THE 4TH INTERNATIONAL MEDICAL CONFERENCE

THEME: "DELIVERING HEALTH CARE TO UNDERPRIVILEGED COMMUNITIES"

HOSTED BY

UGANDA NORTH AMERICAN MEDICAL SOCIETY (UNAMS)

- The global health landscape is at a crossroads marked by both daunting challenges and transformative opportunities. While disease-specific initiatives have saved lives, the fragmented and charity/donor-dependent nature of international aid has exposed systemic weaknesses.

- With 4.5 billion people lacking access to basic health services, there is a need to rethink healthcare delivery for underserved populations. Operational sustainability demands a shift from charity-based models to equity-driven partnerships locally owned, nationally implemented, and internationally supported.

- For Uganda and sub-Saharan Africa, this means investing in primary healthcare, strengthening local capacity, and aligning global support with national priorities.

- Sustainable systems are built not by duplicating efforts, but by reinforcing what exists through research, innovation, and community-driven agendas.

- Justice, not charity, must define our path forward, turning temporary relief into resilient, accountable systems that ensure health is treated not as a favor, but as a fundamental right.

1. *John-Arne Røttingen Chief Executive Officer Wellcome https://wellcome.org/news/global-health-shouldnt-rely-charity-now-time-reform*

Understanding Operational Sustainability

By Irene V. Nagitta

Operational sustainability looks at the continued delivery of program activities that achieve lasting health outcomes beyond initial implementation.

It encompasses three critical dimensions:

- ongoing benefits for beneficiaries after the end of the intervention,
- continued activity implementation within the intervention, and
- community empowerment to sustain and adapt programs independently.

Effective sustainability requires institutionalizing interventions with adequate capacity and clear planning for what should be sustained, by whom, how, and within what time frame.

2.Iwelunmor, J., Blackstone, S., Veira, D. et al. (2015)

Importance of Community Ownership

Community ownership is the most critical predictor of long-term sustainability.

In an evaluation of sustainability in community-directed treatment projects of an African program for onchocerciasis control:

- 9 key sustainability indicators were evaluated after external support ended.
- 6 of these indicators identified community ownership as essential.
- Community ownership significantly influenced overall community scores.
- It strongly correlated with successful program continuation.

3.Uche Amazigo, Joseph Okeibunor, et al,

Justice-Centered Approach to Sustainable Healthcare
Health care as a Matter of Justice

FOR THE SUSTAINABLE DELIVERY OF MEDICAL CARE IN UNDERPRIVILEGED COMMUNITIES, WE MUST CHANGE HOW WE FRAME THE ISSUE. WE CANNOT MERELY VIEW HEALTHCARE AS A SERVICE OR A HUMANITARIAN GESTURE. WE MUST SEE IT AS A MATTER OF JUSTICE TO DESIGN OPERATIONALLY SUSTAINABLE SYSTEMS THAT UPLIFT AND EMPOWER THE COMMUNITIES WE SERVE.

HUMAN RIGHTS ARE UNIVERSAL LEGAL GUARANTEES PROTECTING INDIVIDUALS AND GROUPS AGAINST ACTIONS AND OMISSIONS THAT INTERFERE WITH FUNDAMENTAL FREEDOMS, ENTITLEMENTS, AND HUMAN DIGNITY.

THE "RIGHT TO HEALTH CARE" MEANS THAT THE STATE IS OBLIGED TO DO EVERYTHING POSSIBLE TO PROVIDE THE POPULATION WITH THE NECESSARY MEDICAL SERVICES, REGARDLESS OF THEIR SOLVENCY

HUMAN RIGHTS FRAMEWORKS EMPOWER CIVIL SOCIETY TO HOLD GOVERNMENTS ACCOUNTABLE FOR HEALTHCARE OBLIGATIONS.

ACCESS TO HEALTHCARE REFLECTS HUMAN DIGNITY, EQUITY, AND LEGAL DUTY—NOT JUST SERVICES.

INTERNATIONAL LAW AFFIRMS THE RIGHT TO HEALTHCARE AS ESSENTIAL TO DIGNITY AND EQUALITY.

STATES ARE OBLIGATED TO ENSURE BASIC MEDICAL CARE AND FAIR DISTRIBUTION OF RESOURCES.

POPE JOHN XXIII (PACEM IN TERRIS): HEALTHCARE IS A RIGHT, NOT A PRIVILEGE.

4. Пирога, І & Byelov, D.. (2023). Institutionalization of human rights to health care in the international legal space. Analytical and Comparative Jurisprudence.

The Right to Health Care

Some schools of thought advocate for health care as a human right because healthcare is a human necessity.

According to Rawls's social justice argument, health care is a right because:

- it promotes equality of opportunity and benefits the least well-off members of society, and
- from a utilitarian point of view, guaranteed medical care increases the well-being of more people.

Under natural laws and natural rights, access to health for human beings is a right and not a privilege.

The right to health care has been firmly established under various international and regional human rights treaties as well as national constitutions.

5. Leslie London, Helen Schneider, Globalisation and health inequalities: Can a human rights paradigm create space for civil society action

6. Rawls J. A Theory of Justice Cambridge: Harvard University Press; 1999.

Legal Foundations of the Right to Health Care

- These instruments have made the right to health care a well-defined norm under international human rights law.
- **Universal Declaration of Human Rights (Article 25)**
- **International Covenant on Economic, Social and Cultural Rights (Article 12)** ratified by Uganda in 1987
- **African Charter on Human and Peoples' Rights (Article 16)** ratified in 1986
- These are legally binding and assert that healthcare is a fundamental right, not a privilege.
- They also empower diaspora advocacy to demand constitutional compliance rather than request favors.
- While Uganda's 1995 Constitution does not explicitly mention health rights, the ***2020 Constitutional Court ruling in CEHURD v. Attorney General*** affirmed their justiciability, declaring that failure to provide adequate maternal healthcare violated constitutional rights to health, life, and women's rights.

7. Zhang Y. The Right to Health Care as a Human Right. In: Advancing the Right to Health Care in China: Towards Accountability.
8. Center for Health, Human Rights and Development (CEHURD) Constitutional Petition No. 16

Enforceability and Impact of Health Rights

The Court clarified that health rights are enforceable through Article 8A and National Objectives XIV and XX of Uganda's Constitution.

It emphasized Uganda's international treaty obligations and ordered:

- Increased budgetary support
- Mandatory health worker training
- Annual maternal health audits

This demonstrates litigation's potential to drive systemic healthcare accountability and reform.

Denial of healthcare and essential medicines leads to dehumanization, not merely due to funding shortages, but by failing to recognize every person's inherent worth and dignity.

Health inequalities reflect a range of injustices, showing that access to healthcare is vital not only for survival but for maintaining full human dignity and existence.

9. *HAYDEN P. The human right to health and the struggle for recognition.*

Global and Regional Commitments to Health Equity

The Declaration of Alma-Ata (1978) established Primary Health Care (PHC) as the path to achieving "Health For All".

It defined health as a fundamental human right and promoted:

- Universal access to care
- Equity
- Community participation
- Intersectoral collaboration
- Appropriate use of resources

It declared inadequate and unequal healthcare unacceptable economically, socially, and politically, urging governments to take responsibility for citizens' health.

While its principles remain relevant, many commitments remain unfulfilled.

The Abuja Declaration (2001) saw AU member states commit to allocating at least 15% of national budgets to health to strengthen healthcare systems and improve outcomes across Africa.

10. World Health Organization. Declaration of Alma Ata. Geneva: World Health Organization
11. World Health Organization. (2008). The World Health Report 2008: Primary Health Care Now More Than Ever.
12. GH Journal of Global Health https://www.jogh.org/documents/issue2019
13. African Governments Falling Short on Healthcare Funding Slow Progress 23 Years After Landmark Abuja

From Gaps to Justice: Addressing Systemic Health Inequities

In underprivileged communities, people are not dying from untreatable diseases but from poverty, distance, and systemic neglect.

These are not just healthcare gaps; they are justice gaps.

Barriers to accessibility include:

- Long, costly travel distances to rural health facilities
- Unavailability of quality services, essential drugs, and equipment
- Lack of trained, motivated healthcare workers
- Fragile health infrastructure raising doubts about equitable access

Medical camps and short-term interventions save lives, but we must change the systems that endanger those lives.

Healthcare is not charity; it is justice, supported by law and human dignity.

When a woman dies in childbirth due to inaccessible or unmanned facilities, it is not just a logistical failure; it is a violation of her human rights.

14. McLaren, Z., Ardington, C. and Leibbrandt, M., 2013. "Distance as a barrier to health care access in South Africa
15. Jaca, A.; Malinga, T.; Iwu-Jaja, C.J.; et al "Strengthening the Health System as a Strategy to Achieving a Universal Health Coverage in Underprivileged Communities in Africa"

Advancing from Charity to Justice-based Operational Sustainable

Medical missions and interventions are valuable, but must be part of long-term, justice-based systems that address the root causes.

Crisis response alone is not sustainable.

UNAMS should move beyond charity to:

- *Advocate for healthcare as a right*
- *Support community ownership and strategic partnerships for system building*
- *Push for government accountability*
- *Build resilient, locally led systems*

This approach ensures lasting impact, continuity of care, and empowered communities.

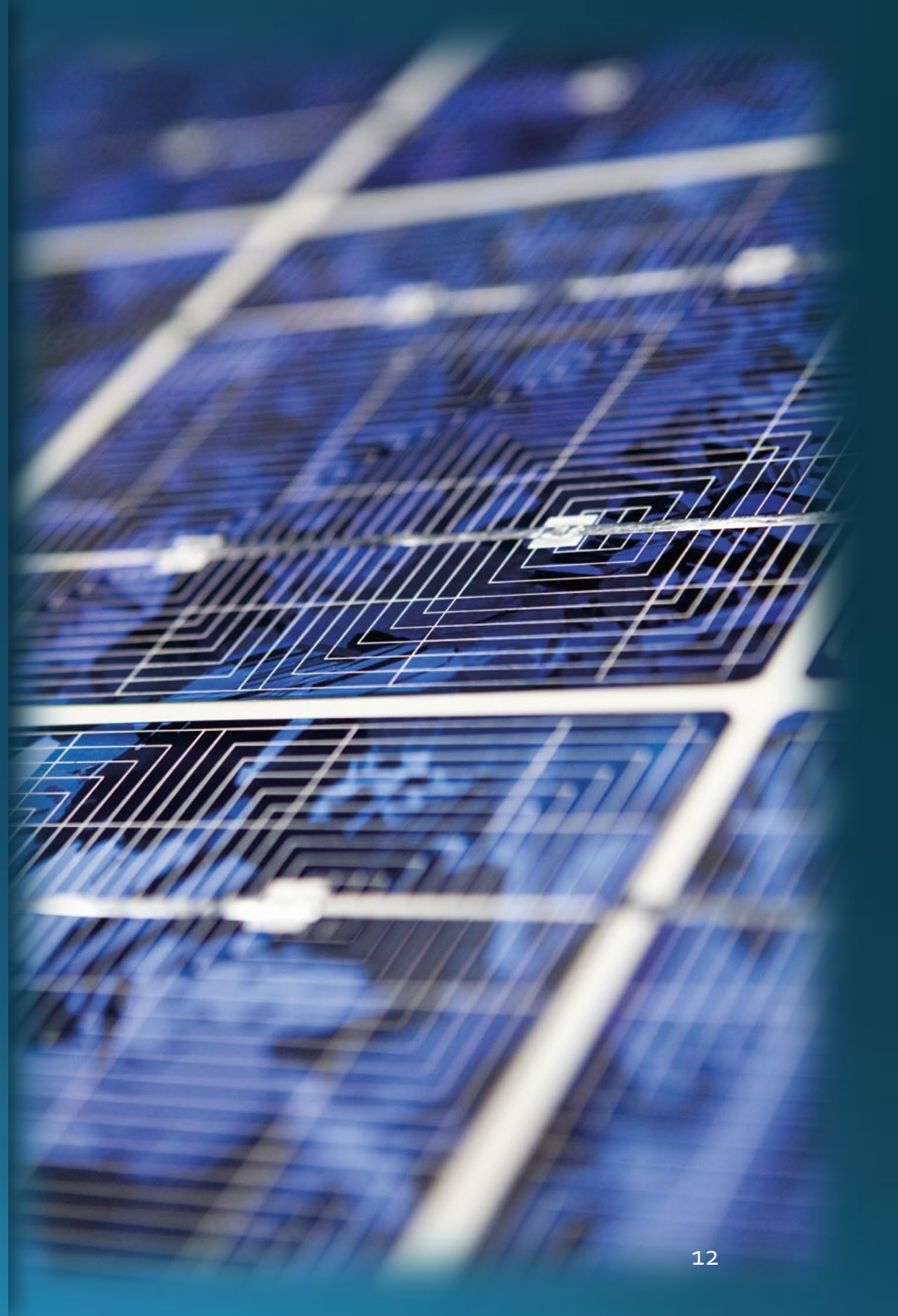
Models

Traditional Model:

Medical camps → temporary relief → departure

Justice Model:

Community partnership → capacity building → policy advocacy → systemic change



Strategic Implementation Framework
Strengthening Sustainability Through Local Ownership

Build Local Ownership

- Involve community leaders, health workers, and beneficiaries in planning and implementation.
- Train local volunteers to foster pride and ongoing support.
- Strategic partnerships and capacity building promote sustained impact.
- UNAMS: **Community Health Support**
- Train Village Health Teams, midwives, and community health workers.
- Strengthen local provider networks to reinforce health infrastructure.

Empower Communities to Shift from passive recipients to self-reliant stakeholders.

- Ensure continuity of care beyond medical camps.

Address Cultural Norms: Align activities with local values to reduce stigma and boost acceptance.

Photo Credit to Francisco-Venancio

A village worker rides a bicycle to follow up patients, sensitize community and even treat the sick in Northern Uganda
Photo credit to "africanews"

Strengthening Systems Through Strategic Partnerships Within Existing Systems and Leverage Existing Infrastructure and Foster Systematic Change.

Leverage Existing Infrastructure

- Partner with local health centers, community health workers, and trusted traditional leaders.

Government Collaboration

- Co-design scalable, rights-based health systems with the Government of Uganda.
- Align efforts with national frameworks for sustainable reform.

Policy Advocacy

- Advocate for increased health funding, better staffing, and accountability.

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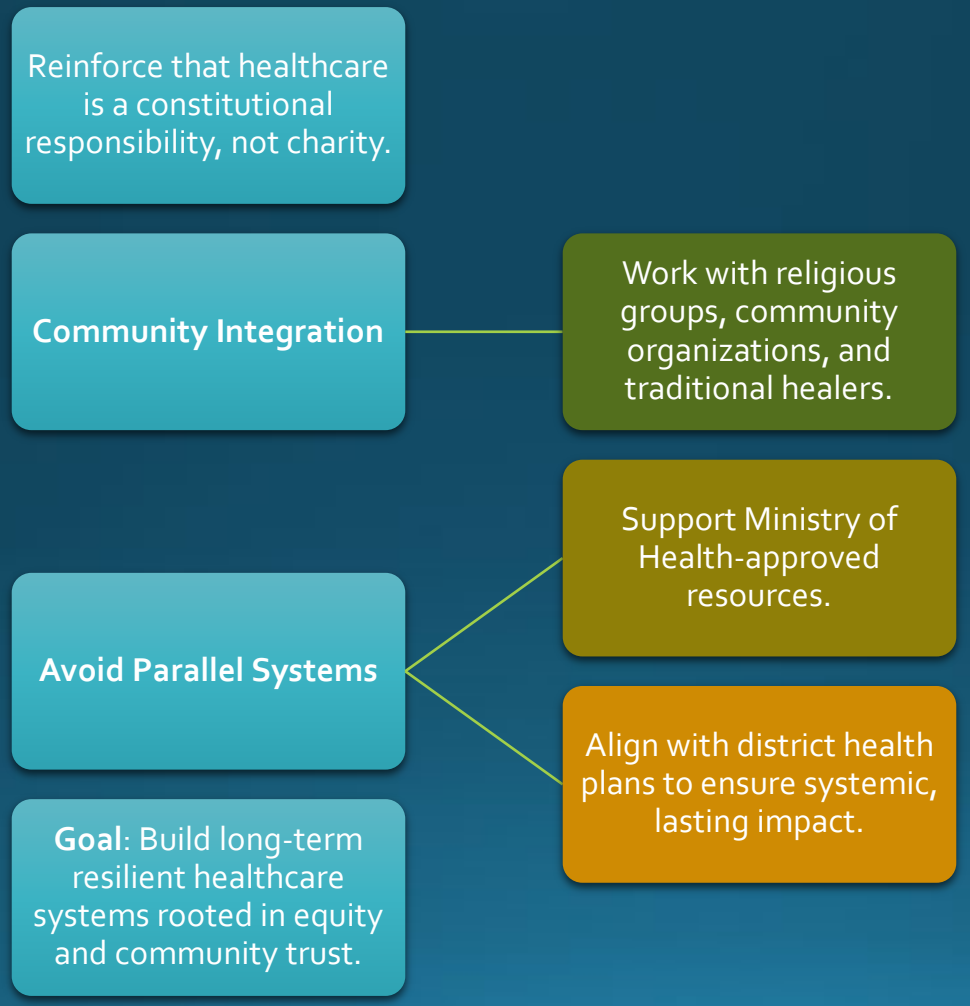

Empower Local Governance for Sustainability

Establish Local Management:

Support existing community advisory boards or local management committees.

Enable them to oversee medical camp operations, secure ongoing funding, and adapt programs to evolving needs.

Local leadership is essential—trusted leaders with deep community knowledge are key to long-term sustainability.

Strengthen Monitoring and Evaluation

Implement robust monitoring and evaluation systems with centralized databases to track program effectiveness.

Ensure consistency of protocols even through leadership transitions.

Partner with Village Health Teams (VHTs) and community health extension workers to follow up with patients after medical camps.

Integration with local health centers supports continuity of care and data-driven decision-making.

Ensuring Continuity, Relevance, and Financial Sustainability

Train	**Train Local Volunteers** • Build a committed volunteer base trained and recognized as essential healthcare contributors. • Promotes community ownership and continuity of care between camps.
Maintain	**Maintain Flexibility** • Adapt medical camp protocols to local needs and cultural contexts. • Ensure relevance while upholding quality standards.
Ensure	**Ensure Financial Sustainability. Diversify funding through partnerships with:** • Local organizations, Government health programs, Local businesses, and International NGOs. • Reduce reliance on external donors by co-sharing the cost with the community.

Scalable, Community-Rooted Health Solutions

In areas where hospitals are distant or unavailable, invest in community-rooted solutions. Like the VHT Village health Teams/Workers who are currently being trained by the government and empowered too.

Support health extension workers who provide medical care, health education, and preventive services.

This approach builds justice into the foundation of healthcare systems and ensures operational sustainability.

Conclusion

From Compassion to Justice: A Call to Action for UNAMS

UNAMS can transform medical camps into sustainable, community-owned programs.

Sustainability must be central in every intervention's life cycle, guided by justice, not charity.

Justice-based systems create accountable, resilient healthcare, not temporary relief.

Legal frameworks affirm healthcare as a right, not an aspiration.

Integrate Alma-Ata principles:

Universal access, Equity, Community ownership, Multisectoral collaboration, Accountability.

UNAMS members are more than healers; you are architects of justice-driven health systems.

Let's move from saving lives to reshaping the systems that endanger them. Move forward boldly from compassion to justice.

1. *John-Arne Røttingen Chief Executive Officer Wellcome* https://wellcome.org/news/global-health-shouldnt-rely-charity-now-time-reform
2. Iwelunmor, J., Blackstone, S., Veira, D. et al. Toward the sustainability of health interventions implemented in sub-Saharan Africa: a systematic review and conceptual framework. Implementation Sci 11, 43 (2015). https://doi.org/10.1186/s13012-016-0392-8
3. Uche Amazigo, Joseph Okeibunor, et al, Performance of predictors: Evaluating sustainability in community-directed treatment projects of the African programme for onchocerciasis control, Social Science & Medicine,Volume 64, Issue 10,2007,Pages 2070-2082,ISSN 0277-9536, https://doi.org/10.1016/j.socscimed.2007.01.018. (https://www.sciencedirect.com/science/article/pii/S027795360700010X
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5. Leslie London, Helen Schneider, Globalisation and health inequalities: Can a human rights paradigm create space for civil society action?, Social Science & Medicine, Volume 74, Issue 1, 2012, Pages 6-13, ISSN 0277-9536, https://doi.org/10.1016/j.socscimed.2011.03.022. (https://www.sciencedirect.com/science/article/pii/S0277953611001857)
6. Rawls J. A Theory of Justice Cambridge: Harvard University Press; 1999.
7. Zhang Y. The Right to Health Care as a Human Right. In: Advancing the Right to Health Care in China: Towards Accountability. Human Rights Research Series. Intersentia; 2018:21-74.
8. Center for Health, Human Rights and Development (CEHURD), Prof. Ben Twinomugisha, Rhoda Kukiriza, Inziku Valente v. Attorney General Constitutional Petition No. 16 (Maternal Health Care)
9. HAYDEN P. The human right to health and the struggle for recognition. Review of International Studies. 2012;38(3):569-588. doi:10.1017/S0260210511000556
10. World Health Organization. Declaration of Alma Ata. Geneva: World Health Organization. Available: https://www.who.int/docs/default-source/documents/almaata-declaration-en.pdf Accessed: 10 July 2025.
11. World Health Organization. (2008). The world health report 2008 : primary health care now more than ever. World Health Organization. https://iris.who.int/handle/10665/43949
12. GH Journal of Global Health https://www.jogh.org/documents/issue201901/jogh-09-010313.htm
13. African Governments Falling Short on Healthcare Funding Slow Progress 23 Years After Landmark Abuja https://www.hrw.org/news/2024/04/26/african-governments-falling-short-healthcare-funding Declaration Accessed: July 10, 2025
14. McLaren, Z., Ardington, C. and Leibbrandt, M., 2013. Distance as a barrier to health care access in South Africa
15. Jaca, A.; Malinga, T.; Iwu-Jaja, C.J.; et al Strengthening the Health System as a Strategy to Achieving a Universal Health Coverage in Underprivileged Communities in Africa: A Scoping Review. Int. J. Environ. Res. Public Health 2022, 19, 587. https://doi.org/10.3390/ijerph19010587)