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THE REPUBLIC OF UGANDA

MINISTRY OF PUBLIC SERVICE

P. O. Box 7003

KAMPALA, UGANDA

7th March 2007

## ESTABLISHMENT NOTICE NO. 1 OF 2007

### THE UGANDA PUBLIC SERVICE HIV/AIDS POLICY

The Uganda Public Service has been undergoing both structural and systemic reforms since 1991 aimed at developing a Public Service that delivers timely, high quality and appropriate services at the least cost to the nation.

Although a number of achievements have been made in this regard, it is increasingly becoming clear that HIV/AIDS has and continues to negatively impact on the performance of the public service through absenteeism and low productivity of skilled human resources resulting in the disruption of planned goals and targets.

In keeping with Government's multi-sectoral approach to combat HIV/AIDS, a Uganda Public Service HIV/AIDS Policy has been developed around the principles of non-discrimination, equality, confidentiality, care and support to mitigate the impact of HIV/AIDS and promote decent work in the face of the epidemic.

The policy is complementary to the existing laws and regulations in the public service. Responsible Officers and Public Officers are urged to refer to them for further guidance.

The policy should therefore be circulated to all Public Officers for information and compliance. The policy is available on the Ministry Website [www.publicservice.go.ug](http://www.publicservice.go.ug)

Attached is the Uganda Public Service HIV/AIDS Policy.

Jimmy R. Lwamafa  
**PERMANENT SECRETARY**

Distribution "B"

**THE UGANDA PUBLIC SERVICE**  
**HIV/AIDS POLICY**



**March, 2007**

## **PREAMBLE**

The Public Service of Uganda has been undertaking major reforms over the last decade, aimed at improving the delivery of services to the Public. The quality and range of public services largely depend on the stock of the human resources with the requisite competencies, the presence of enabling policies and regulatory framework to guide the service and the flow of finances.

The HIV/AIDS epidemic threatens to erode all the benefits of an effective and efficient Public Service, consequently draining the human resources. This in turn undermines the state's ability to serve the common interest of national service delivery and development and attainment of Poverty Eradication Action Plan (PEAP) objectives.

In line with the mandate of Ministry of Public Service, this policy has been formulated to integrate HIV/AIDS concerns into the mainstream human resource management policies of Uganda's Public Service. This policy is derived from the recognition that recruitment, retention and motivation of high quality employees is an essential component in ensuring that the Public Service is an effective instrument of Government.

The global trends on HIV/ AIDS have shown that it is paramount for the Government to formulate relevant and critical policies that shall mitigate the impact of the pandemic at the workplace. Underlying this policy is the need to protect and develop human resources in line with the principles of non-discrimination and respect for the basic human rights and dignity as per the Universal Declaration of Human Rights UN Charter (1948), the International Labour Organisation (ILO) Code of Practice on HIV/AIDS and the World of Work (2001), the Constitution of the Republic of Uganda (1995) and the Uganda National Over-arching AIDS Policy.

This policy is complementary to the existing Laws and regulations in the Public Service. Notwithstanding the provisions of this policy, the laws of the land will apply to all Public Officers much as they apply to all other citizens of the country.

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## LIST OF ACRONYMS

<b>ACP</b>	AIDS Control Programme
<b>CBHC</b>	Community Based Health Care
<b>CBOS</b>	Community Based Organisations
<b>DACCS</b>	District AIDS Coordination Committee
<b>HIV/AIDS</b>	Human Immune Virus/ Acquired Immune Deficiency Syndrome
<b>IEC</b>	Information, Education and Communication
<b>MoES</b>	Ministry of Education and Sports
<b>MoFPED</b>	Ministry of Finance Planning and Economic Development
<b>MoGLSD</b>	Ministry of Gender, Labour and Social Development
<b>MoH</b>	Ministry of Health
<b>MoJCA</b>	Ministry of Justice and Constitutional Affairs
<b>MoLG</b>	Ministry of Local Government
<b>MoPS</b>	Ministry of Public Service
<b>NACP</b>	National Aids Control Programme
<b>NCC</b>	National Council for Children
<b>NGOs</b>	Non Governmental Organisations
<b>OP</b>	Office of the President
<b>PEAP</b>	Poverty Eradication Action Plan
<b>RH</b>	Reproductive Health
<b>STDs</b>	Sexually Transmitted Diseases
<b>STIs</b>	Sexually Transmitted Infections

## 1.0 INTRODUCTION

HIV/AIDS continues to affect millions of people globally. It is estimated that 38.6 million people worldwide were living with HIV/AIDS in 2005. An estimated 4.1 million became newly infected with HIV and an estimated 2.8 million lost their lives to AIDS (UNAIDS, 2006).

In Sub Saharan Africa, it is estimated that 24.5 million people are living with HIV/AIDS and the infection rate was 2.7 million people per annum by June 2006 (UNAIDS, 2006).

In Uganda, it is estimated that about 2 million people have been infected by HIV in the last 25 years, of whom about 1 million have died and another 1 million are living with the HIV to date (Uganda HIV/AIDS Sero- Behavioural Survey, 2004-05).

HIV prevalence in Uganda among adults aged between 15 – 49 years is 6.4.% among women in this age group which is 7.5% compared to 5% of men in the same age group (Uganda HIV/AIDS Sero-Behavioural Survey, 2004-05).

Since 1986 the Government has been implementing a number of prevention, care and treatment interventions geared towards the mitigation of the impact of the epidemic.

In 1992, the Uganda AIDS Commission was established through an Act of Parliament to coordinate the multi-sectoral approach to HIV/AIDS response through joint planning, monitoring and evaluation, documentation and resource mobilization. However, the challenge remains the integration and mainstreaming of HIV/AIDS in Budget Framework Paper (BFP), Poverty Eradication Action Plan (PEAP) and human resource policies and regulations as a way to strengthen the response to HIV pandemic at the workplace.

AIDS has led to loss of professionals who have been trained for decades and it has become a workplace issue of concern. The epidemic has a major impact on development because it undermines the three major determinants of economic growth; physical, human and social capital. The impact starts at individual level then spreads to the organisation and then finally to the economy.

The financial implications include costs for health facilities, medical and health insurance, death benefits, funeral expenses, retirement benefits (on medical grounds), recruiting expense incurred to replace lost employees, cost incurred in training new employees. Other indirect costs are absenteeism in the form of sick leave and leave to take care of dependants with AIDS and attend funerals. There is also unnecessary stigmatization, rejection amongst the work force hence reducing workforce performance due to reduction in average skill, performance and loss of experienced workforce. There is also the burden of increased workload when employee's dependents are entitled to free medical services; the cost of care soon becomes enormous. This, therefore, poses a big challenge to human resource managers both in the private and public sectors.

Government as the major employer with a workforce of about 235,000 Public Officers, has found it necessary to put in place policies that will create an enabling environment for effective and efficient service delivery in the era of HIV/AIDS.

A number of bodies have been established to deal with the scourge such as the AIDS Control Programme (ACP). The National Health Policy provides for measures to fight, prevent and mitigate the effects of the HIV/AIDS. A multi-sectoral approach was developed through the Uganda AIDS Commission in 1992 to contain the HIV/AIDS problem. The concern of the Government, therefore, is how to integrate HIV/AIDS aspects into the existing mainstream human resource policies and regulations as a way of strengthening the response to the pandemic at the workplace.

The Public Service recognizes its human resource as the most important asset and is committed to their protection, health and the maintenance of an enabling working environment. To this end, and in view of the recent developments, it has become necessary to review the Human Resource policies in order to incorporate HIV/AIDS concerns.

## **2.0 PURPOSE OF THE POLICY**

The overall purpose of this policy is to promote the health and productivity of the Public Officers by developing and implementing effective HIV/AIDS sustainable prevention, care and control programmes.

## **3.0 OBJECTIVES OF THE POLICY**

- (a) To provide a supportive working environment that promotes prevention of HIV infection for all Public Officers;
- (b) To provide a supportive environment to Public Officers who are living with HIV/AIDS and their immediate families;
- (c) To mitigate the impact of HIV/AIDS at the workplace;
- (d) To promote individual and collective responsibility in the fight against HIV/AIDS among Public Officers and their immediate families; and
- (e) To promote implementation of good practices and coping mechanism.

## **4.0 SCOPE OF THE POLICY**

This policy shall apply to all Public Officers in the Central Government Ministries/Departments and Local Governments.

## **5.0 GENERAL PRINCIPLES OF THE POLICY**

The general principles of this policy are derived from provisions of the Constitution of Uganda (1995), Universal Declaration of Human Rights Charter (1948), the International Labour Organization (ILO) Code of Practice on HIV/AIDS and the World of Work (2001), and the Uganda Government Standing Orders.

### **5.1 Equal Rights, Opportunities and Obligations**

Public 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.

### **5.2 Protection Against Discrimination**

Public Officers 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 Republic of Uganda. It is also against internationally agreed human rights as per the Universal Declaration of Human Rights UN Charter 1948.

### **5.3 Information, Education and Communication**

Public Officers shall have access to complete and updated information and educational programmes on HIV/AIDS as well as support services and referrals. Information, Education and Communication are effective in empowering people to take control of their own behaviour and control exposure to HIV.

### **5.4 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 examination of Public Officers. Voluntary testing for HIV shall be encouraged with appropriate pre- and post-test counseling services.

### **5.5 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.

#### **5.6 Deliberate Transmission of HIV/AIDS**

Public Officers with HIV/AIDS should be made fully aware of their responsibility to prevent onward transmission to others. Their responsibility to sexual partners is paramount and the National AIDS Control Policy provides for the prosecution of those who deliberately spread HIV/AIDS infection.

### **6.0 KEY POLICY AREAS REVIEWED**

This policy relates to Human Resources Management Policies which range from recruitment and selection, training and development, discipline and grievance handling, affirmative action and equal employment opportunity, reward and remuneration, pension and retirement, health and safety, counseling and guidance, welfare and leave.

#### **6.1 Recruitment and Selection**

In line with the provisions of Article 21 (2) of the Constitution of the Republic of Uganda, which prohibits discrimination, there shall be no restrictions placed on employment, on the basis of a person having contracted HIV/AIDS, as long as that person's health status enables him or her to perform stipulated duties in his or her employment contract.

For certain services where it is a requirement to carry out pre-employment HIV testing in order to protect public safety, it should be carried out on the advice of the Director General Health Services.

## **6.2 Deployment/Transfer**

According to the Uganda Public Service Regulations, Public Officers can be deployed in any part of Uganda by normal posting or any part of the world. To avoid spread/exposure to HIV/AIDS: -

- (a) Separating married couples through posting/transfer should be minimized.
- (b) Consideration shall also be given to transfer Public Officers who have disclosed their sero status to stations:-
  - (i) where they can access medical attention.
  - (ii) where the environmental conditions will not impact on the HIV positive Public Officer.

## **6.3 Promotions**

- (a) Public Officers living with HIV/AIDS will be promoted like other employees based on merit.
- (b) A Public Officer shall not be demoted on the basis of his/her HIV/AIDS status.

## **6.4 Training and Development**

- (a) In line with the current regulations on staff training and development, Public Officers shall be given the same consideration for training and development opportunities irrespective of their HIV/AIDS status.
- (b) Officers whose HIV/AIDS status has been ascertained shall be encouraged to seek medical advice before undertaking long-term and or stressful training programmes.

## **6.5 Safety and Health**

Ministries, Departments and Local Governments will ensure that protective measures are put in place to guard against exposure of Public Officers to HIV/AIDS in execution of their duties.

## **6.6 Staffing**

HIV/AIDS leads to regular absence, which result into increased workload to available staff.

Duty facilitating allowances are provided for in the current regulations and will continue to be paid to Public Officers who may fall in the above category. In a situation where the duty facilitating allowances do not apply, Responsible Officers will handle in consultation with Ministry of Public Service.

## **6.7 Benefits**

Benefits to Public Officers living with HIV/AIDS shall be provided in line with the current regulations.

### **6.7.1 Medical Attention**

In line with the Standing Orders Chapter 1, M-a, Government shall provide funding for purchase of Anti Retro-Virals (ARVs) for Public Officers and their immediate family members.

HIV/AIDS units shall be created in Ministries/Departments/ Local Governments to ensure that HIV/AIDS concerns are integrated into the mainstream Public Service as provided in the relevant regulations and to coordinate the medical treatment of Public Officers affected with HIV/AIDS at the designated health centers.

### **6.7.2 Special leave of absence**

Public Officers living with HIV/AIDS should be granted special leave of absence in line with the provisions of the Uganda Government Standing Orders.

### **6.7.3 Sick Leave**

A Public officer living with HIV/ AIDS may, on recommendation of a Government Medical Officer, be granted sick leave on full pay by his or her Responsible Officer up to 90 days in any period of 12 months. This period may be extended to 180 days on full pay in any period of 12 months, if the Director General of Health Services or any Government Medical Officer designated by him/ her is satisfied that the Officer will be fit to resume duty within a reasonable time.

### **6.8 Retirement on Medical grounds**

- (a) Retirement on medical grounds for Public Officers living with HIV/AIDS shall be handled in accordance with the Uganda Government Standing Orders.
- (b) The infected officer may initiate his/her retirement on medical grounds if he/she is unable to work.

## **7.0 THE ROLE OF KEY PLAYERS AND STAKEHOLDERS**

The HIV/AIDS pandemic is no longer only a health issue, but rather a development and social concern. It is, therefore, imperative that response to the HIV/AIDS' scourge is made every body's responsibility.

The diverse roles of the stakeholders are derived from their mandates and key functions.

### **7.1 Office of the President (OP)**

The Office of the President shall continue to provide leadership for the national response to the HIV/AIDS epidemic and ensure that all sectors are mobilized and become involved as is necessary. The Office will ensure a high level of political commitment to HIV/AIDS concerns.

The Office will, therefore, focus on: -

- (a) Inclusion of HIV/AIDS messages in the Presidential Speeches;
- (b) Advocating for and mobilising public, private and external/ international resources for HIV/AIDS policy implementation; and
- (c) Liaising with all the relevant Ministries/Departments, NGOs and CBOs to strengthen capacity for effective Public and Private media involvement in HIV/AIDS prevention.

## **7.2 Ministry of Public Service (MoPS)**

The role of the Ministry of Public Service will be to: -

- (a) Supervise and monitor the implementation of the policy;
- (b) Coordinate the implementation of the policy;
- (c) Manage, develop and integrate HIV/AIDS related concerns into existing policies in collaboration with other stakeholders;
- (d) Ensure replacement of skilled and unskilled professionals who form the core of policy-makers and managers for public management;
- (e) Make forecasts and projections for the future supply and demand of human resources by taking into account the effects of the epidemic;
- (f) Ensure that workplace HIV/AIDS education and prevention programmes are implemented for all Ministries, Departments and Local Governments;
- (g) Undertake continuous monitoring, evaluation and review of policy activities related to HIV/AIDS;
- (h) Ensure expeditious processing of terminal benefits;
- (i) Ensure that structures are periodically reviewed and posts created as a result of HIV/AIDS are expeditiously filled;
- (j) Update other sectors on emerging human resource issues in relation to HIV/AIDS;
- (k) Collate information and carry out impact assessment of the HIV/AIDS in the Public Service;
- (l) Provide interpretation of the Employment Policy vis-à-vis the HIV/AIDS Policy in the Public Service; and

- (m) Ensure that the rights of a Public Officer with HIV/AIDS are not infringed upon as stipulated in the policy and any labour related legislation that may be developed.

### **7.3 Ministry of Health (MoH)**

The Ministry of Health, because of its professional expertise and responsibility for health policy, is the lead Ministry in HIV/AIDS prevention and care in collaboration with other stakeholders in the health sector. Its role will be to: -

- (a) Lead the development and refinement of strategies for prevention and care involving other sectors;
- (b) Provide technical support to other Ministries and sectors as they develop and implement their HIV/AIDS prevention and care activities;
- (c) Coordinate the implementation of health sector based intervention to prevent sexual, blood borne and vertical transmission of HIV/AIDS;
- (d) Provide appropriate health facility based care for persons living with HIV/AIDS related conditions;
- (e) Ensure implementation, coordination, monitoring and standardization of Community Based Health Care (CBHC);
- (f) Set standards relating to Health Education programmes to be followed by other health education providers;
- (g) Integrate HIV/AIDS into all health promotion activities and services; and
- (h) Update other sectors on emerging issues on HIV/AIDS.

### **7.4 Ministry of Education and Sports (MoES)**

The Ministry of Education and Sports will focus on the following in ensuring that the HIV/AIDS policy is implemented: -

- (a) Integration of HIV/AIDS, STI, and Education Reproductive Health into all levels and institutions of education starting at primary school level;
- (b) To ensure that HIV/AIDS related issues are integrated into all training institutions' curricula;

- (c) Involvement of parents through Management Committees, Boards of Governors and other appropriate mechanisms, in discussion of school-based HIV/AIDS education;
- (d) Integration of HIV/AIDS prevention, care and support activities into youth programmes;
- (e) Ensuring that other services related to HIV/AIDS control and care are accessible to students, teaching and non-teaching staff;
- (f) Carrying out counseling and skills development to build capacity of teachers in handling HIV/AIDS issues; and
- (g) Distribution and dissemination of HIV/AIDS awareness materials and information to pupils, students, teaching and non-teaching staff.

#### **7.5 Ministry of Justice and Constitutional Affairs (MoJCA)**

The Ministry will play a leading role in: -

- (a) Reviewing all existing legislations like the Succession Act, among others, and harmonise them with the HIV/AIDS policy; and
- (b) Ensuring improvement in the management of the Estates of the deceased.

#### **7.6 Ministry of Finance, Planning and Economic Development (MoFPED)**

The role of the Ministry will be to: -

- (a) Provide adequate resources to the various Ministries, Departments and Local Governments for HIV/AIDS prevention and care;
- (b) Carry out coordination of external support agencies, financial contributions for HIV/AIDS prevention and care, in collaboration with recipient line Ministries/Departments;
- (c) Approve budgets for HIV/AIDS related interventions in all Government Ministries/Departments;
- (d) Ensure that funds for HIV/AIDS prevention and care in the Public Service are disbursed and accounted for in time;

- (e) Use epidemiological data provided by the Ministry of Health, to commission appropriate research for generating relevant data to make projections of the economic and human resource development impact of the epidemic and to incorporate adjustment into manpower and economic planning;
- (f) Project how HIV/AIDS will influence overall demography and the economy and facilitate the integration of this into the financial planning of all Government Ministries/ Departments;
- (g) Mobilise funds for HIV/AIDS programmes from national and international institutions and Agencies; and
- (h) Ensure that the resources provided under HIV/AIDS budget are protected.

#### **7.7 Ministry of Local Government (MoLG)**

The Ministry's role will be to: -

- (a) Promote advocacy, mobilization, joint planning, coordination, monitoring and evaluation of HIV/AIDS activities in the Local Governments;
- (b) Mobilize the communities, through existing Local Government structures for their involvement at all stages of the development and implementation of HIV/AIDS prevention and care programmes and activities; and
- (c) Implement HIV/AIDS prevention and care activities in liaison with the Ministries of Health and Public Service, through the Local Governments.

#### **7.8 Ministry of Gender, Labour and Social Development (MoGLSD)**

The role of the Ministry of Gender, Labour and Social Development will be to: -

- (a) Promote workplace prevention and care programmes in the Public and Private sectors in consultation with employer and worker/Trade Union Organisations;

- (b) Assess and prepare for AIDS-related labour market shifts and develop and popularize non-discriminating workplace policies;
- (c) Promote and enforce occupational health and safety measures to minimize the risk of HIV/AIDS at the workplace;
- (d) Provide for a system of incentives for Ministries/ Departments/Local Governments meeting certain standards in terms of workplace HIV/AIDS policies and programmes; and
- (e) Ensure that HIV/AIDS related issues are integrated into the Employment Policy.

#### **7.9 Other Government Ministries/Departments and Local Governments**

The role of other Government Ministries/Departments/ Local Governments will be to: -

- (a) Implement, coordinate and monitor HIV/AIDS prevention, care and mitigation activities;
- (b) Plan for, mobilise and allocate resources for the implementation of HIV/AIDS prevention activities;
- (c) Assess the potential HIV/AIDS impact on all programmes and projects planned, and take measures to minimize the potential spread of HIV/AIDS in liaison with Ministry of Health and other stakeholders;
- (d) Integrate HIV/AIDS into the training programmes for workers and managers where appropriate;
- (e) Ensure that all top government officials integrate HIV/AIDS related messages in their public addresses;
- (f) Supervise and implement HIV/AIDS policies and programmes in their respective sectors;
- (g) Ensure main streaming of HIV/AIDS concerns in their programmes; and
- (h) Seek support from specialized body on HIV/AIDS fight and care.

#### **7.10 Private Sector, Non-Governmental Organisations (NGOs), Civil Society and People Living with HIV and AIDS (PHA)**

The Private Sector Organisations (PSOs), NGOs, Civil Society and People Living with HIV and AIDS shall work in partnership with Government in providing the following services: -

- (a) Advocacy;
- (b) Information sharing;
- (c) Resource Sharing; and
- (d) Prevention, Care, Treatment and Support Services.

### **8.0 IMPLEMENTATION STRATEGIES/GUIDELINES**

Government Ministries/Departments/Local Governments are mandated to mainstream AIDS activities in their programmes. In order to manage HIV/AIDS concerns, they shall develop and maintain the followings strategies: -

#### **8.1 Institutional Arrangements**

There will be a Focal Point Officer for coordination of HIV/AIDS activities in each Ministry/Department/Local Government.

#### **8.2 Information, Education and Communication (IEC)**

The Public Servants will have access to information, education and communication about HIV/AIDS with close reference to the related legal and ethical issues.

#### **8.3 Counseling and Guidance**

- (a) Counseling services will be provided and made accessible in all Ministries, Departments and Local Governments with emphasis on discovery of HIV status, positive living, community integration, abstinence, condom use, encouragement and moral regeneration;

- (b) Responsible Officers shall designate a Lead Counselor; and
- (c) Where professional counseling is required, the Public Officer shall be referred to a professional counseling agency.

#### **8.4 Care and Support**

Support for Public Officers living with HIV/AIDS should be specifically included under the budget line for medical.

#### **8.5 Financial Implications**

- (a) All Ministries/Departments/Local Governments should conduct an audit to establish the likely financial implications of HIV/AIDS. These include the costs of extra staff recruitment and training, the provision of health care and counseling, support and the potential extra burden on benefit schemes;
- (b) The Ministries/Departments/Local Governments will determine and allocate an adequate budget to ensure a fair and effective HIV/AIDS management programme; and
- (c) The Ministries, Departments and Local Governments will establish an HIV/AIDS committee accountable to the Responsible Officers for effective programme planning and implementation. This committee will be required to take cognizance of the views of all stakeholders.

#### **9.0 SANCTIONS**

In case of infringement of this policy, the existing disciplinary measures shall apply.