**Thursday, 5 May 2016**

*Parliament met at 5.11 p.m. in Parliament House, Kampala.*

PRAYERS

*(The Speaker, Ms Rebecca Kadaga, in the Chair.)*

*The House was called to order.*

COMMUNICATION FROM THE CHAIR

**THE SPEAKER:** Honourable members, I welcome you to this afternoon’s sitting and I apologise for the late start. We were engaged in an exercise of deepening democracy and it took a bit of our time, but we will try to catch up.

Secondly, I would like to give notice that I will dissolve the House on 11 May 2016 at the close of business. Therefore, if the Government has anything urgent between now and Wednesday next week, please present it.

I have also altered the Order Paper to create room for the Minister of Relief and Disaster Preparedness to make a statement.

5.13

**THE GOVERNMENT CHIEF WHIP (Ms Ruth Nankabirwa):** Thank you very much, Madam Speaker. On behalf of the NRM Caucus of the Ninth Parliament, allow me to congratulate the Speaker and the Deputy Speaker of the Ninth Parliament that have been elected by the NRM Caucus of the Tenth Parliament as their flag bearers for the Speakership and Deputy Speakership for the Tenth Parliament. *(Applause)*

I thought we should put this on record, because we have just come out of that exercise in Entebbe, where the Speaker and the Deputy Speaker have been elected as the NRM flag bearers unopposed. *(Applause)* I would like to call upon you, honourable colleagues, who will be in the Tenth Parliament to kindly support the two personalities: Rt Hon. Rebecca Kadaga for Speaker and Rt Hon. Jacob Oulanyah for Deputy Speaker. I thank you.

**THE SPEAKER:** Thank you very much, Government Chief Whip. It is in order for me to thank my political party and the members of the NRM caucus for the confidence they have bestowed upon us to continue with the steady progress going forward. (*Laughter*)

5.14

**MR HASSAN FUNGAROO (FDC, Obongi County, Moyo):** Madam Speaker, thank you very much, for giving me this opportunity. I rise on a matter of national importance. I came to your office and found you busy; I am sorry. I would have explained to you first - but it is not a bad one anyway.

Hon. Nankabirwa, you will never hijack our victory here because our Speaker is hon. Rebecca Kadaga. She is going to be elected as the Speaker of the Tenth Parliament not because of your choice from the NRM caucus but because of our choice we are geared to make, in the Tenth Parliament. I am going to be one of the people who will vote her. Therefore, do not hijack our victory. (*Laughter*) Anyway, if we find ourselves moving in the same direction, it is also good. It is not bad to move together, especially when you are the ones joining the right side.

Madam Speaker, today in the mass media, we got information from the Government, not only emphasising the ban on the defiance campaign of the Forum for Democratic Change, but also going an extra mile to ban the work of the press. Government said that members of the press should not broadcast live any activity of law enforcement, if at all there is a law to be enforced.

I see this injuring the country, especially in the area of freedom of expression and freedom of the mass media. It injures the religious leaders too. Each time we do such things, we are adding more injury to what is already in existence.

Madam Speaker, as a person responsible for security and defence in this country, it is safer - (*Interjections)-* As the Shadow Minister of Defence and Security, when the substantive minister fails, I take over. (*Laughter*) That is why there are checks and balances. It is better to deal with the evil you can see than the evil you cannot see. If you say the defiance campaign should not be covered by the press, you are at the same time saying it should not be visible. How do you control an evil you do not see, if at all it is an evil? (*Interruption)*

**MS OSEGGE:** Thank you very much, Madam Speaker. In addition to those pronouncements, the whole country is on tension. I have a cousin who was pregnant and she has miscarried because of the fighter jets that are flying over. There is a general feeling that we are at war.

Secondly, innocent Ugandans are being picked up from all over the country just because they are FDC members. The FDC party chairpersons in the villages all over the country have been arrested for what they are not aware of.

Madam Speaker, we are causing a situation of war in this country without knowing it, and it has continued to show that we are not as democratic as we claim to be. This Parliament needs to pronounce itself. There is no reason a fighter jet should fly over this nation when there is no war situation. That was the piece of information I wanted to give.

**MR FUNGAROO:** Madam Speaker, my prayers on this matter of national importance are: One, for those who have grievances to express, let them do it. If it is against the law, let the law enforcement agencies work openly. Therefore, let the press do their work, so that people can see the law breakers. Also, the law enforcement officers should do their work too.

Finally, Madam Speaker- (*Interruption*)

**DR BARYOMUNSI:** Thank you, hon. Fungaroo, for giving me the Floor to give information. My understanding is that when the leader of FDC announced the defiance campaign, the office of the Attorney-General petitioned the Constitutional Court. The court gave a ruling with specific orders, which outlawed the defiance campaign, and these orders also affected the media.

What has been done is basically a request to media operators and all of us to obey the specific orders given by the Constitutional Court. In my understanding, the orders given by court are part of the law. Therefore, I just want to give information that there were orders given by the Constitutional Court, and I think they are just being enforced.

**THE SPEAKER:** Hon. Fungaroo, please, conclude.

**MR FUNGAROO:** Madam Speaker, I will actually conclude on this matter. We are legislators and we make laws, but something legal does not necessarily mean it is morally right. In the past, slavery was acceptable in certain countries because it was legal. However, its immorality cannot be written off by the fact that certain countries accepted it.

Therefore, as Members of Parliament, we speak for the people. Uganda has already started moving in the right direction of democracy; we should allow freedom of the press, worship and assembly. Yes, the law enforcement officers must do their work where it is required, but they should be visible.

The risk we now run is, if you sweep this defiance campaign underground or under the carpet, it may change itself into something more deadly, which this country does not want to see. Thank you very much for listening to me. As a security person, I warn this country against crippling the defiance campaign and sending it underground.

**MS RUTH NANKABIRWA:** Madam Speaker, I just want to inform this country that Uganda’s problems were solved in 1995, when we promulgated our Constitution. We swear to uphold this Constitution when we are taking positions of responsibility. Members of Parliament-elect are going to be sworn-in holding it.

We have established laws and courts, which have got their rules of procedure. If there is an interim court order, there are regulations which you can go through to oppose it in case you want to do so. Otherwise, you remain with no alternative but to abide by the interim court order and then take the necessary steps stipulated in our laws, when you are opposing. Therefore, I want to assure this country *-(Interjections) -* it is not odd; I am reacting as the Government Chief Whip.

Madam Speaker, I feel very sorry if there is a person who was affected by the fighter jets flying around. However, you should not get worried that we are preparing for war. We are just preparing for sustainability of peace - *(Interruption)*

**MS OSEGGE:** Madam Speaker, it is very unfortunate that a senior member of this House *- (Interjection) -* Of course, you are senior to me; you have been here longer than I have.

What we are talking about is a serious matter. I think it becomes very unfortunate if a senior Member, who is the Government Chief Whip, speaks the way she does. All Ugandans have a right of expression. It is good and sweet to feel the power while it lasts but as sure as the sun rises and sets, you can be sure that there is a beginning and an end.

A woman has lost her baby, and you do not know whether it is more than one, because of that. When a fighter jet is flying over a nation, it means there is an enemy. Is it in order for the Government Chief Whip to justify an action by the Ugandan Government, saying that Ugandans have given them authority to intimidate them to the extent that women are losing their children? Is it in order for us to support such an act?

Madam Speaker, I am a Bible believer and when Government goes ahead to torment men of God, the Bible says, “Touch not…” –

**THE SPEAKER:** What is the point of order? You are now submitting.

**MS OSEGGE:** The Bible says, “Touch not my anointed and do my prophet no harm.” That is what is in the Bible. Is the Government Chief Whip in order?

**THE SPEAKER:** Honourable members, I do not know the name of the person, I do not know where she died from and we also do not know the cause of death. However, I am aware that over the skies of Uganda, airlines fly by every day and I do not know whether they have caused death. I think we should leave that matter. You have given your point and if there is anyone in danger, you could probably come back and speak about it.

For now, I would like you to join me in commiserating with Gen. (Rtd) Moses Ali, the Deputy Prime Minister; we were here with him until very late yesterday but as he got out of the House, he was told that his 30-year-old son had died. He is going to be buried tomorrow in Adjumani.

As if that was not bad enough, we have heard that Dr Deborah Atai, who was in one of the teams that went to Liberia and Sierra Leone to fight Ebola, died this morning of pancreatic cancer. We had pledged to have a motion here to honour them. We shall do it posthumously, although we would have wanted her to be in the gallery when we are honouring them. I would like to ask Members to stand up and give respect to these departed souls.

*(Members stood and observed a moment of silence.)*

LAYING OF PAPERS

REPORTS AND OPINIONS OF THE AUDITOR-GENERAL ON THE FINANCIAL STATEMENTS FOR THE YEAR ENDING 30 JUNE 2011 - DISTRICT LOCAL GOVERNMENT ACCOUNTS

**THE SPEAKER:** Hon. Bahati, can I request you to lay those papers on the Table?

5.28

**THE MINISTER OF STATE FOR FINANCE, PLANNING AND ECONOMIC DEVELOPMENT (PLANNING) (Mr David Bahati):** Thank you, Madam Speaker. I would like to lay on the Table reports and opinions of the Auditor-General on the financial statements for the year ending 30 June 2011 for the following district local government accounts:

i) Kayunga District Local Government- Nazigo;

ii) Kayunga District Local Government- Kayunga Subcounty;

iii) Bulambuli District Local Government;

iv) Mayuge District Local Government;

v) Jinja Municipal Council;

vi) Kamuli District Local Government;

vii) Buyende District Local Government;

viii) Kiboga Local Government;

ix) Kaliro District Local Government.

Madam Speaker, I beg to lay.

**THE SPEAKER:** Thank you. There is item 4 (B) as well.

LAYING OF PAPERS

REPORTS AND OPINIONS OF THE AUDITOR-GENERAL ON THE FINANCIAL STATEMENTS FOR THE YEAR ENDING 30 JUNE 2012 - DISTRICT LOCAL GOVERNMENT ACCOUNTS

5.30

**THE MINISTER OF STATE FOR FINANCE, PLANNING AND ECONOMIC DEVELOPMENT (PLANNING) (Mr David Bahati)**: Madam Speaker, I would like to lay on the Table reports and opinions of the Auditor-General on the financial statements for the year ending 30 June 2012 for the following district local governments:

i) Amuria District Local Government – Apeduru Subcounty and Ogolai Subcounty;

ii) Serere District Local Government – Bugondo Subcounty, Kadungulu Subcounty, Atiira Subcounty and Kyere Subcounty;

iii) Soroti District Local Government – Western Division;

iv) Soroti District Local Government – Soroti Subcounty;

v) Soroti District Local Government – Eastern Division and Northern Division;

vi) Kumi District Local Government – Atutur Subcounty, Nyero Subcounty, Kumi Subcounty, Kanyum Subcounty, Ongino Subcounty, Mukongoro Subcounty;

vii) Napak District Local Government – Ngoleriet Subcounty, Lotome Subcounty, Matany Subcounty, Iriri Subcounty;

viii) Abim District Local Government – Morulem Subcounty and Nyakwae Subcounty;

ix) Kaberamaido District Local Government, Kakure Subcounty, Kobulubulu Subcounty and Apapai Subcounty;

x) Nebbi District Local Government – Akworo Subcounty, Erussi Subcounty, Panyango Subcounty, Nyaravur Subcounty, Panyimur Subcounty, Ndhew Subcounty, Kucwiny Subcounty and Nebbi Subcounty;

xi) Moyo District Local Government – Laropi Subcounty;

xii) Zombo District Local Government – Warr Subcounty;

xiii) Arua District Local Government – Oluko Subcounty, Okollo Subcounty, Pajulu Subcounty, Pawor Subcounty, Uriama Subcounty, Odupi Subcounty, Rhino Camp Subcounty and Omugo Subcounty;

xiv) Bujumbura Division, Hoima Municipal Council;

xv) Mparo Division, Hoima Municipal Council;

xvi) Northern Division, Soroti Municipal Council;

xvii) Arua Hill Division, Arua Municipality;

xviii) Walukuba Masese Division, Jinja District.

I beg to lay.

**THE SPEAKER**: Thank you very much, hon. Bahati. All these are sent to the Committee onLocal Government Accounts for perusal and report back.

Honourable members, in the gallery we have students of Bachelors of Science in Biotechnology, together with researchers from the National Agricultural Research Organisation, Science for Livelihoods and Development, and Uganda Bio-technology and Bio-safety Consortium. On the Order Paper, we have the Bio-safety and Bio-technology Bill. They took interest in it and have come here today. However, even if we do not consider it today, we will be able to handle it sometime. You are all welcome to the House. (*Applause)*

BILLS

SECOND READING

THE UGANDA CANCER INSTITUTE BILL, 2015

5.32

**THE MINISTER OF STATE FOR HEALTH (GENERAL DUTIES) (Dr Chris Baryomunsi):** Thank you, Madam Speaker. I beg to move that the Bill entitled, “The Uganda Cancer Institute Bill, 2015” be read for the second time.

**THE SPEAKER:** Is it seconded?It is seconded from both sides of the House.

**DR BARYOMUNSI:** Madam Speaker, if I could speak briefly to the Bill, to justify why Government has brought it to Parliament. As we all note, there is an increase in the trend of cancer in Uganda and in other developing countries. Indeed, all of us notice that we are getting many Ugandans suffering from cancer, and even when you look at the projection and trajectory, the trend is worrying. Cancer is on the rise in all parts of the country.

The intention of the Government is to strengthen the Uganda Cancer Institute, which has been in existence but as a small unit within Mulago Hospital. We would like to thank Parliament because over time, you have been trying to strengthen this cancer institute. I recall about five years ago, the budget for the cancer institute was about Shs 2 billion but we have steadily moved now to about Shs 46 billion in the coming financial year, with the support from the Parliament of Uganda.

The purpose of this legislation, therefore, is to create the Uganda Cancer Institute as an autonomous agency of Government, with a clear mandate to undertake and coordinate the prevention and treatment of cancer and cancer related diseases, and also to conduct research in the area of cancer. The object of this Bill, just briefly, is to establish an autonomous cancer institute with a mandate to undertake and coordinate the management of cancer and cancer related diseases in Uganda, not only in Mulago but in the rest of the country.

It also aims at establishing a modern cancer institute with international standards that will address the challenge of treating cancer and cancer related diseases. Added to that, it will also reduce referrals of cancer patients abroad, ensuring access to highly specialised cancer medication, as well as increased local capacity to handle super specialised cancer conditions. It will also empower the institute to oversee the management of cancer and cancer related diseases in the other public health centres across the country.

Madam Speaker, the Government is in the process of transforming Mulago Hospital into a centre of excellence. We have embarked on strengthening some of the units, including the Uganda Cancer Institute, the Uganda Heart Institute and the other departments. The processing of this law, therefore, is part of that journey of transforming Mulago Hospital into a centre of excellence. We want to build the capacity of the institution to be able to manage most of the conditions in Uganda and significantly reduce referrals of Ugandans to India, South Africa and other countries for treatment. By supporting this Bill, you are supporting us towards that journey of transforming Mulago and converting it into a centre of excellence.

Madam Speaker, the Bill has been considered by the Committee on Health; they have done a good job and are ready to report to the House. I would like to request the House to support the passing of this Bill. The Director of Uganda Cancer Institute, Dr Jackson Oryem, is here with us, together with Dr John Omagino, the Director of the Uganda Heart Institute. We also have the Uganda Heart Institute Bill on the Order Paper. We would like to welcome them. Thank you very much.

5.32

**THE CHAIRPERSON, COMMITTEE ON HEALTH (Dr Medard Bitekyerezo):** Madam Speaker, this is a report of the Committee on Health on the Uganda Cancer Institute Bill, 2015. This specific Bill was read for the first time on 20 August 2015 and it was referred to the Committee on Health in accordance with rules 117 and 118 of the Rules of Procedure of Parliament for scrutiny. In scrutinising the Bill, the committee was guided by rule 118 of the Rules of Procedure of Parliament. I hereby present the committee’s findings and recommendations.

The committee scrutinised the Uganda Cancer Bill, 2015 and received contributions from the following stakeholders: the Ministry of Health, Uganda Cancer Institute, the Uganda Cancer Institute Board -

**THE SPEAKER:** Chairperson, the Members can read those by themselves.

**DR BITEKYEREZO:** Much obliged. For purposes of the record, I beg to lay on the Table some minutes of the meetings we had with the stakeholders.

The object of the Bill has been talked about by the previous speaker; I would like to go to the committee observations and recommendations on page 3 of my report.

The committee notes that the cancer situation in Uganda is made worse by HIV, Human Papilloma Virus (HPV), hepatitis B and other infections and yet there is only one cancer facility, which is the Uganda Cancer Institute.

The Uganda Cancer Institute needs to install an ultramodern radiotherapy machine or facility but the total health funding is still below the recommended 15 per cent. The Uganda Cancer Institute can be strengthened through recognition of the strategic nature of the institute in the national system for cancer prevention; early and appropriate detection of cancer; evidence-based treatment, where possible cure; rehabilitation; and palliative care for cancer patients.

I will go to page 5. The Bill provides that the institute shall have a board of directors, which shall be the governing body of the institute and shall be responsible for the general direction and supervision of the institute. We propose that the board of directors shall consist of the following nine members: chairperson, director general of health services, executive director - You can read the details on page 5.

The committee further observed on page 6 that the board should have a representative with expertise in atomic energy in order to advise on the effects of radiation on the environment and disposal. In addition, it should have a representative from the Uganda Law Society, an experienced member in financial management, one with knowledge in cancer research and one from a palliative care unit. This will ensure that the members of the board are multi-skilled, considering their diverse background.

The committee recommends that the board should consist of 10 members who shall be persons of high moral character, proven integrity and competence as follows - You can read that on page 6 of the report.

The committee further recommends that the executive director, who will be responsible for the implementation of the policies, decisions and programmes agreed to by the board members, should be a member of the board but with no voting rights.

Functions of the Board

The committee recommends that a schedule be provided for the meetings of the board and the functions of the board be included as follows:

a) To oversee the operations of the institute.

b) Advise the minister on cancer disease related matters, policy and strategic issues.

c) Review and approve business and operating plans, budgets, reports and audited financial statements of the institute.

d) Appoint, promote, terminate, discipline and set terms and conditions of service of the employees of the institute in consultation with Ministry of Public Service and the Health Service Commission.

Madam Speaker, we have got a problem with procurement of medicines. Cancer is a unique disease, and the people treating cancer in Mulago know the drugs they need. The committee was informed that National Medical Stores (NMS) would procure some drugs, which would fail to cure the diseases in Mulago.

As I said, the committee was informed that cancer treatment is classified as a highly specialised discipline characterised by a high level of training and greater use of technologies. Such technologies include drugs called chemotherapeutic agents, devices and equipment that are dynamic in nature. A case in point is the radiotherapy machine, which has remarkably evolved with new specifications which integrate treatment methods.

The Government of Uganda has provided funds to cater for this highly specialised input through the NMS. However, the challenge lies in the standard of service delivery characterised by shortages, irregular supplies and questionable quality resulting in poor outcome, which has led to the loud outcry from the population.

The committee interacted with NMS and National Drug Authority (NDA) on the procurement of the highly specialised medicines. The National Medical Stores attributes this weakness to NDA that does not authorise entry of unregistered medicines - medicines that do not appear on the national formulary. Any medicines outside that register cannot be accepted in this country. However, the committee notes that section 8 of the National Drug Authority Act provides for exceptional cases, where certain medicines can be procured provided they have been approved internationally by World Health Organisation (WHO). Madam Speaker, the story is very long.

On page 10, the committee takes note of the sensitivity in the procurement and storage of these highly specialised medicines. The committee recommends that the Uganda Cancer Institute be mandated to procure the chemotherapeutic agents and devices related to cancer treatment while other essential medicines and supplies like gloves shall be procured by NMS. I am saying this because the mandate to procure drugs for this country was given to NMS and we do not want to divorce Uganda Cancer Institute totally from NMS. However, we want to give them mandate to procure these highly specialised chemotherapeutic agents, which NMS is failing to bring to them, so that we can have very good service delivery.

Staffing and Palliative Care

Madam Speaker, sometimes people go into terminal stages where you cannot save them, but we would like people to die in dignity. The committee has recommended that the Uganda Cancer Institute establishes the appropriate departments for palliative care and rehabilitation services and also establishes a robust, highly technical and multidisciplinary staff mix to take the institute forward.

The Role of the Community and the Civil Society

On page 11, the committee recommends that Uganda Cancer Institute should be empowered with sufficient resources to enable it gainfully engage the community, cancer survivors and Civil Society Organisations (CSOs) to support cancer work.

Madam Speaker, I would like to take you back to the radiotherapy machine that has collapsed. I went to Tanzania, a country that has two radiotherapy machines, state-of-the-art cobalt 60 machines. There was a bunker that was waiting for a linear accelerator machine, which is more sophisticated, for treating cancer. I was even informed that there are more cancer machines, including a linear accelerator in Mwanza here, near Uganda. However, Uganda only had one machine, which broke down.

The committee is saying that we cannot wait, because patients need treatment. Giving them speeches will not help. The bunker in Mulago Hospital should be decommissioned. Those who supplied the machine should come and take it away. Secondly, they should decontaminate the chamber where the machine had been. The new machine, whose money this Parliament appropriated in 2013, should be brought to Mulago as we get money to build the bunkers, which are going to accommodate the most sophisticated machines for purposes of availing treatment to cancer patients in this country as soon as possible.

The committee notes that cancer treatment is a super specialised treatment that requires high levels of training and technologies. Establishing the Uganda Cancer Institute as an autonomous institution will help weed out the irregularities in the procurement process, and undertake the prevention and treatment of cancer and cancer related diseases. The institute will also ensure provision of palliative care and rehabilitation to cancer patients, among others.

We were informed by the cancer experts in Mulago, headed by Dr Oryem, that they are planning to put up cancer treatment outlets in the entire country where every regional hospital will have cancer specialists. We also would like them to reach the district hospitals. If we do this, we shall fight cancer, which is a problem in this country.

In light of the above and what I have said, the committee requests this Parliament to consider the Bill subject to the proposed amendments. I beg to report and I thank you very much.

**THE SPEAKER:** Thank you very much, honourable Chairperson. Honourable members, you have heard the report. It has been signed by the necessary minimum of one-third of the members of the committee. You are free to debate.

5.53

**MR RAPHAEL MAGYEZI (NRM, Igara County West, Bushenyi):** Thank you very much, Madam Speaker. I join colleagues to congratulate you upon today’s event, in the spirit of fundamental change and forward movement for this Parliament.

I would like to thank the Chair of the committee and the honourable minister for this Bill. In Igara West, we have lost four people in the last one-and-a half months, to cancer. Some of them were very senior - a professor in Kabale University, the Chairman of the court martial and others. It is a serious matter. There is every reason to strengthen our ability as a country to confront cancer.

I would like to ask a number of questions to the honourable minister and the committee chairman. According to the honourable minister, we would like to see Mulago turned into a centre of excellence, but one of the objectives of the Bill is to make the Uganda Cancer Institute autonomous. By autonomy, I believe you are talking about autonomy from Mulago Hospital management and administration. What do you envisage to be the relationship between the Uganda Cancer Institute and Mulago Hospital?

The second question is on procurement and it goes to the committee chairman. You are proposing that we do allow Uganda Cancer Institute to handle its own procurement of what you are calling highly specialised agents. However, if we go in this direction, the Uganda Heart Institute will also ask for the same, Butabika Hospital will also say they are handling highly specialised supplies and so on. You are bringing to the table a serious policy question. Mr Chairman, have you interacted with the honourable minister on this policy question?

We are going to take away the function of procurement of certain medical supplies from National Medical Stores and hand them over to some of these institutes. The chairman has also made a statement that National Medical Stores procures drugs, which do not cure cancer. I am perturbed by this statement. Is it true, and who is responsible? Can’t we build the capacity of National Medical Stores and National Drug Authority to handle our drugs as per the specifications given by various health units? If this is true, then I think, Madam Speaker, we need to follow it up.

I hope in the budget of the sector, there is something in respect to what you are proposing. Supposing this Bill was approved and assented to and we have to operationalise it, have we catered for the necessary wages for the staff you are proposing, or the necessary resources to procure the equipment, which the committee chairman is talking about? I am talking about the budget implications, much as certainly you must have a financial implications statement. However, in the budget of 2016/2017, can you give us assurance that you have looked at this Bill and you have reflected it in the sector budget? Thank you, Madam Speaker.

5.53

**MR MICHAEL MAWANDA (NRM, Igara County East, Bushenyi):** Thank you very much, Madam Speaker. I congratulate you. I hope that you will be able to serve the people very well basing on the trust they have bestowed upon you.

I would like to thank the committee for its report and I am happy that this Bill has come. You recall the year when I raised this issue of cancer as a matter of national importance, I informed this House that I had held two medical camps randomly in my constituency. The results I got - in fact, I wrote a report and brought it to hon. Baryomunsi - therefore, were really shocking. Out of the 50 women we randomly tested for cancer, 25 women were found to be suffering from cancer and they did not know.

I am glad this institute is coming up. However, I would like to request that before it is established, let us create serious awareness. Let us inform our people of the dangers of cancer. Most of our people in rural areas think that when they suffer from this complicated disease, they have been bewitched. They spend most of their time going to witchdoctors other than going for treatment in respective hospitals.

Madam Speaker, recently we set up very many authorities; I hope these authorities will be put to use and not remain white elephants amidst us. As my colleague has said, I do not know whether we have catered for this in the next financial year, so that we can make this institute operational, “because we needed it yesterday”, as our people are seriously suffering.

Madam Speaker, I was glad to hear the Chairman of the committee stating that one of the things this institute will do is to establish outlets in all the districts in this country. This is a very welcome idea. I hope that the Chairman will follow it up to ensure it is fulfilled. This disease is more serious than HIV but people do not know. If we could set up outlets, like the medical camps I carried out in my constituency, where we would just stop people who were going to the market - women smartly dressed but they did not know they were suffering from cancer. The earlier we get to do this, the better for our people. It is a serious silent killer.

Therefore, Madam Speaker, I implore my colleagues to quickly approve this Bill and make sure that it is operationalised for purposes of treating our people. I support the motion and I hope the Bill will go a long way in solving the problem of cancer in our rural areas. Thank you very much, Madam Speaker.

5.57

**MS LUCY AKELLO (FDC, Woman Representative, Amuru):** Thank you very much, Madam Speaker. Allow me to also add my voice in congratulating you upon this success. May God bless you because I know you have a hard task ahead of you.

Before I speak on this report, allow me, on a personal note, to say a big thank you, to the Director of the Uganda Cancer Institute, Dr Oryem, because he saved my brother’s life. *(Applause)* My brother was going to die of cancer but luckily, we discovered it early. He was treated and he is now a very normal young boy. He is hardly 27 years old. So we could have lost a very young boy. I thank Dr Oryem for what he is doing in that institute.

I would also like to add my voice by saying that I support this 100 per cent because we really need this Bill. You have talked about this institute being autonomous. I used to wonder what happened to the cancer treatment that used to take place at St Mary’s Hospital Lacor. It was very handy; it used to help so many people. I am hoping this institute will help institutions like St Mary’s Hospital Lacor in Gulu, which used to help so many people, to continue operating normally.

I see the committee recommended that the cancer institute should empower and work with other communities and civil society organisations to support the fight against cancer. This is what I would like to see. I would like to add to what the honourable member said about awareness. So many people actually do not know much about this disease. By the time they are diagnosed, it is too late; Dr Oryem and the team will work but just to keep the person alive for a short time.

Therefore, we should also do our work, as Members of Parliament, in encouraging our people to go for check-ups as frequently as possible, so that we together fight this. We may have this Bill passed and we may have this authority but if our people are not empowered to go out and frequently check on their health status, it may be very difficult. I would like to thank you and I hope we will support this Bill fully.

6.00

**MR PAUL MWIRU (FDC, Jinja Municipality East, Jinja):** Thank you, Madam Speaker. I rise to support the motion. I would like to first associate myself with the submissions of the committee Chairperson and colleagues who have just spoken on the Floor. However, I wish to add that emphasis must be put on creating a special status for the cancer institute to procure their own agents, as the Chairperson has correctly said.

You will agree with me, honourable colleagues, that when you read the Auditor-General’s report, these are some of the audit issues he has been raising. Cancer is treated by a number of agents, but National Medical Stores has not been taking the supply and the procurement of some special drugs seriously. If they had planned to handle about 10 patients, for example, National Medical Stores would supply like half of the drugs. This would mean that without all the drugs as required for the treatment, the treatment will not be undertaken fully. We have tried to inquire from the cancer institute itself what happens to a patient if they had planned to carry out 10 operations and they do not get the drugs, and the financial year ends. The answer has been simple- that patient dies.

In that regard, I would like to allay the fears of my colleague, hon. Raphael Magyezi; whereas there is that fear, there is need for them to do this as a cancer institute. Before, they would not operate and yet the intention of the Bill and all of us, leaders, is to save lives.

The second issue is about the institute’s autonomy. When we talk about autonomy, we should also talk about financial autonomy. I will give an example. The cancer institute will come up with their budget, but because the Ministry of Finance will have advised on the resource envelope, at times most of the very critical budget elements within their budget, which will come under Ministry of Health, will be left out. However, if we give autonomy to the cancer institute to produce its own budget which would be submitted to Parliament -(*Interruption*)

**MR MAGYEZI:** Thank you, honourable member, for giving way. In terms of autonomy, my question is on the structure. You are talking of Uganda Cancer Institute (UCI) being autonomous and yet we know that it has been a unit under Mulago Hospital. I also understand that there will be regional outlets, which will be based at the regional referral hospitals.

The question becomes, what kind of structure are you setting up? Is the unit at the regional referral level responsible to UCI or to the hospital at the region? Are we talking about an entire structure of Uganda Cancer Institute with its regional centres reporting to the Uganda Cancer Institute or are these regional centres reporting to the regional hospital? Are you delinking Uganda Cancer Institute from Mulago Hospital or does it remain a unit with its own financial autonomy? That is the clarification I need.

**DR BARYOMUNSI:** Thank you very much, Madam Speaker. I hope you will give me time to respond to some of the issues quickly. I would like to give information that the autonomy is in terms of the institute becoming self-accounting, so that we can allocate more money to it. Otherwise, In terms of operations, as a health facility, it will definitely be linked with Mulago. You will find that the bigger laboratories are in Mulago Hospital; so, there is a relationship in the way they manage patients and do the operations.

The autonomy is like the way we created a vote status for the heart institute. We can pass money directly to the institute. It is largely to do with financial autonomy, but in terms of operations and managing patients, it will be part of Mulago Hospital complex. The Uganda Heart Institute will also be autonomous in terms of financial management and budgeting but in terms of operations, they will remain part of Mulago as far as managing patients is concerned.

**MR MWIRU:** Thank you, Madam Speaker. We also need to get this correctly. When we talked about autonomy, I construed it from the perspective of financial autonomy; for instance, as we talk now, the cancer institute has a vote status, but when it comes to submission of their budget, it is done through Ministry of Health. We are now saying there is a problem there.

The Ministry of Finance would, through the budget call circular, tell you that this is what they have for Ministry of Health. Up to now, it is the Ministry of Health to determine what can be submitted by entities within that ministry. What we are calling for is that the cancer institute, by its very nature, should be in a position to submit its budget to the relevant parliamentary committee with detailed planned activities to undertake. It will now be incumbent upon Parliament to give them the necessary support.

I would like to invite colleagues - If you have never had a problem and called Dr Oryem, you do not know what I am talking about. At least I have called him before and he has ever given me support. However, you find very many people lining up and because you are maybe a Member of Parliament, Dr Oryem gives you attention but you will realise that there are very many people whom you may have bypassed and that –*(Member timed out.)*

6.07

**MR HASSAN FUNGAROO (FDC, Obongi County, Moyo):** Thank you very much, Madam Speaker. On behalf of the people of Obongi and myself, I would like to say this: anything to be done to improve the work of the cancer institute cannot be rejected by us, but what we have is a collection of questions about what generated the need for the autonomy. What are the encumbrances, if any, in the current status of the institute? What are those things? Are they the ones responsible for the ill performance we see there?

I will give an example. The chairman of the committee confirmed what everybody is aware of, that the machine used for treatment of cancer broke down some time back, and it has been in the news. What caused that breakdown? Was it the lack of autonomy? When the autonomy is given, will the machines not break down?

Madam Speaker, there is a problem all over. I complained one time here when we mobilized, as people of Obongi, to buy an ambulance for Obongi Health Centre IV. This was after we realised that there were several machines, which had broken down at the health centre, and they did not have a technician to repair them. I followed this up to Moyo District and up to Arua Regional Referral Hospital; there were many machines, which had been bought, but they were not working well. Some of the reasons for the failure are small things.

I also found out that, whereas Uganda puts a lot of attention in training medical doctors and buying machines, little attention is put in the area of training biomedical engineers and technicians. I am worried that we are today approving money to buy a state-of-the-art machine and put it in Mulago Hospital without necessarily training the engineers to maintain it. Tomorrow a fuse may break down in that machine and the machine will fail to work and then you say, “This machine is not working well; let us buy another one”, which may also fail to work due to a small issue which a technician could fix. Therefore, the issue of biomedical engineering should be addressed by our country as we look into this matter.

Madam Speaker, when we look at cancer treatment and radiotherapy; where we talk about X-rays, we are also introducing another problem because radioactive substances are some of the causes of cancer. When you reflect on what happened in Japan - Hiroshima and Nagasaki - when they were boomed, or reflect on the accidents which occurred in Japan recently, towns have been deserted and children have been born with diseases. Now, with the carelessness I see in this current Government, if you failed to maintain a small machine *–(Member timed out.)*

6.11

**MS LILLY ADONG (NRM, Woman Representative, Nwoya):** Thank you, Madam Speaker. I also join the House to congratulate you upon attaining success for women by retaining our seat as women. I am so grateful.

Madam Speaker, I would like to thank the committee for the work they have done on this Bill. We are debating this report at a time when we are saddened by the death of our hero who lifted the Ugandan flag so high in West Africa; she succumbed to cancer. Probably, if some of these anomalies had been corrected earlier on, she would be alive, but it is too late.

I would like to implore the minister to find out the challenges that are making departments ask for autonomy. I fear that all the departments will soon begin asking for autonomous status. We have the cancer and heart institutes coming up. Next time, it might be the dental department and the other time, it might be the gynaecology department as well as the ENT department. What are these challenges that we cannot address?

It is not only within the Ministry of Health or Mulago but also in the Ministry of Finance. For every Bill that comes, we are creating autonomous institutions. I am so worried. We need to get reports from the Government on the performance of all the authorities or autonomous institutions we have created. Are they performing better than before? How can we heal that? In the Ministry of Finance, for example, there are some bodies we have created but which cannot deploy staff and get their own vote and yet we have given them the votes.

That aside, I know that the Uganda Cancer Institute is very important. It is not that I am really “shooting down” the Bill; I am only trying to show my fears at some of the challenges that Government may be facing and no clear answer or research has been done.

6.14

**THE MINISTER OF STATE FOR HEALTH (GENERAL DUTIES)** **(Dr Chris Baryomunsi):** Thankyou very much, Madam Speaker, and I would like to thank the Members for expressing support. Allow me to briefly respond to some of the issues, which were raised in the debate.

Let me start by an update on the cancer treatment machine. I spoke about it last time and indeed, like hon. Bitekyerezo suggested, we had paid for a new cancer treatment machine in 2013 but experts from the International Atomic Energy Agency advised that the current bunker in Mulago should not be used. We called for that expert report as Ministry of Health and we found out that the person who had given that recommendation did not base on issues of safety. So, we requested the Atomic Energy Council to do a reassessment, and they have given us their report.

We have further asked the International Atomic Energy Agency to bring in an expert to also give us an opinion. At least the one from the Atomic Energy Council is positive, but they did not complete the work because they just looked at the inside environment; they did not measure the integrity of the wall, which will be done by the agency. Once they concur, the machines will be brought. Otherwise, we have already instructed the manufacturers to manufacture that machine and it will be brought. However, the other process of constructing the seven bunkers to house nuclear medicine equipment is also ongoing. So we are making progress in that line.

Madam Speaker, on the issue of the relationship between Mulago Hospital and the Uganda Cancer Institute, I did respond but in addition, as you heard from the report, we want the Uganda Cancer Institute at Mulago to be strengthened. We also need to open up other branches of the cancer institute in the countryside, which will be responsible for the management of cancer in the whole country. They will be part and parcel of the health delivery system; so, when you have a cancer institute at Mbarara Hospital, it will be part of the hospital in terms of managing patients.

On the issue of drugs, in 2009 Parliament made a decision that all the monies that were appropriated for the procurement of drugs should be given to the National Medical Stores. At that time, about 70 per cent of the money for drugs was being sent to user departments and units, like districts and hospitals, and only 30 per cent was being sent to National Medical Stores**.** However, most of the money was being diverted to other functions.

We found a challenge, especially with the super specialised units like the heart and cancer institutes, to the extent that National Medical Stores usually buys the essential medicines but they have not been buying the super specialised drugs because they have their own complexities. During the process of handling this Bill, we made consultations between the committee, the Uganda Cancer Institute, the National Medical Stores and National Drug Authority. We agreed that we can lift that function of procuring super specialised drugs and devices for these institutes in order to ensure that the drugs are available most of the times for the patients.

Madam Speaker, on the question of budget implications, we would like to thank Parliament because about five to six years ago, Uganda Cancer Institute used to get about Shs 2 billion through Mulago Hospital and sometimes it would not reach because the needs are many in Mulago. However, this Parliament gave Uganda Cancer Institute a vote status and since then the budget has grown to as much as Shs 41 billion. I would like to thank Parliament for that support. To answer the question of hon. Magyezi, yes some of the provisions in the law have been accommodated in the budgeting process and we shall start implementing them immediately the law is passed.

To hon. Michael Mawanda, yes it is true there is an increase in cases of cancer and we know why, though I do not have time to explain why cancer is on the rise. However, part of the reason we are doing this is because we would like to mount a full-scale campaign to address cancer through public education, creating awareness and also building the capacity of the lower level health facilities, so that they are able to educate and also make early diagnosis, manage the cases and make effective referrals.

That is important because right now we only have Uganda Cancer Institute in Mulago and a cancer clinic in Mbarara Hospital, but patients suffer. They move all the way from Kisoro, West Nile and Karamoja to Mulago for treatment. The intention of this process is to build the capacity in the country to be able to address cases of cancer in the countryside.

Hon. Akello asked something about Lacor Hospital. It is true, Madam Speaker, we used to have an external beam radiotherapy machine, like the one which collapsed, in Lacor Hospital. However, these machines have a radiation source which decays over time. In that case, the source decayed and the machine was put out of use in Lacor. It is still there but we have tried to trace where it came from and there are no records. We suspect it was given by the Italian community or Government but there are still no records.

What needs to be done is to decommission this machine. This means you remove the source of radiation and return it where it came from, but we cannot trace where it came from. We are in the process of building national capacity to be able to dispose of radioactive materials ourselves. Therefore, once that capacity has been built by constructing a facility, it will be decommissioned and disposed. Right now, the machine is still there but is not functioning.

Also allow me to say, like I said last time, that in Mulago we have other machines, which give internal beams of radiation, what we call brachytherapy machines; they are two - a low dose and a high dose machine. They are working and they are in Mulago Hospital; actually, the high dose machine was installed in February this year and I am informed that they are only 1,000 in the whole world. They are in Dr Jackson Oryem’s cancer institute. The cancer of the cervix is treated using that machine. The one which collapsed is the one that gives an external beam.

Madam Speaker, hon. Lilly Adong asked why we are creating many authorities and autonomous institutions. There could be an audit in the country to see whether these authorities are improving on the effectiveness and efficiency of Government. However, in our case, like I said, Government is trying to strengthen the capacity of Mulago. There are very many interventions we have put in place. One of them is to construct satellite hospitals within Kampala to decongest Mulago, like Naguru Hospital, Kawempe and Kiruddu. We are also going to build other hospitals in Rubaga and other divisions, so that we leave Mulago to handle referral cases.

We also intend to strengthen the units within Mulago like the cancer and heart institutes. We are also creating a burns institute, although we may not make it autonomous. We have trained doctors to do organ transplants so that we can handle most of these super specialised services. Therefore, the purpose of this, in our case, is not just to create institutes but also to strengthen the functioning of Mulago Hospital in order to handle most of these cases.

Lastly, the issue raised by hon. Fungaroo is definitely very important – the issue of biomedical engineers. Uganda has been training biomedical engineers; unfortunately, we do not have a provision for them in the civil service structure. Right now, Government is undertaking a re-structuring exercise. Ministries are being re-structured, including the Ministry of Health, and we are making a provision for inclusion of some of these cadres like biomedical engineers. Biomedical engineers will be very important in the maintenance of some of this equipment which we are bringing.

We are also providing for graduate nurses, counsellors and many of the positions that are essential but are currently not part of the civil service structure. Government is handling this and I think what you raised is a very important observation. Thank you, Madam Speaker and honourable members, for raising these comments. *(Applause)*

**THE SPEAKER:** Thank you, honourable minister. Honourable members, you know I am a campaigner against the spread of cancer. One day I made a proposal that in order to help the women, they should be routinely examined for cervical cancer; the men were not very happy with me. They said they did not want their wives to be touched all the time. However, in China, every woman must be examined once a year for cervical cancer; it is by law. Therefore, we should increase awareness and maybe one day we will reach that level.

Honourable members, I put the question that the Uganda Cancer Institute Bill, 2015 be read for a second time.

*(Question put and agreed to.)*

BILLS

COMMITTEE STAGE

THE UGANDA CANCER INSTITUTE BILL, 2015

Clause 1

**THE CHAIRPERSON:** Honourable members, I put the question that clause 1 do stand part of the Bill – Do you have something, committee chairperson?

**DR BITEKYEREZO:** Madam Chairperson, under clause 1, - short title and commencement – we propose to delete the entire sub-clause (2). The justification: to ensure that the commencement of the Act takes effect on its date of publication as notified in the *Gazette,* rather than having to wait for the minister to issue regulations appointing a date on which the Act is to come into force.

**DR BARYOMUNSI:** Madam Chairperson, what had been proposed was in sub-clause (2), which reads, *“This Act shall come into force on a day appointed by the minister, by statutory instrument.”* However, the committee is proposing that that should be deleted such that once the law has been gazetted, it should just take effect.

**THE CHAIRPERSON:** But how will people know if there is no instrument from the minister?

**MR OBOTH:** Madam Chairperson, I have a problem with the proposal and the chairman of the committee will have to help me. The reason they put such clauses in certain Bills is purely to give the minister time – the minister should be in position to know when they are ready. Supposing we say that we publish the date of gazetting and the funds are not there for the commencement or for things to take place, that is another issue.

Also, some ministries have been reluctant in issuing these regulations; so you find that laws are there but the regulations are not being made. This is specifically for the commencement. I think it was in order to have it that way, so that even Parliament, I believe, will be put here - I think it gives leverage to the minister to fast-track that and submit it.

I would have loved to retain the clause as it is in the Bill, but if the committee interacted with the minister, they probably know why. Just allay my fears and help me; was the minister not helpful?

**DR BARYOMUNSI:** Well, before the chairman comes in, I just want to give assurance that the Ministry of Health takes the issue of cancer extremely seriously and there should be no delay. I just want to assure the chairperson and the House that if your fears were that the Ministry of Health will probably forget and sleep, we are a very awake ministry and we shall definitely take action immediately the Bill is done.

**DR BITEKYEREZO:** Madam Chairperson, that was my problem because I wanted cancer patients to get these things as soon as possible. I was very scared, together with my committee. However, I am very glad that hon. Baryomunsi is a very quick minister, but there are some people to whom you bring some things, honourable Chief Whip, and you see a minister not bothered. Now that the minister has assured this House, Madam Chairperson, I have conceded.

**THE CHAIRPERSON:** Thank you, committee chairperson. I put the question that clause 1 do stand part of the Bill.

*(Question put and agreed to.)*

*Clause 1, agreed to.*

**THE CHAIRPERSON:** You have a new proposal between the old clause 1 and clause 2.

**DR BITEKYEREZO:** Madam Chairperson, we would like to insert a new clause immediately after clause 1 to provide for the purpose of this Act to read as follows:

“The purpose of this Act is to-

(a) establish an autonomous cancer institute with the mandate to undertake and coordinate the management of cancer and cancer related diseases in Uganda;

(b) establish a modern cancer institute with international standards that will address the challenge of treating cancer and cancer related diseases;

(c) reduce referrals of cancer patients abroad;

(d) ensure timely access to highly specialised cancer medication; and

(e) increase local capacity to handle super specialised cancer conditions and empower the institute to oversee the management of other public health centres across the country, which are not super specialised but are handling cancer related services.”

The justification is: for clarity.

**MR FUNGAROO:** When you mention the word “medication”, is it used here to imply that using machinery technology is covered by this word, “medication”? Is the purpose to ensure that there is medication for cancer? What about the element of equipment other than the chemotherapy that we are talking about?

**DR BITEKYEREZO:** Thank you very much, hon. Fungaroo. When we talk about equipment, there are some cancer drugs that have to be administered using specific equipment and we want to ensure that all these things are addressed. When we leave this and go to the heart institute, you will even see more sophisticated things. However, what we have talked about here will cater for everything.

**THE CHAIRPERSON:** Honourable members, I put the question that a new clause be inserted as proposed.

(*Question put and agreed to.*)

Clause 3

**THE CHAIRPERSON:** Honourable members, I put the question that clause 3 stand part of the Bill.

*(Question put and agreed to.)*

*Clause 3, agreed to.*

Clause 4

**DR BITEKYEREZO:** Madam Chairperson, clause 4 is on the functions of the institution. We would like to insert three new paragraphs immediately after paragraph (c) to read as follows:

“to provide palliative care and rehabilitation services to patients with cancer;”

“to oversee the management of cancer related services in other public health centres;”

“to establish and manage regional cancer centres;”

Justification

To broaden the mandate of the institute to include:

Provision of palliative care which focuses on providing relief to cancer patients from the symptoms, pain, physical stress and mental stress of cancer and related diseases.

Provision of rehabilitation services to cancer patients.

Overseeing the management of other public health centres across the country that are not super-specialised but are handling cancer patients.

**MR OBOTH:** Madam Chairperson, I would like to get clarification from the chairperson regarding proposal No.2 – “to oversee the management of cancer related services in other public health centres” - in relation to the third one, “to establish and manage regional cancer centres.”Do you think this should be a standalone? Oversight here is different from establishing. Can’t we talk about oversight and management under No.2?

To establish and manage regional cancer centres - I believe those regional cancer centres are public health centres. I need help to understand this. I had to fail biology in order to be a lawyer. Probably, the doctors would help us here. What comes first; is it oversight over the management of cancer related services in other public health centres?

The public health centres that I have in my mind are those governed by the Government. Are they anything different from regional cancer centres? Do they have to be established differently? I do not know whether you have understood?

**THE CHAIRPERSON:** I would also like to ask if a private hospital running cancer services would fall in this category. Would it be overseen by this institute? Would you be able to go to Nsambya Hospital and manage their cancer services, for example?

**DR BITEKYEREZO:** Madam Chairperson, I think this can be done by collaboration. Private entities remain private; it would be very difficult for us to go there. What we can do is to collaborate. Once we give the cancer institute the mandate to run these facilities which are public, then they can just write some memorandum of understanding to work with the private hospitals.

However, the ultimate goal is to make sure that there is nobody who dies of cancer untreated or unattended to, when the Uganda Cancer Institute is in Mulago. We want more emphasis on our public institutions because they are the ones for which we have a mandate. For the private ones, it can be handled through collaborations.

**MR MAGYEZI:** Thank you, Madam Chairperson. These are two specific functions. Under No.2, you are talking of an oversight function and under No. 3, management. The committee chairperson needs to help us here; how do you establish, manage and then oversee what you are managing? If you want the institute to have an oversight role, then they should oversee management in all public and private health centres. However, once you say that they are also going to manage, establish and oversee, then we shall run into a problem.

My proposal is that we stick to No.2 - the oversight function - and ensure that the cancer institute is actually empowered to oversee the function in both the public and private health centres.

**THE CHAIRPERSON:** Have you got what Members are saying? Can you state what you want us say?

**DR BITEKYEREZO:** Madam Chairperson, I will go with what hon. Raphael Magyezi has said, that the management of cancer related services should be done in public health centres, but oversight should be for both private and public health centres.

**THE CHAIRPERSON:** Honourable minister, can you formulate what he is saying?

**DR BARYOMUNSI:** Reading from the committee report, “to establish and manage regional cancer units…” is okay; for instance, establishing cancer units in Mbarara, Gulu or Arua regional referral hospitals and so forth.

I think it is also okay for the institute to oversee both public and private health centres. In that case, we could just say, “to oversee the management of cancer and cancer related diseases in health centres” and remove the word “public”. That would cater for all health centres, whether public or private. If Nsambya Hospital or Rubaga Hospital establishes a cancer institute, for example, then the Uganda Cancer Institute would have the responsibility to oversee how the patients are being managed because they have that specialised skill.

**THE CHAIRPERSON:** Unless we specifically state it, they might say “no, we do not know who you are or why you are here.” I think we may have to say, “private and public”.

**DR BARYOMUNSI:** That is okay and clearer - public and private. It will therefore read, “To oversee the management of cancer and cancer related diseases in public and private health centres.”

**THE CHAIRPERSON:** Honourable members, I put the question that Clause 4 be amended as proposed.

*(Question put and agreed to.)*

**MR FUNGAROO:** The debate, which has just been concluded by the clarification given by the honourable minister, in my view, is in Clause 2 and we have just passed clause 4; what about what we have said here? Do we go back to it?

**THE CHAIRPERSON:** We have not handled Clause 2.

**MR FUNGAROO:** I have a concern with the section on including oversight in both public and private health facilities.

**THE CHAIRPERSON:** We have added it to this present clause 4. Honourable chairperson, there is Clause 4(e).

**DR BITEKYEREZO:** Madam Chairperson, we propose to redraft Clause 4(e) to read as follows: “(e) to conduct or cause to be conducted training in oncology and related fields.” This is to avoid restricting the mandate of the institute in relation to training in oncology to only staff of the institute. Secondly, the institute being the regional centre of excellence as regards cancer, it should be able to train any person who wishes to undergo training in oncology.

In Clause 4(f), we propose to delete the words, “and training” appearing in line one of the paragraph. This is because it is not practical for the institute to carry out public training in cancer and cancer related matters; instead, they can sensitise the public through education programmes.

Still under clause 4, we propose to redraft paragraph (g) to read as follows: “to procure highly specialised medicines, medical supplies and equipment for the institute.” The justification is that this will ensure that the Uganda Cancer Institute is only given the mandate to procure highly specialised medicines, medical supplies and equipment used in the diagnosis and treatment of cancers. It will also ensure timely access to highly specialised cancer medicines.

Madam Chairperson, some of the cancer drugs have got a very short shelf life. If you go through the National Medical Stores to procure these drugs, the drugs will even expire and lose potency before they reach the cancer institute. Thank you very much.

**MR OBOTH:** The proposal by the committee sounds good. However, are we not widening the mandate of this institute, especially when we talk broadly about training in clause 4(e)? What I see in clause 4(e) in the Bill was related more to on-job training, which I think is within the mandate of the institute. If you talk about training and here you are saying you cannot do training, what are we talking about? This one reads, *“to conduct or cause to be conducted on-job training in oncology and related fields for the staff of the institute”.*

Really, if we want it to be a training institute, let it be, but if we want a centre of excellence, those who are already on the job can be facilitated. This is about human resource development – creating opportunities for those who are there. I am, therefore, failing to understand when we say, if there is anybody who wants to do something on cancer, he or she should go to the Uganda Cancer Institute. I believe my brother, Raphael Magyezi, wants to help.

**MR MAGYEZI:** Thank you, colleague. Further to that is the issue of widening the mandate of the institute beyond limits which we are not defining. Look at paragraph (g), concerning the procurement of highly specialised medicines, medical supplies and equipment; what is highly specialised? What have you actually left out?

In simple terms, we are saying let them procure everything that they need. This is because it is not defined and yet we know that under the Public Procurement and Disposal of Public Assets (PPDA), procurement of medicines, medical supplies and equipment is under the National Medical Stores (NMS). What exactly are you putting in this institute? You seem to be giving it a wide mandate.

**DR BITEKYEREZO:** Madam Chairperson, I would like to first clarify on the point raised by hon. Oboth. As we talk, the East African Community has resolved to transform the Uganda Cancer Institute into a centre of excellence in the whole of this region. We foresaw an element of this institute being given the mandate to train people not only from Uganda but also from outside Uganda. Once it is converted to that, it means that Tanzania, Rwanda, Burundi and Sudan will be sending people here.

Therefore, on top of offering on-job training to people in this country, we want to give them some mandate to train. When I leave here, for example, I would like to become a member of the Royal College of Physicians of this world. I will just take one year in another country or institute and I want to come back as one of the most highly trained endocrinologists of Uganda. Therefore, we are trying to make sure that this cancer institute is given this mandate. We want to be felt as the Uganda Cancer Institute training these people.

Secondly, let me respond to hon. Raphael Magyezi’s submission. Madam Chairperson, we call the cancer drugs cytotoxics or chemotherapeutic agents. These are drugs that are specifically meant to treat cancers and they have got a variety of classes. There are some drugs which you cannot even keep for a day or week. The procurement process at the National Medical Stores delays a lot, to the extent that some drugs come to Mulago and expire quickly and yet these drugs are very costly.

We, therefore, want to give the institute the mandate such that if they have about 20 patients on doxorubicin, it is brought and given to patients instead of just getting these drugs at a very high cost and Government money is wasted and we end up throwing them away. By the way, even destroying drugs is very costly. We want them to procure these highly specialised cancer drugs. Also, there are cancer drugs which you cannot use without some specific gear to cover yourself. If you do not, the drugs can end up even killing whoever is giving them to the patients.

Lastly, we are leaving the NMS with the duty of procuring Septrin, paracetamol, amoxicillin, ciprofloxacin, prednisone as well as gloves and cotton wool. However, when it comes to the machines for the cancer institute, the person who knows them very well is Dr Oryem. I do not think that there is anybody in NMS who knows oncology that well. The people who know oncology are Dr Oryem, Dr Okuku and Dr Victoria. Those are the people we want to use. We do not want to waste Government money anywhere through procurement.

**THE CHAIRPERSON:** Honourable members, I would like to remind the Members about the memorandum of this Bill. If you read it carefully, this centre was a premier cancer research centre in Africa in the 1960s; it only collapsed because of the political turmoil we had. I think we would like to see it rise again. Therefore, let us give them the necessary support.

**MR FUNGAROO:** Thank you very much, Madam Chairperson. First of all, the spirit that we should make this cancer institute a centre of excellence is there. However, the question we need to ask here is about control. Setting up an entity without control-

**THE CHAIRPERSON:** Hon. Fungaroo, are you addressing the amendment?

**MR FUNGAROO:** Yes.

**THE CHAIRPERSON:** No, you are going into the general debate.

**MR FUNGAROO:** Madam Chairperson, this one is crucial.

**THE CHAIRPERSON:** Which clause are you addressing?

**DR BARYOMUNSI:** Madam Chairperson, we agree with the amendments by the committee. In any case, we actually even approved a loan here from the African Development Bank and part of those monies went to train Ugandans in oncology at the level of PhD. Oncology is the study of cancer. Basically, we have no problem with the recommendations by the committee.

Also, on the procurement, the catchphrase is “highly specialised” - those specific drugs which have short shelf life. Some of them are radioactive in nature and cannot be procured through the general procurement of most of the supplies. This will leave the other ordinary commodities with the National Medical Stores but the few highly specialised ones will be handled by the cancer institute.

**MR MAGYEZI:** We totally agree with what you are saying, but we must avoid a clash between NMS and the institute in future, where they will say, “we have procured these” and yet the other units thought it was their mandate. Is it possible, within the Bill, to provide a schedule of those specialised drugs you are talking about?

**DR BITEKYEREZO:** Madam Chairperson, I would like to allay the anxiety of hon. Magyezi. By the way, some of the highly specialised drugs change from time to time. I also would like to alert this House that you may put some of these drugs in this schedule and the cancer may develop resistance and the drugs may not work. That is why I wanted to do it the Kahinda Otafiire way - leaving the issues of Generals to Generals - and I leave issues of cancer to the cancer experts. *(Laughter)*

**THE CHAIRPERSON:** Honourable members, we shall be coming to the interpretation section where we shall define the specialised drugs.

Honourable members, I put the question that clause 4(g) be amended as proposed.

(*Question put and agreed to.*)

*Clause 4, as amended, agreed to.*

Clause 5

**DR BITEKYEREZO:** Madam Chairperson, Clause 5 is on the independence of the institute. We would like to delete the entire Clause 5.

The justification is: to ensure that the institute does not circumvent directives from other bodies, which are constitutionally or legally mandated to monitor, supervise or oversee it.

**THE CHAIRPERSON:** Is this what you are talking about now, hon. Fungaroo? It was not in Clause 4(g)? Are you satisfied?

**MR FUNGAROO:** Thank you very much, Madam Chairperson. Now that he has addressed the issues of managing circumvention over control measures, I am satisfied.

**THE CHAIRPERSON:** Honourable members, I put the question that Clause 5 be deleted as proposed.

(*Question put and agreed to.)*

Clause 6

**DR BITEKYEREZO:** Madam Chairperson, under clause 6, we would like to tackle the issue of the power of the minister. Under Clause 6(1), we propose to delete the phrase “and the institute shall comply with those directions” appearing immediately after the word “institute” in line 3. The justification is that we would like to prevent situations where the institute may have to comply with erroneous or impractical directives from the minister.

Under clause 6(2), we propose to delete the phrase, “and shall not adversely affect or interfere with the independence of the institute or the performance of the functions and exercise of the powers of the institute under this Act” appearing immediately after the word “institute” in line 3. The justification is that we would like to be consistent with the amendment made in clause 5.

**MR OBOTH:** We do not know whether after 19May 2016, Dr Chris Baryomunsi will still be the minister, but if he will, then permanently, we would not even need this provision. However, since we are legislating for posterity, I would like to know from the chairperson if it could read thus: “The minister may give policy directions in writing to the institute for implementation.” The rest is unnecessary.

Ministers give policy directions and there is no question about that. He may give these policy directions in writing to the institute for implementation and that means the same thing, which was intended here. You could delete all the other words. I believe the “Generals” faulted in writing this.

**THE CHAIRPERSON:** Honourable members, we cannot completely oust the power of the minister to issue policy directions - not directives. We cannot really lock out the minister. Maybe we can take what hon. Oboth has proposed and say, “The minister may give policy directions in writing to the institute” and stop there.

**DR BITEKYEREZO:** Madam Chairperson, I concede.

**MR MULONGO:** Madam Chairperson, I appreciate this proposal but why should we restrict it to only writing? Not everything has to be in writing. The beginning can be verbal and then it can graduate to writing.

**THE CHAIRPERSON:** Hon. Mulongo, you cannot issue an oral policy statement. It must be in writing.

**DR BARYOMUNSI:** Can I get clarification? Why is the committee uncomfortable with directing the institute to comply with the direction? Why would you be worried? Definitely, the minister will not start giving erroneous directives.

**DR BITEKYEREZO:** Madam Chairperson, on several occasions, even in this House, we have had problems where some ministers give very bad directives and they have cost the Government a lot of money. Therefore, we would like to make sure that if anything is going to be done, then the minister should write it down. This is because when a minister gives directives and things backfire and he denies, you will then find an executive director struggling. However, if you write it down, it works for you.

**THE CHAIRPERSON:** Madam Chairperson, there is a difference between policy direction and directives. What we are allowing the minister to do is to give the general policy direction relating to that sector but not directives. That is his work.

Clause 6(2) says, “The directions given by the minister under subsection (1) shall be consistent with the purposes and provisions of this Act…” Let us do what we agreed to - amend and then stay with Clause 6(2). It will also guide the minister and the chairperson.

**DR BITEKYERZO:** Madam Chairperson, I concede.

**THE CHAIRPERSON:** Honourable members, I put the question that clause 6 as amended do stand part of the Bill.

(*Question put and agreed to.*)

*Clause 6, as amended, agreed to.*

Clause 7

**DR BITEKYEREZO:** Madam Chairperson, under clause 7, I would like us to have a look at the board of directors. We propose to redraft the entire sub-clause (2) to read as follows:

“(2) The board shall consist of the following 10 members who shall be persons of high moral character, proven integrity and competence-

(k) the chairperson;

(l) the Director, Clinical Services, Ministry of Health;

(m) the Executive Director of Mulago Hospital;

(n) a representative of the ministry responsible for energy with expertise in atomic energy;

(o) a representative of the public colleges and schools of health sciences with knowledge in cancer research;

(p) a lawyer who is a member of the Uganda Law Society;

(q) one eminent Ugandan with experience in financial management;

(r) one representative of the Palliative Care Association;

(s) a representative of cancer related civil society organisations;

(t) the Executive Director, who shall be an ex officio member”. This leaves nine members with voting rights.

The justification is:

(i) To ensure that the board is multi-skilled for effective governance of this institute.

(ii) Since the Executive Director is responsible for the implementation of the policies, decisions and programmes agreed to by the board members, he or she should be a member of the board but with no right to vote.

In Clause 7(4), we propose to delete the words, “with the approval of Cabinet”, appearing immediately after the word, “minister” in line 2. The justification is: to avoid delays in appointing members of the board.

**THE CHAIRPERSON:** Madam Chairperson, I think the practice is that when the minister wants to name a board, he goes to Cabinet to inform them of his proposals. When they agree, then the minister makes the announcement. However, you are now taking away the power of the Cabinet. So, will the minister sit alone and create a board without the knowledge of the Cabinet?

**DR BITEKYEREZO:** As hon. Mulongo says, I have never been a minister but it does not mean that I do not qualify to be one. We had meetings within ourselves and we were told that selecting items to go on the Order Paper in Cabinet is not very easy. Sometimes ministers have some things to be discussed but unfortunately, these things are not discussed.

Due to the peculiarity of cancer, we would like to say that since the President has appointed a minister, this minister will be so good, particularly concerning issues of cancer, and will have a passion for the cancer patients. He will do things and then you approve. However, if the common practice is that the board must go to Cabinet, then I concede and we can say that the minister appoints and then he takes his proposal to Cabinet.

**DR BARYOMUNSI:** Thank you very much. First of all, I do not know who told Dr Bitekyerezo about Cabinet delays. I have been there and I have not seen that experience. I do not think you got that information from somebody who has sat in Cabinet. Madam Chairperson, whether you reflect it in the law or not, the practice will be that before a board is appointed, it goes through Cabinet.

I just would like to seek clarification from the chairperson. We had proposed that the Director General of Health Services be the one to sit on the board; why have you changed it to the Director, Clinical Services? We could probably say, “the director general or his or her representative”. Why are you reducing it to the Director, Clinical Services?

**MR OBOTH:** The proposed amendment here is to have a lawyer who is a member of the Uganda Law Society and yet we have a fully-fledged legal department of the Solicitor-General or a representative from the Solicitor-General. Do you have a particular lawyer from Mbarara that you want in this and has also studied cancer related diseases? *(Laughter)*

In any case, it would have been smarter to have a representative of the Solicitor-General or of the Ministry of Justice and Constitutional. A representative of the Solicitor-General would be a member of the Uganda Law Society, unless you have somebody from either Kanungu or someone you want to smuggle in. However, jokes aside, what is the rationale?

**MR MULONGO:** Madam Chairperson, (q) says, “One eminent Ugandan with experience in financial management.” What is the qualification there; is it the eminence or the experience? I imagine you wanted somebody who has experience in finance so that you just go for somebody who is a professional accountant. However, when you include eminence, one must first of all become eminent and then later on have experience. I think it becomes evasive. Could you clarify?

**MR MAGYEZI:** I would like to add to what you said. This is a board; I do not see why we need a financial expert. After all, there is an Executive Director, who is the accounting officer. You are looking for a statistician on the board, a financial expert and a lawyer. Honourable chairperson, aren’t we going in the wrong direction?

**MS BABA DIRI:** Thank you, Madam Chairperson. I would like us to add a statement to include representation of women on this board. You know very well that we deal with breast cancer and cervical cancer; therefore, women must be on the board. Let us say, “at least one-third of the board consists of women.” That is very important. If it is not there, please add it. Thank you very much.

**THE CHAIRPERSON:** First, we would like to improve on what hon. Baba Diri has said, that at least one-third of these members shall be women.

**MR TINKASIIMIRE:** Madam Chairperson, drawing from what the chairman of the committee proposed, he wants us to allow the Uganda Cancer Institute to do some procurement, because of the speciality of the equipment and medicines they will need. In my opinion, as much as we are giving them that leeway, we would want to at least empower the executive director, who is also the accounting officer, not to sit alone because in the end, he will start holding the country at ransom.

We should qualify the proposal of a qualified accountant and say, “shall be nominated by the Institute of Chartered Accountants of Uganda.” We should also qualify the lawyer and say, “shall be nominated by the Uganda Law Society”. That removes the suspicion that he could be targeting someone. I believe he is a member of the Uganda Law Society; if you realise that this man is about to target his *munyakole* from Mbarara, you will object to it and say, “this man must not go there; we have many more qualified lawyers in the Uganda Law Society from Tororo”, and that will be taken care of. All that we want is to have quality at the institute.

**MS OSEGGE:** I need to be educated here. A board usually has an odd number of members. I do not know why we have made this one 10 *–(Interjection)–* then you do not have to say “a board of 10 members”, if the other one is an ex officio member. We should state it here and say nine.

**DR BARYOMUNSI:** Madam Chairperson, the standard practice in Government for boards is to have nine members. I think they are saying 10 because they are adding the executive director; it should be nine.

**THE CHAIRPERSON:** Let us say nine in the law but we know that there is one ex officio member.

**DR BITEKYEREZO:** I concede on the nine, Madam Chairperson.

**MR TINKASIIMIRE:** In the law, Madam Chairperson, they should provide that we should have nine members and an ex officio member who will be the tenth but who is not a member. We should say that the executive director, who is a secretary, shall be the ex officio member of the board.

**THE CHAIRPERSON:** Ex officiomember with no voting rights - they are ten.

**MR TINKASIIMIRE:** It should be nine members, because 10 members would mean that all the 10 members will have voting rights. However, if you say that the board will have nine members, it is the nine members that will have voting rights.

**MR OBOTH:** The composition of this Parliament is known and I think that is the argument he is pursuing. If we are talking of ex officio Members here, - I do not see any; maybe there is one – they are also Members.

For the board, you are saying that the executive director will be an ex officio member and you are only clamping down on the voting right. If we have a problem with the odd number, we could have 11 and the eleventh person would be the executive director. Still, you will have 10 members and there will be a draw.

This is not the first board; we have had boards before this. How do we do it in this Parliament? What number do we normally give to these boards? If it is nine, why are we expanding this beyond? The more you expand it, the more temptation I have to propose one board member from Tororo. *(Laughter)*

**MS OSEGGE:** Madam Chairperson, I would propose that we keep it at nine members. A big board tends to be problematic. Of course, you know that the bigger the board, the bigger the financial demands that come with it. Therefore, I do not support the idea of adding more members. I would rather we reduced them; nine members would be appropriate.

**DR BARYOMUNSI:** Madam Chairperson, in the Bill we had provided for nine members: the Chairperson; the Director General of Health Services; the Executive Director of Mulago Hospital; a representative of the ministry responsible for energy with expertise in radiation medicine; a representative of the colleges and schools of health sciences; a representative of the private sector, with the expertise and experience in corporate governance; a researcher in cancer; and two representatives from cancer related civil society organisations.

However, the committee had made some amendments. They dropped the one with corporate governance and put someone with financial management skills. They also included a lawyer and split the civil society organisation to include the Palliative Care Association.

The committee dropped what we had proposed - somebody with experience in corporate governance - and provided for a lawyer from Uganda Law Society and an eminent Ugandan with experience in financial management. I think those are the two you proposed. We could drop one of those, either the lawyer or the Ugandan with experience in financial management.

**MS OSEGGE:** I propose that you retain the lawyer. We are now making a law to make this institute autonomous; it can sue and be sued. It is therefore good to have a lawyer on its board.

**DR BITEKYEREZO:** Madam Chairperson, let me tell you something; the reason we slightly deviated from what the ministry had suggested is because people made a lot of mistakes and they claimed that they were ignorant of the law. We want to make this cancer institute as good as possible so that nobody contravenes the law. In case someone makes a mistake, the lawyer is there to advise them –

**THE CHAIRPERSON:** I would like to support what was proposed by hon. Oboth. In the Uganda Law Society, we have criminal lawyers, civil lawyers, land lawyers, probate lawyers, among others. You do not know who the law society is going to select. Maybe we should say, “a representative of the Solicitor-General”. This is because in the Ministry of Justice and Constitutional Affairs, they are specialists; they can get you an expert on estates or international law. I think, let the lawyer come from the Solicitor-General because they specialise. That is my proposal.

**DR BITEKYEREZO:** Madam Chairperson, I concede on the issue of a lawyer, who is a member of the Uganda Law Society, so that we can substitute it with a representative of the Solicitor–General.

On the issue of the accountant or somebody who has got expertise in financial management, the issue that we face in Parliament every day is that people come here to give accountability and we see them shaking *– (Interjections) –* Yes! If they had people on the board who were experts in financial matters, some of those issues would be addressed in the board meetings.

**MR OBOTH:** Madam Chairperson, the sponsors of the Bill had proposed two representatives from the civil society. The Bill, as considered by the committee, split that up in (r) on page 16 to say one representative of the Palliative Care Association, which is still a civil society organisation, and in (s) to say a representative of a cancer related civil society organisation. I think that is also a civil society organisation. We, therefore, need to sacrifice one.

We can sacrifice one and just have one representative of civil society; it could be from the Palliative Care Association, which I think would be more important, than just having a general representative of a cancer related civil society organisation. I propose that we sacrifice the one in (s) and have it general as a representative of the civil society organisations.

**DR BITEKYEREZO:** Madam Chairperson, in this document I have given you, we found out that there are some cancers that are terminal and they cannot be treated; you can only treat them symptomatically or by reducing the size of the tumour or by simply killing pain. One of the reasons why people go to hospital is because of pain. Therefore, removing the member from the Palliative Care Association completely –

**THE CHAIRPERSON:** No, we keep that one.

**DR BITEKYEREZO:** Right, if the Palliative Care Association can cover the cancer related civil society organisation, then I would concede on dropping the representative of a cancer related civil society organisation. We then remain with the representative of the Palliative Care Association of Uganda.

**DR BARYOMUNSI:** Madam Chairperson, there is an association of cancer patients, who are directly related to cancer more than the Palliative Care Association.

It is true, like hon. Bitekyerezo is saying, that palliative care is important, but also there is an association now of survivors of cancer – people who have gone through the experience of cancer. I think that is what is being referred to by a civil society organisation related to cancer. They are actually more relevant to cancer than even the Palliative Care Association because they have gone through the trauma of cancer, they have been patients, some of them have survived it or have been cured of it, and others still have it. If we are to drop one civil society organisation, then the one of palliative care is a little bit distant compared to this one of the survivors of cancer.

**DR BITEKYEREZO:** Madam Chairperson, I happen to be a physician. I have personally seen cancer patients in my wards that are terminally sick. If someone is to die in an event where treatment is impossible, palliation is very important. Therefore, in this case, I would drop the person with experience in financial matters and leave the survivors of cancer.

**MR MULONGO:** Madam Chairperson, accountants are as important as lawyers because everything is about the economics of managing the institution. You cannot leave out someone who will give direction and guidance on issues of finance.

To settle this issue of (r) and (s), the question is: do we go with people who experienced the challenge or go with those who have the current experience? You could have people who experienced the challenge of the disease long ago when situations were very different and so the representation may not be adding as much value. However, for the Palliative Care Association, we are dealing with the current situation. Since they have the current challenges, they make a bigger contribution in terms of value. Therefore, I would rather we drop (s) and retain (r)

**MR SSEMUGABA:** Thank you, Madam Chairperson. I would like to suggest that we drop the accountant because there are accountants working within the institute. For any financial advice, the Executive Director will get it from the accountants within the department. Let us take these two from the Palliative Care Association and the survivors of cancer. There will be accountants within the accounts section to advise the executive director and the board.

**MR MULONGO**: Madam Chairperson, when you look at all these personalities, they are medical people - the Director Clinical Services, Director General Health Services, among others. The Director of Mulago Hospital is also a medic. All these are responsible medics, that have specialised skills that are unique. When you talk about an accountant being on the board, it means you are seeking an overall financial opinion that can help to guide the organisation. We already have a lot of medical related skills that you cannot afford to sacrifice someone like an accountant.

**MR OBOTH:** Madam Chairperson, my understanding of palliative care is that you cannot take care of people who are suffering when you do not have the experience. I am making a case for the Palliative Care Association and not necessarily the survivors.

I would like to think that even some of those who provide this care are survivors. You do not get a passion - the medical profession is driven by the passion to help. I believe, honourable minister, that those in the Palliative Care Association would cover those survivors who have current experience; they are following up current issues and trends in the treatment and care of cancer patients. I would like you to concede to sacrifice the cancer related civil society representative and we retain the Palliative Care Association so that we can move on.

**DR BARYOMUNSI:** Madam Chairperson, initially, we thought that the services of a lawyer and an accountant would be given by the technical staff. However, if it is the opinion of this Parliament that we must have a lawyer and an accountant on the board, we would like to suggest that we go by the original formulation in the Bill. Paragraph (h) says, *“Two representatives of cancer related civil society organisations”.* We can now say, “One representative from a cancer related civil society organisation”.

Why am I proposing this? We have the Uganda Cancer Society, which is an organisation that brings together survivors of cancer and even this Palliative Care Association is part of it. Once we say one representative from a cancer related civil society organisation, then the minister will appoint an appropriate person from either palliative care or survivors of cancer. That will be accommodated. Let us go with the original formulation but reduce it from two to one representative.

**THE CHAIRPERSON:** Honourable minister, there are many cancers. I do not know whether breast cancer, cervical cancer and prostate cancer, among others, will be covered. Maybe we make them 11.

**MS BABA DIRI:** Madam Chairperson, I think this represents the civil society organisations related to those suffering with cancer. That is what it represents. We are talking of cancer, but if those affected by cancer are not there to share their feelings, it is just meaningless.

It is like telling me that I am not going to be represented in an organisation of persons with disability; that representation is very important. I still insist that accountants can go because there are already trained accountants in the institute who are working. We should not leave out the person who is feeling the pain from the board. Honourable minister, please change your mind; let the two representatives from the cancer related civil society Organisations remain. Thank you very much.

**DR BARYOMUNSI:** I had said our opinion was that the legal and the financial services will be largely provided by the technical staff. That is the formulation in the law. However, they have been introduced by the committee.

I agree with hon. Baba Diri that these civil society organisations are extremely important. However, for the financial experts, once the board sits, the Executive Director with his staff will provide that advice from that angle. I would rather move that we drop the accountant and maintain the civil society organisations - *(Applause)*

**DR BITEKYEREZO:** Madam Chairperson, I concede

**MR MULONGO:** Madam Chairperson, before the chair of the committee concedes, this is a report of Parliament, which is not just by the chair alone. If we say we rely on technical staff, it means a bias will be introduced on the board. The board is supposed to act independently. If the Auditor-General provides an opinion that can be contested by the board and yet you are asking the very people they are questioning to be the ones to feed the board with information, it will bias the board.

The board is supposed to be independent minded. These professions on law and finance are extremely important. At the end of the day, this Parliament will ask for accountability. Therefore, we need the finance person there. We have many medical skills listed right from the beginning and now you are bringing those who suffered –

**THE CHAIRPERSON:** Hon. Mulongo, this board will not go before the Auditor-General. It is the accounting officer who will have to answer. The board will not go there; it is the accounting officer who will be there. I would like to persuade you to use the accountants in the cancer institute and leave the board to go with - The sick people are important; they know how they feel. Hon. Mulongo, you are still not convinced?

**MR MULONGO:** Madam Chair, my problem is that apart from the clinical experience we want to draw from these members, the overall management and the economics of it requires these financial skills but we are trying to leave that person out.

All these clinical skills we have seen are very articulately represented, including the victims. We are talking about those who are affected from the civil society organisations and those who provide the services. One of them will still make a contribution and represent what we are talking about, but they cannot replace the lawyer and the accountant.

**THE CHAIRPERSON:** Hon. Magyezi would like to convince hon. Mulongo.

**MR MAGYEZI:**  Thank you, Madam Chairperson. Hon. Simon Mulongo, much as this institute is autonomous, it remains a Government body. It is subject to audit by the Auditor-General and it is subject to legal services by the Solicitor-General.

These are not the only professions this body would arguably request; they may ask for a human resource expert or even an assets management expert. I was even asking for a statistician, who would manage the health statistics on cancer. However, this is a board with committees and staff; those can be co-opted. I think we should not over load it with technical expertise of other categories.

I would totally agree with what hon. Baba Diri said, that we respect the people in the profession and patients and not overload the board with lawyers, health experts, finance experts, procurement experts, et cetera. Chairman of the committee, kindly take us through one by one, we agree and move forward. I do not see the need for a lawyer or a financial expert. Nine people are enough.

**THE CHAIRPERSON:** I put the question that clause 7 be amended by deleting paragraphs (p) and (q) of subclause (2). Can we delete them?

*(Question put and agreed to.)*

*Clause 7, as amended, agreed to.*

*Clause 8, agreed to.*

Clause 9

**DR BITEKYEREZO:** Madam Chairperson, we request to redraft sub-clause 9 (1) on tenure of office of board members. Redraft subclause (1) to read as follows: “A member of the board referred to in section 7(2)(a), (f), (g), (h) and (i) shall hold office for a term of four years and is eligible for reappointment for one more term.”

Justification

(i) To increase on the tenure of the said members of the board from three to four years. The increase is meant to enable reasonable stability and continuity of the service of the board members.

(ii) To ensure fair application of the law by enabling the said members of the board to serve for the same period.

**THE CHAIRPERSON:** Honourable members, I put the question that Clause 9 be amended-

**MR OBOTH:** I would like to seek clarification as to why specifically, the proposal is targeting section 7(2)(a), (f), (g), (h) and (i). Why not just refer to board members? Are you suggesting that the executive director is by appointment? How about the rest; are they also by appointment?

**DR BITEKYEREZO:** Thank you so much, colleague. I think most of the members of the board we have talked about will be selected.

**THE CHAIRPERSON:** Honourable members, I put the question that clause 9 be amended as proposed.

*(Question put and agreed to.)*

*Clause 9, as amended, agreed to.*

*Clause 10, agreed to.*

Clause 11

**DR BITEKYEREZO:** Madam Chairperson, we request to amend clause 11, that is, filling of vacancies of the board, as follows:

a) Insert a new clause immediately after subclause (1) to read as follows: “The minister shall, after being notified of a vacancy under subsection (1) in accordance with section 7, appoint another person to hold office for the remainder of the term of the previous member.” Justification: for clarity.

b) In clause 11 (2), insert the following words immediately after the word, “Chairperson” appearing at the end of the provision: “For the remainder of the term of the chairperson’s term of office.” Justification: to avoid ambiguity.

**THE CHAIRPERSON:** Honourable members, I put the question that clause 11 be amended as proposed.

*(Question put and agreed to.)*

**DR BITEKYEREZO:** Madam Chairperson, we would like to insert a new clause after clause 11 to provide for the functions of the board as follows:

“Functions of the Board

(1) The board is responsible for the general direction and supervision of the institute.

(2) Without prejudice to the generality of subsection (1), the board shall-

(a) oversee the operations of the institute;

(b) advise the minister on cancer disease related matters, policy and strategic issues;

(c) review and approve business and operating plans, budgets, reports and audited financial statements of the institute;

(d) appoint, promote, terminate, discipline and approve terms and conditions of service of the employees of the Institute;

(e) provide guidance to the executive director and employees of the institute; and

(f) perform any other function conferred by this Act or which may be necessary for the proper implementation of this Act.”

Justification: it is for clarity.

**THE CHAIRPERSON:** Honourable members, I put the question that a new clause be inserted as proposed.

*(Question put and agreed to.)*

*Clause 11, as amended, agreed to.*

Clause 12

**DR BITEKYEREZO:** Madam Chairperson, we seek to redraft subclause (2) to read as follows: “A committee appointed under this section shall consist of a chairperson, who shall be a member of the board, and two other members of the board.” Justification: to restrict the composition of the committee to only members of the board.

**THE CHAIRPERSON:** Honourable members, I put the question that clause 12 be amended as proposed.

*(Question put and agreed to.)*

**MS OSEGGE:** Madam Chairperson, I wonder whether we are not restricting the board, because at committee level the co-option may be for case by case and not a permanent function. When the board needs a skill or some expertise, they can co-opt for a particular purpose. We do not need to restrict this committee. It is a once in a while thing that they can do.

**THE CHAIRPERSON:** Do they co-opt experts who will sit with them throughout, since this is a committee of the board?

**MR MULONGO:** Does that person become a member? We are talking about members. If you can co-opt for purposes of expertise that you require, you invite them but they do not become members.

**MS OSEGGE:** The committee chairman is proposing that they must be restricted to members. I thought we should relax that.

**THE CHAIRPERSON:** Honourable members, the Committee on Health, for example, might set up their own subcommittees; they cannot invite someone from another committee to be part of their committee because it is a subcommittee of the Committee on Health. Similarly, with this board, you can bring on board an expert but he or she does not become a member of the committee. I put the question that clause 12 be amended as proposed.

*(Question put and agreed to.)*

*Clause 12, as amended, agreed to.*

Clause 13

**DR BITEKYEREZO:** We would like to delete the entire provision on delegation of functions. Justification: to prevent the board from delegating its functions to other people since clause 12 is sufficient.

We would also like to insert a new clause immediately after clause 13 to provide for meetings of the board to read as follows:

“Meetings of the Board

The meetings of the board shall be conducted in accordance with schedule 2.”

Justification is for clarity.

**THE CHAIRPERSON:** Honourable members, there is a proposal to delete.

**MR MAGYEZI:** Thank you. I do not have a problem with providing for meetings. However, saying that the board can never delegate - If they want to appoint staff, for example, can’t they recruit a technical company to do this? Isn’t this done in modern times? I would not restrict the committees on the powers to delegate. We should not prohibit this.

**MR OBOTH:** This is the first legislation in the few years I have been here, which restricts the powers to delegate. In administrative law, why do they delegate? This is an institution; there are instances where we may want people to go and negotiate on behalf of the board. What if you have to do a power of attorney; how about if the board sends some two or three people to represent them; all that is delegating.

The instrument of delegation here is about delegating to the chairperson, a member of the board or even members of staff. The executive director can be delegated to go and represent the board to negotiate for a loan or receive a donation; unless there is some new expertise in administrative law, which is cropping up. We all love this institute, but must we stifle its operations by forbidding delegation?

Delegation is a principle of administrative law and it makes work easier. We have seen the Speaker herself delegating. This Parliament delegates committees to do its work and report back. Are we not shooting ourselves in the foot *–(Interjections)-* Yes, he is even delegated on behalf of the committee.

**THE CHAIRPERSON:** Honourable chairperson, we cannot close the door to delegation.

**DR BITEKYEREZO:** Madam Chairperson, for purposes of moving together and not offending this learned man, hon. Oboth, let me concede and we do not delete but retain what was suggested by the minister.

**THE CHAIRPERSON:** Honourable members, I put the question that clause 13 do stand part of the Bill?

*(Question put and agreed to.*)

*Clause 13, agreed to.*

**DR BITEKYEREZO:** We also proposed to insert a new clause immediately after clause 13 to provide for meetings of the board to read as follows: “The meetings of the board shall be conducted in accordance with Schedule 2.” Justification: for clarity.

**THE CHAIRPERSON:** Honourable members, I put the question that a new clause be inserted as proposed?

*(Question put and agreed to.*)

Clause 14

**DR BITEKYEREZO:** Madam Chairperson, we would like to amend clause 14(4) by substituting the words “with the approval of the ministries responsible for finance and public service, and shall be a direct charge on the Consolidated Fund”, with the words, “in consultation with the minister and minister responsible for finance”.

The Justification: To ensure that the minister responsible for health is consulted when determining salaries for the staff of the institute for effective supervision. Secondly, reference to the Consolidated Fund will restrict the institute from using funds from other resources like non-tax revenue to motivate its employees.

**MR MAGYEZI:** Thank you very much, Madam Chairperson. This is a very sensitive matter. If one of the objects of the Bill was to prevent or limit referrals abroad, and we know that this is mainly because our own technical people go abroad because of poor pay, I would like to make a more fundamental amendment on this, with the consent of the committee chairperson.

I propose that we do not restrict the pay of the staff of this institute to the public service levels. Look at KCCA, URA and other autonomous bodies, their efficiency and the improved morale of their staff is because they have special facilitation seen as projects on their own. If you maintain consultation with Ministry of Public Service, you are actually saying we restrict them to the public service levels.

I do not know how we can reformulate this clause to ensure that the pay of the staff of this institute is attractive, because of the nature of their work and the requirement of a fully-fledged well motivated staff for this institute. This will prevent qualified staff from leaving and ensure that our patients are comfortable in this institute without having to go abroad. I would propose to the committee chairperson to consider reformulating the entire clause so that we have specialised pay for the staff.

**THE CHAIRPERSON:** Hon. Magyezi, I wish you could give us a proposal.

**DR BARYOMUNSI:** Madam Chairperson, the initial formulation was that the board will determine the payments for the staff with approval of the ministers of finance and public service. What the committee is recommending is that it should be with approval of the ministers of health and finance, which we agree with. As a minister for health, you would need to know what the staff at the Uganda Cancer Institute, National Medical Stores, National Drug Authority, Uganda Heart Institute and so forth, are being paid. Of course, Ministry of Finance provides the money and needs to be consulted.

I do not know what hon. Magyezi wants to insert. Do you want the board to be independent in terms of determining the pay without the knowledge of the ministers of public service and finance? Where will they get the money from? They will still be paid well but there must be checks and balances. The board determines their pay, but the ministers of health and finance agree with the rest on what has been determined. Creating institutions and giving them 100 per cent autonomy may create a lot of distortions within the public service.

**MR MAGYEZI:** Madam Chairperson, how do we do it under KCCA? How did we do it under Uganda Revenue Authority? Truly, the commission, or the board, or the council has the right to determine their pay. It can be in consultation with the Ministry of Finance; I do not see why you want to extend it to the ministries of public service and health. I propose we give them the autonomy within their budget to determine the pay for their staff.

**MR OBOTH:** I am tempted to agree with hon. Magyezi, bearing in mind that some of the best brains keep going out of this country. However, being aware of how Government operates, it would be in isolation. If we legislate that now, we would be isolating the institute and they will be frustrated.

The consultation there does not necessarily mean that they are seeking for approval. Even URA board consults with the line ministry to look at what is available in the budget. However, the point hon. Magyezi is making is very fundamental. If we would like to make it a centre of excellence, we need to know that health service delivery is not affected by poor pay.

Therefore, we give them the power, in consultation with the line ministry and Ministry of Finance, and probably even Ministry of Public Service - they might make some noise if you bypass them since these will be public servants. They may have to approve the structure. The structure alone will be approved by Ministry of Public Service. However, this should be harmonised to make it more attractive to work at the Uganda Cancer Institute.

**THE CHAIRPERSON:** What do we do? Should we take the committee proposal? With so many ministries to consult, when will the fellows get their salaries?

**DR BARYOMUNSI:** In terms of the structure, I think there is a provision that the board shall consult with Ministry of Public Service and the Health Service Commission. However, in terms of remuneration, consultation with the ministers of health and finance would suffice.

Definitely, we take the point that health workers have to be paid better. That is being worked on because this is one of the major challenges affecting the health sector.

**THE CHAIRPERSON:** Honourable members, I put the question that clause 14 be amended as proposed by the committee.

*(Question put and agreed to.)*

*Clause 14, as amended, agreed to.*

Clause 15

**DR BITEKYEREZO:** Madam Chairperson, under clause 15, we propose to insert three new subclauses, immediately after subclause (3), to read as follows:

“(4) The executive director shall hold office for four years and shall be eligible for reappointment for one more term.

(5) A person shall not be appointed executive director who-

(a) is an undischarged bankrupt;

(b) has been convicted of an offence under this Act or an offence involving fraud or dishonesty by a competent court; or

(c) has been convicted of an offence and sentenced to a term of imprisonment of six months or more by a competent court without the option of a fine.

(6) A person shall cease to hold the office of the executive director if that person-

(a) resigns;

(b) is declared insolvent;

(c) is convicted of a criminal offence in respect of which a penalty of imprisonment of six months or more is imposed without the option of a fine;

(d) is removed from office by the minister on the recommendation of the board for-

(i) continuously and persistently being unable to discharge the functions of the office of executive director;

(ii) failing to disclose to the commission any interest in a contract or proposed contract or any other matter connected to the commission; or

(iii) misbehaviour or abuse of office.”

The justification is to:

1. Provide for tenure of office of the executive director because in the previous one, there was no tenure; it was constant.

2. Provide for qualifications of a person to be appointed executive director.

3. Provide for circumstances under which the executive director may cease to hold office.

**MR OBOTH:** Madam Chairperson, I have a huge problem with this. I think for the first time, we want to legislate the term of office. We are making this work contractual. We are looking for the best brains to head these institutions but we want to make them like board members. Do we want an executive director or an executive board member?

In this case, I would agree with the provision of cessation of office, but not putting term limits. We do not have term limits here. What is contained in the Bill is classical good drafting skills: *“the institute shall be headed by an executive director”*, and clause 15(2) provides for the specification of the person.

Madam Chairperson, I do not think that we should provide for term limits; I have a problem with term limits. Do permanent secretaries have term limits? These are chief executives. Does the Clerk to Parliament have a term limit? -*(Interjection)-* Okay, three years renewable and for only two terms. We can set this to four years renewable, but if you say that after the first term one is eligible for only one more term, this is why people steal in Uganda because they are not secure.

**MR MULONGO:** Madam Chairperson, I think hon. Oboth has a point. My fear is that we have given everything four years; the board, the deputy and executive director all have four-year terms. This means that at the end of the eight years, the entire leadership will go. I do not think that this is what we would like - to limit institutional memory.

The current management mode involves contracts, which could be left to certain qualifications, and if you perform well, then you can have your contract renewed. It is political appointees like the board that go for a limited time of say four years and renewable once. However, the technical staff will lose out.

Therefore, I would like to agree with hon. Oboth that we separate the board and have some serving contracts of four years, renewable once, while technical staff get contracts for a certain period. If we want three years, which is common, or four years, let us leave it that way. In this case, I would propose three years for the executive director, so that the board can stay one more year with a newly appointed director.

**THE CHAIRPERSON:** I thought it is the director who needs to be the institutional memory and not the board. I would rather the executive director had a slightly longer period than the board.

**MR OBOTH:** The executive director would be so powerful if we gave him or her more than three years. I know that in some places, which have come to my memory, it is actually three years. Unless we reduce on the board members, this executive director would be very powerful, which they need to be especially for the Uganda Cancer Institute. However, harmonising it with other agencies and institutions would be the problem.

That said, I would like to say that this Parliament has the liberty to make laws as we wish. If there is justification for making it four or five years, then we can provide for it. However, we have to harmonise, if there is need.

**MR MAGYEZI:** Thank you, Madam Chairperson. I think we do not need to tie the years of office of the executive director to that of the board. Five years is quite a long time. If you want to remove the executive director and you have to wait for five years, that is quite a long time.

We have to look at issues of continuity and experience. If somebody has gathered experience and had training abroad making him more efficient, and then you say he as one more term to go, that would not be acceptable. I propose that we make it three years renewable.

In addition, under the terms on which the executive director may be removed, there is an instance where the chairperson became a bit detailed - “Failure to disclose misuse of funds”. These are inefficiencies. I think the chairperson needs to compress it a bit without forgetting that we need an executive director that is experienced and secure at the job. It is not good for me to know that I am working for one other term and then I leave. I propose three years renewable and also reduce on the detail in the section of removal; it is too detailed.

**THE CHAIRPERSON:** Honourable members, I put the question that the new clause 15 be amended by substituting “three years” with “four years”.

*(Question put and agreed to.)*

**MR OBOTH:** Regarding the aspect of renewal –

**THE CHAIRPERSON:** Do we agree to three years renewable?

**DR BARYOMUNSI:** Yes, “renewable” because the formulation introduced by the committee is very strange, that we put term limits.

**THE CHAIRPERSON:** So we substitute it with “three years renewable” and delete the rest of what the chairperson had proposed. Okay, I put the question that subclause (4) be amended as proposed.

*(Question put and agreed to.)*

**MR MULONGO:** Madam Chairperson, regarding the issue of removal from office, it says “…removed from office by the minister on recommendation of the board.”, and the details are given in (i), (ii) and (iii). I do not know what“continuously and persistently being unable to discharge” means. We might run into trouble with this. I wish we had left it at “…recommendation of the board.”

**THE CHAIRPERSON:** Hon. Mulongo, the board can just wake up and say, “We are recommending that you go”. What reasons would they give?

**MR MULONGO:** In that case, I propose that we delete (d)(i).

**MR OBOTH:** Madam Chairperson, (d)(iii) is good; we can all be removed for misbehaviour or abuse of office and that is constitutional drafting. However, “failure to disclose to the commission” is strange. Can we benefit from your –

**THE CHAIRPERSON:** I do not know whether he meant commission or board.

**MR OBOTH:** Which commission here? “Failing to disclose to the commission any interest in a contract or proposed contract or any other matter connected to the commission”. I think what you are providing does not exist in this legislation. What we want to cure here is a strange disease and you will need an angel to be the executive director in this place.

**DR BITEKYEREZO:** Madam Chairperson, this subclause states, “Failing to disclose to the board any interest in a contract or proposed contract or any other matter connected to the board or to the commission.”

Madam Chairperson, what is going to kill this country is the problem of the people who are supposed to preserve Government property being the ones stealing it. That is why we are asking, who is taking Government land? It is those who are monitoring the expiring leases and the land commission.

Here, we are trying to help these executive directors by getting them out of these contracts because these contracts are causing a problem. I can tell you that this is an experience that we have had. As Chairperson of the Committee on Health, I have seen this problem and I wanted to make sure that I give the cancer institute treatment that will prevent problems brought about by going into contracts and bringing bad things here without disclosure. That is where the problem lies.

**MR MAGYEZI:** This is well intentioned, but isn’t it covered under some other law on leadership and conflict of interest? Haven’t we already catered for that? You are talking about misconduct and misbehaviour and these are provided for.

We understand the good intention of the chairperson to ensure that the executive director does not mismanage these contracts. However, my understanding is that this is catered for under the penal code and the leadership code for any public officer.

**THE CHAIRPERSON:** Honourable chairperson, is this targeting the executive director only? What about the other board members? This seems discriminatory; you are only catching one person.

**DR BITEKYEREZO:** Madam Chairperson, again for purposes of going together as a family, I want to concede on this issue of targeting the executive director. However, we should retain the issue of misbehaviour or misuse of office.

**THE CHAIRPERSON:** Do you want to delete (d)(i) or retain it?

**DR BITEKYEREZO:** Madam Chairperson, I think we can delete (d)(i).

**THE CHAIRPERSON:** Okay. Honourable members, the question is that clause 15(6) be amended as proposed.

*(Question put and agreed to.)*

*Clause 15, as amended, agreed to.*

Clause 16

**DR BITEKYEREZO:** Madam Chairperson, clause 16 is on the functions of the executive director. Under clause 16(1), we propose to insert a new paragraph immediately after paragraph (c) to read as follows: “The development of an economic, efficient and cost effective internal management structure.”

The justification is: to ensure proper and effective management of this institute.

**THE CHAIRPERSON:** Honourable members, I put the question that a new clause be introduced as proposed.

*(Question put and agreed to.)*

**MR MAGYEZI:** Madam Chairperson, I thought that the development of an internal management structure was the function of the board and not the executive director. I think that here we are running into the responsibilities and functions of the board. The role of the executive director is to ensure that management is efficient, but to develop the management structure is the role of the board.

**THE CHAIRPERSON:** I think the executive director is the initiator of the proposals for the board; isn’t it? That is part of his work.

**DR BITEKYEREZO:** Madam Chairperson, when we were scrutinising this Bill, we wanted to make sure that this law gives the executive director direction on what is expected of him or her instead of leaving things open. That is why we wanted him or her to be in charge of the development of an economic, effective and cost-effective internal management structure. This is because we wanted to give the executive director power to lead very well instead of just sitting. We want to ensure proper and effective management of this institute; we do not want this institute to die.

Madam Chairperson, Dr Oryem is a very good man, and I can say this because he was my teacher in medical school. However, we are not sure of the person who is going to replace him after he has become very old, because we have removed the terms. If the person who comes after Oryem is a liability, he will kill the institute. Therefore, Madam Chairperson, let us adopt this.

**MR MAGYEZI:** Madam Chairperson, can we reformulate it, because developing a structure is a board function. I think what the chairperson is talking about is ensuring economic, efficient and cost-effective internal management of the institute.

**MR OBOTH:** I agree that issues of structure are purely a board function at the corporate level. However, he can ensure systems like accounting and auditing and the checks and balances. I think that is within the executive director’s functions.

**THE CHAIRPERSON:** Is that okay? Honourable members, I put the question that clause 16(1) be amended as proposed.

*(Question put and agreed to.)*

*Clause 16, as amended, agreed to.*

**DR BITEKYEREZO:** Madam Chairperson, we want to insert a new clause immediately after clause 16 to provide for a deputy executive director because it was not provided for in this Bill.

The new clause would read as follows:

“Deputy Executive Director

(1) The deputy executive director shall hold office for four years and is eligible for reappointment for one more term.

(2) The deputy executive director shall be a full time employee of the institute.

(3) The deputy executive director shall be a person of high moral character and proven integrity, and who has substantial qualifications and experience in oncology.

(4) The deputy executive director shall deputise the executive director.”

The justification is: for clarity.

**THE CHAIRPERSON:** Honourable members, we have to first amend clause 17(1) by substituting “three years renewable” with “four years.” If you agree to the rest, we can put the question.

**MR OBOTH:** If I read his mind, that is fine. However, you cannot provide more details for the deputy executive director than what you have provided for the executive director.

With the guidance from the chairperson, I think we would go ahead and make that amendment and move on. His or her role will be to be purely a deputy, or do you want us to say “deputy to Dr Oryem”?

**DR BARYOMUNSI:** Madam Chairperson, we agree with the proposal to include a deputy executive director.

**THE CHAIRPERSON:** Honourable members, I put the question that a new clause be inserted as proposed.

(*Question put and agreed to.)*

Clause 17

**DR BITEKYEREZO:** Clause 17 - Executive management committee. We propose to delete clause 17. The justification is that this can be handled administratively under the amendment proposed in clause 16(2).

**THE CHAIRPERSON:** Honourable members, the question is that clause 17 be deleted. I put the question.

(*Question put and agreed to.)*

*Clause 17, deleted.*

*Clause 18, agreed to.*

*Clause 19, agreed to.*

*Clause 20, agreed to.*

*Clause 21, agreed to.*

*Clause 22, agreed to.*

Clause 23

**DR BITEKYEREZO:** Madam Chairperson, under the issue of accounts in clause 23, we propose to redraft subclause (2) to read as follows: “Subject to any direction given by the board, the executive director shall cause to be prepared and submitted to the minister, the Auditor-General and the Accountant-General in respect of each financial year, and not later than two months after the end of each financial year, the annual statement of accounts of the preceding year.”

The justification is: for consistency with the Public Finance Management Act, 2015.

**THE CHAIRPERSON:** Honourable members, I put the question that clause 23 be amended as proposed.

*(Question put and agreed to.)*

*Clause 23, as amended, agreed to.*

*Clause 24, agreed to.*

*Clause 25, agreed to.*

*Clause 26, agreed to.*

*Clause 27, agreed to.*

*Clause 28, agreed to.*

*Clause 29, agreed to.*

*Clause 30, agreed to.*

*Clause 31, agreed to.*

*Clause 32, agreed to.*

*Clause 33, agreed to.*

*Clause 34, agreed to.*

**DR BITEKYEREZO:** After clause 34, we propose to insert schedule 1, which deals with currency points: “A currency point is equivalent to Shs 20,000.”

We also propose to insert schedule 2 to read as follows:

“1. Meetings of the Board

(1) The chairperson shall convene every meeting of the board at times and places as the board may determine, and the board shall meet for the discharge of business at least once in every three months.

(2) The chairperson may, at any time, convene a special meeting of the board and shall also call a meeting within 14 working days, if requested to do so, in writing by at least four members of the board.

(3) Notice of a board meeting shall be given in writing to each member at least seven working days before the day of the meeting.

(4) The chairperson shall preside at every meeting of the board, and in the absence of the chairperson, the members present shall appoint a member from among themselves to preside at that meeting.

2. Quorum

(1) The quorum of a meeting of the board is five members.

(2) All decisions at a meeting of the board shall be by a majority of the votes of the members present and voting, and in case of equality of votes, the person presiding at a meeting shall have a casting vote in addition to his or her deliberative vote.

3. Minutes of meetings

(1) The board shall cause to be recorded and kept, minutes of all meetings of the board in a form approved by the board.

(2) The minutes recorded under this paragraph shall be submitted to the board for confirmation at its next meeting following that to which the minutes relate, and when so confirmed, shall be signed by the chairperson and the secretary to the board in the presence of the members present at the latter meeting.

4. Decision by circulation of papers

(1) Subject to subparagraph (2), decisions of the board may be made by the circulation of the relevant papers among the members and the expression of their views in writing, but any member is entitled to request that any such decision shall be deferred until the subject matter has been considered at a meeting of the board.

(2) A decision made by circulation of papers under this paragraph is not valid unless it is supported by not less than five members.

5. Power to co-opt

(1) The board may co-opt any person who, in the opinion of the board, has expert knowledge concerning the functions of the board, to attend and take part in the proceedings of the board.

(2) A person co-opted under this section may take part in any discussions at the meeting of the board in which he or she is required but shall not have any right to vote at that meeting.

6. Validity of proceedings not affected by a vacancy

The validity of any proceedings of the board shall not be affected by a vacancy in its membership or by any effect in the appointment or qualification of a member or by reason that a person not entitled took part in its proceedings.

7. Disclosure of interest of members

(1) A member of the board who is in any way directly or indirectly interested in a contract made or proposed to be made by the board, or in any other matter which falls to be considered by the board, shall disclose the nature of his or her interest at a meeting of the board.

(2) A disclosure made under subparagraph (1) shall be recorded in the minutes of that meeting.

(3) A member who makes a disclosure under paragraph (1) shall not-

(a) be present during any deliberation of the board with respect to that matter; or

(b) take part in any decision of the board with respect to that matter.

(4) For purposes of determining whether there is quorum, a member withdrawing from a meeting or who is not taking part in a meeting under subparagraph (3) shall be treated as being present.

8. Board may regulate its procedure

Subject to this Act, the board may regulate its own procedure or any other matter relating to its meetings.”

The justification is: to be as clear as possible.

**THE CHAIRPERSON:** Honourable members, that is the proposal for the schedule. I put the question that Schedule 2 be introduced into the Bill.

*(Question put and agreed to.)*

**MR MAGYEZI:** Madam Chairperson, I have a slight issue on decisions of the board made on the basis of circulation of papers. I would like to request that we add, “or any other acceptable electronic method”. This is because it is now not just papers; one can send an e-mail so long as the board has agreed that it is an acceptable method.

**THE CHAIRPERSON:** Do you have a proposal for what you are saying?

**MR MAGYEZI:** Yes. Under circulation of papers, I am proposing we add, “or any other acceptable electronic method”.

**DR BITEKYEREZO:** I agree that we add what hon. Magyezi has suggested to make sure that we can use even iPads.

**THE CHAIRPERSON:** Honourable members, I put the question that subclause (4) of the schedule be amended as proposed.

*(Question put and agreed to.)*

*Schedule 2, as amended, agreed to.*

Clause 2

**DR BITEKYEREZO:** In clause 2, we propose to insert the interpretation of the following phrases in their alphabetical order:

“‘Board’ means the Board of Directors of the Uganda Cancer Institute appointed under section 7.

‘Currency point’ has the meaning assigned to it in Schedule 1.

‘Executive Director’ means the executive director of the institute appointed under section 14.

‘Highly specialised medicines’ include chemotherapeutic agents and devices related to cancer treatment.”

**THE CHAIRPERSON:** Honourable members, I put the question that clause 2 be amended as proposed.

*(Question put and agreed to.)*

*Clause 2, as amended, agreed to.*

*The Title, agreed to.*

MOTION FOR THE HOUSE TO RESUME

8.22

**THE MINISTER OF STATE FOR HEALTH (GENERAL DUTIES) (Dr Chris Baryomunsi):** Madam Chairperson, I beg to move that the House do resume and the Committee of the whole House reports thereto.

**THE CHAIRPERSON:** Honourable members, the question is that the House do resume and the Committee of the whole House do report thereto.

*(Question put and agreed to.)*

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

REPORT FROM THE COMMITTEE OF THE WHOLE HOUSE

8.24

**THE MINISTER OF STATE FOR HEALTH (GENERAL DUTIES) (Dr Chris Baryomunsi):** Madam Speaker, I beg to report that the Committee of the whole House has considered the Bill entitled, “The Uganda Cancer Institute Bill, 2015” and passed it with amendments.

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

8.24

**THE MINISTER OF STATE FOR HEALTH (GENERAL DUTIES) (Dr Chris Baryomunsi):** Madam Speaker, I beg to move that the report from the Committee of the whole House be adopted.

**THE SPEAKER:** Honourable members, 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 CANCER INSTITUTE BILL, 2015

8.24

**THE MINISTER OF STATE FOR HEALTH (GENERAL DUTIES) (Dr Chris Baryomunsi):** Madam Speaker, I beg to move that the Bill entitled, “The Uganda Cancer Institute Bill, 2015” be read for the third time and do pass.

**THE SPEAKER:** Honourable members, I put the question that the Bill entitled, “The Uganda Cancer Institute Bill, 2015” be read for the third time and do pass.

*(Question put and agreed to.)*

A BILL FOR AN ACT ENTITLED “THE UGANDA CANCER INSTITUTE ACT, 2016”

**THE SPEAKER:** Title settled and Bill passes. Thank you. *(Applause)*

I would like to congratulate hon. Bitekyerezo. One of the things that he really wanted was to ensure that this Bill is passed before we close the Ninth Parliament. I know he has one other Bill and in that regard, I am proposing that on Tuesday, we sit at midday so that we are able to run through the rest of the work. There is that Bill and one or two other things that are important before we close the Ninth Parliament. I congratulate Dr Baryomunsi as well as the Committee on Health.

**DR BITEKYEREZO:** Madam Speaker, I would like to thank you from the bottom of my heart, as the Chairperson of the Committee on Health who is going away. I would also like to thank the Minister of State for Health (General Duties), Dr Chris Baryomunsi, first for being a contemporary in the health sector; second, for being a minister of the sector, which I have been overseeing; and third, for being a personal friend.

Let me also thank the Government Chief Whip, hon. Ruth Nankabirwa, for giving me the opportunity to become the Chairperson of the Committee on Health and in a short time, I have delivered all these Bills. I wish I had come back. *(Laughter)* Possibly, I would have done more.

Let me thank my committee, which has been dominated by women. Madam Speaker, the women of this country are very important. They have been very co-operative. Hon. Khainza is here and I am glad that she has come back as well as hon. Atim. Most of my people have not been voted back.

I would like to thank Dr Oryem and the entire team of the Uganda Cancer Institute. Madam Speaker, Dr Oryem inspired me to become a physician. He has been ringing me every evening telling me that if I leave without this law being passed, when we get problems he will not have anywhere to put them.

Last, but not least, I want to thank you, Rt Hon. Kadaga, in particular, for working tirelessly at your age, and making yourself accessible for those in this country that need the help of this Parliament. There are very few people who can move Parliament up to this hour. They would want to go to the gym, work on their hair and put on lipstick. *(Laughter)* However, you are still here with the Government Chief Whip, the minister and Members. I am very glad that today, the NRM caucus of a party that I cherish and belong to has endorsed you as our candidate for the Tenth Parliament.

*(Applause)*

As I leave, I promise to handle the Uganda Heart Institute Bill because I have a lot of energy. After having handled these two Bills, I can tell you that when I go to work in the clinics in Mbarara, I will be very happy. I will refer my patients to the heart institute or the cancer institute branches in the entire country, without necessarily coming to Mulago where people are too many.

With those few remarks, Government Chief Whip, I have gone into the world. If you still need my services, tell your boss that I am available. *(Laughter)*

**DR BARYOMUNSI:** Madam Speaker, briefly, I would also like to thank and congratulate you for today’s nomination by the party to become our next Speaker.

I also thank the honourable members for sparing time and being here to pass a very important piece of legislation. I would like to give you the assurance that Government and the Ministry of Health are committed in ensuring that the issue of cancer is addressed. Therefore, what you have done as honourable members is a very big contribution in the fight against cancer because it is a challenge, which all of us must work together to address in the country.

I would also like to tell the Government Chief Whip, who is now the Leader of Government Business, that hon. Bitekyerezo is very energetic. Therefore, even if he is not coming back to Parliament, his stamina and skills should be tapped by the Government. *(Applause)*

I would like to thank hon. Bitekyerezo and the committee members for the great work that they have done. Let me hope that Members will be available again on Tuesday for us to process the Uganda Heart Institute Bill. I also thank our doctors for the good work that they are doing in Mulago. Thank you very much, Madam Speaker.

**THE SPEAKER:** Thank you very much, honourable members, for staying this long. Chief whip, thank you for the whipping job. The House is adjourned to Tuesday, next week at 12.00 p.m.

*(The* *House rose at 8.30 p.m. and adjourned until Tuesday, 10 May 2016 at 12.00 p.m.*)