HIV Workplace Policy

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FUNCTIONS OF UGANDA AIDS COMMISSION-LEAD AGENCY IN HIVAIDS IN UGANDA

- To formulate policy and establish program priorities for the control of the AIDS epidemic and management of its consequences throughout the country.
- To ensure proper planning and coordination of all AIDS control policies and programs within the overall program strategy.
- To identify obstacles to the implementation of AIDS control policies and programs and ensure the performance and attainment of program activities and targets
- To disseminate information on the AIDS epidemic and its consequences in Uganda and on the program activities for its control
- To supervise all activities relating to the control of the AIDS epidemic in Uganda
- To find a drug for the cure of the AIDS disease

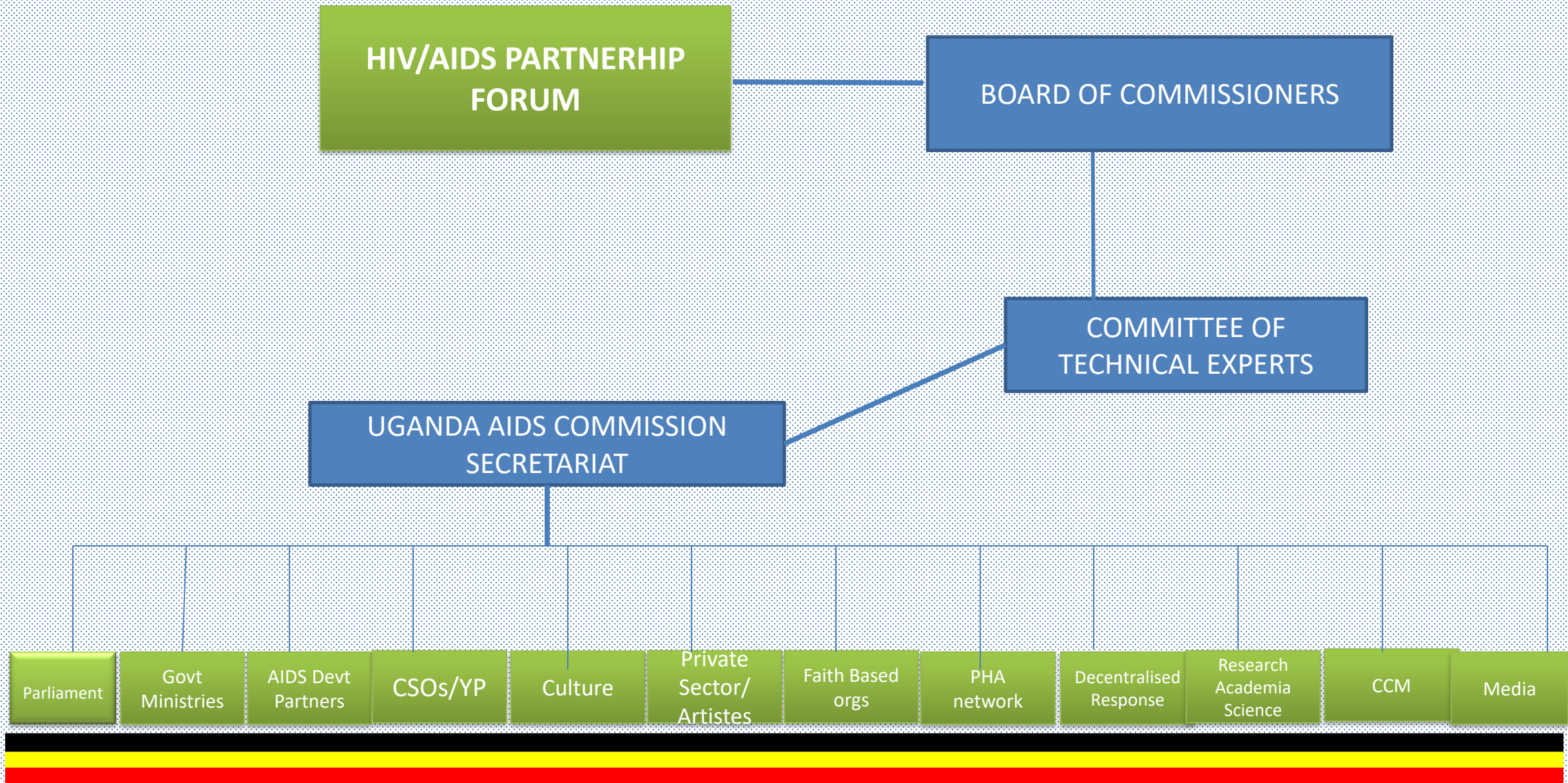
Presentation Outline

- HIV situation in Uganda
- Overview of the HIV workplace policy
- Guiding policies
- Guiding principle
- Guiding Thematic areas
- Roles of the committees
- Coordination and implementation
- Sample format

Background

- Uganda prioritizes control of HIV and AIDS within the 3rd NDP 2020/21- 2024/25, other national and international commitments e.g. the SDGs
- Implementation of the Presidential Fast Track Initiative (PFTI) on Ending AIDS by 2030, launched by H.E the President in June 2017
- National HIV and AIDS Strategic plan 2020/21-2024/25 lays out strategies for high impact evidence-based interventions with program optimization in addressing the Malaria and TB

HIV PARTNERSHIP MECHANISM



Progress on Implementation

- HIV prevalence is (5.5%) but (7.1%) for women and (3.8%) for men according to the UPHIA 2020 preliminary results.
- 1.4million people living with HIV
- In 2020, it was estimated that over 38,000 to 54,000 people got newly infected with HIV (5,300 children 0-14yrs).
- New HIV Infections almost four times higher among females adolescents than their males counterparts.
- There are wide variations by region and district; urban Vs rural
- HIV prevalence significantly higher among KP categories; 13.7% - 37%
- AIDS-related deaths have declined over the past decade from 53,000 to 22,000 by Dec 2020

Status of the Epidemic

					
PLHIV	1,400,000	840,000	500,000	88,000
Prevalence	5.2%	6.6%	3.8%	-
New Infections	54,000	31,000	16,000	6,000
AIDS Related deaths	17,000	6,300	7,100	4,000

Data source: Uganda Epi-data 2022

Risk Factors and Contextual Factors Driving the HIV Epidemic in Uganda

Risk Factors for HIV Transmission	Drivers of the HIV/AIDS Epidemic
• Multiple concurrent partners • Lack of condom use • Transactional sex • Sexually transmitted infections • Cross-generational sex and early sex • Discordance and non-disclosure • Lack of circumcision • Alcohol Use	• Socio-cultural norms and values • Wealth, income inequality and poverty • Gender inequality • Human rights, stigma and discrimination • Inequity and access to prevention, care and treatment

Adult Population Risk groups in Uganda

- Injecting Drug Use (IDU)
- Partners IDU
- Sex workers
- Clients of sex workers
- Partners of Clients of sex workers
- Men who have sex with men (MSM)
- Female partners of MSM
- Casual heterosexual sex (CHS)
- One partner (non-marital)

HIV Prevalence – Regional

	AIDS INDICATOR SURVEY 2011	UPHIA 2016	UPHIA 2020
National (15-49 years)	7.3%	6.0%	5.5%
North East (Karamoja Region)	5.3	3.7%	2.1%
West-Nile	4.9%	3.1%	2.8%
Mid-Eastern Region	4.1%	5.1%	4.2%
North East (Teso region)	5.3	3.7	4.2%
East Central (Busoga region)	5.8%	4.7%	4.5%
Mid-Western Region	8.2%	5.7%	5.5%
Kampala	7.1%	6.9	6.0%
Central 1	10.6%	8.0%	8.1%
Central 2	9.0%	7.6%	6.2%
South Western Region	8.0%	7.9%	6.3%
Mid North Region	8.3%	7.2%	7.6%

HIV Workplace Policy-Introduction

- HIV workplace policy comes from a desire to protect basic Human rights, preserve the integrity of its labor force, reduce costs associated with HIV/AIDS, and respond to what the country recognizes as a global challenge.

- A holistic approach to the HIV/AIDS pandemic, from the dual perspective of an employer and that of a good corporate citizen, thereby providing valuable, needed and sustainable contributions

Introduction

- The policy reflects the comprehensive approach, including prevention, education, stigmatization, Non-discrimination, reducing infections, employee health and wellness
- Improving the quality of lives for infected and affected employees and their families
- Building partnership for enhanced service delivery

Policy Objectives

- Provide leadership in the implementation of HIV/AIDS workplace program
- Provide information and education to all employees, on HIV/AIDS interventions
- Implement non-discriminatory policies, procedures and practices for managing HIV impacts
- Ensure there are clearly defined procedures for mitigating the HIV impact
- To Partner with other stake holders to mitigate the effects of HIV/AIDS.

Policy application

The HIV workplace policy applies to the entire staff in Government and Non State Actors and immediate family members

Guiding policies

Guiding Policies

i. Universal declaration of Human rights,
ii. Constitution of Uganda,
iii. Presidential Fast Track Initiative for Ending HIV in Uganda by 2030
iv. The National HIV/AIDS Strategic Plan 2015/16 to 2019/2020
v. Public Service HIV/AIDS Work policy
vi. International Labor Organization-Place of work
vii. Sustainable Development Goal- 6

Guiding Principle

Equal Rights, Opportunities and Obligations

Public Officers/ non state officers shall be entitled to the same rights and employment obligations irrespective of their HIV/AIDS status and Public Officers with HIV/AIDS shall be treated with compassion and understanding.

Protection Against Discrimination

People living with HIV/AIDS shall be protected against stigmatization and discrimination at the workplace. Discrimination against a public officer living with HIV/AIDS is against the provision of Article 21 (2) of the Constitution of the

Guiding Principle

- **Greater Involvement of People Living with HIV/AIDS**
- The greater importance meaningful participation and involvement of people living with HIV at all levels. In doing so, the UAC shall commits to motivate, support and facilitate access to acquisition of skills by staff that voluntarily disclose their sero-status

Guiding Principle

Information, Education and Communication

Public Officers shall have access to complete and updated information and educational programmes on HIV/AIDS. Information, Education and communication are effective in empowering people to take control of their own behavior and control exposure to HIV.

Voluntary Testing for HIV

The Public Service shall not carry out pre-employment HIV testing as part of the assessment of fitness to work and no HIV testing shall be carried out as part of periodic.

Guiding Principle

Confidentiality

- Information about the HIV status of a Public Officer shall be treated confidentially by the Physician and the Public Officer and shall not be divulged to others without the consent of the person concerned.
- A Public Officer is not obliged to inform the employer regarding his/her HIV/AIDS status except where the Officer feels that sharing such information with a supervisor would be helpful

Guiding Principle

- **Gender Concerns at the Workplace**

The policy considers that HIV/AIDS affects all staff and undertakes to provide the necessary support regardless of their gender

Partnership

LGs/MDAs regard working with partners both public and non state actors to support its staff in various forms through counseling, treatment and care.

LGs/MDAs seek to promote further partnership to enable staff

Policy Rationale for work place Policy

- Employee Health and Well Being
- Employees are critical to the success of the business.
- The loss of an employee is not only a personal and family tragedy, but also results in direct and indirect loss to the Commission in terms of medical costs, retraining, recruitment and productivity.

Rationale cont----

- **Human and Legal rights of HIV/AIDS Infected Staff**
- Protection of the human rights and dignity of PLWA's, is essential to the prevention and control of HIV/AIDS.

Interventions

1. Education Programme and Dissemination of Information to staff and communities
2. Support for Preventative Programmes (Partnership and Network)
3. HIV/AIDS and First Aid
4. Capacity Building for Staff
5. Comprehensive Health Support Programme/ interventions
6. Policy Implementation and coordination

PRIORITY INTERVENTIONS

HIV Prevention Interventions

Conduct HIV&AIDS sensitization at the workplace

- Conduct/refer clients for HIV testing and counseling services
- Promote Behavior Change Communication interventions EG- IEC
- Promote HIV prevention interventions that focus on men
- Promote condom education, distribution and correct/consistent use

- **Social support and Protection**
- Promote psycho-social support for PLHIV at workplace and within the communities served including Home Based Care
- Establish PLHIV support groups at the workplace and in the communities served
- Establish and strengthen mechanisms to address stigma and discrimination of PLHIV at the workplace

PRIORITY INTERVENTIONS

Systems Strengthening

- Establish and strengthen HIV & AIDS coordination structures
- Develop and operationalize HIV & AIDS workplace policy
- Prepare and submit periodic reports
- Conduct resource mobilization sector HIV and AIDS plans
- Convene quarterly coordination meetings to review progress & Plans

Care and Treatment

- Provide effective referrals of staff identified to be living with HIV to access ART.
- Support all staff and particularly staff LWHIV through provision of quarterly medical allowance etc.

INSTITUTIONAL ARRANGEMENT AND CORDINATION

HIV Focal Point Person

- There will be a Focal Point Officer for coordination and management of HIV/AIDS activities in the MDAs.
- **HIV FP** shall be responsible for the operationalization of the HIV and AIDS policy statement and supporting procedures jointly with the team

Top management

Role of Top management will include

- Approve the policy
- Strategic guidance
- Resource allocation
- Monitoring

HIV/AIDS Committee

- The committee members will be appointed by the head of MDA consisting of members from different Departments. The roles of the committee will be specified in the appointment instrument
- . The Head of MDA will nominate the chairperson of the committee.

Expected benefits from the HIV workplace policy

1. Increased awareness and knowledge on HIV and AIDS among the population
2. Reduced HIV prevalence among the workforce and the community
3. Improved access to treatment through referral mechanisms for workforce and affected communities
4. Reduced HIV&AIDS related stigma and discrimination at workplaces and communities
5. Improved Institutional response to HIV&AIDS in all sectors

Expected benefits

6. Improved Staff capacity for mainstreaming HIV and AIDS throughout the organization
7. Effective support mechanisms for HIV&AIDS affected staff in place
8. Resources allocated for HIV and AIDS within the sectors
9. Sustained financing for HIV&AIDS in the sectors



THANK YOU