132
- Sekamatte, M., Krishnasamy, V., Bulage, L., Kihembo, C., Nantima, N., Monje, F., Ndumu, D., Sentumbwe, J., Mbolanyi, B., Aruho, R., Kaboyo, W., Mutonga, D., Basler, C., Paige, S., & Barton Behravesh, C. (2017). Multisectoral prioritization of zoonotic diseases in Uganda, 2017: A One Health perspective. *PLOS ONE*, *13*(5), 196799. https://doi.org/10.1371/journal.pone.0196799
- Solomon, Y., Eshete, T., Mekasha, B., & Assefa, W. (2021). COVID-19 Vaccine: Side Effects After the First Dose of the Oxford AstraZeneca Vaccine Among Health Professionals in Low-Income Country: Ethiopia. *Journal of Multidisciplinary Healthcare*, 14, 2577–2585. https://doi.org/10.2147/JMDH.S331140
- Uhde, K. B. (2019). Ebola's Curse: 2013–2016 Outbreak in West Africa. *Clinical Infectious Diseases*, 68(4), 714–715. https://doi.org/10.1093/cid/ciy765
- Ziavrou, K. S., Noguera, S., & Boumba, V. A. (2022). Trends in counterfeit drugs and pharmaceuticals before and during COVID-19 pandemic. *Forensic Science International*, *338*, 111382. https://doi.org/10.1016/j.forsciint.2022.111382