

# ACTIVISTS THREATEN LEGAL ACTION OVER DATA SHARING

By John Musenze

The \$2.3b (sh8.1 trillion) health co-operation agreement signed between Uganda and the US will help the world to fight disease outbreaks, the country director of the US Centers for Disease Control and Prevention (CDC), has said.

Speaking during a press briefing in Kampala yesterday, Dr Mary Boyd dismissed fears that individual medical records would be accessed by a foreign government.

She said the agreement aligns with the America First Global Health Strategy and focuses on strengthening frontline health care services, ensuring essential medicines and commodities, improving laboratory systems, digitising health infrastructure, and enhancing outbreak surveillance and response.

A key benchmark referenced under the agreement is the internationally recognised "7-1-7" outbreak response standard. Under this metric, a country should detect a public health emergency within seven days, report it within one day of detection, and mount an effective response within seven days.

Boyd emphasised that this is not a special condition imposed on Uganda but a global standard aimed at strengthening preparedness against infectious diseases.

"If we support Uganda to achieve 7-1-7 consistently, Uganda will be safer, the region will be safer, and of course the United States will be safer," she said, noting that infectious diseases do not respect borders.

## DATA CONTROVERSY

"The data agreement is around aggregated data, not personally identifiable information. This is really data that allows us to evaluate whether or not we have met the outcome metrics that both countries signed on to," Boyd said.

She said the information shared would consist of summary statistics and performance indicators not names, patient files, identification numbers or other traceable records.

"Beyond that, there really isn't anything personal to the data agreement. It allows us to report to our Congress, but also allows us as a joint Uganda-US co-operation to assess whether we are meeting the goals we set out to meet," Boyd added.

US officials argued that data reporting is primarily about accountability for the billions invested and ensuring measurable outcomes under the partnership.

# UGANDA-US HEALTH DEAL SPARKS DATA SOVEREIGNTY DEBATE



L-R: Health minister Dr Aceng, finance minister Matia Kasajja and US Ambassador to Uganda William Popp display signed co-operation agreements for funding the health sector. This was at the finance ministry headquarters in Kampala in December

Boyd's remarks follow growing public concern over data privacy after details of the agreement revealed provisions on data systems, surveillance reporting and pathogen sample sharing.

At the centre of the debate is a five-year memorandum of understanding (MOU) that commits up to \$1.7b (sh6.1 trillion) from Washington and nearly \$500m (sh1.8 trillion) from Kampala to strengthen Uganda's health system. The agreement supports frontline health workers, essential medicines, laboratory systems, digitisation and disease outbreak surveillance.

While government officials have welcomed the funding as a major boost to Uganda's health sector, scrutiny has grown over provisions requiring data reporting and co-operation on pathogen surveillance. Critics are asking whether the agreement could gradually shift control over sensitive national health information beyond Uganda's borders.

## CALL FOR TRANSPARENCY

Despite the assurances, some public health experts said transparency remains critical.

Dr Peter Waiswa, an associate professor at Makerere University School of Public Health, said while personal data may not be



Ssenyonyi: Legislator



Kiryowa: Attorney General

## REGIONAL CONTEXT RAISES DEBATE

Uganda's debate unfolds against developments in neighbouring Kenya, where a court recently suspended aspects of a \$2.5b (sh9 trillion) health aid agreement with the US over concerns about data privacy.

The interim ruling barred Kenyan authorities from implementing provisions related to the transfer or sharing of medical and epidemiological data following a petition by a consumer rights group.

Kenya's health minister Aden Duale said the government would comply with the court's orders, while challenging parts of the decision, noting that the suspension targeted data-sharing provisions rather than the entire partnership.

The Kenyan case has intensified calls in Uganda for stronger public oversight and transparency.

shared, concerns remain about the handling of biological samples and long-term control of national systems.

"The first thing that must be done is transparency. These agreements should be

accessible to Ugandans to know the terms because they are about Ugandans and for Ugandans," Waiswa said.

He warned that critics fear an imbalance in control. "Most developed countries

do not run their health systems indefinitely through third parties. These agreements risk recreating project-style management of national systems rather than building flexible institutions accountable to citizens," Waiswa said.

Human rights lawyer Lilian Drado raised stronger objections, saying any transfer of national health data, personal or aggregate, must be subjected to strict legal oversight.

"If they have been doing it, then it must stop," Drado said.

"Surrendering Ugandans without their involvement means a government accountable to us has practically sold us off."

Drado said legal avenues were being considered to challenge any provisions deemed inconsistent with Uganda's sovereignty.

"We are going to court to overturn this specific requirement. We welcome the agreement but not to share our own. I am going to be in touch with the Uganda Law Society over how we can overturn this decision specifically," Drado said.

During a recent parliamentary session, the Leader of Opposition in Parliament, Joel Ssenyonyi, also questioned the lack of parliamentary scrutiny.

"If it is so good a deal as it

is being portrayed to be, why do you not want parliamentary scrutiny?" Ssenyonyi said, raising concerns about data protection and transparency.

"If the requirement is for us to bring every agreement that Government is going to sign to Parliament, then we should write the law and say so. Otherwise, Government [Executive] reports to Parliament in the manner that is set in the law. Every committee interacts with the government agency and when that time comes when we are called upon to report on health, we shall report on it. But, what I can assure you is that yes, government did sign an agreement and yes, the agreement is in place and it is within the law," Attorney General Kiryowa Kiwanuka responded to Ssenyonyi during the same session.

## GOVT DEFENDS DEAL

Appearing before Parliament, health minister Dr Jane Ruth Aceng defended the agreement, saying negotiations on data provisions were "very tough and very stringent".

"Our agreement is based on the laws of Uganda. We are not sharing raw data with anyone. We are sharing aggregate data," Aceng said.

She explained that aggregated figures help the US Congress to assess progress under the partnership, while raw datasets remain under Ugandan control.

"The raw data remains with the Government of Uganda as a sovereign country," she said. "Any form of data required will be agreed to according to all the laws of Uganda."

## NO PERSONAL DATA SHARING

Mary Borgman, the director of Global Health and Diplomacy, described the MOU as the continuation of a partnership spanning more than six decades.

She said the new agreement aims to shift from parallel donor-driven systems towards stronger government-led delivery aligned with Uganda's national health priorities. Implementation plans are being developed jointly with the Ministry of Health to guide execution over the next five years.

According to the U diplomats, the \$2.3b agreement represented one of the large health financing commitments in recent years, with potential benefits extending beyond HIV, tuberculosis, malaria and Ebola to maternal health a non-communicable disease through strengthened systems and sustained health workforce funding.