Foreword

The Human Immunodeficiency Virus (HIV) continues to have a disastrous impact on the social and economic development of our country Uganda and has proved to be one of the biggest obstacles for the government to achieve its goals of the Poverty Eradication Action Plan (PEAP).

The HIV/AIDS epidemic affects the most productive segment of our labour force, people in the 15–49 years age group. It is depriving families, communities and the entire nation of the young and most productive people. The erosion of human capital, loss of skilled and experienced workers and reduction in productivity will result in a mismatch between human resources and labour requirements, with a grave consequence for both the private and public sectors. HIV/AIDS is devastating in terms of increasing poverty, reversing human development achievement, exacerbating child labour, reducing food production, violating fundamental human rights at work particularly with respect to discrimination and stigmatisation of workers affected by HIV/AIDS. It is putting a strain on our already overstretched health services.

Uganda’s response to HIV/AIDS pandemic has been that of openness, collective responsibility, high-level political commitment and collaboration with both local and international partners. In the same spirit this policy has been developed through a joint effort by government, employers, workers, civil society organisations, People Living With HIV/AIDS networks, the private sector and UN agencies in Uganda. The ILO code of practice on HIV/AIDS and the world of work has been used as a guiding tool during the development of this policy.

The aim of the national policy is to provide a framework for prevention of further spread of HIV and mitigation of the socio-economic impact of the epidemic within the world of work in Uganda. The policy recognises HIV/AIDS as a workplace issue, which should be treated like any other serious illnesses / conditions in the workplace. It emphasizes the importance of promoting and protecting human rights, participation of people living with HIV/AIDS, gender equality as well as prevention, care, support and treatment as the major tools to be used in addressing the impact of HIV/AIDS in the world of work. It will guide the overall response to HIV/AIDS in the world of work in Uganda.

I therefore call upon all the other stakeholders to emulate the Governments’ commitment in the struggle against HIV/AIDS, which is one of the greatest challenges of mankind in this century. This national policy has marked yet another milestone in Uganda Government’s determination and commitment to protect the rights and dignity of all workers irrespective of their HIV status. The main objective is that of promoting decent work in the face of the HIV/AIDS pandemic.

Hon. Syda N.M.Bbumba MP
MINISTER OF GENDER, LABOUR AND SOCIAL DEVELOPMENT
The Human Immunodeficiency Virus (HIV) and the Acquired Immune Deficiency Syndrome (AIDS) are of fundamental concern to the world of work, because the great majority of people at risk of infection and developing AIDS are of working age. It significantly affects the patterns of employment and production at the sector and aggravates poverty at individual levels. A broad partnership already exists in Uganda comprising of government, non-government organisations and communities including networks of people living with HIV/AIDS who focus on different aspects of the epidemic within their capacities and mandates. This policy focuses on the work place, where the majority of the working population spend most of their active lifetime.

The Human Immunodeficiency Virus is widespread among the population, however focus on the workplace is still inadequate. It is therefore essential to develop a clear national policy to safeguard workers with HIV and guide the response to HIV within the world of work. This national policy is a timely and much needed contribution towards the nationwide efforts to meet the challenges of AIDS and it is expected to stimulate a significant impact.

The National Policy on HIV/AIDS and the World of Work covers all workers and prospective workers, all employers and prospective employers from the public and private sectors both formal and informal. It also covers all workplaces and contracts of employment including the informal sector and the self-employed as well as all practices related to human resources that form part of the policy component of any organisation.

The policy spells out the key principles underlying its implementation namely: non-discrimination; confidentiality; HIV testing; greater involvement of people living with HIV/AIDS (GIPA); promotion of prevention; treatment, care and support; and gender concerns in the world of work. The goal is to provide a framework for prevention of further spread of HIV and mitigation of the socio-economic impact of HIV/AIDS within the world of work in Uganda. The policy also outlines the roles of key stakeholders from government, employers, workers, private sector including the informal, people living with HIV/AIDS, civil society organisations and the international partners in development.

This national policy has been developed through consultations between government, employer’s and workers organisations, faith based organisations, civil society organisations, and people living with HIV/AIDS networks, including the United Nations Agencies in Uganda, the private sector including the informal sector.
Acknowledgements

The Ministry of Gender, Labour and Social Development extends deep appreciation to the International Labour Organisation (ILO) for the financial support in drafting of the policy. The ILO facilitated the Technical Working Group that was constituted by the Ministry to develop the policy. Sincere gratitude goes to the individual members of the Technical Working Group for their valued contribution and time spent drafting the policy. The members represented the following organisations: Federation of Uganda Employers, National Organisation of Trade Unions, Uganda AIDS Commission, National Community of Women Living with HIV/AIDS (NACWOLA), the Joint United Nations Programme on HIV/AIDS (UNAIDS), Ministry of Public Service, Ministry of Health, and Ministry of Gender, Labour and Social Development. Special thanks go to the ILO Consultant for co-ordinating the activities of the Technical working group and for refining and putting the policy document together.
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### Acronyms

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<tr>
<td>ACP</td>
<td>AIDS Control Programme</td>
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<tr>
<td>AIC</td>
<td>AIDS Information Centre</td>
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<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<tr>
<td>ARV</td>
<td>Anti Retro Viral drugs</td>
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<tr>
<td>CBO</td>
<td>Community Based Organisation</td>
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<tr>
<td>FUE</td>
<td>Federation of Uganda Employers</td>
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<tr>
<td>GIPA</td>
<td>Greater Involvement of People Living with HIV/AIDS</td>
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<tr>
<td>GoU</td>
<td>Government of Uganda</td>
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<tr>
<td>HIV</td>
<td>Human Immuno deficiency Virus</td>
</tr>
<tr>
<td>IEC</td>
<td>Information, Education and Communication</td>
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<tr>
<td>ILO</td>
<td>International Labour Organisation</td>
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<tr>
<td>MACA</td>
<td>Multi-sectoral Approach to Control of HIV/AIDS</td>
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<tr>
<td>MoFPED</td>
<td>Ministry of Finance, Planning and Economic Development</td>
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<td>MoGLSD</td>
<td>Ministry of Gender, Labour and Social Development</td>
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<td>MoH</td>
<td>Ministry of Health</td>
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<td>MoLG</td>
<td>Ministry of Local Government</td>
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<td>MoPS</td>
<td>Ministry of Public Service</td>
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<tr>
<td>MTCT</td>
<td>Mother to Child Transmission of HIV</td>
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<tr>
<td>NACWOLA</td>
<td>National Community of Women Living with HIV/AIDS</td>
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<tr>
<td>NGO</td>
<td>Non Governmental Organisation</td>
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<tr>
<td>NOTU</td>
<td>National Organization of Trade Unions</td>
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<tr>
<td>PEAP</td>
<td>Poverty Eradication Action Plan</td>
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<tr>
<td>PMTCT</td>
<td>Prevention of Mother to Child Transmission of HIV</td>
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<tr>
<td>PWHAs</td>
<td>People Living With HIV/AIDS</td>
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<tr>
<td>STD</td>
<td>Sexually Transmitted Disease</td>
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<tr>
<td>STD/ACP</td>
<td>Sexually Transmitted Disease/ AIDS Control Programme</td>
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<tr>
<td>STI</td>
<td>Sexually Transmitted Infections</td>
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<tr>
<td>UAC</td>
<td>Uganda AIDS Commission</td>
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<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
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<tr>
<td>VCT</td>
<td>Voluntary Counselling and Testing</td>
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<td>WHO</td>
<td>World Health Organisation</td>
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Introduction

The National Policy on HIV/AIDS and the World of Work provides the principles and a framework for mounting an optimum response to HIV/AIDS in the entire Ugandan world of work. It forms the basis for the development of workplace policy guidelines, which address the more specific issues related to the workplace HIV/AIDS response. The policy applies to all employers and workers, including applicants for work, within the public and private sectors. It also applies to all aspects of work, both formal and informal.

The world of work has specifically borne the brunt of HIV/AIDS since the most affected groups coincide with the economically productive and mobile ages of 15 to 49 years. HIV/AIDS has affected both the formal and informal sectors through increased expenditure on medical bills, welfare and burial expenses as well as increased insurance premiums. Expenditure has also increased towards training, hire or recruitment of workers to replace those who are affected and infected with HIV. On the other hand, productivity is declining due to high absenteeism, loss of experienced and skilled labour force as well as low morale of affected workers and interruptions in worker schedules due to social commitments.

HIV/AIDS has also resulted in more widows and children entering the workforce for survival of their families, which is exacerbating the worst forms of child labour as well as promoting gender inequalities at the workplace. The situation is worsened by the fact that women have a recognised role of providing care in the family as well as in the community. Their work is more likely to be interrupted, either through their own illness or the need to provide care to someone close to them. Consequently, women and children are more vulnerable to the socio-economic impact of HIV/AIDS.

This policy on HIV/AIDS and the world of work has been developed to contribute towards the national response to HIV/AIDS by promoting decent work in the face of the epidemic. It is set within the framework of the national overarching policy on HIV/AIDS, which was put together by all sectors, institutions and partners under the overall coordination of the Uganda AIDS Commission (UAC). It is part of the bigger series of sector specific policies that address themes or issues and provide the broad guidelines related to these sector-level interventions. The various stakeholders will
utilise this Policy as the basis for development of their own policy guidelines that support the response to HIV/AIDS within their specific workplace situations.

The National Policy on HIV/AIDS and the World of Work in Uganda is a joint effort of representatives of government, employers, workers, faith based organizations, civil society organisations, People Living with HIV/AIDS networks, the private sector and the United Nations agencies in Uganda to ensure a uniform and fair approach to the management of HIV/AIDS and its effects in the world of work. It is a dynamic document that will guide the planning and mounting of a response to HIV/AIDS within the world of work. It will be periodically reviewed and updated as the need arises on basis of the results from monitoring the impact of HIV/AIDS within the world of work.

**Background**

Uganda was one of the first African countries to be confronted by the epidemic, as early as 1982 when the first AIDS case was identified and reported from Koki, Rakai district. More than twenty years down the road, HIV/AIDS is no longer a localized disease but a nation-wide problem irrespective of geographical location. While there has been a lot of progress in combating and understanding it, a lot of challenges still remain. There is still no vaccine or cure for the infection and the number of people who are infected by HIV continues to relentlessly rise. The national response to the epidemic has been characterized by open and participatory policy as well as top-level political commitment. Uganda has since then steadily continued to reap benefits from its open and concerted response to the epidemic. There is evidence from sentinel surveillance sites that the rate of HIV infection among pregnant women attending antenatal clinics declined from about 18.6% to 6.2% between 1992 and 2002.

The declining trend has also been observed and reported among other groups like clients attending voluntary counselling and testing services for HIV from the AIDS Information Centre (AIC). The HIV infection rates among the 15 – 24 year old females who were having the HIV test for the first time, declined from about 28% in 1992 to 10.3% in 2002. The infection rates among males of the same age group declined from approximately 11% in 1992 to 2.8% in 2002. Furthermore, the HIV infection rates among patients attending the STD clinic at Mulago hospital declined
from about 44.2% in 1989 to 19% in 2002. Alongside the declining trends of HIV infection, there is a high level of awareness about HIV among the general population as well as positive behaviour change indicators. However, the rates are still unacceptably high and there should be no room for complacency.

Estimates from the Ugandan surveillance data indicate that cumulatively, by December 2002, over two million people had been infected with HIV and that about one million deaths had occurred due to HIV/AIDS related illnesses since the onset of the epidemic. Furthermore, an estimated one million out of the Ugandan population of approximately 24.6 million people were living with HIV/AIDS. The majority of these (90%) were above 15 years of age, the remaining proportion being constituted by children less than 15 years old. This has had grave consequences for the world of work, which is constituted by the highly productive and reproductive age group of 15 to 49 years. It is also important to note that despite the decline in the new HIV infections in the country, the number of people who are already infected and progressing to the stage of AIDS is still increasing. It is estimated that about 100,000 people from among those who are infected with HIV, progress to the stage of AIDS each year. The high mortality that is attributed to AIDS has significantly contributed to the estimated more than two million orphans in the country.

**HIV/AIDS and the World of Work**

In this Policy, the ‘world of work’ refers to the environment within the workplace comprising of workers and employers as well as the socio-economic aspects / relations that exist at the workplace. It embraces the unique tripartite structure and approach of the International Labour Organisation (ILO), which ensures that representatives of Government, employers and workers have a forum for negotiation, consultation or exchange of information on issues of common interest related to the workplace. The world of work is broad and takes into account the workplace with its usual bi-partite structure comprising of employers and workers; but goes beyond to include the consumers of the goods and / or services that are a product of the workplace. In a community where the HIV prevalence is very high, at the individual level more resources are likely to be channelled towards health care than purchase of goods and services. It is normally in the interest of an enterprise that their workers remain healthy to maintain productivity. However, in this situation it is equally of interest to the enterprise that the consumers of their goods or services
are healthy and capable of spending on their products. It is therefore evident that an optimum response to HIV/AIDS within the world of work goes beyond the immediate workplace and should include the surrounding community.

HIV/AIDS strikes hard at the most vulnerable groups in society including the poorest of the poor, women and children, exacerbating existing problems of inadequate social protection, gender inequalities and child labour. HIV/AIDS disrupts production by affecting the work force both directly and indirectly. Absenteeism due to own illness or illness in the family that is related to HIV/AIDS, leads to direct loss in productivity. Furthermore, there is an increase in medical and welfare costs that eventually includes funeral and burial expenses for the workers and / or their immediate families. On the other hand, the disease disrupts production through reduction in supply to the work force that results from loss of workers and changes in the composition as the more skilled and experienced ones succumb to HIV/AIDS. A high turnover in the workforce also means that more resources will be spent on training and education of the new group of workers. Uganda Railways Corporation for example, experienced work force turnover rate of 15% per year in the early 1990s (Ainsworth 1993). This loss of workers, often including the skilled and experienced ones together with increased entry of young unskilled personnel into the work place has implications on the overall productivity of the Enterprises.

There is empirical evidence that both government and private savings are being squeezed by the HIV/AIDS epidemic. Government has pressure on its lower revenues to address the epidemic-related expenses while private savings are being squeezed by the need to devote an increased share from a reduced income to HIV/AIDS related health care. At the same time, incentives to private investment are being significantly reduced. The overall effect is reduced capacity to purchase goods and services, which indirectly affects productivity of enterprises, institutions and organisations. In other words, the epidemic creates a vicious cycle by reducing economic growth, which leads to increased absolute poverty, which in turn facilitates further spread of HIV as a result of reduced household expenditure on health and nutrition.

The workforce is particularly vulnerable in respect to exposure to HIV because workers spend a significant proportion of their daily hours of activity within the workplaces. This gives a lot of opportunity for social interaction with people of the
opposite sex who are not their spouses or relatives. Examples of high-risk workplaces include migrant labour populations, the long distance drivers in the transport industry etc. This scenario provides a fertile ground for spread of HIV unless specific precautions are taken to reduce risk of transmission within the world of work. There is evidence from the 1990s that a number of large enterprises lost a significant proportion of their senior staff as a result of workplace-based relationships.

The International Labour Office estimates that the size of the work force in high prevalence countries like Uganda will be between 10 – 30% smaller by the year 2020 than it would have been without HIV/AIDS. The problem is made worse by the fact that children have been orphaned by HIV/AIDS, many of whom will be forced out of school onto the job market. This has a dual consequence of exacerbating the problem of child labour and vulnerability as well as increasing the pool of workers with minimal or no formal education.

HIV/AIDS disrupts production, leads to discrimination in employment, heightens gender problems of imbalance and inequity, increases incidence of child labour, depletes human capital, puts pressure on the health, welfare as well as the social security systems and threatens occupational health and safety. HIV/AIDS also makes the double burden on women heavier, as they have to earn a livelihood and provide care to sick family members and neighbours. Therefore, there is need to effectively and in a sustainable manner, address these and other effects of HIV/AIDS in the world of work.

In Uganda, Government Ministries and institutions, national and international Non-Governmental Organisations (NGO), the civil society, faith-based organisations, public and private sector enterprises, have initiated their own institutional efforts and interventions to deal with HIV/AIDS and its effects in their workplaces. However, there is need to put in place a national policy that guides the overall response to HIV/AIDS within the Ugandan world of work.

Scope

The National Policy on HIV/AIDS in the world of work will apply to:

- All workers and prospective workers from the public and private sectors, both formal and informal
All employers and prospective employers from the public and private sectors, both formal and informal

All workplaces and contracts of employment including the informal sector and the self-employed

All practices related to human resource that form part of the policy component of any organisation

The policy on HIV/AIDS and the world of work covers the following areas:

1. Non-discrimination on the basis of known or perceived HIV status
2. Confidentiality
3. HIV testing within the workplace
4. Greater involvement of people living with HIV/AIDS
5. Promotion of prevention, treatment, care and support
6. Gender concerns in the world of work

The policy by itself does not render an individual liable to any proceedings, except where there is reference to obligations set out in law. Policy development and implementation is a dynamic process and consequently this policy should be communicated to all concerned. Furthermore, it will be routinely reviewed in light of epidemiological and scientific information, monitored for its successful implementation and evaluated for its effectiveness.

**Goal**

The goal of the national policy is to provide a framework for prevention of further spread of HIV and mitigation of the socio-economic impact of HIV/AIDS within the world of work in Uganda.

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1Government has the overall responsibility of creating a conducive environment for implementation of policies. In this policy, Government is referred to as an employer and consequently has an obligation to put in place appropriate measures within the workplace to address the prevention, mitigation and management of HIV/AIDS.
Objectives

1. To provide guidelines for employers, workers and the Government on prevention, management as well as mitigation of the impact of HIV/AIDS within the world of work

2. To provide guidelines for employers, workers and the Government in order to eliminate stigma and discrimination on the basis of perceived or real HIV status within the world of work

3. To provide a framework for monitoring and evaluating the effectiveness of measures taken to combat HIV/AIDS within the world of work

4. To provide a framework for monitoring and evaluating the impact of HIV/AIDS within the world of work

5. To promote care, treatment and support for people living with HIV/AIDS within the world of work

Outputs of Policy Implementation

Implementation of the policy is expected to yield the following:

a. HIV/AIDS prevention, management and mitigation activities present in the world of work

b. Stigma and discrimination on basis of HIV status eliminated from the world of work

c. Effectiveness of measures to combat HIV monitored within the world of work

d. Impact of HIV/AIDS mitigation monitored within the world of work

e. Care, treatment and support provided to people infected and affected by HIV/AIDS within the world of work

f. Greater quantitative knowledge and awareness on HIV/AIDS present within the world of work.

Guiding Principles of the Policy

The guiding principles underpinning this policy are based on current scientific, human rights as an essential component in preventing transmission and mitigating
the impact of HIV/AIDS epidemiological and medical knowledge about the
distribution and transmission of HIV/AIDS and proven interventions in prevention and
care. In addition, cognisance is taken of the public health rationale for respecting
the human rights, privacy and self-determination of persons living with HIV/AIDS, in
line with Uganda’s Constitution. The Policy aims at promoting and protecting. The
following principles must be respected:

1. **Non-discrimination**
   
   - Non-discriminatory and equality policies where workers are assessed on merit
     and ability to perform. They should not be subject to personal discrimination
     or abuse on the basis of real or perceived HIV status.
   
   - No termination of employment on grounds of a positive HIV status and the
     persons infected should be able to work for as long as they are able to
     perform their duties in available, appropriate work.
   
   - Protection against stigma and discrimination for workers with HIV/AIDS in the
     world of work as well as inclusion of aspects of this protection in the
     education and information activities. Deployment and / or transfer should
     take into account the need to avoid further exposure and spread of HIV as
     well as access to optimal care and support services
   
   - Grievance procedures and disciplinary measures to deal with HIV-related
     complaints in the workplace
   
   - Workers’ benefits including medical schemes should not discriminate, directly
     or indirectly against any person on the basis of HIV status
   
   - Legal services to enforce human rights and develop expertise in related legal
     issues

2. **Confidentiality**

   - Protection of the fundamental right to privacy. No obligation by the worker
     to inform an employer or other workers of his / her HIV status
   
   - Where a worker chooses to voluntarily disclose his or her HIV status to the
     employer or other workers, this information should not be disclosed to others
     without the worker’s express consent
3. **HIV Testing**

- No compulsory HIV testing requirement for recruitment, promotion or career development
- HIV testing within the world of work should be conducted in accordance to the national policy guidelines for voluntary counselling and testing

4. **Greater Involvement of People Living with HIV/AIDS**

- Employers and workers should create space within the world of work for the involvement and active participation of people living with HIV/AIDS in all prevention, care and mitigation activities. This will strengthen the broader response to the epidemic and give it a human face and voice in the minds of people who are not directly affected.
- All social partners to initiate, develop and encourage support groups for workers living with HIV/AIDS and to ensure that they are not discriminated against or stigmatised

5. **Promotion of Prevention, Treatment, Care and Support**

- Prevention, treatment, care and support are a continuum that must be intensified and addressed simultaneously within the world of work. Results of scientific breakthrough in these areas need to be made equitably and affordably available to all within the world of work. Critical areas include the following:
  - Promotion of counselling and voluntary testing services for HIV within the world of work and places related to it
  - Regulation of HIV related goods, services and information in order to ensure quality as well as widespread availability and accessibility
  - Promotion of a healthy and safe working environment that contributes towards preventing the spread of HIV within the world of work
  - Provision of guidelines for/and management of accidental exposure to HIV within the workplace
○ Incorporation of other health, social and economic issues for a more strategic and responsive approach to addressing HIV/AIDS within the world of work.

6. Gender Concerns in the World of Work

❖ Promotion of gender awareness in terms of roles, sexuality, relationships and norms since it influences HIV/AIDS prevention, care, treatment and support activities in the world of work. Where applicable, affirmative action should be taken to correct gender related imbalances

❖ Promotion of prevention options that target males and females equally within the world of work. The response should include options for reduction of women and men’s vulnerability to HIV through law enforcement.

❖ Response to HIV/AIDS within the world of work must be sensitive to the critical role played by women and girls in provision of care to sick family members as well as the community.

Policy Implementation Strategies

Advocacy and leadership are essential in streamlining the response to HIV/AIDS within the world of work. The workplace must take the lead and be proactive in creating awareness about HIV/AIDS within the world of work. There should be encouragement, sharing of experiences and extension of support to fellow organisations, institutions or enterprises in order to deal with the challenges posed by HIV/AIDS.

The tripartite structure promoted by the International Labour Organisation (ILO) reflects the conviction that the best solutions arise through social dialogue. Social dialogue can take the form of national tripartite consultations and cooperation involving the Government, employers and workers for collective bargaining at the enterprise or institutional level. Through dialogue, the social partners also fortify democratic governance, building vigorous and resilient labour market institutions that contribute to long-term social and economic stability and peace. In the implementation of this Policy, social dialogue should be utilised as a key strategy for arriving at a common interest related to the response to HIV/AIDS.
Partnerships should be formed within and among organisations and enterprises and with other stakeholders like NGOs, government or inter-governmental organisations, in order to foster better social responsibility, management of knowledge and its dissemination. It is particularly important to build the capacity of the workforce in areas involving response to HIV/AIDS within the world of work. The partnership forum coordinated by the Uganda AIDS Commission will be a major strategy for addressing HIV/AIDS within the world of work.

It is important to monitor and enforce mechanisms in order to guarantee the protection of HIV-related human rights, including those of people living with HIV/AIDS, their families and communities. In addition, there should be adoption of core management principles, setting of clear targets that have the input and output models in order to ease assessment of performance and monitoring. Continuous monitoring, reporting and evaluation will be critical in the ongoing programmes and will contribute significantly towards the impact evaluation.

1. **Role of Government**

   **Office of the President**
   
   ○ To mobilize policy-makers at various levels in the different ministries and sectors on HIV/AIDS, with the technical support from the UAC  
   ○ Advocate for the provision of public and private resources as needed for HIV/AIDS prevention care and support  
   ○ Support and promote broad partnerships of prevention and action, including public agencies, the private sector, workers’ representative and community bodies, including civil society, with a view to respond to HIV/AIDS ethically and effectively

   **Uganda AIDS Commission**
   
   ○ The Uganda AIDS Commission in close collaboration with the lead implementing sector and partners will ensure joint and appropriate application of the policy by all stakeholders  
   ○ Undertake to jointly mobilize policy makers at various levels in their sectoral capacities to support and facilitate implementation of the policy.  
   ○ Spearhead joint resource mobilization efforts as well as advocate for the provision of national public and private resources as needed for implementing the policy.
○ Support and promote broad partnerships to facilitate effective, wide and appropriate implementation of the policy with a view to respond to HIV/AIDS ethically and effectively.

○ Together with the key-implementing sector undertake joint monitoring and evaluation of the implementation of the policy in the public and private sectors.

○ Collate and disseminate useful information as well as identify policy gaps for proper planning and decision-making.

**Office of the Prime Minister**

○ To supervise and check that the ministries have implemented the activities related to HIV/AIDS control, prevention, care and support plus mitigation of its impacts at the workplace

**Ministry of Gender, Labour and Social Development**

○ To carry out consultation, seminars, workshops and research in order to monitor progress in the implementation of this policy and to assist the employer and workers’ organisations to develop their response to the epidemic

○ To design and implement awareness and advocacy campaigns to ensure the co-operation of all partners and to raise awareness at the community level

○ To spearhead Legislation Reform and support service focusing on anti-discrimination, public health protection, privacy, confidentiality, equality and criminal laws; and improving the status of marginalized and vulnerable groups.

○ To develop and implement HIV/AIDS prevention programmes for relevant groups within the Ministry’s mandate.

○ To ensure, that the rights of workers with HIV/AIDS are not infringed, as stipulated in this policy and any relevant labour legislation.

○ Strengthen the enforcement mechanism, such as labour inspectorate, occupational safety & health, and labour courts to deal with HIV/AIDS related matters

**Labour Advisory Board**

○ To advise the minister of Gender, labour and social development on all matters related to labour including those pertaining to HIV/AIDS

**Ministry of Health**

○ To continue and scale up with focus on workplace with the implementation of health sector based interventions to prevent the sexual, blood-borne and vertical
transmission of HIV, through IEC, control of STD and promotion of voluntary counselling and testing
○ To lead the development and refinement of strategies for prevention, care and support involving other sectors, NGO and the private sector
○ To provide appropriate health facility-based care and treatment for persons with HIV-related conditions
○ To ensure implementation, coordination, monitoring and standardisation of community home based care
○ Establish a universal infection control guideline for surgical dental, embalming, tattooing and similar procedures
○ To provide technical support to other ministries and sectors as they develop and implement their HIV/AIDS prevention and care activities
○ Integrate HIV/AIDS into all health promotion activities and services

**Ministry of Finance, Planning and Economic Development**
○ Ensure that adequate resources are made available to ministries for HIV/AIDS prevention care and support
○ To co-ordinate external support agencies, financial contribution for HIV/AIDS prevention, care and support.
○ To avail finances to ensure that ministries can provide care, support and treatment to their workers.

**Ministry of public service**
○ To develop or review the relevant policy guideline on HIV/AIDS prevention, care, support and impact mitigation and guide implementation of activities in the public service.
○ To plan for the implementation of HIV/AIDS prevention, care and support activities for civil servants, as well as for target groups reached through the ministries’ routine activities.
○ To implement, co-ordinate and monitor HIV/AIDS prevention, care and support activities in the public sector.
○ Make forecasts and projections for the future supply and demand of human resource by taking into account the epidemic’s long-term effect.
○ Ensure that projected attrition due to HIV/AIDS is adjusted for in human resource development.
○ Ensure that workplace HIV/AIDS education and prevention programmes are implemented for all ministries, departments and local governments.

Ministry of Justice and Constitutional Affairs
○ Comprehensive legislative audit review of labour laws and other legal instruments in the view of HIV/AIDS prevention and protection of the rights of affected & infected workers.
○ Developing a legislative basis on which action can be taken which include health and safety laws listing AIDS as a communicable disease, legislation creating institutional reaction team e.g. UAC, and the prohibition of workplace discrimination based on HIV infection.

Ministry of Education and Sports
○ Integrate HIV/AIDS education into all levels and institutions of education
○ Responsible for the implementation of this policy in the educational sector

Ministry of local government
○ Promote advocacy, mobilisation, joint planning, coordination, monitoring and evaluation of HIV/AIDS activities in the local government
○ Mobilize the community, through existing local government structures for their involvement at all stages of the development and implementation of HIV/AIDS prevention and care programmes
○ Implement HIV/AIDS prevention and care activities in liaison with the ministry of health, through, the district and urban councils
○ To develop relevant policy guidelines on HIV/AIDS prevention, to guide implementation of activities at the district and lower levels

Ministry of Agriculture, Animal Industry and Fisheries
○ Ensure that workplace HIV/AIDS education and prevention programmes are implemented within the Agricultural sector
○ Develop and implement HIV/AIDS interventions for farming communities to mitigate the impact of HIV/AIDS on Agricultural production
○ Monitor the impact of HIV/AIDS on the Agricultural sector

Ministry of Internal Affairs
○ To develop and implement HIV/AIDS prevention programmes for the Police force, Immigration and Prisons staff
○ To develop and implement HIV/AIDS prevention programmes for the inmates, prisoners and offenders in the community service.

○ To develop and implement HIV/AIDS prevention programs for people entering and leaving the country.

**Ministry of defence**

○ To develop and implement HIV/AIDS prevention programmes for the forces and their families.

○ To plan for, and allocate resources for the implementation of HIV/AIDS prevention activities for staffs as well as target groups reached through routine activities.

**Uganda Bureau Of Statistics**

○ To carry out research on the impact of HIV/AIDS on the labour, market; the performance of firms, including the impact of losing employees with different levels of skills, as well as its effect on labour productivity and its future consequences for health care systems and social security schemes.

**Local Authorities**

This refers to the district, urban and sub-county governments

○ Plan and allocate resources for implementation of HIV/AIDS programmes in the world of work.

### 2. Role of Employers and their organisations

○ Formulation of a sound HIV/AIDS policy, around the principle of non-discrimination, equality, confidentiality, care and support.

○ Develop an equitable set of policies that are communicated to all staff and properly implemented, including protection of the rights at work and protection against any discrimination at work.

○ Develop a step-by-step action plan taking on all the legal, ethical, social and economic aspect. Identify the factors that influence HIV/AIDS transmission in terms of organisational, structure/activities, examine existing workplace practices and policies; establish the real and/or potential impact of HIV/AIDS on the company and its work force.

○ Ensure that induction programs for new workers includes training on HIV/AIDS.
○ Initiate and develop HIV/AIDS prevention and care programmes, designed not only to protect the infected workforce, but also to take into account the rights and problems of those living with HIV/AIDS
○ Provide and maintain as far as is practicable, a working environment that is safe and without risk to the health of its workers, including occupational transmission of HIV
○ Ensure that the rights of workers with regard to HIV/AIDS and the remedies that are available in the event of breach of such rights, become integrated into existing grievance procedures
○ Responsible for the implementation of this policy
○ Mainstream HIV/AIDS activities into the workplace policies and programs

3. **Role of Workers and their organisations**

○ Initiate dialogue on HIV/AIDS between employers and workers and to actively participate in the development and implementation of workplace prevention programmes i.e. awareness campaigns, dissemination of information and education, care and support.
○ Participate in the development of workplace policies
○ Participate in mainstreaming of HIV/AIDS into the workplace policies and programs

4. **Role of the Private Sector (Including the Informal)**

○ To develop and implement policies and programs for the management of HIV/AIDS in line with national policy guideline
○ To mobilise local private sectors financial and other resources for HIV/AIDS education of workers and related communities
○ To integrate HIV/AIDS into training courses for workers and managers
○ To provide a forum for sharing information and facilitation of feedback.
○ To document and replicate best practices on HIV/AIDS interventions

5. **Role of Groups and Networks of People living with HIV/AIDS**

○ Those who are open about their own HIV status to help others understand the risk of HIV/AIDS and to appreciate the need for solidarity between persons living with HIV/AIDS
6. **Role of Civil Society Organisations**

   This includes the Non-governmental organisations, Faith-based organisations, community based organisations and cultural institutions.

   - To develop and implement sustainable innovative HIV/AIDS prevention and care projects and activities, in line with priorities articulated in the national strategic plan putting considerations of the workplace
   - Mobilise resources for implementation of HIV/AIDS related activities and with particular emphasis for the workplace
   - Mobilise communities for HIV/AIDS prevention and care activities, which are affordable and sustainable. Advocate for involvement all sectors of government, leaders at national level, districts and community level, in HIV/AIDS prevention, care and support

7. **Role of the International Development Partners**

   - To support national and local innovative HIV/AIDS interventions in line with priorities articulated in the national strategic plan taking into consideration the needs of the workplace.
   - Provide technical support to the world of work where necessary

8. **Developing a workplace HIV/AIDS Programme**

   a. The employer in consultation with key stakeholders within the workplace including but not limited to the workers’ representatives, workers living with HIV/AIDS, safety and health officers should develop policies and guidelines on HIV/AIDS at the workplace. The workplace policy should be comprehensive and address the principles outlined within this document. It should be communicated to all concerned in simple and clear terms; be reviewed and updated periodically and monitored for effectiveness of implementation.

   b. A workplace HIV/AIDS Committee that represents the interests of workers, employers and other stakeholders should be put in place. The committee will have the responsibility of planning and implementing a workplace HIV/AIDS programme. They will develop the implementation guidelines that address the unique issues within the workplace taking into account ethical, social, legal as well as economic factors. It may be necessary to appoint a specific officer who is responsible for dealing with HIV related issues at the workplace.
c. The comprehensive HIV/AIDS workplace programme will comprise of prevention, treatment as well as care and support components. However, the programme will depend upon the size, resources and structure of the workplace. Examples of activities under the different components are presented in Annex 1. The aim of the programme should include the following:

- Promoting education and awareness about HIV/AIDS among the employers and workers
- Eliminating of discrimination and abuse at the workplace on basis of perceived or known HIV status
- Preventing transmission of HIV within the workplace through appropriate health and safety interventions
- Providing treatment, care and support to the workers affected and/or infected with HIV
- Managing the impact of HIV/AIDS within the workplace
- Should consider the immediate family in providing treatment, care and support to the workers.

d. The development of workplace HIV/AIDS programme should go through a process of initiation that evolves into a fully-fledged intervention. The table in Annex 1 helps to monitor this process so that the workplace can gauge its own performance.

e. Monitor the process of implementing the workplace HIV/AIDS programme and review the interventions as appropriate.
Bibliography


Annex 1: Proposed Indicators for Monitoring the Process

Development of a workplace HIV/AIDS programme is a process that can be monitored by using the indicators proposed in the table below.

<table>
<thead>
<tr>
<th>Programme item</th>
<th>Description</th>
<th>Status Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Policies and Guidelines</strong></td>
<td></td>
<td>None</td>
</tr>
<tr>
<td>1. Policy Guidelines</td>
<td>Policy guidelines outlining the establishment’s position in relation to HIV/AIDS prevention, management care, mitigation.</td>
<td>0</td>
</tr>
<tr>
<td>2. HIV/AIDS committee</td>
<td>Committee responsible for planning and implementing the detail of policies and programmes; monitoring and evaluation of the response to HIV/AIDS.</td>
<td>0</td>
</tr>
<tr>
<td>3. Implementation Guidelines</td>
<td>The document that provides detail workplace response to HIV/AIDS. Outlines what should and should not be done with respect to workers at recruitment, their welfare and exit including those with HIV/AIDS.</td>
<td>0</td>
</tr>
<tr>
<td><strong>B. Workplace HIV/AIDS Programmes</strong></td>
<td></td>
<td>None</td>
</tr>
<tr>
<td>4. Prevention</td>
<td>Information, Education and Communication (IEC): Health educational materials like posters, leaflets, videos etc produced and / or distributed for the workers. Workplace bi-partite dialogue and discussion fora.</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Condom distribution: Distribution of both male and female condoms either free of charge or at a nominal cost.</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Access to Voluntary Counselling and Testing for HIV (VCT) within the workplace and at a convenient site</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Targeting high-risk groups: A special focus on groups at high risk within the workplace and putting in place safety interventions e.g. post-exposure prophylaxis.</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Training of HIV/AIDS peer educators and workers within the workplace</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Greater involvement of people living with HIV/AIDS (GIPA) in workplace education programmes</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Community HIV/AIDS intervention programmes as a spin-off from the workplace programme. This could be community groups, schools, churches etc</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Advocacy through promoting the establishment of workplace HIV/AIDS programmes among the business partners</td>
<td>0</td>
</tr>
</tbody>
</table>
### B. Workplace HIV/AIDS Programmes

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>Sub-Standard</th>
<th>Available</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5. Treatment</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to services for diagnosis and management of sexually Transmitted Infections (STI)</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Access to services for management of Opportunistic Infections (OI) for HIV infected workers</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Access to Anti retroviral drugs and therapy in line with the workplace guidelines</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>6. Care and Support</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutritional programme for provision of dietary supplements to support workers infected with HIV</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Training of workers on care and support including counselling within the workplace</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Psychosocial support to the workers to mitigate the impact of HIV/AIDS</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Access to counselling services at the workplace of from a convenient service delivery point</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Support to family members of workers who are infected with HIV</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Home based care for workers with AIDS</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
Annex 2: Proposed Indicators for Monitoring the Impact

Monitoring of the socio-economic impact of HIV/AIDS in the world work following implementation of the workplace policy can be monitored through periodic surveys that are conducted using indicators that could be adapted from the following:

1. **Openness about HIV/AIDS**

   Openness about one’s sero-status is a related to reduced stigma at the workplace and is a reflection of a strong prevention programme / effort at the workplace. With reduced stigma at the workplace, more workers will be expected to be open about their HIV sero-status and therefore a higher proportion. This may be indirectly related to the implementation of the Policy, which encourages social dialogue that involves cooperation between the employers, workers and government as well as the people living with HIV/AIDS.

   **Definition:**

   \[
   \frac{\text{No. of workers who voluntarily and openly declare their HIV status in a year}}{\text{Total number of workers officially known to be infected with HIV}}
   \]

2. **Care and Support of PWHAs**

   The Policy promotes the principle that care and support should be made available to all workers including persons living with HIV/AIDS and their dependants without discrimination. If this principle is practiced, then the proportion will be one or close to one. The definition of care and support will be in line with the organisation or institution’s regulations.

   **Definition:**

   \[
   \frac{\text{No. of HIV infected workers receiving care and support in a year}}{\text{Total number of workers officially known to be infected with HIV in the year}}
   \]

3. **Availability HIV/AIDS workplace policies and guidelines**

   The Policy clearly stipulates that workplaces should put in place HIV/AIDS policies and guidelines. The policy guidelines will address the principles that are outlined within the national Policy. All the principles are taken to be equally important and organisations will be categorised into three groups according to whether they have written documents referring to the principles:

   **Category** | **Index**
   --- | ---
   a. No policies or guidelines | 0
   b. Some policies and guidelines exist | 1-3
   c. All policies and guidelines exist | 4

   **Note:** As the indicator is developed and dialogue continues between the employers and workers, the index will be modified to reflect the relative importance of the different guidelines or policies. This will be from the perspective of the employers and workers.
4. **Availability of capacity for HIV/AIDS prevention, care and support**

This indicator will monitor the capacity of the organisation to implement HIV/AIDS prevention programmes because the more people trained, the more is likely for an organisation to carry out and mainstream HIV/AIDS control activities in the workplace. The minimum prevention activities will include workplace education and condom distribution.

**Definition:**

\[
\text{Number of workers trained in HIV/AIDS prevention, care and support skills} \div \text{Total number of staff}
\]

5. **Workplace HIV/AIDS Control**

This indicator will be used to monitor the adoption of the National Policy on HIV/AIDS and the world of work. It will be regularly monitored at national level by the Department of Labour in the Ministry of Gender, Labour and Social Development; Federation of Uganda Employers (FUE); National Organisation of Trade Unions (NOTU).

**Definition:**

\[
\text{Number of organisations / institutions employing five or more people with workplace specific HIV/AIDS policies} \div \text{Total number of organisations / institutions surveyed}
\]

6. **Policy implementation**

This indicator will monitor the rate of implementation of the policy on HIV/AIDS and the world of work and give general guidance on future HIV/AIDS interventions within the world of work.

**Definition:**

\[
\text{Number of organisations with HIV/AIDS workplace programmes in place} \div \text{Total number of organisations / institutions surveyed}
\]