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Public Health Information and Misinformation through Digital Technology in Uganda: Legal Responsibility of the State

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Abstract : *In recent years, the advent of social media, mobile communication, and online news platforms has greatly changed the way public health information is produced, spread, and consumed. Besides this, the rise in Internet usage for health-related information has also made the public more susceptible to false or deceptive information, thereby giving rise to numerous problems, such as public health, trust in institutions, and the effectiveness of controlling diseases. The Ugandan government must implement digital solutions to combat public health misinformation because this task safeguards citizens' health rights and their right to receive accurate information, which helps maintain public safety. Consequently, the purpose of the study is to evaluate the state's legal obligations to the extent that it can prevent, correct, and respond to misinformation on public health issues, as well as to examine the current legislative and regulatory framework governing digital governance and public health in light of this. Using a doctrinal research method based on the PRISMA framework, the study comprehensively studies both primary and secondary legal sources. The outcome indicates that, given the sophisticated nature of digital technology, the existing regulations are mainly reactive, dealing with punishment more often than prevention or correction of the misinformation. The study ends with the suggestion that the mechanism of regulatory enforcement should change from one that is mostly punitive to one that is preventive and corrective in nature. Among other things, it will mean requiring an active public health messaging, having real-time fact-checking systems, and having the official digital channels work together to correct misinformation.*

Keywords : *Legal; Public Health; Misinformation; Digital Technology; State Responsibility; Uganda*

Abstrak : Dalam beberapa tahun terakhir, munculnya media sosial, komunikasi seluler, dan platform berita daring telah secara signifikan mengubah cara informasi kesehatan masyarakat diproduksi, disebarkan, dan dikonsumsi. Selain itu, meningkatnya penggunaan internet untuk memperoleh informasi terkait kesehatan juga membuat publik lebih rentan terhadap informasi yang salah atau menyesatkan, sehingga menimbulkan berbagai masalah, seperti kesehatan masyarakat, kepercayaan terhadap institusi, dan efektivitas pengendalian penyakit. Pemerintah Uganda harus menerapkan solusi digital untuk menangkal misinformasi terkait kesehatan masyarakat karena tugas ini melindungi hak kesehatan warga negara dan hak mereka untuk menerima informasi yang akurat, yang membantu menjaga keselamatan publik. Oleh karena itu, tujuan penelitian ini adalah untuk mengevaluasi kewajiban hukum negara sejauh mana negara dapat mencegah, memperbaiki, dan merespons misinformasi terkait isu kesehatan masyarakat, serta menelaah kerangka legislatif dan regulasi saat ini yang mengatur tata kelola digital dan kesehatan masyarakat. Penelitian ini menggunakan metode penelitian yuridis normatif berdasarkan kerangka PRISMA, dengan mempelajari secara komprehensif sumber hukum primer dan sekunder. Hasil penelitian menunjukkan bahwa, mengingat kompleksitas teknologi digital, regulasi yang ada bersifat reaktif, lebih sering menangani hukuman daripada pencegahan atau koreksi misinformasi. Penelitian ini menyimpulkan bahwa mekanisme penegakan regulasi sebaiknya diubah dari yang bersifat punitive menjadi lebih preventif dan korektif, termasuk penyampaian informasi kesehatan publik yang aktif, sistem pengecekan fakta secara real-time, serta kerja sama antar saluran digital resmi untuk mengoreksi misinformasi.

Kata kunci : Hukum; Kesehatan Masyarakat; Misinformasi; Teknologi Digital; Tanggung Jawab Negara; Uganda

Introduction

In Uganda, public health information has been progressively transferred from clinics, classrooms, and official bulletins to digital technology and its vast and fluid space[1]. Health-related information about disease outbreaks, vaccination, reproductive health, and emergency responses have become accessible mainly through social media platforms, mobile apps, online news portals, and messaging services[2]. The digital shift has widened the reach of vital public health information, especially in Uganda, where the use of mobile phones is high, and the distribution of healthcare services is uneven[3]. Therefore, digital technology can be considered as a game-changer in the improvement of health awareness, faster intervention and more public participation in health

[1] Martha Isabella Achan *et al.*, "COVID-19 and the Law in Uganda: A Case Study on Development and Application of the Public Health Act from 2020 to 2021," *BMC Public Health* 23, no. 1 (2023): 761.
[2] Milburga Atcero and Maureen Ayikoru, "Digital and Language Inequalities in Disseminating COVID-19-Related Health Campaigns in Uganda: The Effects of Confinement and Social Distancing Strategies," in *Proceedings of the International Conference on Social Implications of Computers in Developing Countries* (Cham: Springer, 2022), 310–331.
[3] Paul Atagamen Aidonojie *et al.*, "The Competence and Authority of Midwives in Giving Birth without the Assistance of a Doctor in Nigeria," *Jambura Law Review* 6, no. 1 (2024): 150–182.

governance. On the other hand, this same digital environment has also been a breeding ground for public health misinformation[4]. In Uganda, unverified medical advice, conspiracy theories, pseudo-scientific cures, and distorted public health messages are quickly transferred from WhatsApp groups to Facebook pages, TikTok videos, and blogs[5]. The informal and decentralised nature of digital platforms often makes it hard to tell the difference between expert knowledge and opinion, thereby making it difficult for people to determine which public health information is credible and which is misleading or false. This is why digital technology has turned out to be both a very powerful health promotion tool and a significant public health risk vector[6].

Misinformation regarding public health has a direct impact on Uganda's health care system, as it is not a thing that happens far away or that one does not see. Wrong information about vaccines, contagious diseases, herbal remedies, and public health issues has, among others, caused fear of vaccination, medical professionals' mistrust, and resistance to government health interventions. Misinformation in a situation where there are vast differences in health literacy levels can be even more powerful than the corrective information; thus, public behavior can be formed in ways that are directly harmful to health[7]. Digital misinformation therefore, has an impact not only on individual health choices but also on the health of the entire community. Public health misinformation has more far-reaching effects than just a health risk, as it can be the beginning of a social disorder[8]. It gradually reduces public trust in government bodies, incites people to panic during health emergencies, and makes it harder for people to cooperate with government health measures[9]. Moreover, in Uganda, where the digital environment is heavily influenced by politics, the misinformation issue may become intertwined with social, religious, or political concerns. Thereby, increase the fear and distrust towards the health policies that are based on evidence[10]. The medical situation becomes critical as these factors not only put the population at risk but also further exhaust the already distressed health system.

Uganda has a rich diversity of legal and regulatory frameworks in the areas of public health, information sharing, cyber governance, and freedom of expression[11]. Uganda's regulatory framework controls public health-related misinformation through constitutional safeguards and public health laws, and

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[4] Paul Atagamen Aidonojie *et al.*, "Prospect, Legal, and Health Risks in Adopting the Metaverse in Medical Practice: A Case Study of Nigeria," *Jurnal Hukum dan Peradilan* 13, no. 3 (2024): 483–522.
[5] Osikemekha Anthony Anani *et al.*, "Current Methods in the Management and Disposal of Plastic Wastes during the COVID-19 Pandemic," in *Plastic and the COVID-19 Pandemic: Innovative Solutions to Mitigate Plastic Pollution* (Cham: Springer Nature Switzerland, 2024), 27–43.
[6] Miral Sabry AlAashry, "A Critical Analysis of Journalists' Freedom of Expression and Access to Information while Reporting on COVID-19 Issues: A Case of Selected Arab Countries," *Journal of Information, Communication and Ethics in Society* 20, no. 2 (2022): 193–212.
[7] Ibid
[8] Lawrence O. Gostin *et al.*, "Human Rights and the COVID-19 Pandemic: A Retrospective and Prospective Analysis," *The Lancet* 401, no. 10371 (2023): 154–168.
[9] Jack Gallifant *et al.*, "Peer Review of GPT-4 Technical Report and Systems Card," *PLOS Digital Health* 3, no. 1 (2024): e0000417.
[10] Ibid
[11] Paul Atagamen Aidonojie *et al.*, "International Legal Framework in Curtailing Hazardous COVID-19 Medical Waste: Issues and Challenges," *Decova Law Journal* 1, no. 1 (2025): 1–17.

digital content regulations, which empower the government to safeguard public health. The Public Health Act, the Computer Misuse Act and media regulation frameworks establish legal foundations which enable authorities to control the dissemination of false or dangerous health information on digital platforms. The implementation of these laws continues to pose challenges because authorities must enforce misinformation control while safeguarding citizens' rights to express themselves and access information. Hence, there remains considerable uncertainty regarding the government's responsibilities to ensure the digital public health information source is precise, open, and under control[12]. Legislative measures relating to public health often result in the co-existence of conflicts with the guaranteed rights of back seat access to information, free speech and privacy, among others. Consequently, what we have is a situation where the response from the regulators is not only fragmented but at times even more reactionary than preventive or corrective of the misinformation[13].

The existing literature on public health misinformation primarily studies the issue through three main research approaches, which include empirical research, behavioural science and institutional studies, yet the research lacks sufficient examination of how state governments fulfil their legal obligations. Ali et al.[14] concentrate on the use of fake COVID-19 vaccination records in Nigeria, which they use to demonstrate how corruption, health worker misconduct and system breakdowns occur in the country, while they recommend technical and policy changes instead of legal responsibility systems. Islam et al.[15] perform an international study that examines social media platforms to study COVID-19-related rumors and conspiracy theories and their effects on public health and all types of rumors. The researchers Atuheirwe et al.[16] studied public health misinformation, which leads to vaccine rejection in Kampala, through their research on knowledge gaps and behaviour patterns, which they studied in both healthcare workers and ordinary citizens. Furthermore, Soyege et al.[17] conduct their research on crisis management and emergency response training by investigating misinformation during their study. However, this research study demonstrates its academic value through its demonstration of how public health misinformation operates in Uganda through constitutional and statutory and digital oversight systems, which determine government

[12] Judith McCool *et al.*, "Mobile Health (mHealth) in Low- and Middle-Income Countries," *Annual Review of Public Health* 43, no. 1 (2022): 525–539.
[13] Obijiofor Aginam, *Global Health Governance: International Law and Public Health in a Divided World* (Toronto: University of Toronto Press, 2005).
[14] Victor E. Ali et al., "Cognizance and Mitigation of Falsified Immunization Documentation: Analyzing the Consequences for Public Health in Nigeria, with a Focus on Counterfeited COVID-19 Vaccination Certificates," Health Science Reports 7, no. 2 (2024): e1885
[15] Md Saiful Islam et al., "COVID-19–Related Infodemic and Its Impact on Public Health: A Global Social Media Analysis," American Journal of Tropical Medicine and Hygiene 103, no. 4 (2020): 1621–1629.
[16] Maxine Atuheirwe et al., "Misinformation, Knowledge and COVID-19 Vaccine Acceptance: A Cross-Sectional Study among Health Care Workers and the General Population in Kampala, Uganda," BMC Public Health 24, no. 1 (2024): 203, https://doi.org/10.1186/s12889-024-17678-9
[17] Olakunle Saheed Soyege et al., "Public Health Crisis Management and Emergency Preparedness: Strengthening Healthcare Infrastructure against Pandemics and Bioterrorism Threats," Journal of Frontiers in Multidisciplinary Research 5, no. 2 (2024): 52–68.

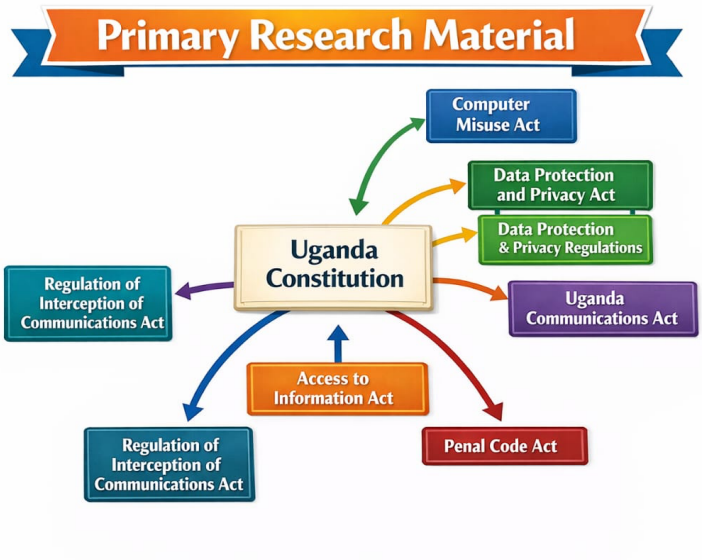
responsibilities for misinformation control and public health protection and citizens' rights to free speech and information access.

Consequently, the research is directed towards the Ugandan government establishing liability for public health information and misinformation that is disseminated through digital means. It proposes to reveal the normative legal basis of state obligations, to examine the legal and institutional frameworks in place, and to identify the barriers that hinder the regulation of digital health information. One of the aims is to bring clarity into the debate among scholars and policymakers about how the law can be employed to safeguard public health and an accountable digital public health governance regime in Uganda.

Methods

The study employs a doctrinal legal research methodology, using the PRISMA framework as a guide for a rigorous screening for duplicates and selection of legal materials. Under the PRISMA method, primary doctrinal sources were methodically selected through structured searches of Ugandan legal databases, official government portals, and regional legal repositories. These sources encompassed the Constitution of the Republic of Uganda, public health laws, ICT and cyber laws, regulations, and policy papers interacting with public health, digital governance, and state responsibility. The PRISMA flow stages identification, screening, eligibility, and inclusion were used to get rid of outdated, irrelevant, or non-authoritative texts, so that only the legally binding and contextually relevant materials were left for analysis. The primary data obtained are therefore presented in a diagrammatic flow below:

Figure 1: Primary research materials

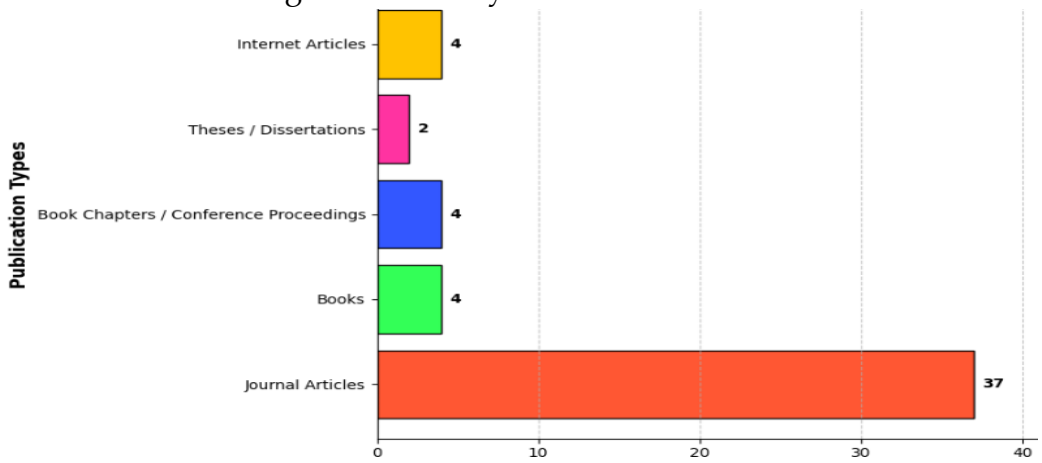


Sources: Design by authors based on data obtained

The same PRISMA-guided procedure was followed to obtain secondary doctrinal materials, and the focus was on peer-reviewed journal articles, textbooks, law reports, policy briefs, and authoritative commentaries on public health law, digital misinformation, and state accountability. The databases that were searched systematically included HeinOnline, Google

Scholar, JSTOR, and African law journals, where the predefined keywords and inclusion criteria were used. The secondary data obtained are therefore presented in a diagrammatic flow below:

Figure 1: Primary research materials



Sources: Design by authors based on data obtained

The qualitative doctrinal method, consisting of interpretative, comparative, and normative legal analysis was the basis for the analysis. Legal provisions were examined to expose their unity, gaps, and problems of enforcement, and scholarly interpretations were intermingled to judge the adequacy of Uganda's legal framework for coping with public health misinformation via digital means and determining the state's legal liability.

Result And Discussion

Conceptual Discussion and Issues of Public Health Information and Misinformation in Uganda

The digital technology usage has increased significantly in Uganda, and among others, social media, mobile messaging, and health apps are included in this category[18]. These have turned health information more accessible, but at the same time, raised the risks associated with misinformation and disinformation[19]. The awareness about social media is very high, as 60% of Ugandans consider these platforms as information sources, while at the same time, 70% confess that social media makes people more likely to believe false news, thus the vulnerability of online public health communication areas[20].

[18] Stuart Rennie *et al.*, "Public Health Research Using Cell Phone–Derived Mobility Data in Sub-Saharan Africa: Ethical Issues," *South African Journal of Science* 119, nos. 5–6 (2023): 1–7.
[19] Paul Atagamen Aidonojie *et al.*, "Legal Issues Concerning Surrogacy in Uganda: Taking a Leap from the United Kingdom," *Yurispruden: Jurnal Fakultas Hukum Universitas Islam Malang* 8, no. 2 (2025): 228–248.
[20] Makanga Ronald Kakumba and Josephine Appiah-Nyamekye Sanny, "AD480: Ugandans see social media as beneficial and want unrestricted access, but are wary of its use to spread fake news", https://www.afrobarometer.org/publication/ad480-ugandans-see-social-media-beneficial-and-want-unrestricted-access-are-wary-its/?utm_source=chatgpt.com accessed 20th November, 2025

Misinformation spread widely during severe disease outbreaks like COVID-19 and Ebola; among the many unfounded claims were those regarding the manipulation of the outbreaks, the dangers of vaccines, and even conspiracies about the motives for treatment[21]. These occurrences are in line with the WHO's characterisation of an "infodemic," a scenario in which an overabundance of both true and false information makes it extremely difficult for people to find reliable guidance. The swift digital dissemination of wrong health narratives can lead to distorted perceptions of risk and reduced compliance with public health measures[22]. It can also result in confusion that weakens the impact of evidence-based interventions, especially among groups with low digital literacy or health knowledge.

The health misinformation that is disseminated digitally in Uganda has, among other things, reduced vaccine acceptance and changed health behaviours, which in turn, hindered the efforts of disease control[23]. A survey that was done in Kampala found that almost 90% of the people who participated heard about the negative side effects of the COVID-19 vaccines that were not verified by health experts. This mainly contributed to the hesitancy of the vaccine; 81.1% of the people were not willing to get vaccinated, and 55% of the people said they would not take the vaccine in the future[24]. The misinformation on the internet can be a reason for people losing their faith in the health measures that are already proven to be effective, thus leading to the weakening of immunity and the spreading of the disease further[25]. Besides, throughout the coronavirus pandemic, a lot of misinformation was spread about the vaccines being fake and death narratives being false, which made it harder for the government to control the situation and at the same time, build trust and communicate about risk[26]. The above-mentioned issues show that digital misinformation is a direct influence on people's decisions[27], and it can also be a reason for the public health goals not being achieved, especially in places where the public has poor access to reliable sources of information, and the trust in authorities is very low.

The dangers and risks of false information about public health in Uganda are made worse by both infrastructural and the growing nature of digital technology that impact access to and quality of information[28]. Health

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[21] Peter Cunliffe-Jones *et al.*, *Misinformation Policy in Sub-Saharan Africa: From Laws and Regulations to Media Literacy* (London: University of Westminster Press, 2021).
[22] Sue Binder *et al.*, "African National Public Health Institutes Responses to COVID-19: Innovations, Systems Changes, and Challenges," *Health Security* 19, no. 5 (2021): 498–507.
[23] Collence T. Chisita and Patrick Ngulube, "A Framework for Librarians to Inform the Citizenry during Disasters: Reflections on the COVID-19 Pandemic," *Jàmbá: Journal of Disaster Risk Studies* 14, no. 1 (2022): 1197.
[24] Ibid
[25] Paul Atagamen Aidonojie and Esther Chetachukwu Francis, "Legal Issues Concerning Food Poisoning in Nigeria: The Need for Judicial and Statutory Response," *Jurnal Media Hukum* 29, no. 1 (2022): 65–78.
[26] Okon Michael Ben Ugwu *et al.*, "From Pandemics to Preparedness: Harnessing AI, CRISPR, and Synthetic Biology to Counter Biosecurity Threats," *Frontiers in Public Health* 13 (2025): 1711344.
[27] Paul Atagamen Aidonojie *et al.*, "Legal Issues Concerning Compulsory COVID-19 Vaccination: Nigeria as a Case Study," *Golden Ratio of Law and Social Policy Review* 3, no. 2 (2024): 74–83.
[28] Rabie Adel El Arab *et al.*, "Health and Well-Being of Refugees, Asylum Seekers, Undocumented Migrants, and Internally Displaced Persons under COVID-19: A Scoping Review," *Frontiers in Public Health* 11 (2023): 1145002.

information without integrated systems for real-time data collection and dissemination often remained fragmented, thus delaying public messaging and creating opportunities for misinformation to spread. Internet penetration in Uganda is still not uniform, with only about 27% of the population being online in 2024, thus leaving more than 36 million people offline and depending on traditional media like radio for information[29]. This digital divide results in limited digital literacy and consequently creates access gaps to the right health information, thereby making people more vulnerable to misleading content online. The presence of separate and non-interoperable digital health platforms also worsens the situation because it creates fragmentation, thus risking communication efforts that are not coordinated, and the official online health messaging is less effective[30].

The risks posed by digital misinformation go beyond the mere occurrence of individual incidents to the whole society as a trust and public health compliance issue. Mistrust in official sources, which was mainly due to the presence of online false information, was one of the factors that led to confusion and reluctance to adopt the recommended health behaviors during the pandemic, so reports[31]. Digital platforms, when posting contradicting stories, can lead community members to question the official advice[32], and that may result in their not being vaccinated, using the mask and even the public health restrictions being imposed on them[33]. The same mistrust can also give birth to conspiracy theories that force the public to believe in the opposite of what was scientifically proven, and this might lead to an unwillingness to cooperate with the authorities when faced with health threats[34]. The circulation of wrong impressions through social media and direct communication channels can manipulate the public discourse to the extent of completely ignoring the evidence-based recommendations, which can thus trigger civil disobedience or at least reluctance to the health policy's loose intents[35]. In Uganda, where the radio is still the major source of information, the scenario consisting of misinformation spread through digital media and consumption of traditional media complicates the health authorities' efforts to

[29] Rawlance Ndejjo et al., "Harnessing Digital Technology for COVID-19 Response in Uganda: Lessons and Implications for Future Public Health Emergencies," *BMJ Global Health* 8 (2023): e013288, https://doi.org/10.1136/bmjgh-2023-013288, accessed 10th December, 2025

[30] Abdullahi Tsanni, "To fight Ebola misinformation, AI mines old-tech radio data", https://www.nature.com/articles/d44148-025-00187-1?utm_source=chatgpt.com accessed 13th December, 2025

[31] DAVID VOSH AJUNA, "Uganda's Covid-19 battle hit by 'misinformation pandemic" https://www.monitor.co.ug/uganda/special-reports/uganda-s-covid-19-battle-hit-by-misinformation-pandemic--3505816?utm_source=chatgpt.com, Accessed 13th December, 2025

[32] Paul Atagamen Aidonojie *et al.*, "A Facile Study Concerning the Legal Issues and Challenges of Herbal Medicine in Nigeria," *The Indonesian Journal of International Clinical Legal Education* 4, no. 4 (2022): 475–512.

[33] Adetayo Folasole, "Data Analytics and Predictive Modelling Approaches for Identifying Emerging Zoonotic Infectious Diseases: Surveillance Techniques, Prediction Accuracy, and Public Health Implications," *International Journal of Engineering Technology Research and Management* 7, no. 12 (2023): 292.

[34] Holly Ann Garnett and Toby S. James, "Cyber Elections in the Digital Age: Threats and Opportunities of Technology for Electoral Integrity," *Election Law Journal: Rules, Politics, and Policy* 19, no. 2 (2020): 111–126.

[35] Paul Atagamen Aidonojie *et al.*, "A Facile Study Concerning the Legal Issues and Challenges Concerning Doping in Sport," *Synsto Journal of Law* 2, no. 1 (2023): 16–21.

convey a consistent message on health matters[36]. These trends are indicators of how the digital misinformation problem can result in the loss of trust in institutions, altered risk perceptions, and, lastly, ineffective public health strategies.

The government of Uganda has implemented specific policy solutions and regulatory systems which protect public health data and digital health technologies. The Uganda Health Information and Digital Health Strategic Plan 2020/21–2024/25, developed by the Ministry of Health, establishes digital health systems as official health information management systems which use digital technologies to enhance healthcare data quality and reporting[37]. The Computer Misuse Act, together with its amendments, establishes legal rules which control online information because it makes unlawful the distribution of unwanted[38] or harmful content and the incorrect use of social media platforms, which affects how digital materials, including health content, are shared and managed. The Digital Transformation Roadmap 2023/24-2027/28 establishes a complete plan, which covers all aspects of digital development[39], because it includes digital infrastructure and service development, which determines how public health information gets shared and accessed on the internet[40]. The frameworks establish rules for controlling digital information movement, yet their actual use creates difficulties because it needs to create equal rights for people to express themselves while they access information about public health.

Digital technology has played a huge role in the dissemination of public health misinformation, and as a result, the country is facing both economic and systemic difficulties in the health sector and among the public at large[41]. Misinformation that causes patients to seek care later than they should, to self-treat improperly, or to distrust vaccination, among others, translates into increased morbidity and mortality, which, in turn, puts more strain on the already limited health resources and services[42]. One of the initiatives that is taking place in response to the negative effects of the digital content on patient attendance at hospitals[43] and their inability to follow treatment is the piloting of digital health education at the Mulago National Referral Hospital[44]. Thus, the consequences of these trends are not only in the area of loss of patience in

[36] Yannick Zerbe, "Cyber-Enabled International State-Sponsored Disinformation Operations and the Role of International Law," *Swiss Review of International and European Law* 33 (2023): 49–78.
[37] Law Library of Congress "Uganda: Computer Misuse (Amendment) Act Enacted", https://www.loc.gov/item/global-legal-monitor/2023-01-05/uganda-computer-misuse-amendment-act-enacted/?utm_source=chatgpt.com accessed 2nd January, 2026
[38] Ibid
[39] Ministry of ICT and National Guidance, "Transformation Roadmap 2023/24-2027/28", https://ict.go.ug/programs/digital-transformation?utm_source=chatgpt.com accessed 2nd January, 2026
[40] Ibid
[41] Paul Atagamen Aidonojie *et al.*, "Legal Issues and Challenges in Securing Ugandans' Health Rights in Vaccine Safety," *Journal of Law Review* 4, no. 1 (2025).
[42] SYLVIA NAMAGEMBE, "Mulago pilots digital health project to fight misinformation", https://www.monitor.co.ug/uganda/news/national/mulago-pilots-digital-health-project-to-fight-misinformation-5293784?utm_source=chatgpt.com
[43] Marystella Auma Simiyu, "Freedom of Expression and African Elections: Mitigating the Insidious Effect of Emerging Approaches to Addressing the False News Threat," *African Human Rights Law Journal* 22, no. 1 (2022): 76–107.
[44] Ibid

critical issues like immunisation[45], maternal and child health, and the surveillance of diseases[46], but also in the area of health campaigns losing their audience because of the mistrust which[47], in turn, is a result of misinformation that has been public, thus leading to poor health outcomes. The digital misinformation challenge is, thus, a double-edged sword: it undermines the immediate public health goals and[48], at the same time, burns the trust that is crucial for the strengthening of the health system[49]. To overcome these intricate risks, a comprehensive approach is needed that integrates digital literacy, effective risk communication, and improved governance of digital health information[50].

Concerning the above, it suffices to state that Uganda needs to meet specific requirements from its current legal system and institutional frameworks because its existing systems work to combat public health misinformation. The state needs to establish better communication between health authorities, communications regulators and law-enforcement agencies because existing regulations require agencies to work together to handle misinformation cases according to rights-based protocols. The state needs to develop public health communication methods that reach all citizens because many people in rural areas and underserved regions do not have internet access. The state needs to invest in digital literacy programs, data access initiatives and reliable public health messaging systems to stop people from being denied information access. The state must control online spaces while working to provide all citizens with free access to correct health information.

Legal Framework on State Responsibility on Public Health Information and Misinformation

The Constitution of Uganda provides a legal and normative structure that gives the government power over public health information, while, at the same time, protecting the rights of people in the digital world. National Objectives and Directive Principles of State Policy impose an obligation on the government to support human rights actively and to prioritize human rights institutions by providing them with sufficient resources (Objective V(i)) and to allow the passage of laws for technological and scientific advancement (Objective XI(ii)). Hence, the digital presence of the State is governed by these rules, where the truth and the public health purpose are at odds. Paragraph

[45] Diane Renee Johnson, *Health Communications Matter: A Comparative Case Study of Best Practices to Combat Misinformation and Disinformation During the COVID-19 Pandemic* (Chapel Hill: University of North Carolina at Chapel Hill, 2024).
[46] David Goldberg, "Responding to Fake News: Is There an Alternative to Law and Regulation?" *Southwestern Law Review* 47 (2017): 417–433.
[47] Gideon Mekonnen Jonathan and Iris Reychav, "The Viral Truth Problem: Health Misinformation in the Digital Age," in *Proceedings of the 2025 Computers and People Research Conference* (New York: ACM, 2025), 1–9.a
[48] Fei Huang, Sean Blaschke, and Henry Lucas, "Beyond Pilotitis: Taking Digital Health Interventions to the National Level in China and Uganda," *Globalization and Health* 13, no. 1 (2017): 49.
[49] Olatunji Osunji, *Government's Role in Building Trust and Confidence in the Internet: A Case Study of Uganda in the Implementation of Cybersecurity Capacity Maturity Model for Nations* (Arlington, VA: Marymount University, 2022).a
[50] Kevin C. Mudavadi *et al.*, "Stakeholder Perceptions of Regulatory Responses to Misinformation in Kenya and Senegal," *Journalism* 26, no. 7 (2025): 1488–1507.

XX also brings up a health issue that should be addressed under the Constitution, as it appears time and again when the State is ordered to take "all practical measures" to provide accessibility to basic medical services, which, of course, includes the communication of the right and accurate health information. This, however, is a constitutional obligation that is being hindered by Article 27, which provides for the privacy of communication and Article 29(1)(a) that ensures the right to freedom of speech and the press. Articles 41 and 42 further ensure transparency and procedural fairness by providing for access to information and just treatment in administrative processes. Article 43 lays down the ground for rights limitation when this is necessary to safeguard the public interest, among which is public health. All these provisions call for a collaborative effort of the State in the matter of governance, thereby making it a requirement that the State engages the harmful digital misinformation battle without resorting to excessive censorship or invasive surveillance, and thus securing the public health regulation completely within the realm of constitutional legitimacy.

Also, the Uganda Communications Act sets up the institutional structure to regulate both the digital and the broadcast platforms, which are key in shaping the public health narrative. The Act's preamble and Section 3 objectives prioritise the values of the consumer, competition, innovation, and universal access, and these values, in turn, justify the responsible supervision of health-related digital content. Sections 5 and 6 give the Uganda Communications Commission (UCC) powers such as licensing, inspection, consumer protection, and enforcement, which will allow it to step in where the misinformation is being spread through the broadcasters and telcos that have the UCC license. The accountability is made stronger by the licensing obligations in Sections 22, 26, and 27, while Section 38 allows for public interest factors to be taken into account in the licensing process. Where operators are found to be involved in criminal or treasonable activities[51], Section 41 permits the suspension or revocation of their licenses after they have been given notice and an opportunity to make representations, thus aligning the enforcement with the fair treatment guarantees of Article 42. False distress signals are made a crime under Section 81 because of their potential to create panic and to hinder the delivery of emergency health services. However, the Act will only be effective in combating public health misinformation if its enforcement is carried out transparently, standards for content are clear, and the regulators are not so strict that they end up causing the constitutionally guaranteed freedoms and public trust to be eroded.

The Computer Misuse Act, through its criminal and procedural mechanisms, supports the constitutional duties and at the same time, combats the malicious digital conduct affecting the public health information systems[52]. The electronic security, integrity, and trust are pointed out in the Act's preamble as the main pillars required for the digital health communication to be

[51] Rawlance Ndejjo *et al.*, "Harnessing Digital Technology for COVID-19 Response in Uganda: Lessons and Implications for Future Public Health Emergencies," *BMJ Global Health* 8, suppl. 6 (2023).

[52] Diane Orentlicher, "Ensuring Access to Accurate Information and Combatting Misinformation," *American University International Law Review* 36, no. 5 (2021): 1–40.

reliable[53]. The law categorizes offensive digital communication causing a disturbance or invading someone's privacy as a crime in Section 25, which also permits the conducting of such misinformation campaigns that are organised and could lead to public panic to be countered. Nevertheless, the Act employs such ambiguous phrases that a careful probing is needed to ensure that the rights recognised by Article 29 are not exceeded. In Sections 18 and 19, more precise provisions can be found regarding the unauthorized disclosure of information and electronic fraud, respectively[54], which are the two most common causes associated with the dissemination of fake medical advisories and health fraud, respectively. The laws in Sections 9 and 11 allow the court to authorize the issuing of preservation and production orders, thus aligning the enforcement of the law with the fair trial guarantees of Article 28(3). Unlawful activities like hacking and the unauthorized sharing of passwords are considered in Sections 12 and 17 of the Act, which gives a lot of support to health database security measures. The Act's influence in public health management is derived from its being enforced as a last resort and the cooperation of the courts that will ensure the protection of non-criminalised discourse deemed legitimate.

The Access to Information Act (ATIA), which corresponds with Article 41 of the Constitution, gives the public the right to know what the government is doing[55]. The government needs to be transparent and accountable in its information management. This transparency is what makes it possible for the public to get through the government's digital communication of public health messages. The government binds itself by sections 3(a), (b), and (d) to provide health-related information continuously in a timely, accessible, accurate, and up-to-date manner, which is very crucial in the fight against health misinformation during emergencies. Moreover, section 3(e) encourages public involvement and scrutiny, which consequently leads to the establishment of trust in the government's health communication. Sections 4(1) and (2) affirm this obligation by granting the public access to credible and updated information. However, sections 21 and 26 confine the right to access to the degree necessary to safeguard personal health records and privacy, thus indicating a balance between transparency and individual rights. Section 34 holds special significance as it possibly compels the government to reveal information that would not be made public otherwise if it concerns critical threats to public health[56]. This not only legitimizes the government as an alert protector against the dissemination of wrong information but also demands that the government's institutional capacity and commitment to the public-interest disclosure be effectively maintained[57].

Aside from revealing the information, the Access to Information Act (ATIA) creates mechanisms for institutional accountability that form State responsibility in the digital public health governance. With the enforcement of

[53] Sharifah Sekalala and Shajoe J. Lake, "Stakeholder Perceptions on Institutional Design of Digital Health Regulatory Frameworks: Insights from Kenya, Rwanda and Uganda," *Oxford Open Digital Health* 3 (2025): oqaf010.
[54] Winyi Solomon, Omach Paul, and Sabiti Makara, "Social Media Regulation in Uganda: The Dilemma of Laxity and Conformity to International Norms," *Journal of Contemporary African Studies* 42, no. 3 (2024): 330–346.
[55] Ibid
[56] Ibid
[57] Paul Atagamen Aidonojie *et al.*, "Criminal Law Perspectives on Medical Legal Issues in Telemedicine," *Journal of Justice Dialectical* 3, no. 2 (2025): 198–222.

the Section 22, the information officers are duty-bound to keep records once a request is made, thus preventing the manipulation or disappearance of critical health data. Sections 26 and 28 allow the refusal of access to confidential or privacy-sensitive information only if the disclosure would cause unreasonable harm, thus discouraging the practice of blanket secrecy, which may result in the dissemination of misinformation. Most importantly, Section 34 cancels these exemptions where there is proof of an imminent or serious public health risk, thus confirming the priority of the public's safety. Section 45 benefits the public officers who are acting in good faith, and that leads to the timely release of health information during emergencies, while Section 46 makes it a crime to destroy, hide, or falsify the records intended to be denied access. Nevertheless, the Act is still mainly reactive, depending on citizen requests and not mandating proactive digital disclosure. In a rapidly changing digital environment, this is a limitation on effectiveness unless it is complemented by a requirement for proactive publication. Still, the ATIA has the potential to provide a solid accountability structure that can be used to lessen the information gaps created by the State and that can lead to public health misinformation.

As a legal regulation, the Data Protection and Privacy Act (DPPA) is capable of monitoring the collection, processing, and disclosure of personal health data through online means; thus, it has won considerable approval not only in Uganda but also in some of the neighbouring countries for the protection of individuals by the state. The Act's inception and Section 1 symbolise the completeness of the state's duty to protect privacy in both the refugee scenario and the case of Uganda's neighbouring countries. Section 10 declares an absolute prohibition on those data practices that infringe upon privacy rights, while Sections 12 and 14 articulate that data collection and processing must be legal, accurate, and not excessive. The aforementioned practices are not only preventive but rather indispensable tools in the fight against the misuse of personal health data for such purposes as profiling or disseminating misinformation through targeting with digital channels. Section 15 imposes data quality requirements by demanding that data be both accurate and up-to-date, and thus indirectly provides support for effective public health communication. Section 23 bolsters accountability by making it compulsory to inform the public about breaches of data security in health information systems. Nevertheless, the DPPA chiefly deals with data governance rather than the actual content of public health messages. Consequently, it is not concerned with the issue of online circulation of misleading yet non-personal health information. This regulatory shortcoming makes it necessary to resort to complementary laws, thus highlighting the lack of a comprehensive legal framework that is specifically applicable to public health misinformation in Uganda.

Legal Issues and Challenges

One of the main obstacles to controlling the circulation of accurate and inaccurate health information digitally in Uganda is the fragmentation of the

laws regulating public health information in a digital medium[58]. The laws that govern the issue are in different legal documents, such as the Access to Information Act, the Data Protection and Privacy Act, the Uganda Communications Act, the Computer Misuse Act, and public health laws. None of these statutes deals with health misinformation comprehensively and distinctly as a regulatory issue. This division of law has similar provisions, lacks certain areas, and lacks clarity about which authority should do what, especially between public health and telecommunications regulators. Hence, it is left unclear who should do what regarding the prevention, correction, and punishment of misinformation, which in turn leads to the State's action being uncoordinated and, thus, weaker. In practice, such a situation results in the treatment of digital health misinformation being done differently in different places and the standards for determining what is accurate, what is to be verified, and what is accountable being very unclear. The presence of a fragmented legal framework makes it very difficult for the State to perform its constitutional duty of protecting public health through digital communication that is both reliable and timely.

Fragmentation is closely associated with the ambiguity concerning the legal obligation of the State to the digital communication of public health information[59]. The current laws on cybersecurity and public health deal mainly with general offences, data protection, or disease control, and do not address the positive duty of the State to ensure accurate and evidence-based health communication. This leads to the situation in which the enforcement of the obligations imposed on the public authorities for proactive misinformation counteracting or false narrative correcting becomes weak. As a result, the State's role is frequently reactive instead of preventive, and it allows misinformation to spread before any legal or administrative actions are taken[60]. This uncertainty reduces the law's effectiveness as a safeguard and thereby also public trust in official health information systems.

Also, the current legal frameworks in Uganda still seem to put security, public order, and punitive control before the integrity and reliability of digital public health communication. The Computer Misuse Act and the Uganda Communications Act, are some of the laws that are mainly focused on enforcement and thus, putting a lot of emphasis on sanctions, surveillance, and criminal liability. These measures indeed have the potential to discourage harmful conduct; however, they offer nothing with respect to the promotion of standards of accuracy, transparency, and ethical communication in the sphere of public health. What's more, the heavy dependency on punitive controls will be counterproductive as it may lead to the suppression of such activities as legitimate debate, whistleblowing, and independent health

[58] David L. Heymann, Thomson Prentice, and Lina Tucker Reinders, *The World Health Report 2007: A Safer Future Global Public Health Security in the 21st Century* (Geneva: World Health Organization, 2007).
[59] Olukunle O. Akanbi et al., "Code against Contagion: The Role of Health Information Technology in Transforming Public Health Surveillance during Pandemics," *Journal of Medicine and Health Research* 10, no. 2 (2025): 87–99; Alison Gillwald, *The State of ICT in Uganda* (Cape Town: Research ICT Africa, 2018).
[60] Elizabeth Bakibinga-Gaswaga *et al.*, "Digital Technologies in the COVID-19 Responses in Sub-Saharan Africa: Policies, Problems and Promises," *Pan African Medical Journal* 35, suppl. 2 (2020): 38.

advocacy, which are indispensable for the proper functioning of the public health system.

One more important problem is that the authorised institution's interference is mainly through strengthening the law and taking measures when the misinformation has already led to damage. Legal actions are generally initiated only after panic, distrust in the vaccine, or negative practices have gone through the internet, which thereby limits their rectifying effect. This defensive attitude undermines the effectiveness of the health measures, since timely and precise information is crucial during health crises. The public's scepticism is further aggravated by the slow legal action, as the communities may think that the authorised institution is either unprepared or not consistent in its communication. The public perception of health institutions' trustworthiness diminishes, and people become less inclined to follow public health measures. In the absence of prior surveillance, warning systems, and coordinated online communication strategies, the law enforcement alone will not be able to effectively deal with the rapid and viral manner of digital public health misinformation in Uganda.

Conclusion

The research has clearly shown that although digital technology has brought down the barriers to public health information in Uganda to a great extent, it has also heightened the risks of misinformation to the same degree. According to the analysis, the state's legal responsibility in this regard is still not well defined and enforced, especially concerning the existing cybersecurity and public health laws. The current legal frameworks give preference to security, public order, and punitive control, rather than to the safeguarding of the integrity, accuracy, and reliability of digital public health communication. Consequently, state actions against public health misinformation have predominantly been reactive, fragmented, and enforcement-driven, taking place most of the time once the damage has already been done. This situation erodes the public's trust in health institutions and hampers the impact of public health interventions. Consequently, the research highlights the need for a systematic and strategically planned overhaul of Uganda's legal framework that would integrate digital governance and public health protection aims in a manner that is Constitution-compliant and responsive to society's needs. The state has legal duties that require it to enforce existing laws, create new regulations, and work with others to deliver accurate public health information that upholds citizens' constitutional health and information rights. The state must implement preventive measures together with transparent practices and rights-based policies which enable people to access trustworthy health information via digital and physical media.

Recommendation

The research intends to address the mentioned shortcomings by proposing a new prevention and corrective approach to the digital public health communication regulations. The laws controlling privacy in cyberspace and health should be subjected to review and/or change, so they explicitly set the

government as a duty, i.e., the provider of accurate, timely, and coordinated health information through digital means, and thus the citizens will no longer have to look for such information. The Ugandan state must take action through reactive methods, which lead to punishment, but these approaches must combat public health misinformation and focus on imposing penalties, establishing educational programs and building public trust. Non-punitive measures like the issuance of guidance notices, acknowledgement of official corrections, real-time fact-checking, and public clarification should constitute the first response by regulatory bodies to misinformation. Health agencies, IT regulators, and media outlets need to work very closely to ensure the continuity of the message. Moreover, the government should invest in the areas of digital health communications and health literacy training programs, which will enable the public to differentiate between trustworthy and untrustworthy health information sources, thereby leading to trust, compliance, and long-term health benefits.

References

Abdullahi Tsanni, "To fight Ebola misinformation, AI mines old-tech radio data", https://www.nature.com/articles/d44148-025-00187-1?utm_source=chatgpt.com accessed 13th December, 2025

Achan, Martha Isabella, Immaculate Nabukenya, Sarah Mitanda, Joanita Nakacwa, Herbert Bakiika, Maureen Nabatanzi, Justine Bukirwa, Aisha Nakanwagi, Lydia Nakiire, Cedric Aperce, Aaron Schwid, Solome Okware, Ekwaro A. Obuku, Mohammed Lamorde, Brian Luswata, Issa Makumbi, Allan Muruta, Henry G. Mwebesa, and Jane Ruth Aceng Ocero. "COVID-19 and the Law in Uganda: A Case Study on Development and Application of the Public Health Act from 2020 to 2021." BMC Public Health 23, no. 1 (2023): 761.

Aginam, Obijiofor. Global Health Governance: International Law and Public Health in a Divided World. Toronto: University of Toronto Press, 2005.

Aidonojie, Paul Atagamen, and Esther Chetachukwu Francis. "Legal Issues Concerning Food Poisoning in Nigeria: The Need for Judicial and Statutory Response." Jurnal Media Hukum 29, no. 1 (2022): 65–78.

Aidonojie, Paul Atagamen, Esther Chetachukwu Aidonojie, Godswill Owoche Antai, and Kelechi Onwubiko. "Criminal Law Perspectives on Medical Legal Issues in Telemedicine." Journal of Justice Dialectical 3, no. 2 (2025): 198–222.

Aidonojie, Paul Atagamen, Esther Chetachukwu Aidonojie, Ismaila Adebowale Hassan, Maria Edet Umor, and Godswill Owoche Antai. "Legal Issues and Challenges in Securing Ugandans' Health Rights in Vaccine Safety." Journal of Law Review 4, no. 1 (2025).

Aidonojie, Paul Atagamen, Esther Chetachukwu Aidonojie, Majekodunmi Toyin Afolabi, Obieshi Eregbuonye, and Adesoji Kolawole Adebayo. "The Competence and Authority of Midwives in Giving Birth without the Assistance of a Doctor in Nigeria." Jambura Law Review 6, no. 1 (2024): 150–182.

Aidonojie, Paul Atagamen, Esther Chetachukwu Aidonojie, Mercy Osemudiame Okpoko, Obieshi Eregbuonye, and Joshua John Damina. "International Legal Framework in Curtailing Hazardous COVID-19 Medical Waste: Issues and Challenges." Decova Law Journal 1, no. 1 (2025): 1–17.

Aidonojie, Paul Atagamen, Esther Chetachukwu Aidonojie, Oaihimire Idemudia Edetalehn, Oluwaseye Oluwayomi Ikubanni, and Alade Adeniyi Oyebade. "A Facile Study Concerning the Legal Issues and Challenges of Herbal Medicine in Nigeria." The Indonesian Journal of International Clinical Legal Education 4, no. 4 (2022): 475–512.

Aidonojie, Paul Atagamen, Esther Chetachukwu Aidonojie, Obieshi Eregbuonye, Saminu Wakili Abacha, and Mercy Okpoko. "Prospect, Legal, and Health Risks in Adopting the Metaverse in Medical Practice: A Case Study of Nigeria." Jurnal Hukum dan Peradilan 13, no. 3 (2024): 483–522.

Aidonojie, Paul Atagamen, Esther Chetachukwu Aidonojie, Obieshi Eregbuonye, Mercy Osemudiame Okpoko, and Collins Ekpenisi. "Legal Issues Concerning Surrogacy in Uganda: Taking a Leap from the United Kingdom." Yurispruden: Jurnal Fakultas Hukum Universitas Islam Malang 8, no. 2 (2025): 228–248.

Aidonojie, Paul Atagamen, Esther Chetachukwu Aidonojie, Tom Mulegi, and Obieshi Eregbuonye. "Legal Issues Concerning Compulsory COVID-19 Vaccination: Nigeria as a Case Study." Golden Ratio of Law and Social Policy Review 3, no. 2 (2024): 74–83.

Aidonojie, Paul Atagamen, Oaihimire Idemudia Edetalehn, Simon Ejokeme Imoisi, and Esther Chetachukwu Aidonojie. "A Facile Study Concerning the Legal Issues and Challenges Concerning Doping in Sport." Synsto Journal of Law 2, no. 1 (2023): 16–21.

Akanbi, Olukunle O., Okeoma Obiageri Ihuarulam, Ezeamii Patra Chisom, Habib Shehu, and Thomas Laura Goji. "Code against Contagion: The Role of Health Information Technology in Transforming Public Health Surveillance during Pandemics." Journal of Medicine and Health Research 10, no. 2 (2025): 87–99.

AlAashry, Miral Sabry. "A Critical Analysis of Journalists' Freedom of Expression and Access to Information while Reporting on COVID-19 Issues: A Case of Selected Arab Countries." Journal of Information, Communication and Ethics in Society 20, no. 2 (2022): 193–212.

Ali, Victor E., Marvellous O. Asika, Emmanuel Ebuka Elebesunu, Chioma Agbo, and Maxwell Hubert Antwi. "Cognizance and Mitigation of Falsified Immunization Documentation: Analyzing the Consequences for Public Health in Nigeria, with a Focus on Counterfeited COVID-19 Vaccination Certificates." Health Science Reports 7, no. 2 (2024): e1885.

Anani, Osikemekha Anthony, Paul Atagamen Aidonojie, Esther Chetachukwu Aidonojie, and Gloria Anwuli Anani. "Current Methods in the Management and Disposal of Plastic Wastes during the COVID-19 Pandemic." In Plastic and the COVID-19 Pandemic: Innovative Solutions to Mitigate Plastic Pollution, 27–43. Cham: Springer Nature Switzerland, 2024.

Atcero, Milburga, and Maureen Ayikoru. "Digital and Language Inequalities in Disseminating COVID-19-Related Health Campaigns in Uganda: The Effects of Confinement and Social Distancing Strategies." In Proceedings of the International Conference on Social Implications of Computers in Developing Countries, 310–331. Cham: Springer, 2022.

Atuheirwe, Maxine, Richard Otim, Keneth Junior Male, Stella Ahimbisibwe, Joachim Dzidzor Sackey, and Obondo James Sande. "Misinformation, Knowledge and COVID-19 Vaccine Acceptance: A Cross-Sectional Study among Health Care Workers and the General Population in Kampala, Uganda." BMC Public Health 24, no. 1 (2024): 203. https://doi.org/10.1186/s12889-024-17678-9

Bakibinga-Gaswaga, Elizabeth, Stella Bakibinga, David Baxter Mutekanga Bakibinga, and Pauline Bakibinga. "Digital Technologies in the COVID-19 Responses in Sub-Saharan Africa: Policies, Problems and Promises." Pan African Medical Journal 35, suppl. 2 (2020): 38.

Binder, Sue, Alex Riolexus Ario, Hervé Hien, Natalie Mayet, Ilesh V. Jani, Chikwe Ihekweazu, Ebba Abate, Sabin Nsanzimana, William Yavo, Wemboo Afiwa Halatoko, Shiva Murugasampillay, Elsie Ilori, Amandine Zoonekyndt, Callie McLean, Claude Millogo, Edris Nikjooy, Anne-Catherine Viso, Katherine Seib, and Ellen A. Spotts Whitney. "African National Public Health Institutes Responses to COVID-19: Innovations, Systems Changes, and Challenges." Health Security 19, no. 5 (2021): 498–507.

Chisita, Collence T., and Patrick Ngulube. "A Framework for Librarians to Inform the Citizenry during Disasters: Reflections on the COVID-19 Pandemic." Jàmbá: Journal of Disaster Risk Studies 14, no. 1 (2022): 1197.

Cunliffe-Jones, Peter, Assane Diagne, Alan Finlay, Sahite Gaye, Wallace Gichunge, Chido Onumah, Cornia Pretorius, and Anya Schiffrin. Misinformation Policy in Sub-Saharan Africa: From Laws and Regulations to Media Literacy. London: University of Westminster Press, 2021.

DAVID VOSH AJUNA, "Uganda's Covid-19 battle hit by 'misinformation pandemic" https://www.monitor.co.ug/uganda/special-reports/uganda-s-covid-19-battle-hit-by-misinformation-pandemic--3505816?utm_source=chatgpt.com, Accessed 13th December, 2025

El Arab, Rabie Adel, Joel Somerville, Fuad H. Abuadas, Esther Rubinat-Arnaldo, and Mette Sagbakken. "Health and Well-Being of Refugees, Asylum Seekers, Undocumented Migrants, and Internally Displaced Persons under COVID-19: A Scoping Review." Frontiers in Public Health 11 (2023): 1145002.

Folasole, Adetayo. "Data Analytics and Predictive Modelling Approaches for Identifying Emerging Zoonotic Infectious Diseases: Surveillance Techniques, Prediction Accuracy, and Public Health Implications." International Journal of Engineering Technology Research and Management 7, no. 12 (2023): 292.

Gallifant, Jack, Amelia Fiske, Yulia A. Levites Strekalova, Juan S. Osorio-Valencia, Rachael Parke, Rogers Mwavu, Nicole Martinez, Judy Wawira Gichoya, Marzyeh Ghassemi, Dina Demner-Fushman, Liam G. McCoy,

Leo Anthony Celi, and Robin Pierce. "Peer Review of GPT-4 Technical Report and Systems Card." PLOS Digital Health 3, no. 1 (2024): e0000417.

Garnett, Holly Ann, and Toby S. James. "Cyber Elections in the Digital Age: Threats and Opportunities of Technology for Electoral Integrity." Election Law Journal: Rules, Politics, and Policy 19, no. 2 (2020): 111–126.

Gillwald, Alison. The State of ICT in Uganda. Cape Town: Research ICT Africa, 2018.

Goldberg, David. "Responding to Fake News: Is There an Alternative to Law and Regulation?" Southwestern Law Review 47 (2017): 417–433.

Gostin, Lawrence O., Eric A. Friedman, Sara Hossain, Joia Mukherjee, Saman Zia-Zarifi, Chelsea Clinton, Umunyana Rugege, Paulo Buss, Miriam Were, and Ames Dhai. "Human Rights and the COVID-19 Pandemic: A Retrospective and Prospective Analysis." The Lancet 401, no. 10371 (2023): 154–168.

Heymann, David L., Thomson Prentice, and Lina Tucker Reinders. The World Health Report 2007: A Safer Future—Global Public Health Security in the 21st Century. Geneva: World Health Organization, 2007.

Huang, Fei, Sean Blaschke, and Henry Lucas. "Beyond Pilotitis: Taking Digital Health Interventions to the National Level in China and Uganda." Globalization and Health 13, no. 1 (2017): 49.

Islam, Md Saiful, Tonmoy Sarkar, Sazzad Hossain Khan, Abu-Hena Mostofa Kamal, S. M. Murshid Hasan, Alamgir Kabir, Dalia Yeasmin, Mohammad Ariful Islam, Kamal Ibne Amin Chowdhury, Kazi Selim Anwar, Abrar Ahmad Chughtai, and Holly Seale. "COVID-19–Related Infodemic and Its Impact on Public Health: A Global Social Media Analysis." American Journal of Tropical Medicine and Hygiene 103, no. 4 (2020): 1621–1629.

Johnson, Diane Renee. Health Communications Matter: A Comparative Case Study of Best Practices to Combat Misinformation and Disinformation During the COVID-19 Pandemic. Chapel Hill: University of North Carolina at Chapel Hill, 2024.

Jonathan, Gideon Mekonnen, and Iris Reychav. "The Viral Truth Problem: Health Misinformation in the Digital Age." In Proceedings of the 2025 Computers and People Research Conference, 1–9. New York: ACM, 2025.

Makanga Ronald Kakumba and Josephine Appiah-Nyamekye Sanny, "AD480: Ugandans see social media as beneficial and want unrestricted access, but are wary of its use to spread fake news", https://www.afrobarometer.org/publication/ad480-ugandans-see-social-media-beneficial-and-want-unrestricted-access-are-wary-its/?utm_source=chatgpt.com accessed 20th November, 2025

McCool, Judith, Rosie Dobson, Robyn Whittaker, and Chris Paton. "Mobile Health (mHealth) in Low- and Middle-Income Countries." Annual Review of Public Health 43, no. 1 (2022): 525–539.

Mudavadi, Kevin C., Frankline Matanji, Layire Diop, Melissa Tully, and Dani Madrid-Morales. "Stakeholder Perceptions of Regulatory Responses to Misinformation in Kenya and Senegal." Journalism 26, no. 7 (2025): 1488–1507.

Ndejjo, Rawlance, Steven Ndugwa Kabwama, Alice Namale, Andrew K. Tusubira, Irene Wanyana, Susan Kizito, Suzanne N. Kiwanuka, and Rhoda K. Wanyenze. "Harnessing Digital Technology for COVID-19 Response in Uganda: Lessons and Implications for Future Public Health Emergencies." BMJ Global Health 8 (2023): e013288. https://doi.org/10.1136/bmjgh-2023-013288

Ndejjo, Rawlance, Steven Ndugwa Kabwama, Alice Namale, Andrew K. Tusubira, Irene Wanyana, Susan Kizito, Suzanne N. Kiwanuka, and Rhoda K. Wanyenze. "Harnessing Digital Technology for COVID-19 Response in Uganda: Lessons and Implications for Future Public Health Emergencies." BMJ Global Health 8, suppl. 6 (2023).

Orentlicher, Diane. "Ensuring Access to Accurate Information and Combatting Misinformation." American University International Law Review 36, no. 5 (2021): 1–40.

Osunji, Olatunji. Government's Role in Building Trust and Confidence in the Internet: A Case Study of Uganda in the Implementation of Cybersecurity Capacity Maturity Model for Nations. Arlington, VA: Marymount University, 2022.

Rennie, Stuart, Caesar Atuire, Tiwonge Mtande, Walter Jaoko, Sergio Litewka, Eric Juengst, and Keymanthri Moodley. "Public Health Research Using Cell Phone–Derived Mobility Data in Sub-Saharan Africa: Ethical Issues." South African Journal of Science 119, nos. 5–6 (2023): 1–7.

Sekalala, Sharifah, and Shajoe J. Lake. "Stakeholder Perceptions on Institutional Design of Digital Health Regulatory Frameworks: Insights from Kenya, Rwanda and Uganda." Oxford Open Digital Health 3 (2025): oqaf010.

Simiyu, Marystella Auma. "Freedom of Expression and African Elections: Mitigating the Insidious Effect of Emerging Approaches to Addressing the False News Threat." African Human Rights Law Journal 22, no. 1 (2022): 76–107.

Solomon, Winyi, Omach Paul, and Sabiti Makara. "Social Media Regulation in Uganda: The Dilemma of Laxity and Conformity to International Norms." Journal of Contemporary African Studies 42, no. 3 (2024): 330–346.

Soyege, Olakunle Saheed, Collins Nwannebuike Nwokedi, Busayo Olamide Tomoh, Ashiata Yetunde Mustapha, Akachukwu Obianuju Mbata, Obe Destiny Balogun, Adelaide Yeboah Forkuo, and Cyril Enahoro Imohiosen. "Public Health Crisis Management and Emergency Preparedness: Strengthening Healthcare Infrastructure against Pandemics and Bioterrorism Threats." Journal of Frontiers in Multidisciplinary Research 5, no. 2 (2024): 52–68.

SYLVIA NAMAGEMBE, "Mulago pilots digital health project to fight misinformation", https://www.monitor.co.ug/uganda/news/national/mulago-pilots-digital-health-project-to-fight-misinformation-5293784?utm_source=chatgpt.com

Ugwu, Okon Michael Ben, Ugwu Okechukwu Paul-Chima, Chinyere Nneoma Ugwu, Ogenyi Fabian Chukwudi, Swase Dominic Terkimbi, Anyanwu

Chinyere Nkemjika, Udoka Eze, Ugwu Jovita Nnenna, Saheed Akinola, Regan Mujinya, and Anyanwu Emeka Godson. "From Pandemics to Preparedness: Harnessing AI, CRISPR, and Synthetic Biology to Counter Biosecurity Threats." Frontiers in Public Health 13 (2025): 1711344.

Zerbe, Yannick. "Cyber-Enabled International State-Sponsored Disinformation Operations and the Role of International Law." Swiss Review of International and European Law 33 (2023): 49–78.