



PARLIAMENT OF UGANDA

# PARLIAMENTARY DEBATES

(HANSARD)

---

OFFICIAL REPORT

SECOND SESSION - FIRST MEETING

THURSDAY, 29 SEPTEMBER 2022

---



IN THE PARLIAMENT OF UGANDA

Official Report of the Proceedings of Parliament

SECOND SESSION - 36TH SITTING - FIRST MEETING

Thursday, 29 September 2022

*Parliament met at 8.34 a.m. in Parliament House, Kampala.*

PRAYERS

*(The Deputy Speaker, Mr Thomas Tayebwa, in the Chair.)*

*The House was called to order.*

COMMUNICATION FROM THE CHAIR

**THE DEPUTY SPEAKER:** Honourable members, I welcome you to this session. Like I told you, we are continuing with the Bill from where we stopped because at 9.30 a.m., we have to start on the EALA elections. Thank you.

BILLS  
COMMITTEE STAGE

THE HUMAN ORGAN DONATION AND  
TRANSPLANT BILL, 2021

Clause 30

8.37

**THE CHAIRPERSON, COMMITTEE ON HEALTH (Dr Charles Ayume):** Mr Chairperson, under clause 30, we propose to move the following amendments:

a) In paragraph (a), by deleting the words, “and high dependent unit beds”

b) In paragraph (b) by inserting after the words, “anaesthesiologist” the words, “clinical pharmacist”

c) Insert, at the beginning of paragraph (c), the words, “at least”

d) Insert two new paragraphs after paragraph (a) to read as follows:

“A licenced pharmacy stocked with necessary medicines and related supplies for organ donation and transplant services.

A valid operating licence of the facility from Uganda Medical and Dental Practitioners’ Council.”

The justifications are:

1. We do not have to add the words, “high dependent unit beds” because an HDU or ICU are already complete when they have beds.

2. By adding “a clinical pharmacist” we anticipate adverse reactions during and after the transplant process because a number of medicines are used. We thought it would be important that a facility should have a clinical pharmacist to address these issues. Thank you.

**MR KIRYOOWA KIWANUKA:** Thank you, Mr Chairperson. We are agreeable to the amendments proposed by the committee save for the addition of (d) which is “a licenced

pharmacy stocked with necessary medicines and related supplies for the organ donation and transplant services.” This is because already, for one to get to this point, they must have a licence; and with a licence to run a hospital, one must have a pharmacy.

Therefore, we are proposing that we delete (d) and accept the rest of the clauses as proposed.

**DR BATUWA:** Mr Chairperson, we are of the view that the transplant programme needs special medicine and sundries and so, it should have a pharmacy as well as a blood bank. However, we reached consensus because regulations would be made to ensure that the general pharmacy in the hospital gets those specialised medicines and requirements to service the programme. We concede.

**THE DEPUTY CHAIRPERSON:** Thank you. I now put the question that clause 30 be amended as proposed by the committee and modified by the Attorney-General.

*(Question put and agreed to.)*

*Clause 30, as amended, agreed to.*

Clause 31

**DR AYUME:** Under clause 31, we propose to amend subclause (1) by inserting, at the end of the provision, the following words: “to operate specific transplant services for which the Hospital is qualified.”

The justification is that each hospital should be assessed against standards by the Council. The minister should, therefore, designate a hospital, for example, as a renal transplant centre or multi-organ transplant centre for renal and liver, if it meets both requirements. A blanket designation as a “transplant centre” should be avoided.

**DR ACENG:** Mr Chairperson, I concur.

**THE DEPUTY CHAIRPERSON:** Honourable colleagues, I put the question that clause 31 be amended as proposed.

*(Question put and agreed to.)*

*Clause 31, as amended, agreed to.*

Clause 32

**DR AYUME:** In this clause, the committee proposes to amend subclause (2)(a) by inserting the word “accreditation” before the word “designation.”

The justification is that this is a consequential amendment.

**DR ACENG:** Mr Chairperson, I concur.

**THE DEPUTY CHAIRPERSON:** Honourable colleagues, I put the question that clause 32 be amended as proposed.

*(Question put and agreed to.)*

*Clause 32, as amended, agreed to.*

Clause 33

**DR AYUME:** Under clause 33, we are only correcting the numbering.

**THE DEPUTY CHAIRPERSON:** That is not an amendment; it is just a drafting issue. Honourable colleagues, I put the question that clause 33 stands part of the Bill.

*(Question put and agreed to.)*

*Clause 33, agreed to.*

Clause 34

**DR AYUME:** In this clause, we propose as follows:

- a) Amend the headnote to read as follows: “Establishment and approval of banks.”
- b) Insert the following new subclause; “A designated transplant centre shall establish and maintain banks for the purposes of this Act.”

- c) Amend the current subclause (1) by inserting, immediately after the words, “approve banks” the words, “established under subsection (1).”
- d) In the current subclause (2), delete the words, “with exception of the blood bank provided under subsection (7).”

The justification is that accreditation of blood banks cannot be catered for in this law; it will be in another.

**DR ACENG:** Mr Chairperson, under clause 34, I concur but we agreed yesterday that – there are few amendments. First of all, in the title, we agreed to include the words, “Establishment and approval of banks” and my shadow minister had agreed to it.

**THE DEPUTY CHAIRPERSON:** That is what he proposed.

**DR ACENG:** Yes, Mr Chairperson.

**DR BATUWA:** I concur with what my minister has just said.

**THE DEPUTY CHAIRPERSON:** Thank you. You usually call her your colleague minister. *(Laughter)* Honourable members, I put the question that clause 34 be amended as proposed and modified by the honourable minister.

*(Question put and agreed to.)*

*Clause 34, as amended, agreed to.*

Clause 35

**DRAYUME:** Clause 25 is amended as follows:

- a) In Subclause (1), by inserting immediately after the word “procedures”, the words “and shall conform to regulations made under this Act”;
- b) In subclause (3), by inserting, immediately after the word, “shall” the words “in consultation with the Council.”

The justification is for standardisation of policies and procedures and to provide for checks and balances.

**THE DEPUTY CHAIRPERSON:**  
Honourable minister -

**DR ACENG:** Mr Chairperson, I concur with the committee’s proposal. However, I request that subclause (3) be amended to read as follows:

“Any modifications to the standard procedures referred to under subsection (1), or the development of new procedures shall be approved by a registered medical practitioner of the designated transplant centre and done in consultation with the Council.”

**THE DEPUTY CHAIRPERSON:** Thank you. Honourable colleagues, I put the question that clause 35 be amended as proposed by the committee and modified by the minister.

*(Question put and agreed to.)*

*Clause 35, as amended, agreed to.*

*Clause 36, agreed to.*

Clause 37

**DRAYUME:** Amend the provision as follows:

- a) In subclause (1) by substituting the word “protocols” with the word “guidelines.”

The justification is for uniformity and consistency with other pieces of legislation.

- b) In subclause (4), by inserting, at the end of the provision, the words “as may be approved by the Council.”

The justification is to act as a quality control measure.

**THE DEPUTY CHAIRPERSON:**  
Honourable minister?

**DRACENG:** Mr Chairperson, I concur.

**THE DEPUTY CHAIRPERSON:** Honourable colleagues, I put the question that clause 37 be amended as proposed.

*(Question put and agreed to.)*

*Clause 37, as amended, agreed to.*

Clause 38

**THE DEPUTY CHAIRPERSON:** Dr Batuwa had an issue with 38(1). Hon. Attorney-General, we discussed this. Can you report on it so that we see whether it is as exact as Dr Batuwa had presented it?

**MR KIRYOWA KIWANUKA:** Mr Chairperson, in clause 38, we had discussed the issue of requisition for banking. The shadow minister thought that there should be only a bank for harvesting in Government institutions. However, we are of the view that since Council exists, it can always give guidance. Otherwise, at times, you may find that Government may not be ready and the private institutions are ready. Therefore, this has been left to the Council to make the decision at an appropriate time on who can bank as part of their licencing.

**THE DEPUTY CHAIRPERSON:** Dr Batuwa, you need to come in. The main issue had been that Dr Batuwa wanted it to be in the hands of Government. If we do that, we will be stifling innovation and investment.

**DR BATUWA:** Our interest was that banks for organs should be in the hands of Government and it is Government to issue to any private player in need of organs. This way, we can ensure that they are free of charge. If Government gives organs at a cost, then they will end up being at a cost.

Mr Chairperson, we reached a consensus when the Attorney-General explained and when we found the key word to put in clause 54, the Rt Hon. Speaker and Chairperson agreed to give us leave to modify it. Thank you.

**THE DEPUTY CHAIRPERSON:** Thank you. Honourable colleagues, I put the question that clause 38 stands part of the Bill.

*(Question put and agreed to.)*

*Clause 38, agreed to.*

*Clause 39, agreed to.*

Clause 40

**DR AYUME:** Substitute “transport” with “transplant.”

The justification is to correct a typing error.

**DR ACENG:** Mr Chairperson, I concur.

**THE DEPUTY CHAIRPERSON:** Honourable colleagues, I put the question that clause 40 be amended as proposed.

*(Question put and agreed to.)*

*Clause 40, as amended, agreed to.*

*Clause 41, agreed to.*

Clause 42

**DR AYUME:** Substitute subclause (3) with the following:

“The minister may, in consultation with the Council, by regulation, prescribe additional requirements for recall procedures.”

The justification is to cater for any eventualities that may arise from the procedure.

**DR ACENG:** Mr Chairperson, I concur.

**THE DEPUTY CHAIRPERSON:** Honourable colleagues, I put the question that clause 42 be amended as proposed.

*(Question put and agreed to.)*

*Clause 42, as amended, agreed to.*

*Clause 43, agreed to.*

*Clause 44, agreed to.*

*Clause 45, agreed to.*

Clause 46

**THE DEPUTY CHAIRPERSON:** Under clause 46, we had a minority view. Attorney-General, would you like to report what we discussed?

**MR KIRYOWA KIWANUKA:** Mr Chairperson, under clause 46, the minority view again related to storing the organs, and how we shall ensure that they are accessible to the public. I think this is going to be cured by the amendment we are making to clause 54. I beg to submit.

**THE DEPUTY CHAIRPERSON:** Dr Batuwa -

**DR BATUWA:** Mr Chairperson, I concur.

**THE DEPUTY CHAIRPERSON:** Honourable colleagues, I put the question that clause 46 stands part of the Bill.

*(Question put and agreed to.)*

*Clause 46, agreed to.*

Clause 47

**THE DEPUTY CHAIRPERSON:** Under clause 47, we also had a minority view.

**MR KIRYOWA KIWANUKA:** Mr Chairperson, we had no issue with clause 47. I think we are on the same page.

**THE DEPUTY CHAIRPERSON:** Dr Batuwa.

**DR BATUWA:** Yes, the corrections made earlier affect clause 47 and so, if there is no change, then we have to move on.

**THE DEPUTY CHAIRPERSON:** Thank you. Honourable colleagues, I put the question that clause 47 stands part of the Bill.

*(Question put and agreed to.)*

*Clause 47, agreed to.*

*Clause 48, agreed to.*

*Clause 49, agreed to.*

*Clause 50, agreed to.*

Clause 51

**THE DEPUTY CHAIRPERSON:** We had a minority view on clause 51 but as result of a consequential amendment.

**DR BATUWA:** You are right, Mr Chairperson. So, we can proceed.

**THE DEPUTY CHAIRPERSON:** Honourable colleagues, I put the question that clause 51 stands part of the Bill.

*(Question put and agreed to.)*

*Clause 51 agreed to.*

*Clause 52, agreed to.*

Clause 53

**DR AYUME:** Clause 53 of the Bill is amended in subclause (3) by substituting the word “importation” with the word “sharing”.

The justification is to change the terminology used to refer to exchange of organs with other international transplant organisations, rather than the export of organs, which connotes commercialisation of organs, tissues and cells.

**DR ACENG:** Mr Chairperson, I concur.

**THE DEPUTY CHAIRPERSON:** Thank you. Attorney-General, we had a minority view on this matter and they helped us.

**MR KIRYOWA KIWANUKA:** Thank you, Mr Chairperson. Under clause 53(5), the minority view was that we should add at the end of the clause by inserting immediately after the words “financial standing” the words “any other discriminatory ground”, which we found to be a reasonable proposal. I would propose that we amend it to add “or any other discriminatory grounds”.

**THE DEPUTY CHAIRPERSON:** Yes, but he had also proposed that we delete clause 53(2) – in the minority view.

**MR KIRYOWAKIWANUKA:** We discussed that and said we shall regulate how we deal with nationals and foreigners in the regulations. This is because if we put it here that you cannot give organs to anyone who is a foreigner - as you may know, in the world today, your brother may actually be an American.

So, we thought that we should regulate it carefully other than legislating it. That is what we agreed.

**THE DEPUTY CHAIRPERSON:** Thank you. On that issue, we realised that Dr Batuwa was raising a very important matter, which all of us are grappling with. He was also grappling with it and, even where they did benchmarking, it is an issue.

**DR BATUWA:** Mr Chairperson, our worry was to do with the export of Ugandan organs to other countries. We were worried that it would be matched up with money and it could become the norm of the day. These kinds of provisions can be exploited for the worst, especially when money is involved.

In countries such as Turkey, they do not even allow anybody who is not a national to use organs from Turkey. However, if you are to go for surgical procedures there, you have to come with your donor and they only do the procedure.

So, in this section, the minister brought a scenario where there is an organ of a Ugandan but there is not any Ugandan matching that organ. So, the question was: Should we waste that organ or use that organ to save life?

The Attorney-General brought a scenario: You are sick and you prefer to be treated in the US, yet your donor is a Ugandan. So, should we stop you from getting this Ugandan transported to the US to save your life? In such scenarios, we reached consensus, just as the Attorney-General said.

**THE DEPUTY CHAIRPERSON:** Thank you. Honourable colleagues, I put the question that clause 53 be amended as proposed by the Attorney-General.

*(Question put and agreed to.)*

*Clause 53, as amended, agreed to.*

Clause 54

**DR AYUME:** We propose to amend the provisions as follows:

a) In subclause (1) by deleting the words “approved by the Council”.

The Justification is that this is a function of the Uganda Medical and Dental Practitioners Council.

b) In subclause (4) by inserting - sorry, I beg your pardon -

**THE DEPUTY CHAIRPERSON:** Chairperson, is your report complete? –because you have not completed, yet you proposed an amendment in subclause (4) from your report. Unless you have dropped it. *(Member rose.)* No, at this stage, the chairperson and the minister must first finish. You cannot go in between when they are still reading an amendment.

**DR AYUME:** In subclause (4) by inserting at the end of the provision the words “as may be prescribed by their respective professional bodies.”

Justification: The provision should clearly provide for the person who determines professional and ethical standards.

c) In subclause (5) by deleting the word “neurological” appearing before the word “team”.

Justification: The independent team is inclusive of other professionals.

d) Amend subclause (8) by substituting the cross-reference “(6)” with “(5)”.

The justification is to streamline the cross-referencing.

e) Redraft subclause (9) to read as follows:

“(9) Where a person has been declared and confirmed brain-dead, in accordance with subsection (5), in an Intensive Care Unit of a hospital, which is not a designated transplant centre, a retrieval team shall be dispatched by the Council to retrieve the potential donor to a transplant centre.”

The justification is that this is for clarity.

**DR ACENG:** Mr Chairperson, I concur with the committee chairperson but I request to move an amendment in subclause (4), which reads: “All transplant activities shall be performed to the highest professional and ethical standards.” I propose that we add “as prescribed by the Council”.

When we leave it like that, it seems hanging. So, the ethical standards should be “prescribed by the Council”.

**THE DEPUTY CHAIRPERSON:** Dr Batuwa, you had a view on this clause.

**DR BATUWA:** Mr Chairperson, it is this clause, which is going to cure all the diseases we saw in the earlier clauses.

The first one is to do with the banks - where we have just said that let us carry it on up to here because it was our considered view that Government is in custody of the waiting list and Government, through the Council, has a duty to allocate.

How do you allocate what you do not have? Our position was that you have a bank and then, allocate from your bank. However, the Attorney-General advised that some of these things have a financial implication. Now that we are legislating a law that should be effective, we had to shift and make sure that we have an effective law and at the same time, one that can be implemented.

So, in subclause 54(1), we are curing the other earlier problem we had talked of. We had wanted Government to be in charge of harvesting. We feared a situation where a willing recipient and donor connive and an activity goes on without the knowledge of Government. We were worried of an incident where you are in a prime hospital, in ICU, and your people know that you are there for treatment, but the hospital may be interested in you being converted into a donor.

We are worried about the idea of hospitals establishing themselves for the purpose of using this activity as a business opportunity. We are legislating it as a service but some may want it as a business opportunity, where people will come from the US and other developed countries with a lot of money. There are people who can fly in here, pay in excess of \$100,000, and buy property where they will stay for recovery. We have people who are rich to that extent. So, hospitals may want to exploit such people.

We want to have a cure for all that because the Attorney-General said that Government cannot actually take on the task of paying or managing these activities. We have the duty to legislate what Government can do but ensure that it is restrictive. In here, we agreed to say that, “The harvesting will be done with the approval and supervision of the Council.”

Our position was that it should be “direct supervision” but the Attorney-General said that “direct supervision” would entail the Council to be on the table where they are doing the harvesting. I did consultation - I read a little more but I cannot say that I can challenge the position of the Attorney-General.

However, “direct supervision” means reasonable presence, meaning that not the whole Council can come. Actually, the Council could even delegate one of their members to be there.

Why we find this important – I do not want to shift from the consensus we had reached, but if the Attorney-General can shift from supervision to direct supervision, the way I am



looking at it, is a discussion between a father and a mother over their son or daughter in regard to their education; the father does not want to pay fees but the mother is saying, “It is okay but go for visitation in person.”

**THE DEPUTY CHAIRPERSON:** Hon. Dr Batuwa, you see, when you read the clause in its entirety, there are stringent measures. One, the team that participates in declaring this person brain-dead does not participate in organ harvesting.

Two, the moment the person is declared brain-dead, the Council is notified and it might send a neurologist to confirm; that is direct involvement. It is the Council, which confirms and all this is provided for under clause 54. These are the issues we went through. What we were fearing was really for the Council to say, “direct” – you are tying it down and you are saying they should immediately sit and come in. The Council can itself appoint a specialist. They may be having a specialist without them being there directly.

**MR MPUUGA:** Probably, I should try and generate further consensus; there is no danger in getting further consensus. Is it possible to give “supervision” a definition in an additional section so that we can take care of the concern - that we can know that it involves delegation because -?

**THE DEPUTY CHAIRPERSON:** Or we can ask the Attorney-General; would the words “direct supervision” strongly or adversely affect the operations of the Council?

**MR MPUUGA:** The challenge is in understanding what “supervision” entails. If we can break it up to a level that is easy to appreciate, probably, that would be a better remedy going forward.

**MR KIRYOWA KIWANUKA:** Thank you, Mr Chairperson. The problem with definitive legislation is that you keep it in that space. As long as you are not clear about all the unknowns, you must leave yourself room for operation. Right now, if I am to define “supervision” I

must read every kind of transplantation and every kind of scenario and prescribe it in legislation. If you say “supervise”, you will probably be regulating as you get along and say, “Now I think you need to do this.”

We must be mindful of one thing - there are seven members of the Council. The way this Act is set up, the seven need to sit to make a decision. It is not like one person can sit alone, make a decision and do whatsoever he wants. If you over legislate and say, “direct” we are going to get into a dispute over what amounted to “direct”, yet supervision can be delegation, personal attendance or monitory; it can be all manner of supervision because I can say, “You will send me a report of what you did.”

I propose, Mr Chairperson, that if we make this clause to read, “The retrieval and preservation of human organ, tissues and cells for transplantation shall only be performed by a registered health professional as approved and supervised by the Council in accordance with this Act, regulations made under this Act and any other applicable law and standards issued by the minister.”

This has a requirement for the minister to issue standards, regulations and comply with them. That allows us enough space to be able to meet the requirements of Dr Batuwa; but his concern is legitimate. The only problem is, because we cannot anticipate what is in the future, it may be difficult to strictly legislate. I beg to submit.

**THE DEPUTY CHAIRPERSON:** The Leader of the Opposition had raised an issue of us defining “supervision”. This is a word, which is used only once in the Bill; they are referring to it once in the Bill. So, you need to define a word, which you use simultaneously - several times in the Bill so that you can give it clear meaning; but if it is just like one or two times, it is not a word you have to go into defining. Yes, Hon. Basalirwa -

**MR BASALIRWA:** Mr Chairperson, I thank you. The learned Attorney-General and senior counsel raises a fundamental issue. Where a clause makes provision for regulation, in

effect, it is giving latitude. The good news is that what will not have been expressly provided for here are the aspects that can be considered in regulations. You see, you do not impregnate a statute with all sorts of things.

It is also important to clarify that there would have been a problem if there were no provisions empowering ministers to make regulations. This would become a very big problem, and the reason statutes empower ministers to make regulations is to provide for filling gaps, and that is the purpose of subsidiary legislation or delegated legislation.

Therefore, it is important that you comfort us this side, that some of the loopholes, which may not necessarily be fundamental, will be addressed. For example, this aspect of supervision. It is an issue that can be well described under the regulations if it is causing a problem.

**THE DEPUTY CHAIRPERSON:** Thank you, Hon. Basalirwa. Colleagues, if you have looked at clause 96, it has extremely wide areas of supervision. When we reach there, we will meet some of these issues there.

**DR BATUWA:** Mr Chairperson, as we proceed on this issue, our mind was just that Council should have a presence on the table where the harvesting is being done. That can answer the question of Government not having a bank and, yet it has to allocate organs. By having its presence on the table where harvesting is being done, it can claim ownership of the organ and ensure that Ugandans are safe; and this organ is transplanted or crossed over free of charge.

However, we concede to the Attorney-General's provision, on condition that the minister will provide regulations to ensure that our mind is addressed on that issue; that Government has a presence on the table where the harvesting is being done.

Lastly, Mr Chairperson, that clause is taking care of retrieval and preservation. We should add the words "Retrieval, preservation, harvesting, transplant" so that those activities are supervised and at the same time, approved.

**THE DEPUTY CHAIRPERSON:** Thank you. Attorney-General -

**MR KIRYOWA KIWANUKA:** Redraft again so that I can follow what -

**DR BATUWA:** Clause 54 (1), on "The retrieval, preservation, harvesting and transplant -"

**MR KIRYOWA KIWANUKA:** That is okay.

**THE DEPUTY CHAIRPERSON:** Thank you.

**DR BATUWA:** The two words "harvesting and transplant" were missing. Put them in.

**THE DEPUTY CHAIRPERSON:** Honourable colleagues, I now put the question that clause 54 be amended, as proposed by the committee and modified by Dr Batuwa.

*(Question put and agreed to.)*

*Clause 54, as amended, agreed to.*

*Clause 55, agreed to.*

*Clause 56, agreed to.*

*Clause 57, agreed to.*

*Clause 58, agreed to.*

*Clause 59, agreed to.*

*Clause 60, agreed to.*

Clause 61

**THE DEPUTY CHAIRPERSON:** Attorney-General, any issues?

**MR KIRYOWA KIWANUKA:** Thank you, Mr Chairperson. As a result of our discussion yesterday, clause 61(6), still used "...next of kin," which Dr Batuwa was talking about. We had proposed that it is changed to "...close relative" to fit with the definition.

**THE DEPUTY CHAIRPERSON:** That is a consequential amendment. Colleagues, I put

the question that clause 61 be amended as proposed.

*(Question put and agreed to.)*

*Clause 61, as amended, agreed to.*

*Clause 62, agreed to.*

*Clause 63, agreed to.*

Clause 64

**MR KIRYOWA KIWANUKA:** Clause 64 also has a consequential amendment. In clause 64(3), replace the words “next of kin” with the words “close relative.”

*(Question put and agreed to.)*

*Clause 64, as amended, agreed to.*

*Clause 65, agreed to.*

*Clause 66, agreed to.*

Clause 67

**DR AYUME:** Amend the clause as follows:

- a) In subclause (4)(d) by deleting all the words appearing after the word “donation”. Redraft subclause (4)(d) as follows: “understands that it is illegal to accept any financial or other inducement for the donation of the organ.”
- b) Subclause (4)(e) to read as follows: “understands that he or she may be compensated for justifiable expenses, which should be declared to and cleared by the Council within a reasonable time.”

The justification is to guard against commercialisation of tissues organs or cells.

**DR ACENG:** Mr Chairperson, I concur.

**THE DEPUTY CHAIRPERSON:** Honourable colleagues, I put the question that clause 67 be amended as proposed.

*(Question put and agreed to.)*

*Clause 67, as amended, agreed to.*

*Clause 68, agreed to.*

*Clause 69, agreed to.*

*Clause 70, agreed to.*

Clause 71

**DR AYUME:** Amend the provision as follows:

- a) In subclause (3), by deleting the words “of the removal.”
- b) In subclause (6), by deleting the word “the”, appearing at the beginning of line three. The justification is to correct a grammatical error.
- c) In subclause (7), by deleting the words “of age” appearing after the words “18 years.” The justification is to correct a grammatical error.
- d) Substituting the words “any of the parents” with the words “any close relations.” The justification is to avoid creating a lacuna in the law.

**DR ACENG:** Mr Chairperson, I concur.

**THE DEPUTY CHAIRPERSON:** Honourable colleagues, I put the question that clause 71 be amended as proposed.

*(Question put and agreed to.)*

*Clause 71, as amended, agreed to.*

Clause 72

**DR AYUME:** In clause 72, substitute the provision with the following:

“72. Prohibition of donation from a living child.

- (a) Donation from a living child is prohibited save for exceptional circumstances approved by the Council with consent of a parent or guardian.
- (b) A person who contravenes the provision of this section commits an offence and is liable, on conviction, to life imprisonment.
- (c) For the purpose of this section, “exceptional circumstances” mean hematopoietic stem cell allograft and autographed to a twin or a sibling.
- (a) The consent of a person who had parental responsibility for a child immediately before the death of the child, witnessed by two adults with mental capacity; or
- (b) Where no person had parental responsibility for the child immediately before the death of the child, the consent of a person who had a close relationship with the child at the time was witnessed by two adults with mental capacity.

The justification is that there are circumstances that warrant donation by a living child such as donation for bone marrow transplant, for conjoined or identical twins, where one twin can be allowed to donate to the other based on sound medical assessment.

**DR ACENG:** Mr Chairperson, I concur with the chairperson of the committee. However, I propose a small amendment to replace the words “guardian or parents” with “a legal guardian” to avoid abuse of children. It would read: “(a) Donation from a living child is prohibited save for exceptional circumstances, approved by the Council with the consent of a parent or a legal guardian” so that it is the courts of law to tell us who a legal guardian is.

**DR AYUME:** I concur with the minister.

**THE DEPUTY CHAIRPERSON:** Honourable colleagues, I put the question that clause 72 be amended as proposed and modified by the minister.

*(Question put and agreed to.)*

*Clause 72, as amended, agreed to.*

Clause 73

**DR AYUME:** Amend the provision as follows:

“Where a child is brain-dead or has died ‘appropriate consent’ means –

For the avoidance of doubt, donation from a brain-dead or dead child shall only be in accordance with section 72.”

**DR ACENG:** Mr Chairperson, I concur.

**THE DEPUTY CHAIRPERSON:** Honourable colleagues, I put the question that clause 73 be amended as proposed.

*(Question put and agreed to.)*

*Clause 73, as amended, agreed to.*

Clause 74

**DR AYUME:** Amend the clause as follows:

- a) In subclause (1) by substituting the words “sound mind” with the words “mental capacity.”

The justification is for consistency with the terminology used in the Mental Health Act, 2018, which outlawed the use of the word “unsound mind” and instead adopted the use of the words “mental incapacity.”

- b) Delete subclause (2).

The justification is that the provision lacks clarity and besides, the content of subclause (2) is catered for in subclause (1).

**DR ACENG:** Mr Chairperson, for subclause (1), I concur. But for subclause (2), I appeal that we maintain it because under the Tobacco Act, a person between the age of 18 and 21 is

deemed not to take a decision on matters of life and can easily be manipulated. Therefore, we request that the parents also give consent.

**MR KIRYOWA KIWANUKA:** Mr Chairperson, we have a challenge with the definition of a child because it is a moving target. In our Constitution, we have it as 18; in some places, it is 16. While in others, it is running at 21 on driving.

While this person is an adult - if you look at the Succession Act we just handled, that issue was discussed. Look at the *Hansard*. We discussed a child who is still under parental control, because the child is still in school, yet that child is an adult. So, how do we deal with that person? Do we take them to be an adult to do whatever they wish to do? Or do they come with parental control?

It would be quite absurd for a child under your parental care, while going to school, to donate without your knowledge. Therefore, we are thinking that leaving clause 74(2), allows the parent to participate in that process –(*Mr Ssemujju rose* )

**THE DEPUTY CHAIRPERSON:** Did you allow for a clarification?

**MR SSEMUJJU:** Mr Chairperson, I would like the Attorney-General to help me because this Parliament changed the Constitution and said one can be President at 18. If someone can be a President at 18, making decisions for 45 million people, how then can you attempt to describe that person as a child under care?

**THE DEPUTY CHAIRPERSON:** Thank you. Attorney-General, before that, one of the purposes of this Bill is to tighten things. These are the same people you give school fees and they take it to sports betting.

Since they have eaten fees, someone can say “I can pick part of your tissue and then, you settle your fees issues”. To me, tightening is important, but Hon. Ssemujju asked a very important question.

**MR KIRYOWA KIWANUKA:** Hon. Ssemujju’s questions are always difficult to tackle from one side so, I will tackle it from both sides.

Mr Chairperson, I wish to respond by stating that, that person is an adult, and they should feel free to stand for President. However, what we are discussing here is a child under care and we are talking about misuse, just like the Rt Hon. Chairperson said, this adult, under care, is still under the care of parents.

We are saying that imagine a child, still under your care, but comes back home and tells you “I do not have one kidney”. By the way, post-treatment care is a major issue. If this child is still under your care and he or she comes back without a kidney, you are the one going to take care of that child. So, we are saying, if that is going to be the case, at least give the parent an opportunity to participate in that decision.

Honourable colleagues, I implore you to – (*Interjections*)

**THE DEPUTY CHAIRPERSON:** Colleagues, we are not going to take long on general issues. Hon. Ssemujju said that at 18 years, you are allowed to stand for Presidency but it is not final. You are still subjected to scrutiny and approval by society.

Honourable members, anyone can stand, but the society will judge them and see if they are fit. This is the same as the parent. You can donate but your parent must give consent and know that this is not abused. So, they are in the same line.

Honourable members, I put the question that clause 74(1) be amended, as proposed, by the committee.

*(Question put and agreed to.)*

*Clause 74, as amended, agreed to.*

**THE DEPUTY CHAIRPERSON:** I gave Hon. Ssemujju’s proposal four votes because it sounded very loud but they were not sufficient;

other votes were more. (*Ms Aisha Kabanda rose*) Honourable member, we have closed this. We have EALA elections coming up.

**MS AISHA KABANDA:** Mr Chairperson, the question was put for clause 74(1). There was another amendment, which the chairperson's amendment was to take away and that is clause 74(2) and the minister made a submission here that clause 74(2) should remain and many of us agreed with her.

Mr Chairperson, if you leave it - your question was directed to clause 74(1); what about clause 74(2)? I can see the Clerk is leading us to another clause.

**THE DEPUTY CHAIRPERSON:** Honourable member, if you heard me properly, the minister said we retain clause 74(2). That is why I did not put the question on it because it is remaining in its original form in the Bill. It is only clause 74(1) that has been amended. Thank you.

Clause 75

**DR AYUME:** In clause 75 –

- a) Amend subclause (1) by deleting the words “brain-dead”. The justification is for clarity.
- b) Delete subclause (4). The justification is that it is likely to be manipulated or abused. The time taken to secure a court order may go beyond the time of viability of the organ, tissue or cell.

**DR ACENG:** Mr Chairperson, I concur with my chairperson. However, in clause 75(1), if we delete the word “brain-dead” - I think there is a mistake. It reads: “Where an adult is brain-dead or has died...” I think that was the confusion. I request my chairperson to reconsider that.

**DR BATUWA:** Mr Chairperson, the distinction between “brain-dead” and “died” is that in “brain-dead”, the brain is dead. The kidneys,

heart and lungs are alive and working. All other organs are alive and ready to be harvested. It is only the brain that is dead.

In “died”, everything is dead and there is little to harvest, most especially if you are talking in relation to the solid organs. Therefore, if we are to delete, it is the word “died” that should be deleted.

**THE DEPUTY CHAIRPERSON:** Where I want to get a clarification properly is: Can you bury a person who is brain-dead? This is because he is not yet declared dead. That is what I get in Hon. Dr Batuwa's argument. He is clinically dead, but not yet completely dead. You cannot go and bury him until he is declared properly dead. (*Laughter*)

**THE DEPUTY CHAIRPERSON:** Honourable minister?

**DRACENG:** Mr Chairperson, we also harvest tissues from dead people. So, we cannot delete the part of “has died.” We need it there. Thank you.

**DR BATUWA:** Mr Chairperson, I concede to that. Let us leave it there.

**DR AYUME:** After consulting with the minister, I concede.

**THE DEPUTY CHAIRPERSON:** Honourable colleagues, I put the question that clause 75 – what is the issue, Hon. Aisha?

**MS AISHA KABANDA:** Thank you, Mr Chairperson. I do not know where this clause leaves people that stay with us, but we do not know their relatives at all. It talks of consent from a close relative. Yesterday, the Attorney-General defined the close relative as “sister, brother, mother...”

**THE DEPUTY CHAIRPERSON:** It is not the Attorney-General. It is in the Bill.

**MS AISHA KABANDA:** Okay, but we have them in our families. Where does it leave them?

**DR BATUWA:** The people who are brain-dead or in this kind of state – where they cannot consent on their own - and do not have close relatives by them... the ones you would call “unclaimed patients” – an accident has happened, they have just brought that patient, no relative is there and you cannot make an inquiry from that very patient, we agreed, as the majority, that these patients should not be subjected to the donation programme.

If we open it up, that provision will be abused and whoever gets into an accident is harvested very fast before relatives show up. This was the majority view. That is why we are deleting subclause (4).

**MS AISHA KABANDA:** Whereas I agree with my shadow minister on that note, the categories of persons I am talking about are not those people, but people living with us. We have people in our families that have lived with us and we do not know their relatives – *(Interjections)*- I beg to make a submission so that I am understood. The definition of the Attorney-General yesterday – can I be protected?

**THE DEPUTY CHAIRPERSON:** Honourable colleague, please, refer to the Bill.

**MS AISHA KABANDA:** Okay. The definition of a close relative that we have in the Bill is “mother, father, sister and brother”. However, in our families we live with people who have even adopted our names and have no close relationship with us. If you want to exempt them, let us do so in the law.

**THE DEPUTY CHAIRPERSON:** Honourable colleagues, please, let us move on. This is organ harvest. If someone is not well known to you, do not tamper with their organs.

Honourable colleagues, I put the question that clause 75 stands part of the Bill.

*(Question put and agreed to.)*

*Clause 75, agreed to.*

Clause 76

**DR AYUME:** On clause 76, amend subclause (10) by substituting the words “unsound mind” with the words “mental incapacity” and make subsequent amendments wherever it appears in the Bill.

The justification is that it is a consequential amendment.

**THE DEPUTY CHAIRPERSON:** This is a consequential amendment, honourable minister. Honourable colleagues, I put the question that clause 76 be amended as proposed.

*(Question put and agreed to.)*

*Clause 76, as amended, agreed to.*

*Clause 77, agreed to.*

Clause 78

**DR AYUME:** Delete subclauses (3), (4) and (5).

The justification is that harvesting organs, tissues and cells sent for post-mortem could be abused and, in cases of a medico-legal nature, it may destroy evidence that may be needed at a later day, for example, in cases of exhumation.

**THE DEPUTY CHAIRPERSON:** Honourable minister?

**DR ACENG:** Mr Chairperson, I concur. However, I request my chairperson to also include subclause (6) so that the deletion is for subclauses (3), (4), (5) and (6).

**THE DEPUTY CHAIRPERSON:** Chairperson?

**DR AYUME:** I concur.

**THE DEPUTY CHAIRPERSON:** Honourable colleagues, I put the question that clause 78 be amended as proposed by the committee and modified by the minister.

*(Question put and agreed to.)*

*Clause 78, as amended, agreed to.*

Clause 79

**DR AYUME:** Delete clause 79.

The justification is that there is no requirement for certification of deaths before post-mortem by the Council, which would create a possibility of persons alleging that organs were harvested from a patient who was still alive. In any case, clause 75 already takes care of how organs are harvested from the dead.

**THE DEPUTY CHAIRPERSON:** Honourable minister?

**DR ACENG:** I concur.

**THE DEPUTY CHAIRPERSON:** Thank you. Honourable colleagues, I put the question that clause 79 be deleted as proposed.

*(Question put and agreed to.)*

*Clause 79, deleted.*

*Clause 80, agreed to.*

*Clause 81, agreed to.*

*Clause 82, agreed to.*

*Clause 83, agreed to.*

*Clause 84, agreed to.*

*Clause 85, agreed to.*

Clause 86

**THE DEPUTY CHAIRPERSON:** Under clause 86, we had an issue with Hon. Dr Batuwa. Attorney-General, what did we say?

**MR KIRYOWA KIWANUKA:** Again, here, we had an issue in respect of monetisation of transplantation. We proposed – which was

agreed to – that “monetary or other forms of compensation for organs, tissues or cells is prohibited, except justifiable expenses approved by the Council.”

We were discussing the scenario where you want help from someone and the person agrees but cannot incur those expenses that are required of them. Therefore, it may be taken that the person is actually getting financial gain from you when, indeed, they just need it for continued survival, especially in post-management.

It is not going to be entirely possible to absolutely remove the element of money in these processes. We just need to make sure that there is someone who is overseeing that so that the weaker and more vulnerable people are not exploited.

Therefore, we think that if you have to incur any expenses – if there is supposed to be any money going through this process – the Council must approve it. Hon. Dr Batuwa was gracious enough to think that, that was reasonable.

**THE DEPUTY CHAIRPERSON:** Dr Batuwa?

**DR BATUWA:** We were alive to the fact that we get some of these medical interventions from developed countries and bring them here, but sometimes we do not adjust them the way we should. Whereas there is insurance there – and the patient does not pay anything – here, we do not have insurance. Indeed, there is need to, at least, have a cost to take care of the donor because the body will be weak.

However, as much as that is allowable, it does not remove the fear that, that provision could be exploited and the money exchanging hands can be justified to be a medical bill yet, in actual sense, it is a benefit or reward over and above what a medical bill would be.

Therefore, at least, let that mind be there. As we concede, the minister could make guidelines that further protect our fears. Thank you.



**THE DEPUTY CHAIRPERSON:** Thank you. I put the question that clause 86 stands part of the Bill.

*(Question put and agreed to.)*

*Clause 86, agreed to.*

**THE DEPUTY CHAIRPERSON:** The committee chairperson never proposed an amendment and Dr Batuwa conceded.

**MR KIRYOWA KIWANUKA:** No, they had proposed an amendment and we redrafted it to read: “Monetary or any other form of compensation for organs, tissues or cells is prohibited except justifiable expenses approved by the Council.”

**THE DEPUTY CHAIRPERSON:** Honourable colleagues, I put the question that clause 86 be amended as proposed by the Attorney-General - honourable colleagues, I had put a question on this. Okay? Let us recommit it.

Clause 87

**THE DEPUTY CHAIRPERSON:** Honourable colleague, please, I never received your proposed amendment. You have been with the Bill for a week – no, there are no general comments on such issues.

Honourable colleagues, I put the question that clause 87 stands part of the bill.

*(Question put and agreed to.)*

*Clause 87, agreed to.*

Clause 88

**DR AYUME:** We propose to:

- a) Amend subclause (1)(c) by inserting the word “unjustifiable” immediately before the word “financial”.

The justification is that this removes the assumption that there are no other factors that are related to financial gain before organ

harvesting. Finances are required for the purposes of organ, cell or tissue transplant – but not for commercial purposes. Thank you.

**THE DEPUTY CHAIRPERSON:** Thank you. Honourable minister?

**DR ACENG:** I concur.

**THE DEPUTY CHAIRPERSON:** Yes, Hon. Batuwa had an issue. Attorney-General, did you sort it?

**DR BATUWA:** We had an issue with clause 88(2). Our view is that we should delete it. This is because as much as we are allowing some expenses, this subclause stretches it to allow for expenses such as loss of earnings – if a donor was employed somewhere and can no longer work with the same effort. Therefore, we found it weak. I think we agreed with the majority, as well as the minister, to delete that subclause.

**DR AYUME:** The proposal is to amend subclause (2) as follows:

- b) In paragraph (a) by deleting the words “loss of earnings” and inserting the words “as may be approved by the Council” at the end of the provision.

The justification is that the use of the words “loss of earnings” can easily be abused and commercialised and the use of the “words as may be approved by the Council” is to ensure quality control.

- c) Delete paragraphs (b) and (c).

The justification is that paragraph (b) shall be catered for in the regulations; and paragraph (c) is deleted because consent is sought before going for any surgical procedure, and the consent explains any eventualities that may arise.

- b) Redraft subclause (6) as follows:

“(6) A person who contravenes this section commits an offence and is liable to life imprisonment.”

The justification is to provide for a more deterrent penalty.

a fine not exceeding 500,000 currency points – that is Shs 10 billion.

**DR BATUWA:** We concede to that drafting.

The justification is that body corporates should be prescribed a more stringent penalty.

**THE DEPUTY CHAIRPERSON:** Thank you. Honourable colleagues, I put the question that clause 88 be amended as proposed.

**THE DEPUTY CHAIRPERSON:** Honourable minister?

*(Question put and agreed to.)*

**DRACENG:** Mr Chairperson, I concur.

*Clause 88, as amended, agreed to.*

**THE DEPUTY CHAIRPERSON:** Dr Batuwa, you had no issue on -

*Clause 89, agreed to.*

**THE DEPUTY CHAIRPERSON:** *(Mr Opirose)* Honourable member, please.

**DR BATUWA:** Mr Chairman, as we were getting consensus, the issues we had – that I have kept quiet over, like the one he is talking about – we wanted to address them in clause 96. However, I forgot to ask you at that particular time, that when clause 96 comes, much as it is not in our minority report, you allow us to cure -

**MR SAMUEL OPIO:** The procedural issue I am raising is that in the minority report, there were two new subclauses that were proposed.

**THE DEPUTY CHAIRPERSON:** No, yesterday, we agreed that when we reach clause 96, we should allow you to cure some of these issues.

**THE DEPUTY CHAIRPERSON:** They have conceded on them because they have reconciled with the committee.

**MR SAMUEL OPIO:** They were not specifically on those issues. These are different issues –

**DR BATUWA:** Thank you.

**THE DEPUTY CHAIRPERSON:** Go on, Clerk.

**THE DEPUTY CHAIRPERSON:** Thank you. I put the question that clause 91 be amended as proposed.

Clause 90

*(Question put and agreed to.)*

**THE DEPUTY CHAIRPERSON:** I put the question that clause 90 stands part of the Bill.

*Clause 91, as amended, agreed to.*

*(Question put and agreed to.)*

Clause 92

*Clause 90, agreed to.*

**DR AYUME:** Amend the provision by substituting the words “10,000 currency points” with “100,000 currency points or imprisonment not exceeding 12 years, or both”.

Clause 91

**DR AYUME:** Amended the provision by inserting a new subclause after subclause (4) to read as follows:

The justification is to prescribe a more deterrent penalty.

“(5) A body corporate that commits an offence under subsection (1) is liable, on conviction, to

**THE DEPUTY CHAIRPERSON:** Honourable minister?

**DR ACENG:** I concur.

**THE DEPUTY CHAIRPERSON:** I put the question that clause 92 be amended as proposed.

*(Question put and agreed to.)*

*Clause 92, as amended, agreed to.*

*Clause 93, agreed to.*

*Clause 94, agreed to.*

*Clause 95, agreed to.*

Clause 96

**DR AYUME:** Amend subclause (2) as follows:

a) In paragraph “(a) by inserting the words ‘accreditation and’ before the word ‘designation’.”

The justification transplant centre must, first, be accredited before designation.

b) In paragraph (f) by inserting the word “national” before the words “waiting list.”

c) By deleting subclause (s).

d) By inserting four new paragraphs after paragraph (o) to read as follows:

- i. “fees to be charged by the Council”
- ii. “recall procedures”
- iii. “look back procedures”
- iv. “Procedure for sharing of organs”.

The justification is to be more inclusive.

e) Inserting a new provision after subclause (3) to read as follows:

“For the purpose of this section, sharing of organs means medically sanctioned movement of body organs, tissues or cells from one organ bank to the other.”

The justification is that this is for clarity.

**THE DEPUTY CHAIRPERSON:** Dr Batuwa, have we captured all the issues?

**DR BATUWA:** We have our concerns that we seek to cure in this clause 96, which gives the minister powers to make regulations.

First, we are worried about incidents that happened. For example, where a mad person was presented at the exit point at the airport and the claim was very simple: he was being taken out of the country for treatment, but the fact was that this mad person was being taken for organ harvesting.

There are children who are being taken with claims of adoption but it is for the same purpose. There are labourers who go to the Middle East and other destinations for labour but they end up being taken for this activity. It was, indeed, very difficult –

**THE DEPUTY CHAIRPERSON:** Honourable member, this is a general clause. Just propose what you want us to add in clause 96 and we look at that.

**DR BATUWA:** So, we would like the minister to have the power to demand for a scan to be done on cases he or she feels that a scan should be done, such that just in case this person comes back and claims that his or her organs were harvested without his or her will, the minister has a document to rely on in Court, as she presents the current status of that very victim, where now he or she has no organ.

Secondly, we would like the minister to also make regulations that would address the affected people –

**THE DEPUTY CHAIRPERSON:** Honourable member, just help me. Can you propose what you want to be captured? You are now talking in general terms? What do you want us to capture?

**DR BATUWA:** Thank you very much, Mr Chairperson. Let me ask my colleague to come and propose.

**MR SAMUEL OPIO:** Thank you, Mr Chairperson. We are proposing the following provisions for regulations;

First, that “the minister may, by regulations, prescribe measures to safeguard and protect vulnerable persons, including the mentally incapacitated, street children, the unemployed, and others from being exploited through illegal organ removal as they exit the country.”

What we are saying is that these safeguards do not necessarily include testing; they can be scrutiny at the point of immigration. We have embassies in other countries, which can be monitoring and since regulation –

**THE DEPUTY CHAIRPERSON:** Honourable member, we agree to that. So, the minister should find it very easy - because we are still looking extremely far. We said we should leave it open in the regulations so that in case some solutions come up, the minister is able to exploit the regulations.

**MR SAMUEL OPIO:** Thank you. Secondly, we have people who are already victims of organ trafficking; their organs have been removed, yet these are vulnerable people. They are highly traumatised and actually, do not have where to go.

Our proposal is that the minister – and that is why I had thought that it would be in the earlier clause; that the Council would make provisions for handling medical complaints from persons or victims affected by organ trafficking, including medical care such as rehabilitation services, in a designated facility and medical investigations in an approved facility.

So, at times, they need that rehabilitation because they are traumatised. At times, they need that assistance in the medical investigation, and we think that there should be some support in that area.

**THE DEPUTY CHAIRPERSON:** Now, if I may ask: Don't you think that clause 96(1) provides for this? It says: "...where the minister may, by statutory instrument, make

regulations generally for the better carrying into effect of the provisions of this Act". I am saying this because the other one just talks about notwithstanding the general effect of subsection (1).

**MR MPUUGA:** Thank you, Mr Chairperson. If I understood him, you know, the law generally is addressing pre and post in a lawful form or where there are violations. However, this is post illegality, where probably, the victims did not make consent and probably, it was forceful. They were lured into a situation they did not know, and they now need rehabilitation. Maybe, because the regulations are more liberal in nature, there is no danger in asking the minister, by regulations, to make particular provisions for these kind of occurrences. I do not really see any problem.

**THE DEPUTY CHAIRPERSON:** Okay, Leader of the Opposition (LoP), I had seen that under clauses 96(1) and 96(2)(c), where transportation activities include even post-transplant care and all that, but if you want us to be very specific, the Attorney-General can guide us.

**MR KIRYOWA KIWANUKA:** Thank you very much, Mr Chairperson. We can put a regulation as you proposed. However, we always must be mindful that the State has a duty to provide medical services because now, we are going to write a law about accidents. The other day, we were discussing an issue on mental health. All these must be provided for.

Parliament should not sit down and say, “Government shall provide this and that” because it is a general requirement. We can write it, but it is a general requirement that whether your organ has been taken illegally or you have had an accident and you cannot support yourself, or you are unwell, we must see it within our realities.

Therefore, like the Chairperson has stated, the minister has been given powers to provide for the better carrying out of this Act. I think it is wide enough for the minister to play within that space if the realities of the time demand so.

Otherwise, I think it is already a constitutional duty of Government to make that provision.

**DR BATUWA:** In that regard, we concede to that view. Our last submission on the regulations is that you will realise that throughout this Bill – because now, we are almost at the end of it; we have tightened and put heavy padlocks, but Government’s eyes and hands are off; it is only the ears that are there. At the point of making a decision, whether you are brain-dead or not, Government is relying on other people; it is only hearing and not looking or seeing. At the point of harvesting, it is only looking and not seeing.

So, would it be prudent if regulations are made by the minister describing who is going to represent the Council at the harvesting table?

**MR KIRYOWA KIWANUKA:** I think we are about to do the job of the Council because Council is supposed to advise the minister in making these regulations.

So, we first put in place the Council. It will sit and look at the processes, prescribe regulations and advise the minister. Otherwise, you may now start doing work, which is supposed to be for the Council. Like I said, I do not think I have seen any Act or Bill, which has such wide duty for regulation like this. As soon as Council comes into place, it is going to be inundated with work to make sure that they can regulate all these areas.

Honourable colleagues, I propose that we allow the Council to sit and then guide on these regulations as they get along with it.

**THE DEPUTY CHAIRPERSON:** Colleagues, it is 10.00 a.m. and we are supposed to be coming for another session.

**DR BATUWA:** Honourable minister and the Attorney-General, the way you have explained that Council has to advise, that is our mind; please, take care of our concerns. Government should be present in these two activities to safeguard us in any way you wish. We concede. Thank you very much.

**THE DEPUTY CHAIRPERSON:** Thank you.

**MR SSEMURU:** Mr Chairperson, there are many things that have been referred to, in the making of the regulations. I want to find out whether it would not be appropriate to propose that the making of the regulations is mandatory because when you say, “The minister may” – suppose the minister does not? Yet, there are the many things at the beginning.

**MR KIRYOWA KIWANUKA:** Thank you very much. You make a very interesting proposition. What has made this Bill very difficult is that we are groping in the dark; it is a new area for many of us. We do not know where we are going with it.

When the Council comes in place – Yesterday, we were discussing that some of these Bills are going to require post-legislative scrutiny. When you are starting a new area – I gave an example when we started the East African Crude Oil Pipeline Bill, 2021; it was new to us. We put things in place but when reality came, it became difficult to implement.

If we say “The minister shall do this” and they do not do it, it will be a breach of the law; but if we use post-legislative scrutiny, we would be able to look at it and say, “Have we taken care of this well”. Otherwise, we need this Council in place to advise. I think what we want to do here is to say that the minister “may”. “May” is as a directive as “shall.”

**THE DEPUTY CHAIRPERSON:** Colleagues, let us listen to one another. Now, you have started debating amongst yourselves; let us come back here.

Attorney-General, Hon. Ssemurru has a very valid point. When you look at clause 33, this Bill is dependent on regulation. To have a middle ground between what he is saying and what you are saying, we can, under clause 96 (1) say “The minister shall make regulations.”

Then, under clause 96(2), we leave it with the word “may” so that we do not tie areas of

regulation. That would give us a more – LoP, yesterday, we talked about a certain area where we said the minister will make regulations; the one on protecting our people going abroad. All of us conceded that even after benchmarking, we do not have any country, which has made that provision; we have to think outside the box.

When you say “shall” on that specific area, the minister will not be able. However, when you say “shall make regulations”, the minister will be mandated to make regulations on areas, which are very clear. Then, in future, on other areas, he or she can keep adding on.

**MR MPUUGA:** Thank you, Mr Chairperson. I have been awakened by the submission of the learned Attorney-General to the effect that, indeed, our post-legislating is going to be a bit laden with some darkness. Therefore, would it be fatal if we asked the minister to lay these regulations in Parliament for the attention of Parliament, so that Parliament is alive to the existence and the scope.

Perhaps, if issues raised here are not taken care of, then Parliament will have reason to be alive to the gaps and have them addressed. We can do this in clause 96(1) by extension.

**MR KIRYOWA KIWANUKA:** We shall redraft clause 96(1) to read: “The minister shall, by a statutory instrument, make regulations generally for the better carrying into effect the provisions of this Act, and shall lay the same before Parliament.”

**THE DEPUTY CHAIRPERSON:** That satisfies us, colleagues. I now put the question that clause 96, be amended as proposed by the committee and modified by the Attorney-General.

*(Question put and agreed to.)*

*Clause 96, as amended, agreed to.*

*Clause 97, agreed to.*

*Clause 98, agreed to.*

*First Schedule, agreed to.*

Schedule Two

**DR AYUME:** Under Schedule Two, insert No.4 after No.3 to read: “4. Storage.”

The justification is to be all-inclusive. Storage is one of the components of transplant activities.

**DR ACENG:** I concur.

**THE DEPUTY CHAIRPERSON:** I put the question that schedule 2 be amended as proposed.

*(Question put and agreed to.)*

*Second Schedule, as amended, agreed to.*

*Third Schedule, agreed to.*

*Title agreed to.*

MOTION FOR THE HOUSE TO RESUME

10.10

**THE MINISTER OF HEALTH (Dr Ruth Aceng):** Mr Chairperson, I beg to move that the House do resume and the Committee of the whole House reports thereto.

**THE DEPUTY CHAIRPERSON:** I put the question that the House do resume and the Committee of the whole House reports thereto.

*(Question put and agreed to.)*

*(The House resumed, the Deputy Speaker presiding.)*

REPORT FROM THE COMMITTEE OF  
THE WHOLE HOUSE

10.11

**THE MINISTER OF HEALTH (Dr Ruth Acheng):** Mr Speaker, I beg to report that the Committee of the whole House has considered “The Uganda Human Organ Donation and Transplant Bill, 2021,” from clauses 30 to 98 and passed it with amendments.

MOTION FOR ADOPTION OF THE  
REPORT FROM THE COMMITTEE OF  
THE WHOLE HOUSE

10.11

**THE MINISTER OF HEALTH (Dr Ruth Aceng):** Mr Speaker, I beg to move that the report from the Committee of the whole House be adopted.

**THE DEPUTY SPEAKER:** I put the question that the House adopts the report from the Committee of the whole House.

*(Question put and agreed to.)*

*Report adopted.*

**THE DEPUTY SPEAKER:** Colleagues, we have two clauses for re-committal. That is why I remained here instead of moving because we noted clauses 9 and 86. Chairperson, can you move the motion? Whoever is ready –

**MR KIRYOWA KIWANUKA:** Mr Chairperson, we propose that clause 86 be reconsidered to read “Monetary or any other form of compensation...” *-(Interruption)*

**MR SSEMURU:** Mr Speaker, you have advised that the Government moves a motion to have some clauses recommitted. The Attorney-General is actually –

**THE DEPUTY SPEAKER:** Attorney-General, please, move the motion for a re-committal.

**MR KIRYOWA KIWANUKA:** Thank you very much. Mr Speaker, I move a motion that clauses 9 and 86 of the Uganda Human Organ Donation and Transplant Bill, 2021 be recommitted for consideration.

**THE DEPUTY SPEAKER:** I put the question on the motion.

*(Question put and agreed to.)*

BILLS  
COMMITTEE STAGE

THE UGANDA HUMAN ORGAN  
DONATION AND TRANSPLANT BILL,  
2021

Clause 9

**THE DEPUTY CHAIRPERSON:** The chairperson had an amendment that we skipped. Under clause 9, the issue is that we put the question before the chairperson moved his amendment. That is what I want us to capture.

So, read the amendment from the committee and then the minister comes up.

**DR AYUME:** We propose to amend the provision as follows:

a) Redraft paragraph (d) to read as follows:

“(d) is serving on any other statutory Council or board.”

The justification is to avoid conflict of interest.

b) Insert a new paragraph after paragraph (d) to read as follows:

“(e) is directly involved in organ, cell or tissue transplant.”

The justification is to avoid conflict of interest.

**THE DEPUTY CHAIRPERSON:** Honourable minister?

**DRACENG:** Thank you, Mr Chairperson. We had requested that part (d) be maintained as is in the Bill because this is a full-time Council and serving on any other Council or board may distract this Council. Therefore, our request was that the word “statutory” should not be used.

However, for the other parts, we do concur.

**THE DEPUTY CHAIRPERSON:** Thank you.

**DR AYUME:** Chairperson, I concur.

**THE DEPUTY CHAIRPERSON:** Thank you. I put the question that clause 9 be amended as proposed by the chairperson and modified by the minister.

*(Question put and agreed to.)*

*Clause 9, as amended, agreed to.*

Clause 86

**THE DEPUTY CHAIRPERSON:** Attorney-General, you were supposed to repeat for us the consensus we had agreed on because we did not vote on it.

**MR KIRYOWA KIWANUKA:** Thank you, Mr Chairman. We are proposing that clause 86(1) be redrafted to read: “Monetary or any other form of compensation for organs, tissues or cells is prohibited, except justifiable expenses approved by the Council.”

**THE DEPUTY CHAIRPERSON:** Chairperson, I think we had already solved that and reached consensus on it, but I need it on record.

**DR AYUME:** I concur.

**THE DEPUTY CHAIRPERSON:** Thank you. I put the question that clause 86 be amended as proposed by the Attorney-General.

*(Question put and agreed to.)*

*Clause 86, as amended, agreed to.*

**THE DEPUTY CHAIRPERSON:** Honourable Aisha yesterday notified me that she wanted to recommit clause 76. That is why I called her here.

**MS AISHA KABANDA:** Thank you, Mr Chairperson. Yesterday, I had notified the House that I needed a recommittal due to the

removal of next of kin – insisting that people giving consent should be close relatives – bearing in mind that sometimes, people who are very close to us are not relatives.

I had wanted that “next of kin” be put there because my closest people might not be my blood relatives. However, I have seen that clause 76 cures my interest because you have a right to nominate other people to give consent on your behalf.

**THE DEPUTY CHAIRPERSON:** Thank you, honourable member.

MOTION FOR THE HOUSE TO RESUME

10.18

**THE MINISTER OF HEALTH (Dr Ruth Aceng):** Mr Chairperson, I beg to move that the House do resume and the Committee of the Whole House reports thereto.

**THE DEPUTY CHAIRPERSON:** Honourable colleagues, I put the question that the House do resume and the Committee of the Whole House reports thereto.

*(The House resumed, the Deputy Speaker presiding.)*

REPORT FROM THE COMMITTEE OF  
THE WHOLE HOUSE

10.19

**THE MINISTER OF HEALTH (Dr Ruth Aceng):** Mr Speaker, I beg to report that the Committee of the Whole House has considered clauses 9 and 86, recommitted them, and passed them with amendments.

MOTION FOR ADOPTION OF THE  
REPORT OF THE COMMITTEE OF THE  
WHOLE HOUSE

**THE DEPUTY SPEAKER:** Honourable colleagues, I put the question that the report of the Committee of the Whole House be adopted.

*(Question put and agreed to.)*

*Report adopted.*



BILLS  
THIRD READING

THE UGANDA HUMAN ORGAN  
DONATION AND TRANSPLANT BILL,  
2021

10.21

**THE MINISTER OF HEALTH (Dr Ruth Aceng):** Mr Speaker, I beg to move that the Bill entitled, “The Uganda Human Organ Donation and Transplant Bill, 2021” be read the third time and do pass.

**THE DEPUTY SPEAKER:** Honourable colleagues, I put the question that, “The Uganda Human Organ Donation and Transplant Bill, 2021” be read the third time and do pass.

*(Question put and agreed to.)*

A BILL FOR AN ACT ENTITLED,

“THE UGANDA HUMAN ORGAN  
DONATION AND TRANSPLANT ACT,  
2022.”

**THE DEPUTY SPEAKER:** Bill passed and titled settled. *(Applause)*

Honourable minister, congratulations. Honourable chairperson, congratulations. Honourable colleagues, congratulations. *(Applause)*

Thank you, LoP, Shadow Minister of Health, Attorney-General and the Government Chief Whip. *(Applause)* Thank you, Dr Opio and team. Thank you, Hon. Mwijukye, for the loudest “no”. *(Laughter)* Only Hon. Ssemujju Nganda could compete today.

Colleagues, you woke up early morning - you can see the determination. If you saw – before we could even process the Bill, BBC wrote a very big story on how Uganda is opening up opportunities for organ transplant, and how this will help many people who could not afford to go outside of the country. So, this is great work and one of the most critical Bills.

I think we have tightened it enough, most importantly, the part that – an issue for those who might have not read the Bill – any hospital that is going to be licenced to perform this organ transplant will not be able to do a transplant on living persons until the fifth year of operation – yes, for the dead.

Our major issue for dead people was that you are on a bed and someone runs quickly to declare you dead. They have to be monitored; and I hope we have tightened it enough.

Honourable minister, you can use one minute. We are very late for the EALA elections.

**DR ACENG:** Mr Chairperson, thank you for the one minute. Allow me, in a special way, to extend my appreciation to you for your commitment not only here, but also in guiding and bringing us together for purposes of harmonisation. *(Applause)*

Allow me to thank my chairperson and the entire Committee on Health with whom we burnt midnight candles to understand this Bill and address it. Let me also thank my shadow minister, who has been very cooperative, very understanding, and very flexible; and also for his guidance and scrutinising the Bill in detail. *(Applause)*

I thank the entire august House; this has not been an easy Bill. It is a Bill that needed deep reading, understanding and consideration. I do not take it for granted. Thank you very much, honourable members.

10.24

**DR CHARLES AYUME (NRM, Koboko Municipality, Koboko):** Thank you, Mr Speaker. I would like to thank you for your guidance, especially when the going was tough. To my committee, to Hon. Dr Batuwa, yesterday, you were a “Saul” but today I could see you are “Paul” - there has been a lot of transformation. *(Laughter)*

I would also like to thank the entire august House. This is a very important Bill for the

country. There is a backlog, the need is there. And, I am very sure that in a year or two, with the appropriate resources, we should have the first organ transplant. Please, join us for a bottle of champagne when the first patient walks out of Mulago Hospital. Thank you.

**THE DEPUTY SPEAKER:** Thank you, colleagues. House is adjourned until 10.30 a.m.

*(The House rose at 10.25 a.m. and adjourned to 29th September 2022 at 10.30 a.m.)*