

Position Paper

Guilty in the Eyes of the Public: *'The Case of Ms. Rosemary Namubiru in Uganda'*

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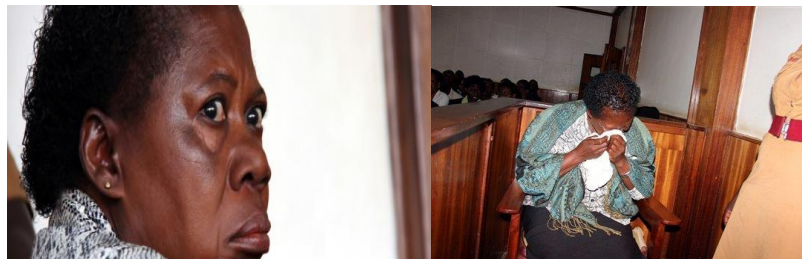
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"As persons who are living with HIV, medical workers will fear to act and take high risks. If somebody walked into a health centre with a crying dying baby, instead of giving care first, it will be an HIV test first. This has set a precedent that you have to know the HIV status of the person you are treating or the person who is treating you"¹

Diana Nanjeho, Senior advocacy and communications officer Uganda Network on Law, Ethics and HIV/Aids

‘Education, awareness and prevention are the key, but stigmatisation and exclusion from family is what makes people suffer most’

Ralph Fiennes



1. INTRODUCTION

The intentional and negligent exposure of HIV transmission has increased willingness to extend liability on tort. This is due to the skyrocketing infection rates for Sexually Transmitted Diseases (STDs) which have reached epidemic proportions. To this end, more than half of African states have criminalised transmission and exposure of STDs including HIV by having specific laws on HIV or through provisions in general laws.² The case of Ms. Rosemary Namubiru in this paper brings to focus once again not only the injustices that may derive from legislation criminalizing HIV transmission but also how public sentiment may be manipulated to perpetuate stigmatisation and exclusion and thus derail the path of justice.

The focus of this paper is on Uganda and section 171 of the Penal Code of the country, which makes it an offence to expose others to a disease dangerous to life. This paper is presented in four sections. Section 1, the current section, is the introduction. Section 2 covers negligent transmission of HIV where section 171 of the Ugandan Penal Code Act 120 Laws of Uganda is juxtaposed to the international standards on HIV as well as a discussion on the rights of the

¹ S Mwesigye *et al* ‘Uganda: After Nurse is jailed, family raps activists’ 20 May 2014 <http://allafrica.com/stories/201405210313.html?viewall=1> (accessed on 27 May 2014).

² Canadian HIV/AIDS Legal Network ‘Redoubling global efforts to support’ (2010) 15 *HIV/AIDS Policy and Law Review* 5.

accused. Section 3 is a synopsis of the implication of Namubiru's case for other people living with HIV and AIDS (PLWHAs) and section 4 is the conclusion.

1.1. Background

The case *Uganda v Namubiru Rose Mary* concerns a Ugandan nurse of 35 years' experience. The accused, Ms. Rosemary Namubiru, is aged 64 years and is living with HIV and presently has been convicted for exposing a child to HIV in the course of administering treatment through an injection. The ill 2-year old was distraught, and neither the nurse nor the mother could calm the child down. With the restless, kicking child, the needle accidentally pricked Namubiru who stopped immediately, washed and bandaged her finger before continuing to give the injection. The mother became suspicious of the possibility that her child had been exposed to HIV due to fear that the same needle might have been used on her son. It was confirmed that the nurse was HIV positive and taking anti-retroviral drugs (ARVs) and she was immediately arrested in January 2014.³

The child was tested HIV negative, but a precautionary two months post-exposure prophylaxis regimen (PEP) was administered, after which the child would be re-tested. The nurse was arrested, charged with murder and remanded to prison but on commencement of the trial, the charge was amended to negligent act likely to spread infection of disease under the Penal Code.⁴ Throughout the trial, insensitive media coverage has led to the abuse of Ms Namubiru's fundamental rights, with insensuous accusations having found her guilty in the eyes of the public. This is Uganda's first case dealing with criminalisation of HIV transmission and it has unfortunately set a regrettable precedent.

Currently Ms. Namubiru has been sentenced to three years imprisonment for a negligent act likely to transmit or expose the spread of an infectious disease dangerous to life. The two-year old's sero-status is negative after the window period and undertaking the PEP.⁵

1.2. Law criminalising negligence is unprogressive in management of the HIV/AIDS epidemic

Though existing law criminalising negligence is justifiable, it is contended that provisions of general law or specific HIV legislation criminalising negligent transmission of HIV is not progressive in light of the global discourse and best practice on the issue. This section sheds light on the intricacies that come along with enforcing legislation criminalising the negligent transmission of HIV. The intricacies will be shown by interrogating the conceptualisation of

³ HIV-Positive Nurse Tried by Media AIDS-Free World (2014) <http://www.aidsfreeworld.org/Newsroom/Press-Releases/2014/HIV-Positive-Nurse-Tried-by-Media.aspx> (accessed on 19 February 2014).

⁴ Same as above.

⁵ R Muhumuza 'Uganda Nurse Jailed in HIV Exposure case' 21 May 2014 http://www.edgeonthenet.com/women/News/159286/uganda_nurse_jailed_in_hiv_exposure_case (accessed on 21 May 2014).

liability for a negligent act likely to transmit or expose the spread of diseases and the international standards.

1.2.1. Concept of negligence

Liability for a negligent tort rests on proving four elements. The plaintiff must prove, by a preponderance of evidence, that the defendant owed a duty to the plaintiff, that the defendant breached that duty, that the breached duty proximately caused the plaintiff's injury, and that the plaintiff suffered damages. Regarding duty more specifically, the plaintiff must prove first that the defendant owed a legal duty to the plaintiff and second, that the defendant somehow breached that duty.

In other words, the plaintiff must prove that the defendant failed to 'conform to a certain standard of conduct, for the protection of others against unreasonable risks.'⁶ Failing to exercise ordinary care or failing to conform to some moral standard is by itself not actionable. While determining whether a legal duty existed is a question of law only for the court to determine, whereas determining whether the defendant breached that duty is a question of fact for the fact-finder to determine.

In the case of Ms. Namubiru, the burden of proof is on the state to prove beyond reasonable doubt what standard she failed to conform to. Yet, when she accidentally pricked herself in trying to administer the injection to the distraught ill 2-year old, she actually stopped, bandaged herself which step was taken to ensure protection of the patient before continuing to administer the injection. The question of whether the same syringe was used is the crux of the matter. Studies have revealed that the likelihood of transmission from a needle puncture is miniscule with only 0.32% of those exposed to HIV through a subcutaneous puncture becoming infected.⁷

1.2.2. Standard on negligent transmission and exposure likely to spread infection of disease

The Uganda Penal Code provides that any individual who illegally or inattentively does any act which is and which he or she knows or has reason to believe to be likely to spread the infection of any disease dangerous to life commits an offence. Such an individual is liable to imprisonment for seven years.⁸ Although no part of the section specifically targets HIV infection, it is clear that HIV is included as a disease dangerous to life. This is similarly the case in Botswana,⁹ Malawi,¹⁰ Zambia¹¹ and Tanzania¹² where provisions in their penal codes make it an offence to

⁶ 'Negligence' <http://www.ualberta.ca/~medlabsc/courses/negligence.html> (accessed on 12 March 2014).

⁷ E Hamlyn & P Easterbrook 'Occupational exposure to HIV and the use of post-exposure prophylaxis' *Occupational exposure* (2007) 57 <http://occmed.oxfordjournals.org/content/57/5/329.long> (accessed on 12 April 2014).

⁸ Section 171 of the Penal Code Act of 1950, Cap 120.

⁹ S 184 of the Penal code of Botswana.

¹⁰ S 192 of the Penal code of Malawi.

¹¹ S 183 of the Penal code of Zambia.

¹² S 174 of the Penal code of Tanzania.

expose others to a disease dangerous to life. The provisions generally classify the offence as a misdemeanour.

Matthew Weait, a senior lecturer in law and legal studies examines the concepts of harm, risk, recklessness, consent and responsibility, and strongly suggests that the criminal law is ill-equipped to understand these concepts pragmatically.¹³ He argues that if the primary purpose of criminal law is to prevent onward transmission then it has the potential to do more harm than good. He then concludes that the best way to promote a more authentic and socially beneficial approach to the meaningful practice and expression of responsibility is to decriminalise the reckless transmission of HIV.¹⁴

Justice Edwin Cameron is of the view that we must question the public good that comes from ascribing sole responsibility for transmission (such as laws do) to the person infected with the virus, thus attenuating the partner's duty for avoiding responsibility, especially in an epidemic where every person should be aware of the risks involved in unprotected sex.¹⁵ The comments by Justice Cameron above aptly summarise both Weait's arguments against criminalisation and those put forward by others who are opposed to criminalisation of the transmission of HIV. Justice Cameron asserts that criminal law and criminal justice should be used for the public good rather than as a means of obtaining reparations for particular individuals which is the case with the charges against Ms. Namubiru and subsequent trial.

In addition, one must ask whether it is good to impose criminal liability when media coverage is often sensational and inaccurate with the effect of demonising persons infected with HIV and marking them as potential aggressors. We must ask whether such laws acknowledge the difficulties infected women like Ms. Namubiru face, risking violence and expulsion from the home, workplace and society. In addition, as stated by Sean Marie Talom, an AIDS activist, HIV/AIDS organisations are strongly opposed to the idea of penalising the willful transmission of HIV due particularly to the difficult issue of proving that an act was intentional or not.¹⁶

The 2008 UNAIDS Policy Brief among other things advises that criminal liability should not be extended to reckless conduct. Such a broad application, it is advanced, could expose large numbers of people to possible prosecution without their being able to foresee their liability for such prosecution. Even if the law criminalising negligence is justifiable, it is contended that the circumstances surrounding the arrest and trial of Ms. Namubiru are unconstitutional.

¹³M Weait *Intimacy and responsibility: the criminalisation of HIV transmission* (2008) 48 *Br J Criminol* 688-690.

¹⁴EJ Bernard 'decriminalise reckless HIV transmission, argues HIV legal expert' 22 February 2008 <http://www.criminalhivtransmission.blogspot.com/search/label/English%20law> (accessed on 4 May 2014).

¹⁵Weait (n 11 above) 233.

¹⁶IRIN 'Cameroon: Whose responsibility is HIV transmission' 26 November 2008 <http://www.irinnews.org/report/81671/cameroon- whose-responsibility-is-hiv-transmission> (accessed on 4 May 2014).

2. RIGHTS OF AN ACCUSED PERSON WHO NEGLIGENTLY TRANSMITS/ SPREADS INFECTION OF DISEASE

2.1. Right to bail

In Uganda, the Constitution provides for the right to every suspect to apply to be released on bail. An individual arrested in light of a criminal offence is entitled to apply to be released on bail by a court on reasonable conditions.¹⁷ In Ms. Namubiru's case, after testing HIV positive, she was arrested and charged before a Chief Magistrate Court, where the prosecutors objected to her release on bail on the grounds that she posed a grave danger to the public, even though there is no evidence of intent to commit any crime. The focus at the bail stage is to decide whether the interest of justice permits the release of the accused pending trial. Although the Constitution does not empower or require the courts to refer to international or foreign law, the courts have been inspired by international law and foreign law as was the case in the matter of *Attorney General v Suzan Kigula*, where the Constitutional Court relied heavily on international human rights treaties and jurisprudence in arriving at a finding that a mandatory sentence is unconstitutional.¹⁸

In light of the denial of bail to Ms. Namubiru, reference is made to the South African Constitutional Court jurisprudence in the matters of *S v Dlamini*, *S v Dladla and others* and *S v Schietekat*¹⁹ which dealt with the issue of bail. For the question of whether it would be in the interest of justice to grant bail, the court said it would focus 'primarily on securing the attendance of the accused at trial and on preventing the accused from interfering with the proper investigation and prosecution of the case.' However, in Ms. Namubiru's case the focus of the inquiry was primarily concerned with the question of her guilt as someone with a sero positive status, rather than as to whether the interest of justice permits her release pending trial. The denial of bail to Ms. Namubiru was erroneous due to failure to take into consideration all the broad policy considerations contemplated by the interest of justice test.²⁰ Besides, denying her bail on the grounds of what threat her HIV status poses to the public is tantamount to stigmatisation.

2.2. Presumption of innocence

The Uganda Constitution grants every accused person in criminal offences the right to be presumed innocent until proved guilty or until that individual enters a guilty plea.²¹ This is equally affirmed by the US Supreme Court in *Taylor v Kentucky* where the presumption of innocence of an accused is described as an assumption of innocence that is indulged in the absence of contrary evidence.²² However, this was not the case with the accused nurse. The

¹⁷ The Constitution of the Republic of Uganda 1995, Article 23(6)(a).

¹⁸ *Attorney General v Suzan Kigula* (2009) UGSC 6.

¹⁹ *S v Dlamini, S v Dladla and Others; S v Joubert; S v Schietekat* (1999) ZACC 8.

²⁰ Same as above.

²¹ Constitution (n 15 above) Article 28(3)(a).

²² *Taylor v Kentucky* 436 US 478.

Ugandan press has dubbed her "the killer nurse", accusing her of deliberately injecting her blood into a two-year-old patient.²³ Shortly after her arrest, a press article appeared saying that police was 'investigating allegations that the woman has been engaging in the act for a pretty long time' and a number of libelous accusations have continued to appear in press coverage.²⁴

Articles have appeared with headlines like 'killer nurse charged with attempted murder' which accused her of maliciously infecting her patients, mainly the children with her infected blood.²⁵ Another claimed that she 'drew her own infected blood and injected it into a two-year old.'²⁶ An *African Report* article speculated about Ms. Namubiru's mental condition, referring to her as 'the fiendish nurse' claiming 'that the baby's cries drove her mad.'²⁷ Since her arrest, she has been found guilty in the court of public opinion even though studies reveal that the likelihood of transmission through a needle puncture is slim.²⁸

In line with this, the Canadian media had formerly also reported on some cases in which PLWHA have been charged with HIV transmission or endangerment with a lot of sensationalisation. Like in Canada, this has contributed to an incriminating atmosphere in the treatment of people with HIV. This was the situation in a case involving a police officer charged with assaulting an arrested prostitute who had bitten him on the wrist during the scuffle in trying to arrest her. A news headline, reported the officer's fear that a bite could infect him with HIV. Yet the bite did not break the skin. This is the case with Ms. Namubiru in the sense that the media failed to interrogate that there is evidence that the risk of transmission via puncture of the skin, just as the bite is remote at best.²⁹

2.3. Right to counsel

²³'HIV-positive nurse tried by media'

<http://www.aidsfreeworld.org/Newsroom/Press-Releases/2014/HIV-Positive-Nurse-Tried-by-Media.aspx> (accessed on 4 May 2014).

²⁴I Anguyo 'Woman arrested for injecting baby with HIV infected blood' *New Vision* 12 January 2014 <http://www.newvision.co.ug/news/651356-woman-arrested-for-injecting-baby-with-hiv-infected-blood.html> (accessed on 4 May 2014).

²⁵'Killer nurse charged with attempted murder, remanded' *HOWWE Entertainment* 14 January 2014 <http://www.howwe.biz/specifcs/legal.html> (accessed on 4 May 2014).

²⁶'Insanity: How a NURSE injected BABY with HIV blood.' *HOWWE Entertainment* 13 January 2014 <http://www.howwe.biz/specifcs/legal.html> (accessed on 4 May 2014).

²⁷'Uganda: HIV Positive Nurse Injects Her Blood Into Child' *The Africa Report* 15 January 2014 <http://www.theafricareport.com/Society-and-Culture/uganda-hiv-positive-nurse-injects-her-blood-into-child.html> (accessed on 4 May 2014).

²⁸E Hamlyn & P Easterbrook 'Occupational exposure to HIV and the use of post-exposure prophylaxis' *Occupational Medicine* 57 (2007) 57. The HIV transmission through needle puncture of the skin is small. A summary of published reports on transmission from occupational exposure to HIV found that only 22 of 6955 individuals who had been exposed to HIV through a needle puncture became infected. This works out to roughly 1 person in 300 or a 0.32% transmission rate.

²⁹R Elliot Criminal and HIV/AIDS 21 June 2006 <http://www.aidslaw.ca/newsite/wp-content/uploads/2013/04/Criminal+Law+Final+Report+-+ENG.pdf> (accessed on 14 May 2014).

Everyone has a right to legal representation as provided for by the constitution. An individual may be permitted to appear before the court in person or, at that person's own expense, by a lawyer of his or her choice.

At the time Ms. Namubiru's statement was being extracted at the police station she had no lawyer present. The European Court on Human Rights (ECtHR) has addressed itself on the right to access to a lawyer and in *Murray v UK* the Court said that an accused should be allowed to benefit from the assistance of a lawyer at the initial stage of police interrogation.³⁰ According to the *Murray* case, the extraction of Ms. Namubiru's statement did not benefit from the lawyer's assistance. She was only able to access legal representation after being detained for a week.

In addition, the Uganda Constitution provides that every individual charged with criminal offences should be given adequate time and facilities for the preparation of his or her defence.³¹ This constitutional requirement is important for the right to legal assistance and in *Saldoz v Turkey* the ECtHR said that as 'a rule it was critically important if a fair trial was to remain sufficiently practical and effective.'³² Ms. Namubiru's lawyers did not get to see the State's evidence and were only informed that they would receive the file a day before the trial was scheduled. According to *Saldoz case*, legal assistance to Ms. Namubiru was not only for while being questioned but also encompassed a whole range of services like discussion of the case, organization of the defence, collection of evidence favourable to the accused, preparation of questioning, support to an accused in distress, checking her conditions of detention to mention but a few.³³

2.4. Detention beyond 48 hours

An individual arrested or detained so as to bring him or her before a court in execution of an order of a court; or upon reasonable suspicion of his or her having committed or being about to commit a criminal offence under the laws of Uganda, shall, if not earlier released, be brought to court as soon as possible but in any case not later than forty-eight hours from the time of his or her arrest.³⁴ Ms. Namubiru was detained for a week before her first court appearance. In Uganda the Constitutional Court has held in *Dr. Kiiza Besigye and Others v The Attorney General* that a trial tainted by human rights violations and illegalities is a nullity and the accused persons under such a trial must be set free.³⁵

Equally, in the *Republic v Amos Karuga Karatu* the Kenyan High Court has said that a prosecution mounted in breach of the law is a violation of the rights of the accused. It is therefore a nullity despite the nature of the violation or the overwhelming evidence against the accused.³⁶

³⁰ *Murray v UK* Application (1996) 22E HRR 29 para 63.

³¹ Constitution (n 19 above) Article 28(3)(c).

³² *Saldoz v Turkey* (2008) ECHR 1542 para 54.

³³ n 29 above, para 55.

³⁴ Constitution (n 29 above) Article 23(4)(b).

³⁵ *Dr. Kiiza Besigye & Others v. The AG* (2007) UGCC 6.

³⁶ *Republic v. Amos Karuga Karatu* (2008) EKLR.

In addition, in *Uganda v Sekabira and 10 Others* the constitutional court said that in the process of producing and presenting suspects in courts, the police and the prosecution do violate a number of constitutional rights of the accused persons including detention beyond the statutory 48 hours. Even when such violations are brought to the attention of courts, the prosecution will go on as if nothing has gone wrong.³⁷ The detention of Ms. Namuburi beyond the 48 hours with no access to legal representation infringes a constitutionally protected right of all accused persons.

3. IMPLICATION OF NAMUBIRU'S CASE FOR OTHER PLWHAs

Ms. Namubiru's trial has consequences for the rights of people with HIV and AIDS. Uganda, which achieved global attention in the 1990s for its efforts to stem the spread of the disease, has about 1.5 million people living with HIV out of a total population of 36 million. Activists note that it is virtually impossible to find a Ugandan family that has not been affected by the disease since it was first reported here in the 1980s.³⁸ Yet stigma toward people suffering from AIDS continues.

The case also demonstrates the failure of the press and prosecutor's office to act responsibly. The libelous accusations from the headlines are prejudicial to the entire case and the prosecutor's office was quick to act. This is demonstrated by the change in the charge from murder to negligent act likely to spread the infection of disease dangerous to life. Hence, in coming up with the initial charge against Ms. Namubiru, the circumstances surrounding the case were not properly considered.

It is advanced that in categories of the work force like nurses, doctors, pilots and security guards that it is of the essence that they are both qualified and mentally stable. This is on the basis that due to the nature of their work, they hold the lives of people in their hands at a given time and can be deadly if they decide to turn on the same people.³⁹ The media reports on the case of Ms. Namubiru raised questions as to the qualification and mental stability of the nurse due to her HIV status. Holding such a view serves to perpetuate stigma not only against Ms. Namubiru but also on all PLWHAs. This creates a bias against HIV positive persons, which is based only on their status and not on their qualifications or experience. However, PLWHAs are still and continue to be mentally stable and professionally qualified citizens busy contributing to the development of their countries.

³⁷ *Uganda v. Sekabira and 10 Others* (2012) UGHC 13.

³⁸ D Serwadda *et al* 'Slim Disease: A new disease in Uganda and its Association with HTLV-III infection' (1994) 308 *BMJ* 849-852.

³⁹ When health centres become death traps 15 January 2014

http://observer.ug/index.php?option=com_content&view=article&id=29618:when-health-centres-become-death-traps&catid=35:editorial&Itemid=61 (accessed on 11 May 2014).

The case of *Hoffman v South African Airways (SAA)*, before the South African Constitutional Court, concerned an HIV positive flight attendant who had been denied employment on the basis of SAA practice on safety, medical and operational grounds.⁴⁰ The flight attendant due to his HIV status was unfit for worldwide duty.⁴¹ The Court among other things held that ‘prejudice can never justify unfair discrimination.’⁴² Equally important is the Ugandan Employment Act of 2006 that provides for non-discrimination in employment. Discrimination in employment is unlawful if it takes place on any of the listed grounds including one’s HIV positive status.⁴³

In light of the *Hoffman case*, requiring proper qualification and mental stability for performance of certain jobs is not a discriminatory act in itself. What is improper is for HIV and AIDS to be equated with mental instability or to constitute blanket exclusion. Hence, bowing down to prejudice and stereotyping which is counterproductive in the fight against HIV and AIDS.

Although the charges preferred against Ms. Namubiru have been under a colonial-era law against negligence that spreads a deadly disease, the passing of an HIV and AIDS specific legislation by the law makers in Uganda further formalises the offence of HIV transmission.⁴⁴ Whereas a specific HIV and AIDS legislation forms part of the government’s efforts in stemming the rate of HIV in Uganda; such an act will be difficult to enforce and can be used to violate the rights of PLWHAs. The proposed legislation has a clause on willful transmission of HIV attracting a fine of \$1900 (1130 pounds), a 10 year jail term or both.⁴⁵

There is need to reflect on the increased likelihood for stigma towards PLWHAs as a result of this proposed legislation. HIV transmission prosecutions tend to attract media attention and spread erroneous information as well as negative ideas about PLWHAs. Stigma makes life more difficult for individual PLWHAs which in turn impedes the implementation of preventative measures.⁴⁶ More so, criminalising HIV has no place in the management and the fight against the spread of the disease.

⁴⁰*Hoffman v South African Airways* (2000) ZACC 17 para 5.

⁴¹n 39 above, para 30.

⁴²n 40 above, para 37.

⁴³S 6 (3) of the Employment Act of Uganda 2006.

⁴⁴HIV and AIDS Prevention and Control Bill of 2009, sec 40 (1) Any person who wilfully and intentionally transmits HIV to another person commits an offence, and upon conviction shall be liable to life imprisonment. (2) A person shall not be convicted of an offence under subsection (1) if- (a) the other person was aware of the HIV status of the accused and the risk of infection and he or she voluntarily accepted the risk; (b) the alleged transmission or attempted transmission was through sexual intercourse and a condom or other reliable protective measure was used during penetration; Interpretative clause defines penetration to include skin penetrative instruments to include a sharp object including razor blades, safety pins, syringes, tattooing equipment and surgical tools.

⁴⁵‘Uganda Nurse Rose Mary Namubiru jailed by Kampala Court’ 19 May 2014 <http://www.bbc.com/news/world-africa-27468741> (accessed on 21 May 2014).

⁴⁶M Heneke ‘An Analysis of HIV-related law in South Africa: Progressive in text, unproductive in practice’ 763 <http://www.uiowa.edu/~tlcp/TLCP%20Articles/18-3/heneke.finalfinal.me.mlb.100109.pdf> (accessed on 27 May

Instead, it creates an environment of blame that makes the disease even more difficult to fight.⁴⁷ The unbelievable sentencing of Ms. Namubiru is just a preview of the injustice to come, unless the President refuses the proposed legislation awaiting his signature.

4. CONCLUSION

Ms. Namubiru should not have been tried in a court of law. Rather, her case should simply have been referred to the Uganda Nurses and Midwives Council, a statutory body charged with protecting the public from unsafe nursing practices. In addition, the failure of both the media and the office of the prosecutor to act responsibly could set a dangerous precedent with grave consequences for the fundamental rights of people living with HIV and AIDS in Uganda and beyond. In the light of public judgement, the life of the nurse and professional career has been ruined.

It is hoped that this paper will contribute to the process of fighting for a just system that treats all Ugandans with fairness as promised by the Constitution of Uganda as the activists re-organise to challenge the judgment through appeal. The trial of Ms. Rose Mary Namubiru and eventual judgment sends a worrying message of stigmatisation and fear, not only among PLWHAs, but also across the globe at large and undermines whatever gains that Uganda has registered over the years.

2014).
⁴⁷ Heneke (n 45 above) 764.