THE REPUBLIC OF UGANDA

NATIONAL POLICY GUIDELINES ON ENDING HIV STIGMA AND DISCRIMINATION

UGANDA AIDS COMMISSION

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FOREWORD

Uganda has braved the HIV and AIDS scourge for close to four decades. Through visionary leadership, innovation, open dialogue, involvement and commitment at individual, community and Institutional levels, the country has registered significant achievements in addressing the epidemic. Success has been demonstrated through the declining HIV prevalence as well as new infections.

Ending the AIDS epidemic is now seen as a feasible and achievable target. Accordingly, Uganda has put in place the 95-95-95 targets for ending the AIDS epidemic in the country in line with the UN targets. The Presidential Fast Track Initiative on ending AIDS as a public health threat is targeting elimination of HIV related stigma and discrimination.

In Uganda, stigma and the resulting shame, denial, discrimination, inaction, mis-actions and violations of other human rights are major barriers to effective national responses to HIV. Specifically, stigma and discrimination undermine HIV prevention efforts by making PLHIV or people at risk afraid to: seek HIV information, take up prevention as well as treatment services and failure to disclose their HIV status

Stigma, discrimination, marginalisation and exclusion, gender inequalities and inadequate human rights protections are well-recognised generally as both a cause and consequence of the HIV epidemic and hence barriers to effective responses to HIV as envisaged in the global and national response to the AIDS epidemic. Thus, it is clear that the only way to achieve the above ambitious target is through approaches grounded in principles of human rights, mutual respect and inclusion that are critical in addressing stigma and discrimination.

In view of the above, Uganda AIDS Commission has worked with key stakeholders in the national HIV and AIDS response to formulate these policy guidelines on HIV Stigma and discrimination to guide all national efforts to end HIV Stigma and Discrimination.

Let us collectively utilize these policy guidelines to end HIV stigma and contribute to the global goal of Ending AIDS by 2030.

Uganda AIDS Commission is committed to provide clear oversight for smooth and effective implementation of these policy guidelines.

Dr. Eddie Mukooyo
CHAIRMAN, UGANDA AIDS COMMISSION

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The development of the National Policy Guidelines on Ending HIV Stigma and Discrimination was a highly consultative process bringing together the views of key stakeholders in the National multi-sectoral HIV response. It was spearheaded by a multi-sectoral Technical Working Group that was led by UAC and NAFOPHANU.

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DR NELSON MUSOBA
DIRECTOR GENERAL
UGANDA AIDS COMMISSION

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante-Natal Care
ARV	Anti-retroviral (drug)
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CRC	Convention on the Rights of the Child
CSO	Civil Society Organization
eMTCT	Elimination of other-To-Child Transmission of HIV
GIPA	Greater Involvement of Persons with AIDS
HAPCA	HIV and AIDS Prevention and Control Act
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIV	Human Immunedeficiency virus
HTS	HIV Testing Services
ICCR	International Covenant on Civil and Political Rights
ICERD	International Convention on the Elimination of All Forms of Racial Discrimination
ICESCR	International Covenant on Economic, Social and Cultural Rights
ILO	International Labour Organization
JAR	Joint Annual AIDS Review
MDA	Ministries, Departments and Agencies
MIPA	Meaningful Involvement of People Living with HIV
MOES	Ministry of Education and Sports
MOGLSD	Ministry of Gender, Labour and Social Development
MOH	Ministry of Health
NAFOPHANU	National Forum of People Living with HIV Networks in Uganda
NCD	Non-Communicable Disease
NGO	Non-Governmental Organization
NSP	National Strategic Plan
OVC	Orphans and Vulnerable Children
PEP	Post Exposure Prophylaxis
PHDP	Positive Health, Dignity, and Prevention
PLHIV	Person Living with HIV

PMTCT	Prevention of Mother To Child Transmission
S&D	Stigma and Discrimination
STI	Sexually Transmitted Infection
TB	Tuberculosis
UAC	Uganda AIDS Commission
UDHR	Universal Declaration of Human Rights
UN	United Nations
UNAIDS	Joint United Nations Programme on AIDS
UNGASS	United Nations General Assembly Special Session
UPHIA	Uganda Population HIV Impact Assessment
UPS	Uganda Prisons Service
USAID	United States Agency for International Development
UYP	Uganda Young Positives
VCT	Voluntary Counselling and Testing
WHO	World Health Organization
YPLHIV	Young People Living with HIV

GLOSSARY OF TERMS

1. **AIDS:** Acquired Immune Deficiency Syndrome which is a condition characterised by a combination of signs and symptoms, resulting from suppression of the immune system caused by infection with the Human Immuno-deficiency Virus (HIV);
2. **Anonymous Testing**: An HIV testing procedure where by the individual being tested does not reveal his or her true identity whereby an identifying number or symbol is used to substitute for the name and allows the laboratory conducting the test and the person on whom the test is conducted to match the test result with the identifying number or symbol;
3. **Antiretroviral treatments:** The range of medications prescribed to boost the white blood cell count to fight the progress of HIV in the human body and to minimize the effects of HIV infection by keeping the level of virus in the body at as low a level as possible.
4. **Child protection:** All activities associated with preventing and responding to child abuse, violence, exploitation, neglect, and family separation.
5. **Counsellor**: A person who has undergone an HIV and AIDS counselling course approved by the Minister of Health or any other Minister assigned this role.
6. **Court**: Means a Magistrates court
7. **Denial**: A refusal to accept something as true, serious or as demanding individual or collective action and attention given the current evidence , signs and symptoms.
8. **Disclosure**: The act or process of making known something that was previously unknown, a revelation of facts. Hence, disclosure of HIV status is the process through which a client shares information about his/her HIV test result and associated challenges, experiences, feelings and concerns with significant others or a third party with the aim of getting care and treatment, legal, social, psychosocial, and other socio-economic support that enhances longer, positive and productive living by a PLHIV.
9. **Discrimination**: An act of alienation, refusal, isolation, maltreatment, disgrace, prejudice or restriction of rights towards another person because of the awareness or suspicion that such person is infected with HIV or has a close relationship with an HIV-infected or suspected HIV-infected person
10. **Employer:** A person or organization employing workers under a written or verbal contract of employment which establishes the rights and duties of both parties, in accordance with national law and practice. Governments, public authorities, private enterprises and individuals may be employers.
11. **Exposure:** An exposure that might place health-care personnel at risk of HBV, HCV, or HIV infection is defined as a percutaneous injury (e.g. a needle stick or cut with a sharp object) or the contact of mucous membrane or non-intact skin (e.g. exposed skin that is chapped, abraded or afflicted with dermatitis) with blood, tissue or other body fluids that are potentially infectious.

12. **Gender**: Differences in social roles and relations between men and women. Gender roles are learned through socialization and vary widely within and between cultures. Gender roles are affected by age, class, race, ethnicity and religion, and by geographical, economic and political environment.

13. **Gender-based violence (GBV):** All acts perpetuated against women, men, boys and girls on the basis of their sex which causes or could cause them physical, sexual, psychological, emotional or economic harm, including the threat to take such acts, or to undertake the imposition of arbitrary restrictions on or deprivation of fundamental freedoms in private or public life in peace time and during situations of armed or other forms of conflict. It covers domestic violence, sexual harassment in the workplace, human trafficking and sexual and emotional abuse, to name a few examples. It is not just about the act of violence, but also about education and prevention, as well as victim assistance.

14. **Grievance Redress Mechanism**: It is a two-way communication system to facilitate or set out a process, or procedure to receive and resolve complaints/grievances on HIV/ AIDS related stigma and discrimination issues from people living with and affected by HIV, the local communities, service providers and the public

15. **Grievance**: It is either a real or perceived wrong or hardship/ complaint suffered by an individual or a group of individuals as a result of HIV/AIDS related stigma and discrimination. Though may be interrelated, a grievance differs from a concern, feedback, suggestion or question although both are addressed by the grievance redress mechanism.

16. **Guardian:** A person having the same responsibility of parental over a child.

17. **Harassment:** Engaging in unwanted verbal, non-verbal or physical conduct that denigrates, humiliates or shows hostility or aversion towards an individual or a group because of their HIV status where by that conduct has the purpose or effect of; creating an intimidating, hostile or offensive environment or unreasonably affecting a person's opportunities or dignity.

18. **Hazard:** The inherent potential of a material or a situation to cause injury or to damage people's health, or to result in loss of property.

19. **Health services:** All infrastructures and settings involved in the provision of general and specialized health care to clients or support services, such as public and private hospitals, nursing and personal care facilities, blood collection services, home healthcare services, offices/surgeries/practices of physicians, osteopaths, dentists and other medical practitioners, medical and dental laboratories, clinics, occupational health services, community health-care services, dispensaries, funeral homes or maternity care services.

20. **Health Unit/Facility**: Includes a private hospital, clinic, nursing home, maternity centre or other specialised establishment as well as Government units of the same nature;

21. **Health-care worker:** A person (e.g. nurse, physician, pharmacist, technician, mortician, dentist, student, contractor, attending clinician, public safety worker, emergency

response personnel, health-care waste worker, first-aid provider or volunteer) whose activities involve contact with clients or with blood or other body fluids from clients.

22. **HIV Testing**: The application of medical professional techniques to determine the status of HIV infection in samples of blood or other fluid or tissue from a human body;
23. **HIV:** Human immunodeficiency virus that weakens the body's immune system, ultimately causing AIDS.
24. **Inaction:** A refusal, failure or reluctance to take any initiative to either solve a problem or to mitigate its impact because (in the case of HIV and AIDS) negative/stigmatizing attitudes, wrong beliefs and/or priorities, lack of accurate, timely and/or adequate information, fatalism , fear of failure or public disapproval etc.
25. **Informed consent**: Consent given specifically to a proposed intervention, without any force, undue influence, fraud, threat, mistake or misrepresentation and obtained after disclosing to the person giving consent, adequate information including risks and benefits of and alternatives to the proposed intervention in a language and manner understood by the person;
26. **Laws:** Are set standards, principles, and procedures that must be followed for implementing justice in the society; they are administered through the courts.
27. **Mandatory:** Where an individual has no say in whether or not a test is to be performed
28. **Medical Practitioner**: A person registered under the Medical and Dental Practitioners Act to practice medicine, surgery or dentistry in Uganda
29. **Mis-action** : A well- meaning, well-intended but prejudiced , misguided or poorly informed policy, program, action or intervention which (a) does not address the problem or challenge it was meant to solve (b) generates serious and/or negative consequences and (c) makes a problem (or challenge) worse
30. **MNCAH:** Maternal, newborn, child and adolescent health
31. **Parent**: A biological mother or father or adoptive mother or father of a child.
32. **Partner:** A spouse or a person with whom a person is having a sexual relationship
33. **Patriarchy:** a system of society or government in which the father or eldest male is head of the family and descent is reckoned through the male line.
34. **Person Affected by HIV**: People affected by HIV are people who are directly affected by HIV but who are not living with HIV, e.g., family members and domestic partners of people living with HIV, and children orphaned by AIDS.
35. **PHDP**: Positive Health, Dignity, and Prevention (PHDP) is a term for HIV prevention interventions with people living with HIV (PLHIV). PHDP has also been called positive prevention, prevention with positives, prevention by positives, and prevention for positives. In general, PHDP activities focus on achieving four main goals: (1) keeping PLHIV physically healthy; (2) keeping PLHIV mentally and psychologically healthy; (3) preventing transmission of HIV; and (4) involving PLHIV in HIV prevention activities, program design, implementation and monitoring, leadership, and advocacy.

36. **PLHIV**: PLHIV includes people perceived to be living with, suspected of, and affected by HIV

37. **Policy**: a public course, interpretation or principle of action intended, proposed or adopted by government/ company/ organization on a given situation/issue and to be implemented or chosen not to be done by the relevant public or private actors. Policies may also be considered as a statement or stand on what a government / company / organization is going to do, does not intend to do in order to achieve the goal that it desires its community to reach; although policies can lead to establishment of new laws, if one does not follow the policies, he or she is said to have violated them.

38. **Post-exposure prophylaxis:** The immediate provision of medication following an exposure to potentially infected blood or other body fluids in order to minimize the risk of acquiring infection. Preventive therapy or "primary prophylaxis" is given to at risk individuals to prevent a first infection; "secondary prophylaxis" is given to prevent recurrent infections.

39. **Reasonable accommodation:** Any modification or adjustment to a job, working hours or the workplace, which is reasonably practicable and will enable a person living with HIV/AIDS (or some other chronic illness or disability) to have access to or participate or advance in employment.

40. **Risk:** A combination of the likelihood of an occurrence of a hazardous event and the severity of the injury or damage that the event causes to the health of people or to property.

41. **Screening:** Measures to assess the HIV status of individuals, whether direct (HIV testing) or indirect (such as assessment of risk-taking behaviour, asking questions about medication).

42. **Seroconversion:** The development of antibodies to a particular antigen. When people develop antibodies to HIV, the "seroconversion" goes from antibody-negative to antibody-positive. It may take from as little as one week to several months or more after infection with HIV for antibodies to the virus to develop. After antibodies to HIV appear in the blood, a person should test positive on antibody tests.

43. **Sex:** Refers to the biological characteristics that define humans as female or male. The term sex is also often used to mean 'sexual activity', but in this policy document, the first definition is preferred.

44. **Sexual gender-based violence (SGBV):** Any sexual act or unwanted sexual comments or advances using coercion, threats of harm or physical force, by any person, regardless of their relationship to the survivor, in any setting. SGBV is usually driven by power differences and perceived gender 'norms'. It includes forced sex, sexual coercion and rape of adult and adolescent men and women, and child sexual abuse.

45. **Shame:** A feeling of disgrace or humiliation that occurs when one (rightly or wrongly) believes he or she has done something regarded by his or her society as morally wrong ,unfair, unjust, sinful and/or unreasonable; shaming by others happens when these others feel the one being targeted for the shame (rightly, wrongly or unfairly) deserves the shaming for something they said or did that is (rightly, wrongly or

unfairly) regarded by those doing the 'shaming' as morally wrong ,unfair, unjust, sinful and/or unreasonable

46. **Social dialogue:** This may be a tripartite process in which the government is an official party to the dialogue, or a bipartite process between employers and workers or their organizations, with or without indirect government involvement.

47. **Standard precautions:** Those measures taken to prevent transmission of infection in the provision of health-care services, including methods of handling waste products, as well as universal precautions to prevent exposure to blood or other body fluids, taken with all clients regardless of diagnosis.

48. **STI:** Sexually transmitted infection. Such infections include syphilis, chancroid, chlamydia and gonorrhoea. They are also commonly known as sexually transmitted diseases (STDs).

49. **Termination of employment:** In this policy, defined in accordance with the ILO Termination of Employment Convention, 1982 (No. 158), namely dismissal at the initiative of the employer.

50. **Third Party**: a Family member, spouse, health care worker, court official or close friend/relative.

51. **Workers' representatives:** In this policy, defined in accordance with the ILO Workers' Representatives Convention, 1971 (No. 135), as persons recognized as such by national law or practice whether they are: (a) trade union representatives, namely, representatives designated or elected by trade unions or by members of such unions; or (b) elected representatives, namely, representatives who are freely elected by the workers of the undertaking in accordance with provisions of national laws or regulations or of collective agreements and whose functions do not include activities which are recognized as the exclusive prerogative of trade unions in the country concerned.

52. **Workplace:** All places where workers need to be or to go by reason of their work and which are under the direct or indirect control of the employer.

53. **Youth**: All young people aged between 12-30 years.

NATIONAL POLICY GUIDELINES ON ENDING HIV STIGMA AND DISCRIMINATION AT A GLANCE

Vision: A country where people living with or affected by HIV enjoy equal rights and privileges without stigma and discrimination.

Goal: To eliminate all forms of stigma and discrimination towards people living with and affected by HIV and AIDS in Uganda.

OBJECTIVES

1. To provide an enabling environment for the elimination of all forms of HIV and AIDS related stigma and discrimination in Uganda.
2. To provide key stakeholders and the public with guidance on stigma and discrimination to enable them take appropriate actions to protect themselves and the communities against stigma and discrimination.
3. To provide persons with and affected by HIV with knowledge, skills, legal and social support, protect their rights and empower them on options for redress.
4. To improve access to and utilization of health and other services by people living with and affected by HIV especially where there has been punitive laws, policies and practices which violate human rights

KEY OUTCOMES

1: HIV Testing, disclosure and rights to privacy and confidentiality

2: Rights and access to care and treatment and to sexual/ reproductive health services

3: Rights and access to work by PLHIV

4: Rights of children living with or affected by HIV

5: Social and economic rights of PLHIV

6: Rights and access to justice and care for PLHIV in prisons

OUTCOMES	OUTCOMES	OUTCOMES	OUTCOMES	OUTCOMES	OUTCOMES
• Increased uptake of HTS by the public and disclosure of test results by PLHIV without violating their rights to privacy and confidentiality • Reduced risky behaviour and HIV transmission to other people and re-infection among PLHIV	• Increased uptake of anti-retroviral treatment, health care and sexual and reproductive health by PLHIV • Reduced morbidity and mortality related to HIV/AIDS among PLHIV • Reduced MTCT of HIV and unintended pregnancies among PLHIV • Reduced stigmatizing attitudes and practices among health care providers	• Reduced incidence of all forms of stigma and discrimination and sexual and gender-based violence in the workplace to people living with or affected by HIV • Increased protection from all forms of stigma and discrimination in the workplace and options for redress to people living with or affected by HIV	• Inequalities in access to services, opportunities and outcomes for children, particularly those living with and affected by HIV are eliminated •Participation of children, including those living with and affected by HIV in discussions around issues that affect them at the national and local level enhanced	• Reduced social norms, gender and power issues that propagate stigma and discrimination among PLHIV within the family, community any other formal and informal institutions • Improved coping, reduced depression, and risky behaviour among PLHV and their family and community • Increased involvement and participation of staff employers in the development and implementation of interventions to reduce S&D	• Improved justice and rights of PLHIV, including those in incarcerated settings • Increased utilization of National HIV/AIDS documents, policies and laws on stigma and discrimination among stakeholders • Reduced incidence of stigma, discrimination, sexual and gender based violence among people living with and affected by HIV, including those in incarcerated settings

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1. SITUATION ANALYSIS

1.1 THE HIV AND AIDS RESPONSE IN UGANDA

The 2016 Uganda Population HIV Impact Assessment (UPHIA) estimated that the HIV prevalence among adults aged 15-49 years is 6%. Among children under age five years and those aged 5-14 years, HIV prevalence is 0.5%. Adult HIV prevalence is higher among women at 7.5% compared to 4.3% among men. It is also higher among residents of urban areas (7.1%) compared to rural areas (5.5%). In general, too, the survey results indicate that the total number of adults and children of all ages living with HIV in Uganda is estimated to be approximately 1.35 million. All these people living with and those affected by HIV need to be protected against stigma and discrimination as alluded to in the third thematic focus of the NSP. The National HIV Stigma index studies done in Uganda in 2013 and 2019 show that HIV stigma is still prevalent in the community although it has been on the decline. For example Exclusion of PLHIV decreased from 4.5% in 2013 to 1.3% in 2019 while internal stigma within PLHIV reduced from 50% to 24% in the same period. The highest form of stigma is gossip at 34% in 2019.

In responding to the epidemic, Uganda has a National Strategic Plan (NSP) 2020/21-2024/25 that has four themes, namely, (i) Prevention, (ii) Care and Treatment, (iii) Social Support and Protection, and (iv) Systems Strengthening. In the overall strategic direction of the NSP, there is great emphasis on Supporting Social Enablers for equitable uptake of HIV prevention and care as well as removing gender and human rights barriers that affect uptake of services. In particular, there is emphasis on scaling up efforts to eliminate stigma and discrimination of PLHIV and other vulnerable groups in communities and health care stings.

The NSP has been further rationalized for accelerating HIV prevention in the country. Thus, the Road Map for HIV Prevention (2018 - 2030) has the goal of eliminating HIV and preventing its re-establishment in the country by 2030. Against this, the objectives of the road map are: (a) to identify and align the critical actions needed to accelerate reduction in new HIV infections in Uganda (b) to set broad performance targets that guide implementation of optimal combination of prevention activities needed to reach zero new infections and (c) to galvanize partners around accelerating combination prevention response.

1.2 ENDING AIDS EPIDEMIC

Ending the AIDS epidemic is now projected as a feasible and achievable target. Accordingly, UNAIDS has put in place the 95-95-95 target for helping to end the AIDS epidemic with its key components on prevention and treatment of PLHIV. The ambitious three part target aims to have (a) 95% of all people living with HIV knowing their HIV status by 2020 (b) 95% of all people with diagnosed HIV infection receiving sustained antiretroviral therapy by 2020 (c) 95% of all people receiving antiretroviral therapy having viral suppression below then UNAIDS stated level by 2020. Thus, evidence generated through modelling and computer simulation indicates that achieving the aims of this target by 2020 will enable the world to end the AIDS epidemic by 2030, which in turn will generate profound health and economic benefits not only for PLHIV but also to the general population and economy. The Presidential Fast Track Initiative on ending AIDS as a public health threat is targeting elimination of HIV related stigma and discrimination by 2020 in Uganda.

Against the above background, stigma, discrimination, marginalisation and exclusion, gender inequalities and inadequate human rights protections are well-recognised generally as both a cause and consequence of the HIV epidemic and hence, barriers to effective responses to HIV as envisaged in the global and national response to the AIDS epidemic. Thus, it is clear that the only way to achieve the above ambitious target is through approaches grounded in principles of human rights, mutual respect and inclusion that are critical in addressing stigma and discrimination.

1.3 STIGMA AND DISCRIMINATION

1.3.1 WHAT IS STIGMA AND DISCRIMINATION

Stigma is an attitude of mind founded in the tradition, culture or belief of a community in which one person disregards the status of another person due to perceived 'uncommon' body features or personal conditions or status. On the other hand, discrimination is a biased act of unlawfully treating of a person with contempt due to personal differences in culture, social and economic status and physical body features or personal conditions or status. Simply put stigma, reflects an attitude while discrimination is an act or behaviour created by that attitude. In general, however, HIV stigma causes discrimination; discrimination leads to violation of human rights; and, violation of human rights tends to legitimize stigma. This results in a cycle of stigma, discrimination and human rights violations.

1.3.2 CAUSES OF HIV AND AIDS RELATED STIGMA AND DISCRIMINATION

HIV stigmatization and discrimination are due to many causes. Thus, people show stigma and discrimination because they; (a) fear that HIV/AIDS is an untreatable and infectious life-threatening disease and are afraid of contracting it (b) associate HIV/AIDS with behaviours that are already stigmatized, tabooed, socially sensitive or illegal or (e.g. prostitution, drug use etc) in their societies (c) see people living with HIV/AIDS as ignominious for having contracted the disease (d) attribute, due to religious or moral beliefs, that having HIV/AIDS is the result of a moral fault (such as shameful, "deviant", "immoral", and thus "sinful" acts of sex and promiscuousness) that therefore deserves punishment or (e) ascribe to being a product of personal choice: one chooses to engage in "bad" behaviours that put him/her at risk and so it is "his/her own fault" if HIV infection ensues . Other causes include; lack of in-depth and up-to-date knowledge and understanding of HIV and AIDS; misconceptions about how HIV is transmitted; belief that people with HIV are 'unproductive, worthless and burdensome' and will die quickly; lack of access to treatment; irresponsible media reporting on the epidemic; prejudice, social and cultural beliefs; and, fears relating to socially sensitive issues such as sexuality, disease and death, and drug use. In the health facilities, the causes of stigma and discrimination include (a) limited knowledge among staff about the modes and risk of HIV transmission, (b) judgmental and negative attitudes and assumptions about the sexual lives of people living with HIV, and (c) health workers' fears of becoming infected during the course of their work.

1.3.3 TYPES OF STIGMA AND DISCRIMINATION

Stigma may be divided into four loose groupings, namely; physical, social, verbal and institutional stigma. Social stigma is expressed in form of: isolation of a person from community; loss of social role/identity in form of social `death`, loss of social standing and/or respect. Physical stigma is when one is shunned or abandoned resulting in violence and/or non-sharing of living space, eating utensils etc. Verbal stigma includes instances of gossip, taunting, scolding; labelling such as "moving skeleton," "walking corpse," etc while institutionalized stigma refers to one being barred from jobs, scholarships, visas; denial of health services and police harassment etc.

Discrimination may occur at individual level, in a family or community setting, in institutional settings and also at national levels. Discrimination occurring in family and community settings, also called an 'enacted stigma' is what individuals do either deliberately or by omission so as to harm others and deny to them services or entitlements in the family or community. On the other hand, discrimination occurring in institutional settings refers to institutional policies and practices that discriminate against people living with HIV; it also includes lack of anti-discriminatory policies or procedures of redress in workplaces, health-care services, prisons, educational institutions and social-welfare settings. National level discrimination is a reflection of stigma that has been officially sanctioned or legitimized through existing laws and policies, and enacted in practices and procedures. Like institutional level discrimination, national level discrimination also includes omission, absence of, and failure to implement, laws, policies and procedures that offer redress and safeguard the rights of people living with HIV in the country at large. All these different types of stigma and discrimination affect the rights of people living with or affected by HIV on one hand and, on the other, they do undermine HIV prevention, care and treatment efforts at various levels and in deferent sectors.

1.3.4 THE PERSISTENCE OF STIGMA AND THE IMPORTANCE OF MINING IT OUT

Uganda is a very *'religious country'* by identity, community belonging, belief and practice as well as in perception and interpretation of various phenomena; the national motto has the unmistakable words "FOR GOD AND MY COUNTRY". Thus in a population that are 84.7% Christian, 11.5% Muslim and 2.7% Ethno-religionist in beliefs that point to a supreme Being behind most if not all phenomena (Mandryk, 2010); there is always a very big temptation to interpret disasters and epidemics as acts of God and as judgment and punishment by God due to people's sins as variously documented by Adams et al (2009), Esack and Chiddy (2009), Knox (2008) and Niekerk, and Kopelman (2005). Thus even when the stigma associated with irrational fear (a) to be infected by persons living with HIV through body contact, sharing food and or sharing clothes is reducing rapidly because of increased knowledge; (b) of quick death is also reducing because of increased uptake of ART and the increased numbers of long term survivors; the inaccurate and prejudiced association of connecting HIV infection and HIV positive status to sexually sinful, deviant, immoral, loose and irresponsible behavior is not going away as fast as the other forms and sources of stigma. Thus for the fear of being harshly judged, 'unforgivingly' stigmatized and 'un-hesitatingly' shamed, discredited , ridiculed, abandoned and or discriminated against by society in general and by people who matter in their lives at the workplace, in the home, in their marriages, in their study and health care

service centers, and or in their worship places; many people still hesitate /fear to undergo HIV testing. If they manage to go for testing; some still fear to either disclose their HIV status or to say, do or associate with anything that may inadvertently reveal their HIV positive status. Hence many still remain cut off from (a) counseling services, (b) initiating ART *(*preferring instead to search for herbal and/or miracle healing) and from (c) adopting safe practices that would have protected them from re-infection and helped to protect their partners and children from HIV infection/transmission.

Because as families, local communities and as a country we continue to miss out on all three fronts of HIV prevention, care and treatment due to this type and source of stigma; there is a very urgent imperative to face it, acknowledge it and mine it from its bedrock. This should be done with an appropriate policy and strategic action plans, practical programs, strong partnerships, stigma–sensitive messages and communication guidelines. Furthermore, there is need to use stigma-tackling theologies, prayers, hymns and drama as well as stigma-defeating laws and self –evaluation indicators for ending stigma and the resulting shame, denial, discrimination, inaction, mis-action (SSDDIM) among various members of the society including local community leaders, family members, service providers, educators, societal governors, legislators, researchers, religious leaders, spiritual mentors, peer groups, individual citizens and visitors.

1.3.5 IMPACT OF STIGMA AND DISCRIMINATION ON THE NATIONAL HIV RESPONSE

In Uganda, stigma and the resulting shame, denial, discrimination, inaction, mis-actions and violations of other human rights are major barriers to effective national responses to HIV. Specifically, stigma and discrimination undermine HIV prevention efforts by making PLHIV or people at risk afraid to: seek HIV information, prevention services and modalities to reduce their risk of infection; seek assistance for their physical, psychological and social need; and, to adopt safer behaviours lest these actions raise suspicion about their HIV status. Besides, many people because of stigma and discrimination, are afraid of testing for HIV, to take up HIV prevention and treatment, to disclose their HIV status, and to participate in national HIV responses. If people do not know their sero-status, the chances of those who are HIV positive being re-infected and infecting others increase.

Regarding treatment, people at risk of HIV infection or those already infected may choose not to access health care, prevention and education services for fear of being stigmatised by health care workers and other service providers. Women living with HIV face even more challenges as they may be discouraged from accessing ANC and MTCT services, discouraged from HTS and disclosure of HIV test results to their partner(s), and, be inhibited from using safer infant-feeding practices; they may also fear conferring secondary stigmatisation on their child. Furthermore, in health care settings, PLHIV may also be denied health services while some health workers, due to fear of being infected, engage in behaviour that can prevent PLHlV and other vulnerable individuals from receiving lifesaving care and support. Low access and utilization of health services due to stigma and discrimination will lead to poor health outcomes and hamper efforts to end the AIDS epidemic and achieve healthy lives for all by 2030.

Stigma and discrimination may also result in reduced willingness of PLHIV to access and utilize community services. In the work places, due to stigma and discrimination, PLHIV may lose their jobs or be refused promotion while learners in education institutions may be dismissed or prevented from attending class because they are infected or affected by HIV. Furthermore, stigma and discrimination also affects access and utilization of justice, especially for PLHIV whose rights may be easily violated. In particular, HIV-related stigma and discrimination poses a serious threat to the exercise of basic rights. For instance, discrimination against people living with HIV, or those assumed to be infected, not only violates their fundamental human rights but also reduces their chance of getting legal redress for HIV-related harms. All these will affect the rate at which Uganda accomplishes its aspirations in the NSP. Accordingly, the Roadmap towards Zero New Infections by 2030 has identified reducing stigma and social discrimination for PLHIV and MARPs as one of the priority interventions for addressing structural barriers to HIV prevention in the country.

2.RATIONALE AND SIGNIFICANCE OF THE POLICY GUIDELINES

The Grand Bay Declaration and Plan of Action of 1999 on HIV and AIDS by the African Commission provides that African governments must work towards ensuring the full respect of rights of people with disability and people living with HIV, in particular women and children. Furthermore, Article 60 of the African Charter provides that the African Commission and African governments shall draw inspiration from international law on human and peoples' rights. In this regard, Uganda as a member of the United Nations has ratified key international instruments recognizing human rights. The key international instruments relevant for the protection of human rights of PLHIV are: Universal Declaration of Human Rights (UDHR); Convention on the Rights of the Child (CRC); Convention on the Elimination of All Forms of Discrimination against Women (CEDAW); International Covenant on Economic, Social, and Cultural Rights (ICESCR); International Covenant on Civil and Political Rights (ICCPR); International Convention on the Elimination of All Forms of Racial Discrimination (ICERD); and World Health Organization International Health Regulations (2005). The above international instruments provide for the basic rights that include the following: the right to non-discrimination, equal protection and equality before the law; the right to life; the right to the highest attainable standard of physical and mental health; the right to liberty and security of person; the right to freedom of movement; the right to privacy; the right to freedom of opinion and expression; the right to freely receive and impart information; the right to freedom of association; the right to work; and, the right to marry and have a family.

Zimbabwe responded to the above commitment by establishing a Zimbabwean HIV and AIDS Human Rights Charter. The Charter (a) serves to assert the aspirations of various sectors that seek to ensure that the rights of PLHIV are respected and upheld (b) brings human rights to the forefront as enshrined and guaranteed in the Constitution of Zimbabwe and other international human rights instruments (c) affirms the rights in the various national laws as they particularly refer and apply to persons living with and affected by HIV. On the other hand, while Nigeria developed an HIV and AIDS Anti-Discrimination Act in 2014, because of the serious challenges due to the pervasive stigma, discrimination, and human rights violations in the country. Kenya adopted the HIV and AIDS Prevention and Control Act (HAPCA) in 2006 which also provided for the establishment of the HIV and AIDS Tribunal. The role of the tribunal is to enforce the HIV legislation by addressing complaints arising out of any breach of HAPCA and ensuring that human rights in the context of HIV are protected within the limits described by HAPCA.

In view of the above, it is incumbent upon Uganda to respect, protect and fulfil the human rights obligations that are set out in those ratified international human rights treaties and other relevant instruments, especially in the context of people living with or affected by HIV. Part IV of the East African Community HIV and AIDS Prevention and Management Act 2012 provides for the protection of the rights of people living with or affected by HIV. Uganda needs to adapt these laws. In this regard, it is appropriate to note and appreciate that the Constitution of the Republic of Uganda in Chapter IV also provides for the protection and promotion of fundamental and other human rights and freedoms of all the people in Uganda, including those living with or affected by HIV.

Despite the above, Uganda does not have a comprehensive stigma and discrimination policy. The Uganda National HIV and AIDS Policy (2011) which is in place was formulated before the country engaged in the stigma index studies and does not have specific policy objectives on stigma and discrimination, including rights of people living with or affected by HIV. On the other hand, the National Policy on HIV/AIDS and the World of Work by MoGLSD also only covers aspects of stigma and discrimination in relation to employment[1]. Similarly, the Education and Sports Sector National Policy Guidelines on HIV/AIDS has provisions for mitigating the impact of HIV/AIDS on students, learners and all education sector employees and their families. In view of the above, and considering that the factors, drivers (behavioural, biomedical and structural) and facilitators of HIV related stigma and discrimination occur countrywide, addressing the epidemic through these National Policy guidelines on HIV Stigma and Discrimination is an appropriate approach to 'getting to zero stigma and discrimination and thus contributing to ending HIV/AIDS epidemic as a public health threat by 2030 as envisaged in the Presidential Initiative on Fast Tracking on ending AIDS. These policy guideline are in response to this national commitment. They are also necessary as a basis for advocacy in addressing the rights of PLHIV in the context of stigma and discrimination. Furthermore, the policy guideline are necessary as a response to lack of a one-stop-centre for easy access to various policies in Uganda and Eastern Africa Community as well as harmonization with laws, treaties and polices provided by UNAIDS and other international organizations.

2.1 VISION, GOAL AND OBJECTIVES

VISION

- A country where people living with or affected by HIV enjoy equal rights and privileges without stigma and discrimination.

GOAL

- To eliminate all forms of stigma and discrimination towards people living with and affected by HIV and AIDS in Uganda.

OBJECTIVES:

The objectives are:

1. To provide an enabling environment for the elimination of all forms of HIV and AIDS related stigma and discrimination in Uganda
2. To provide stakeholders and the public with guidance on non- stigma and discrimination to enable them take appropriate actions to protect themselves and the communities
3. To provide persons with and affected by HIV with knowledge, skills, legal and social support, protect their rights and empower them on options for redress.
4. To improve access to and utilization of health and other services by people living with and affected by HIV especially where there has been punitive laws, policies and practices which violate human rights.

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

KEY AREAS

There are six key thematic areas addressed in this policy document. These are

1: HIV Testing, disclosure and rights to privacy and confidentiality

2: Rights and access to care and treatment and to sexual/ reproductive health services

3: Rights and access to work by PLHIV

4: Rights of children living with or affected by HIV

5: Social and economic rights of PLHIV

6: Rights and access to justice and care for PLHIV in prisons

2.2 PRINCIPLES AND SCOPE

Principles

Principles of the policy are the core values that the policy shall uphold. These core values are:

- **GIPA/MIPA:** Support participation of people living with or affected by HIV in all aspects of: HIV and AIDS policy and program design; promoting equality and non-discrimination in service delivery; and, addressing all forms of HIV and AIDS related stigma and discrimination.
- **Equity and Equality:** Promote gender equity and equality by ensuring the mainstreaming of gender perspectives in the implementation of all aspects of the policy guidelines while also giving special attention to persons belonging to vulnerable groups
- **Responsibility**: Advocate for mutual responsibility of everyone to prevent HIV stigma and discrimination in the school environment, health facility, workplace, community and society as a whole
- **Adherence to Law**: Ensure everyone and all institutions adhere to the law in all matters relating to stigma and discrimination
- **Commitmen**t: Political, technical, religious and cultural leaders and all places of work are committed to ensure the protection of the health, dignity, safety and welfare of management and employees, men and women, professional and non-professional staff in their organization.
- **Inclusivity in Policy Process**: Policy development and implementation is based on consultation and collaboration between all concerned parties, based on social dialogue and including, to the extent possible, persons and workers living with HIV.
- **Accountability**: Promote mechanisms to build evidence, monitor progress and ensure transparency and accountability in implementation of the policy guidelines.

- **Expansion of Implementation**: Scale-up the implementation of the policy guidelines and effective interventions to achieve stigma and discrimination-free work places and communities.
- **Dignity**: Persons living with and affected by HIV will be treated humanely and with dignity.

Scope of Application:

The policy measures cover HIV testing, disclosure and rights to privacy and confidentially; access and rights to treatment and sexual/reproductive health by PLHIV; access and rights to work by PLHIV; rights of children living with or affected by HIV; social and economic support and rights of PLHIV; and access and rights to justice and care for PLHIV in prisons. They also provide for the implementation arrangements for operationalizing the policy guidelines. The target communities include rights holders i.e. PLHIV (including children, women, men, disabled persons and vulnerable people); duty bearers i.e. policy makers, employers, service providers and private sector organizations; organizations that carry out oversight and advocate for transparency and accountability in use of resources e.g. media, civil society organizations, cultural institutions and faith based organizations; and, the general public.

3. POLICY MEASURES

3.1 HIV TESTING SERVICES, DISCLOSURE AND RIGHTS TO PRIVACY AND CONFIDENTIALITY

Background

It is through HIV testing that one can know his/her HIV status. The Consolidated Guidelines for Prevention and Treatment of HIV in Uganda states that HIV testing is the entry point to HIV prevention, care, treatment, and support services. Hence, the aim of HIV testing services (HTS) is to diagnose HIV early and correctly to ensure early access to prevention, treatment and support services. HIV testing also enables a person to make informed decisions about his/her life by taking the necessary measures to adapt a particular lifestyle or change his/her behaviour that may put him/her or others at risk of HIV infection. Thus, a person becomes motivated to protect oneself against infection or to protect his/her partner(s) from HIV infection through testing which also plays crucial roles in diagnosis and providing benefits to the individual, his/her partner, family and community in terms of preventing HIV transmission, initiating timely treatment and enhancing care and support. Testing is usually preceded by counselling which is an opportunity for educating clients about HIV prevention, providing information about where to get medical care and where to seek support and is also an opportunity for helping people come to terms with their status and deal with any problems associated with knowing one's sero status. UNAIDS and WHO recommend that all HIV testing should be confidential, be accompanied by counselling, and only be conducted with informed consent. HIV testing is one of the 3 main areas that constitute the 90-90-90 targets. Hence, UNAIDS is calling upon all countries to harness within the next several years the key window of opportunity to Fast–Track the HIV response through HIV testing services that are guided by the World Health Organization (2015) principles of the 5C's: Consent, Confidentiality, Counselling, Correct Test Results and Connection that are articulated by MOH in its National HIV Testing Services Policy and Implementation Guideline.

In order to encourage people to be tested, freedom from societal stigma, shame, denial, discrimination, prejudiced attitudes (on one hand) and ensuring people's privacy and confidentiality(on the other hand) are all critically important. Laws and policies on privacy protect information concerning a client and his/her medical condition by ensuring that it is kept confidential. Maintaining privacy is important as it ensures that sensitive personal information is controlled as PLHIV may be vulnerable to stigma and discrimination when their HIV status is publicly known. Thus, knowing that HIV test results will be kept private helps encourage people not only to be tested, but also to access appropriate medical assistance. In this regard, disclosure of one's HIV status is a very important tool in breaking through with stigma and discrimination.

Articles 9 and 10 of the HIV Control and Prevention Act (2014) respectively provide that (a) a person may take a voluntary HIV test if he or she gives his or her informed consent (b) a person incapable of giving informed consent may be tested if his or her parent, guardian, next of kin, caretaker or agent gives informed consent. Article 19 deals with disclosure or release of HIV test results and it states that the results of an HIV test shall be confidential and shall only be disclosed or released by a medical practitioner or other qualified officer to the person tested.

Article 19 provides for confidentiality of test results and counselling information by stating that a person in possession of information relating to the HIV status of any person shall observe confidentiality in handling that information and that a person contravening this provision commits an offence. The rights to privacy of a PLHIV is also provided for under the Universal Declaration of Human Rights (UDHR) that sets out rights belonging to all human beings. Article 12 of the Declaration states that no one shall be subjected to arbitrary interference with his privacy, family, home or correspondence, nor to attacks upon his/her honour and reputation. Everyone has the right to the protection of the law against such interference or attacks.

The HIV Prevention Road map identified priority vulnerable and marginalized groups in the HIV epidemic (e.g. young people, fisher folk, people living in high density low income areas, drug users, sex workers, mobile populations, and refugees) as the centre of sexual networks where a large number of new HIV infection may occur. These require deliberate effort to generate demand among them to access HIV testing services. Against this background, the PLHIV Stigma Index Study 2013 and 2019 reported that some PLHIV undertook HIV testing as a requirement for employment or marriage/sexual relationship, yet others were made to take an HIV test without their knowledge or did so under pressure or coercion from others. Other PLHIV experienced fear of stigma, discrimination, and denial; felt ashamed, abused, rejected or laughed at due to disclosure and confidentiality. These challenges require concrete policy measures to address stigma and discrimination in relation to HIV testing, disclosure, privacy and confidentiality.

Aim of policy measure

- To increase uptake of HTS by the public and disclosure of test results by persons living with and affected by HIV without violating their rights to privacy and confidentiality
- To reduce risky behaviour and prevent HIV transmission to other people and re-infection among people living with HIV

Policy measures

Demand creation for HTS

3.1.1 Intensive community outreach and behaviour change communication interventions shall be carried out to generate greater demand and increase uptake of HTS especially among vulnerable and marginalized populations in the HIV epidemic in both rural and urban areas

3.1.2 Adult individuals shall be encouraged to go for HIV testing (a) in order to know their HIV status and/or prepare for a marriage/sexual relationship (b) when their spouse, partner or family member tests positive, is ill or dies (c) when pregnant or is referred by a clinic for an STI or due to suspected HIV-related symptoms (e.g. tuberculosis) (d) when one is involved in an accident that involves exchange of blood.

Testing and Diagnosis

3.1.3 Differentiated HTS shall be offered to PLHIV through the facility-based HTS model (using provider-initiated and client-initiated testing and counselling services) or community-based HTS model (using home based HTS, outreach/mobile HTS, and workplace HTS).

3.1.4 Every person, including persons living with and affected by HIV, shall have unrestricted access to HTS services under the 5Cs principles, namely, Consent, Confidentiality, Counselling, Correct Test Results and Connection.

3.1.5 No person shall be compelled to undergo an HIV test or to disclose his or her HIV status for the purpose of gaining access to any credit or loan services, medical, accident or life insurance or the extension or continuation of any such services except under the provisions of the law.

3.1.6 All HIV Counselling and Testing by adults shall be voluntary, anonymous and confidential with full personal knowledge and without coercion or undue pressure from others.

3.1.7 A person incapable of giving informed consent shall only be tested for HIV if: (a) it is in his or her best interests, or (b) the test is necessary to establish whether any person may be at risk of HIV infection due to coming into contact with any substance from the tested person's body that may transmit HIV.

3.1.8 HTS services shall include effective referral and linkage mechanisms to post-test services so that clients who test HIV positive are linked to care, treatment and support services while those who test HIV negative and are at the risk of HIV infection are linked to effective prevention interventions.

Disclosure of HIV test results

3.1.9 A PLHIV shall be encouraged and supported to disclose his/her HIV positive status to (a) the spouse, partner, other adult family members and children in the family (b) health care workers and social workers/counsellors (c) other people living with HIV and co-workers.

3.1.10 All institutions including places of work, prisons, schools and health facilities shall respect and protect the confidentiality of PLHIV and never unlawfully share information about their status. Using someone else's HIV status for social, political, economic or other gains is prohibited and shall be construed as a civil wrong.

3.1.11 All health care workers, professional and non-professional shall, under ethical and legal duties, protect the health, safety and confidentiality of their clients and not disclose the HIV test results to a third party without the consent of the PLHIV.

3.1.12 In a relationship, a man/woman shall not be blamed or penalized for the partner's or spouse's infection simply because she/he tested (e.g. when a woman is pregnant) and got an earlier knowledge of his/her HIV status before the partner and disclosed the test results.

Rights to Privacy and confidentiality

3.1.13 A PLHIV shall have the right to authorize competent persons to disclose personal information to his/her family and community. This disclosure must ensure the confidentiality of the information and the entrusted competent persons must abide by that duty.

3.1.14 A PLHIV shall not be subjected to arbitrary or unlawful interference with his or her privacy, family, home or correspondence, nor to unlawful attacks on his or her honour or reputation because of his or her sero-status

3.1.15 When a PLHIV discloses his/her status voluntarily, no one shall have the right to reveal it to a third party without a written permission from the PLHIV unless such disclosure is required by law.

3.1.16 Privacy and confidentiality about one's HIV status is a right for a person living with or affected by HIV at all times, including when accessing services or employment opportunities.

3.1.17 A person living with or affected by HIV has rights to non-discrimination, informed consent, confidentiality, privacy and information.

3.2 RIGHTS AND ACCESS TO CARE, TREATMENT AND SEXUAL/ REPRODUCTIVE HEALTH SERVICES

Background

UNAIDS has identified HIV treatment as one of the key windows of opportunity to Fast–Track the HIV response that will result in ending the AIDS epidemic as a public health threat by 2030[2]. Antiretroviral therapy (ART) can reduce the risk of serious illness, death or transmission of HIV. ART is therefore now recommended for all PLHIV for both treatment and prevention. This requires that a person who tests HIV positive regardless of his/her CD4 count should get onto treatment, stay in medical care and adhere to treatment so as to achieve viral suppression to undetectable levels. In addition to ART, PLHIV need treatment for opportunistic infections including tuberculosis. Against this background however, stigma and discrimination may hinder access to ART by some PLHIV.

Like the case of treatment, sexuality and reproduction is an important part of the lives of PLHIV as it is for any human being. In this regard, it is important to note that women, men and young people living with HIV also have sexual and reproductive health feelings, needs and desires that have to be met. Thus, with treatment and care becoming increasingly available, more PLHIV are regaining their health, living longer, fulfilling lives, and planning for their futures and accordingly making decisions about sex, sexuality and the possibility of starting or expanding families. Hence, it is important to support and protect PLHIV to enter/maintain a relationship, have sex and bear children safely; this will significantly contribute to their own health as well

2 *By 2030, 95% of all people with HIV should know their status, 95% of all those who know their HIV-positive status should receive treatment, and 95% of people receiving treatment should achieve sufficient viral suppression to preserve their immune system and significantly reduce onward transmission. For more on this, please see the following: UNAIDS, 90-90-90: an ambitious treatment target to help end the AIDS epidemic (Geneva: UNAIDS; 2014); UNAIDS, Fast-Track: ending the AIDS epidemic by 2030 (Geneva: UNAIDS; 2014); and the 2016 Political Declaration on HIV and AIDS.*

as the health of their partners and families. When women living with HIV are provided family planning (FP) services, the number of unintended pregnancies among them reduces, thereby also reducing the number of infants exposed to HIV and the overall risk of MTCT. Besides, FP also provides intrinsic benefits by saving lives and enhancing the health status of women and their families. Hence, it is also appropriate that the FP needs of PLHIV have to be addressed. Hence, women in reproductive age living with and affected by HIV need to be provided family planning services including ANC and eMTCT services for those pregnant, eMTCT services during labour and delivery, and eMTCT services during the postpartum period.

PLHIV need to participate and benefit fully in the global, regional, national and local community efforts for accelerated HIV and AIDS prevention, access and adherence to treatment, 'test and treat' initiatives and enhanced societal empowerment initiatives against HIV risk, vulnerability and impact. In this regard, it is appropriate to note that PLHIV have their right to health care protected through international law. The internationally recognized human rights that are relevant to HIV treatment include: the right to health; the right to life; the right to non-discrimination; and the right to enjoy the benefits of scientific progress. In particular, their right to health is guaranteed under the Universal Declaration of Human Rights, Article 25(1) which states that everyone has the right to a standard of living adequate for the health and well-being of him/herself and of his/her family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his/her control. In tandem with this law, in Uganda, the HIV and AIDS Prevention and Control Act 2014 states that a person shall not be denied access to healthcare services in any institution, or be charged a higher fee for any such services, on the grounds only of the person's actual, perceived or suspected HIV and AIDS status. Furthermore, Article 39 states that a health institution, whether public or private, and health management organization or medical insurance provider shall facilitate access to healthcare services to persons with HIV without discrimination on the basis of HIV status. Any person contravening these provisions shall be liable to a civil wrong.

In operationalizing the above laws, the national response to the HIV/AIDS epidemic is putting emphasis on rapidly increasing the enrolment of PLHIV, better retention of clients in chronic care, and early initiation of ART, effective treatment of OIs, and greater adherence to HIV treatment. It is envisaged that this will decrease HIV associated morbidity and mortality and also suppress viral load by 90% among PLHIV on treatment. In this regard, in December 2016, Uganda rolled out the Test and Treat Guidelines. Earlier, according to the PLHIV Stigma Index Study 2013, 95% of PLHIV interviewed perceived that they had access to treatment whenever they needed it compared to 3% who did not think that they had access to ART and 2% that did not know ART is accessible. The PLHIV that do not access ART (i.e. do not enrol in care, initiate or adhere to antiretroviral therapy) attribute it to (a) its bad/side effects (b) its cost that they cannot afford (c) reluctance or not being sick hence no need to take ARV drugs (d) stock out of drugs in the health facilities and (e) some PLHIV having been denied health services because of their HIV status in a few health facilities.

Among the young people living with HIV (YPLHIV), 73% of them had been engaged in sexual intercourse in the past 6 months before the survey and since diagnosis, 25% have ever acquired an STI while 32% did not use a condom at last sex. The survey also reported that the messages that the YPLHIV receive from health care professionals indicate that YPLHIV have

the right to have sex (85%), and can continue to have sex (70%). These challenges to access to health care and sexual and reproductive health services need appropriate policy measures to address them.

Aim of policy measure

- To promote access to Anti-retroviral treatment, health care and sexual and reproductive health services to persons living with and affected by HIV.
- To reduce morbidity and mortality related to HIV/AIDS among persons living with and affected by HIV.
- To reduce MTCT of HIV and unintended pregnancies among persons living with and affected by HIV.
- To reduce stigmatizing attitudes and practices among health care providers.

Policy measures

Right to the Highest Attainable Standard of Physical and Mental Health:

3.2.1 Men and women who are living with and affected by HIV shall be treated equally in terms of access to adequate treatment, care, medication and highest attainable standard of physical and mental health care and support, to enable them live as long and successful life as possible.

3.2.2 Without denial of treatment or differential treatment (e.g. delayed treatment, poor service quality and high service costs), the health care service providers shall provide timely and quality health care regardless of the HIV status of the client.

3.2.3 A pregnant woman who is tested and found to be HIV positive shall receive safe and appropriate ARV regimens and routine medication to prevent transmission of HIV to the child; this care and support in form of ARV regimens and routine medication shall also be extended to the partner of the pregnant woman and to the victim of a sexual offence who is tested and found to be HIV positive.

3.2.4 Mandatory treatment or coercive practices shall not be imposed/meted on any person, including a PLHIV

3.2.5 People living with HIV have rights to access sexual and reproductive health services.

Access to Health Services by PLHIV

3.2.6 A PLHIV shall be encouraged not to fear accessing ART, TB and Non Communicable Disease treatment because of: adherence issues; stigma and discrimination; drug side effects; lack of good and nutritional support; fear of death or of giving birth to an HIV positive baby.

3.2.7 A person shall not be denied access to healthcare services in any health unit, or be charged a higher fee for any such services, on the grounds only of the person's actual, perceived or suspected HIV status.

3.2.8 Information concerning HIV&AIDS provided by the health insurance shall be kept confidential and should not be used to discriminate against employees.

3.2.9 Any public or non-public sector organization, groups of people or any person receiving aid or other kind of assistance for the purpose of providing preventive, treatment, care, support or research, to PLHIV, widows, widowers, orphans or the most vulnerable children shall ensure that the aid and assistance received is used for that purpose.

Access to Sexual and Reproductive Health Services

3.2.10 PLHIV shall have the right to make informed decisions about contraceptives and not be coerced into sterilization or any other forms of non-consensual medical treatment.

3.2.11 Women and men living with HIV shall be provided comprehensive information about available family planning methods, ante- and post-natal care services

3.2.12 PLHIV shall have the freedom of choice regarding reproduction, marriage and family planning.

3.2.13 PLHIV shall have the fundamental right to access sexual health information and comprehensive sexual health services.

3.2.14 Women in reproductive age living with and affected by HIV shall be provided SRH services that are integrated with eMTCT interventions during periods of ANC, labour and delivery, postnatal care, sick child clinic and Young Child Clinic at health facilities.

3.2.15 Pregnant Women living with HIV shall obtain comprehensive services beyond prevention of vertical transmission and include treatment, care and support which focus on women's health.

Access to Health Services by Health Workers

3.2.16 The risks of exposure of health care workers to pathogens such as HIV and Hepatitis B and C shall be addressed in a comprehensive way that ensures ongoing prevention and protection as well as immediate prophylactic response in the event of occupational exposure.

3.2.17 Special attention shall be paid to minimizing risk to HIV positive health care workers through hazard identification, risk assessment and control and safe work practices.

3.2.18 All health care professionals who are involved in direct clinical care of clients, shall keep themselves informed and updated on the codes of professional conduct and guidelines on HIV infection laid down by MOH and their regulatory associations.

3.2.19 Health care workers shall have a right to confidentiality and have no obligation to respond if asked about their sero-status by clients or their families.

3.2.20 Medical records of health care workers who have been exposed to blood or body fluids shall be maintained with confidentiality.

3.2.21 HIV infected health care workers shall promptly seek and follow appropriate expert medical and occupational health advice accordingly

3.2.22 A health care worker who has any reason to believe they may have been exposed to HIV infection, shall promptly seek and follow professional advice on testing and follow up services including Post Exposure Prophylaxis (PEP)..

3.2.23 All health care workers shall (a) not disclose information on colleagues' HIV status if they are aware, except in cases where clients' safety is at risk (b) be non-judgmental and non-stigmatizing in their interactions with colleagues who they may know are HIV infected.

3.2.24 Health care workers who are living with HIV shall not suffer discrimination in terms either of job security or of opportunities for training or promotion.

3.2.25 Health care workers living with HIV/AIDS should not be discriminated against in terms of access to welfare and other statutory benefits.

3.3 RIGHTS AND ACCESS TO WORK BY PLHIV

Background

The right to work is one of the most important rights of human beings. Through working, people are able to provide for themselves an adequate standard of living and fulfill their human potential. The right to work includes the right of every human being to decide freely to accept or choose work. It also implies the right not to be unfairly deprived of employment.

This right to work is protected by international laws that stipulate the right of every person to access employment without any discriminatory precondition (including HIV testing), except for the necessary occupational qualifications. Article 23 of the Universal Declaration of Human Rights sets out the right to work by stating that (a) Everyone has the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment (b) Everyone, without any discrimination, has the right to equal pay for equal work. Article 5 of the International Convention on the elimination of all forms of racial discrimination also states that the rights to work, to free choice of employment, to just and favourable conditions of work, to protection against unemployment, to equal pay for equal work, to just and favourable remuneration. Furthermore, under International Covenant on Economic Social and Cultural Rights (a) Article 6 recognizes the right to work, which includes the right of everyone to the opportunity to gain his living by work which he freely chooses or accepts, and will take appropriate steps to safeguard this right (b) Article 7 recognizes the right of everyone to the enjoyment of just and favourable conditions of work which ensure, in particular, safe and healthy working conditions; as well as equal opportunity for everyone to be promoted in his employment to an appropriate higher level, subject to no considerations other than those of seniority and competence.

In Uganda Article 6 of the Employment Act, 2006 states that it is the duty of all parties, including the Minister, labour officers and the Industrial Court to seek to promote equality of opportunity, with a view of eliminating any discrimination in employment", and further emphasizes that "discrimination in employment shall be unlawful." The National Policy on

HIV/AIDS and the World of Work provides 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; one of the expected outcomes of the policy implementation is that "Stigma and discrimination on basis of HIV status eliminated from the world of work." In this regard, Article 32 of the HIV Prevention and Control Act, 2014 also prohibits discrimination in the workplace. It states that a person shall not be (a) denied access to any employment for which he or she is qualified; or (b) transferred, denied promotion or have his or her employment terminated, on the ground only of his or her actual, perceived or suspected HIV status. In addition, Article 35 addresses inhibition from public service by stating that a person shall not be denied the right to seek an elective or other public office on the grounds only of the person's actual, perceived or suspected HIV status.

Although people, irrespective of their HIV sero status, are entitled to work, the PLHIV Stigma Index Studies 2013 and 2019 indicated that PLHIV have been denied employment opportunities, lost jobs or sources of income; had their job descriptions changed or were refused promotion due to HIV status.

Aim of policy measure

- To reduce incidence of all forms of stigma and discrimination and sexual and gender-based violence in the workplace to people living with or affected by HIV
- To provide protection from all forms of stigma and discrimination in the workplace and options for redress to people living with or affected by HIV
- To increase involvement and participation of employees, employers and other actors in the development and implementation of interventions to reduce stigma and discrimination based on the workplace policies.

Policy measures

Rights and Access to Work by PLHIV

3.3.1 A PLHIV shall enjoy the right to work without discrimination and they shall not be required to (a) undergo HIV testing during the process of employment recruitment; (b) undergo HIV testing in connection with access to work compensation, pension benefits and insurance schemes.

3.3.2 A PLHIV shall enjoy equal rights to: work in public and private sectors, including just, favorable, safe, and healthy conditions of work; property and inheritance; and, where, credit or income-generating opportunities and reasonable accommodations3 in the workplace.

3.3.3 All public and private institutions, employers, employees and communities shall take steps to eliminate HIV related stigma, discrimination and barriers which adversely affect PLHIV at all times and in all settings and ensure that these people enjoy equal opportunity.

3 Alternative work arrangements (reasonable accommodation) shall include: adjustment to tasks or the work environment, and rearrangement of working-time, rest break or leave that will assist the staff with an illness or disability to manage their works.

3.3.4 The private and public sector shall endeavour to mitigate the impact of stigma and discrimination in their workplaces and the broader community through the development, promotion, and implementation of innovative strategies aimed at delivering appropriate quality, timely, and customized prevention, care, treatment and other services.

3.3.5 Employers shall not engage in or permit any human resource policy or practice that discriminates against workers infected with or affected by HIV.

3.3.6 Workers' benefits including medical and insurance schemes shall not discriminate, directly or indirectly against any person on the basis of HIV status.

3.3.7 A linkage and referral mechanism shall be put in place for staff living with HIV and their families to access comprehensive care, support and treatment services and programs in order to effectively respond to their needs.

3.3.8 Workplace policies and programmes shall ensure protection against stigma and discrimination, assure provision of treatment, care and support, and enable access to statutory benefits.

3.3.9 Where a worker chooses to voluntarily disclose his or her HIV status to the employer or other workers, this information shall not be disclosed to others without the worker's consent.

3.3.10 Employers shall create space within the world of work for the involvement and active participation of people living with HIV in all prevention, care and mitigation activities.

3.3.11 Employers shall ensure zero tolerance of stigma and discriminatory practices against their employees on account of their perceived or actual HIV status.

Recruitment and Promotions in places of work

3.3.12 An employer shall endeavour by all means possible to ensure that no prejudice or victimisation takes place against any employee on account of his/her HIV status. This means that no person living with or affected by HIV shall be treated unfairly in regard to:

a) Recruitment & appointment procedures, advertising and selection criteria;

b) Dismissal and forced retirement because of actual or perceived HIV infection;

c) Job classification or grading;

d) Remuneration, employment benefits and terms and conditions of employment;

e) Job assignments;

f) The working environment and facilities;

g) Training and development;

h) Performance evaluation systems, transfer and demotion.

3.3.13 No employee shall be removed from his/her normal place of work or from his/her normal duties or isolated because of actual or perceived HIV status unless (a) for the purpose of reasonable accommodation or (b) he/she has contracted a contagious disease as a result of his/her HIV status (e.g. TB, whilst it is still in its contagious form).

3.3.14 An employee, who is a PLHIV or is affected by HIV, shall continue to enjoy normal and equal employment benefits and opportunities as those employees who are not HIV positive or are affected by a long term illness.

Incapacity at place of work

3.3.15 HIV/AIDS shall be treated in the same way as other health conditions and no special conditions or burden shall be placed on employees with HIV. However, sick leave/ days off shall be given as deemed appropriate to enable a PLHIV access medication.

3.3.16 HIV status shall not be a reason for dismissal/compulsory retirement from any sector employment.

3.3.17 Workers with AIDS-related illnesses seeking accommodation4 should be treated like workers with any other chronic illness, in accordance with national laws and regulations.

3.3.18 Any employee who is accidentally exposed to HIV in the course of executing his/her duties shall be entitled to immediate post exposure prophylaxis (PEP) and follow-up.

3.3.19 No persons shall be discriminated in the workplace because of HIV&AIDS related opportunistic infections but a PLHIV with a contagious illness (e.g. TB) may be given sick leave to enable him/her take the necessary drugs.

3.3.20 An employee who is not capable of performing the contractual obligations due to prolonged absenteeism or physical incapability due to his/her HIV status, the following guidelines shall apply:

4 Reasonable accommodation includes: rearrangement of working hours; modified tasks and jobs; adapted working equipment and environment; provision of rest periods and adequate refreshment facilities; granting time off for medical appointments; flexible sick leave; part-time work and flexible return-to-work arrangements.

3.4 RIGHTS OF CHILDREN AND YOUNG PEOPLE LIVING WITH OR AFFECTED BY HIV

Background

Uganda National Household Survey (UNHS) shows that of the 17.1 million children below 18 years (over 50.7% of the population) in Uganda, 11.3% are orphans, 8% are critically vulnerable and 43% are moderately vulnerable. All these children are the future of this country. The rights of these people are categorized into four, namely, right to survival, right to education and other developmental rights; right to protection; and right to participation.

The young people need to survive from infancy to adulthood regardless of the HIV status and their association with people living with and affected by HIV. In Uganda, one in every 19 children is at risk of dying before their first birthday and one in every 11 children is at risk of death before or at the age of five. On the other hand, there were an estimated 5,000 new paediatric HIV infections in 2018. When an HIV-exposed infant receives appropriate care services it helps to (a) prevent the infant from being infected with HIV through MTCT (b) diagnose HIV infection early and treat, and (c) offer child survival interventions to prevent early death from preventable childhood illnesses. However, 6 in every 10 children aged 0-14 living with HIV and eligible were not receiving ART by 2015.

Human capital constitutes the single most important national primary wealth and potential for the growth of a country. In this regard, education and learning are keys to social, cultural and political participation of an individual in the future personal and community economic empowerment and national development. There are human rights obligations for government of making education available, accessible, acceptable and adaptable (4A rights to education) in accordance with international human rights treaties, national constitutions, and domestic laws (Tomaševski, 2001). For this reason, the right to education is guaranteed under the Universal Declaration of Human Rights which states in Article 26 (1) that “everyone has the right to education”. This means that both children and adults living with HIV are not discriminately denied access to education, including access to schools, universities, scholarships and international education or subject to restrictions because of their HIV status. It also means that children and adults also have the right to receive HIV-related education, particularly regarding prevention and care. One of the objectives of the Uganda Constitution is to ensure that all Ugandans enjoy rights and opportunities and access to education. Thus, Article 30 of the 1995 Constitution provides that all persons have a right to education. In this regard, discrimination in schools is recognized as an act against Article 33 of the HIV Prevention and Control Act, 2014 which states that an educational institution shall not deny admission or expel, discipline, segregate, deny participation in any event or activity, or deny any benefits or services to a person on the grounds only of the person’s actual, perceived or suspected HIV status.

Government of Uganda has since 1997 been implementing a universal primary education policy which was extended to post primary education institutions. However, three percent of all children aged 6-12 years in Uganda are not attending primary education and seven in ten children who started primary one never made it to primary seven. At secondary level, only four in ten of students who start senior one complete senior 4, depicting a high drop-out rate with girls being more affected (34%) compared to boys (45%). Besides, over half of girls

enrolled in senior one do not complete senior four. At the University level, in addition to the affirmative action for the women, government provides scholarships to the students.

Against the above background, the EMIS (2015) indicated that there were 28,674 learners in primary and 5,154 learners in secondary institutions of learning that were living with HIV and 1,173,292 orphans and vulnerable children (82% in primary and 18% in secondary schools). On the other hand, overall prevalence of HIV in six universities studied in Uganda by EAC/ EALP (2010) was estimated at 1.2%. Against this, however, according to the PLHIV Stigma Index study, some learners who are HIV positive experience dismissal, suspension or prevention from attending educational institution due to their real or perceived HIV status. An earlier study also indicated that in Uganda, many children living with HIV are often denied the opportunity to attain education because education is seen as an investment and families are not willing to invest in the education of children, whose chances of surviving up to adulthood are in the balance (Kafuuko , 2009).

Regarding protection of the children, including those living with and affected by HIV, over 8 million children, 51% of the child population, are either moderately (43%) or critically vulnerable (8%). The Penal Code Act provides for the different criminal offences under the laws of Uganda, the penalties and the general rules governing criminal responsibility. The law protects children by giving grave penalties for criminal offences committed against them. In addition, the National Child Labour Policy identifies and enumerates the socio economic context of child labour in Uganda, the nature, extent, magnitude, the strategies for implementation and the institutional framework. However, it is estimated that about 2.4 million children are engaged in exploitative child labour, out of which 1.7 million are below 14 years of age.

Participation is a right enshrined in the UN Convention on the Rights of the Child (UNCRC) to ensure that a child who is capable of forming his or her own views is able to express them freely in all matters affecting him or her, and that the views of children are given due weight in accordance with their age and maturity. Uganda recognises all citizens' right to participation in the Constitution of the Republic of Uganda (1995), the Local Government Act, Cap 243, and the Children Act, Cap 59, and the National Child Participation Guide (2008). In addition, the National Youth Policy 2011 that is also a youth empowerment policy provides an operational framework from which all action programmes and services can be developed to facilitate meaningful involvement of youth, in national development efforts and to respond to their various needs and problems. All adults and all institutions that in some way work with or have an impact on children and families have the duty to ensure children's participation in different areas of life. Despite this, key barriers to child participation include: a lack of understanding of what comprises genuine child participation; unequal power relations between children and care givers or programs; and the negative attitudes towards child participation rooted in cultural and normative beliefs.

Aim of policy measure

- To eliminate inequalities in access to education, health and other services, opportunities and outcomes for children, particularly those living with and affected by HIV.
- To promote participation of children, including those living with and affected by HIV in discussions around issues that affect them at the national and local level.

- To empower young people understand their rights and responsibilities and how to voice them and seek redress when they are violated.

Policy measures

The right to survival

3.4.1 Linkages across the continuity of care involving all levels of service provision and referrals shall be strengthened in order to enhance survival of children.

3.4.2 Every child shall be entitled to the enjoyment of the rights, including the inherent right to life and the best attainable state of physical, mental and spiritual health, and freedoms recognized and guaranteed under national and international laws irrespective of the child's or his/her parents' or legal guardians' HIV status, sex, religion, political or other opinion, social origin, fortune or other status.

3.4.3 Every child that is living with and affected by HIV has the right to dignity and respect as a person and to free development of his/her personality.

3.4.4 Children and young persons have the right to information on their fundamental freedoms and human rights in the context of their being HIV infected and/or affected. This must include information on prevention, VCT, confidentiality and access to treatment, care and support.

3.4.5 HIV-exposed infants shall be put on treatment as per national EMTCT guidelines.

3.4.6 Every child living and affected by HIV shall be entitled to the enjoyment of parental care and protection and shall, whenever possible, have the right to reside with his or her parents, unless this would not be in the child's best interests.

3.4.7 A parent or guardian or a person in charge of a child living with and affected by HIV and of tender years, shall not refuse or neglect to provide sufficient food, clothes, beddings and other necessities for such a child.

Right to Education and other developmental rights:

3.4.8 A PLHIV shall have the right to equal access to education, including to pre-primary, primary, secondary, university, vocational and other forms of education.

3.4.9 National and international scholarships shall be granted without discrimination due to HIV status.

3.4.10 Children living with and affected by HIV including those with disabilities shall be supported and protected to enrol and continue going to school as well as health, social, legal and other services.

3.4.11 Young mothers that are living with and affected by HIV shall be given support to continue with their education.

3.4.12 An education institution shall not deny admission or expel, discipline, segregate, deny participation in any event or activity, or deny any benefits or services to a person on the grounds of the person's actual, perceived or suspected HIV status.

3.4.13 All education institutions shall put in place measures such as referral for ART and management of Opportunistic Infections, ongoing counselling, psychosocial and spiritual support to learners, including orphans, vulnerable children and all other students infected or affected by HIV.

3.4.14 Positive living as a coping mechanism shall be promoted among OVCs and learners living with and affected by HIV at all levels.

3.4.15 A learner or student living with or affected by HIV shall be (a) equipped with skills to avoid re-infection or spreading HIV infection to other persons (b) expected to behave in a manner that does not pose any threat of infection to others and re-infection of oneself.

3.4.16 A student or learner living with or affected by HIV shall not wilfully, knowingly and/or maliciously pose a threat of HIV infection to other members of the school community.

3.4.17 No learner or student living with or perceived to be living with or affected by HIV shall be discriminated against directly or indirectly in any educational activity including learning, sports and other co-curricular activities on the basis of their HIV status.

3.4.18 Educators and other Education and Sports sector employees shall not refuse to teach, interact with or attend to learners or students living with or perceived to be living with or affected by HIV.

3.4.19 Learners living with or affected by HIV shall attend classes and participate in all other school activities in as long as their health permits.

3.4.20 Learners shall not refuse to study with fellow learners or to be taught or attended to by an Education sector employee living with or perceived to be living with HIV.

3.4.21 No learner, educator, education manager or any other Education sector employee shall through utterances, gestures or attitude demean or degrade a learner living or perceived to be living with HIV.

3.4.22 Relevant care givers within learning institutions shall ensure that learners living with HIV receive adequate counselling and support to promote adherence to treatment.

3.4.23 A child living with and affected by HIV shall have the right to participate in sports and other cultural and artistic activities, which are not harmful to his/her development.

The right to protection

3.4.24 Every child living with and affected by HIV shall be protected from all forms of economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's physical, mental, spiritual, moral, or social development.

3.4.25 Children living with and affected by HIV shall be provided education for creating awareness on juvenile justice systems and services and empowering them to access such services.

3.4.26 Every child that is living and affected by HIV that is accused or found guilty of having infringed penal law shall have the right to special treatment in a manner consistent with the child's sense of dignity and worth and which reinforces the child's respect for human rights and fundamental freedoms of others.

The right to participation

3.4.27 Every child living with and affected by HIV shall have the right to free association and freedom of peaceful assembly in conformity with the law.

3.4.28 Children Living with HIV shall be provided 'child friendly spaces' and appropriate provisions to enable them participate effectively in key national policy and programme processes.

3.4.29 Children living with and affected by HIV shall be supported to participate in rights-awareness training and children's activities and forums so that they are adequately empowered to claim their rights with responsibility.

3.5 SOCIAL AND ECONOMIC RIGHTS OF PLHIV

Background

Social protection may be defined as all public and private initiatives that provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks and enhance the social status and rights of the marginalized with the overall objective of reducing the economic and social vulnerability of the poor, vulnerable and marginalized groups. Thus, social protection may include cash, social transfers (e.g. food, vouchers, etc.) and economic, health financing, insurance and employment assistance to reduce inequality, exclusion and barriers to accessing basic services[5].

Effective social protection is vital to (a) reducing the disadvantages and inequalities that make people vulnerable to HIV infection, (b) enabling PLHIV to live healthily and profit from treatment, and (c) mitigating the impact of HIV and AIDS on households. Hence, social protection is one of the ten elements in UNAIDS' strategy to achieve the vision of zero new infections, zero discrimination and zero AIDS-related deaths in the communities. Although the family and local community are supposed to provide a loving and caring environment, many PLHIV can experience social stigma and discrimination in these settings.

The right to anti-stigma and discrimination is protected in international law under International Covenant on Civil and Political Rights (ICCPR) which states under Article 26 that "All persons are equal before the law and are entitled without any discrimination to the equal protection of the law... the law shall prohibit any discrimination... and (provide) effective protection against discrimination on any ground such as race, colour, sex or status." The International Covenant on Economic Social and Cultural Rights (ICESCR) under Article 2(2) also provides that State Parties should undertake to guarantee that the Rights of this Covenant are to be "exercised without discrimination of any kind as to race, colour, sex, or status."

5 *UNAIDS. 2013. "HIV and Social Protection: Technical Guidance Note for the Global Fund Proposal Development". Geneva: Joint United Nations Programme on HIV/AIDS.*

UNGASS Political Declaration 2011 recognizes that close cooperation with people living with HIV and populations at higher risk of HIV infection will facilitate the achievement of a more effective HIV and AIDS response. It also emphasizes that people living with and affected by HIV, including their families, should enjoy equal participation in social, economic and cultural activities, without prejudice and discrimination, and that they should have equal access to health care and community support as all members of the community. In this regard, Principle Number 5 in the Dakar Declaration 1992 states that 'every person directly affected by the epidemic should remain an integral part of his or her community, with the right of equal access to work, with freedom of movement and association, alongside to counselling, care and treatment, justice and equality'. This is an essential and necessary principle that Uganda as a signatory should adapt as a policy for enhancing eradication of stigma and discrimination of people living with and affected by HIV and AIDS.

Discrimination on grounds of HIV status is covered under Part VII of the HIV Prevention and Control Act 2014. Article 38 of the Act provides for the protection of children living with HIV against discrimination. It states that a parent, guardian or a person having custody of a minor shall not discriminate against him or her on the grounds of the minor's actual, perceived or suspected HIV status.

PLHIV in Uganda experience stigma and discrimination at family and community levels. According to the Index Study, this is in form of exclusion from social gatherings, religious activities, family activities and incidents of physical and verbal harassment/assaults.

Aim of policy measure

- To reduce social norms, gender and power issues that propagate stigma and discrimination among people living with and affected by HIV within the family, community any other formal and informal institutions
- To improve coping mechanism, prevent depression, and reduce risky behaviour among people living with and affected by HIV and their family and community.

Policy Measures

Stigma and Discrimination at Family and Community Levels

3.5.1 All citizens and residents shall have a mutual responsibility to prevent HIV stigma and discrimination in his/her family, community and society.

3.5.2 A PLHIV shall not be excluded from social gatherings, religious or family activities because of his/her HIV status.

3.5.3 A PLHIV shall not be gossiped about, verbally insulted, harassed and/or threatened nor physically harassed or assaulted because of his/her HIV status.

3.5.4 A PLHIV shall not be subjected to psychological pressure or manipulation by his/her spouse or partner because of being HIV-positive.

3.5.5 A spouse, partner or any member of a household shall not be subjected to discrimination as a result of the husband's, wife's, parent's, partner's, guardian's,

relative's or family member's positive HIV status.

3.5.6 A PLHIV shall not discriminate against other people living with HIV.

3.5.7 A community shall accept HIV positive children the way they are and encourage people to love and listen to them and provide solutions to their problems.

3.5.8 Any direct or indirect discrimination against people living with or affected by HIV based on their or another person's actual or perceived HIV status is prohibited.

3.5.9 Upon first knowing about the HIV status of a person, the following categories of people shall provide the necessary support to the PLHIV:

a) the spouse, partner, other adult family members and children in the infected person's family;

b) the health care workers and social workers/counsellors;

c) the religious, traditional and community leaders;

d) the teachers and government officials;

e) the friends/neighbours of the infected person and other people living with HIV; and

f) the employer / bosses and co-workers of the infected person.

g) Other persons that are in contact with a PLHIV.

Right to an Adequate Standard of Living and Social and Political Services

3.5.10 A PLHIV shall have the right to an adequate standard of living, including equitable access to social protection and other forms of material assistance and a right to be treated with dignity and respect.

3.5.11 A PLHIV shall have the rights to and equal opportunities to and inclusion in political and social life including social security, support and welfare.

3.5.12 A person shall not be denied the right to seek an elective or other public office on the grounds only of the person's actual, perceived or suspected HIV status.

Right to Marry and to Found a Family:

3.5.13 An adult PLHIV has the right to marry and found a family

3.5.14 Either spouse, having known that he/she is infected with HIV, shall be immediately or as soon as possible be sensitized by the health worker about disclosure to his/her spouse and empowered about safer sexual practice.

3.5.15 No marriage or other relationship shall deprive a person of the right to refuse sexual acts, including those that put them at risk of infection with HIV or any other sexually transmitted infection.

3.5.16 HIV or AIDS shall not be recognized as a ground for divorce and a spouse or partner shall not be subjected to sexual rejection as a result of his/her positive HIV status.

Access to Information:

3.5.17 A PLHIV shall have the right to seek, receive and impart reliable and accurate information and education materials related to stigma and discrimination and all aspects of HIV/AIDS

3.5.18 Every PLHIV shall have equitable and sustainable access to a wide range of effective and evidence-informed measures aimed at preventing, care and mitigating effects of HIV.

Freedom of Assembly and Association:

3.5.19 PLHIV shall have the right to assemble and associate among themselves in order to (a) enable them to express their needs and wishes, (b) support and help one another and (c) effectively participate in the formation of HIV and AIDS related policies and laws.

3.5.20 HIV status shall not be used as a basis to deprive a person the right to move and associate freely.

Right to Participate in State and Society Management and Cultural Life:

3.5.21 A PLHIV has the right to take part in the development and implementation of HIV/AIDS related policies and programs that may directly affect their needs and interests.

3.5.22 A PLHIV has the right to participate in cultural life including undertaking creative and artistic activities, for imparting HIV and AIDS related knowledge, information, education and communication for combating stigma and discrimination.

Right to life and inherent dignity

3.5.23 All persons, regardless of their HIV status, shall have the right to life and entitlement to the enjoyment of their human rights and fundamental freedoms without discrimination of any kind.

Right to Equality:

3.5.24 Women and girls, regardless of their HIV status shall be protected against all forms of gender discrimination and violence, including sexual violence, rape and other forms of coerced sex, as well as against traditional practices that may negatively affect their health.

3.6 RIGHTS AND ACCESS TO JUSTICE TO PLHIV IN AND UNDER CARE OF UNIFORMED PERSONNEL/FORCES

Background

Justice is critical in addressing HIV and AIDS related stigma and discrimination. Thus, access to legal-aid services for people living with HIV (PLHIV) and particularly those among already-vulnerable populations is central to a more effective response to the AIDS epidemic.

The 1995 Constitution of Uganda provides under (a) Article 20 that: (a) All persons are equal before and under the law in all spheres of political, economic, social and cultural life and in every other respect and shall enjoy equal protection of the law and (b) a person shall not be discriminated against on the ground of sex, race, colour, ethnic origin, tribe, birth, creed or religion, or social or economic standing, political opinion or disability. The Constitution further provides, among others, under Article 33 that (1) women shall be accorded full and equal dignity of the person with men (2) the State shall protect women and their rights, taking into account their unique status and natural maternal functions in society (3) women shall have the right to equal treatment with men and that right shall include equal opportunities in political, economic and social activities.

In view of the above legal instruments, (a) awareness of the 2001 Declaration of Commitment on HIV (b) knowledge of national laws (e.g. HIV and AIDS Prevention and Control laws) and policies that are intended to provide some protection of the rights of people living with HIV, and (c) knowledge of violations of rights experienced in various settings are critical in the national HIV/AIDS response. In particular, the PLHIV need to be conversant with these provisions so that they are adequately empowered to take the necessary actions as needs arise. However, according to the PLHIV Stigma Index Study 2013, less than 50% of PLHIV have heard of the UN Declaration of Commitment on HIV/AIDS and the National HIV/AIDS Policy which protect the rights of PLHIV in the country. Of these people, two out of five have ever read or discussed the content of the declaration and policy. This means that people are aware but not knowledgeable about international and national policies and laws that promote and protect rights of PLHIV and also (a) lack knowledge about laws and how to go about enforcing rights and (b) lack legal aid or affordable legal assistance when rights are being infringed. Thus, the Stigma Index study indicated that some PLHIV were forced to submit to a medical or health procedure (including HIV testing); denied health insurance or life insurance because of their HIV status; were arrested or taken to court on a charge related to their HIV status; had to disclose their HIV status in order to enter another country; had to disclose their HIV status to apply for residence or nationality; were detained, quarantined, isolated or segregated.

According to the strategic plan of Uganda Prisons Services (UPS), the general prevalence of HIV in UPS is 11.2%, higher among female prisoners at 13% compared to their male counterparts at 11%. About 30% of male prisoners and 35% female prisoners lack comprehensive knowledge about HIV and AIDS and about 50% had incorrect beliefs about HIV and AIDS while about 20% believe HIV had a cure. It was also found that about 30% considered themselves at risk of acquiring HIV while in prison attributing the risk to sharing shaving instruments (62%) and unsafe sexual behaviour (7%). About 43% had stigmatizing attitudes toward prisoners living with HIV. The key drivers of new HIV infections among Uganda Prisoners are: unprotected

MSM and heterosexual intercourse, sharing of unsterilized skin piercing instruments, drug abuse and violence. These challenges require appropriate policy measures.

Aim of policy measure

- To promote justice and rights of persons living with and affected by HIV, including those in incarcerated settings.
- To increase utilization of National HIV/AIDS documents, policies and laws on stigma and discrimination among stakeholders.
- To reduce incidence of stigma, discrimination, sexual and gender based violence among people living with and affected by HIV, including those in incarcerated settings.

Policy Measures

Protection from torture or cruel, inhuman or degrading treatment or punishment

3.6.1 No person shall be subjected to torture, cruel, inhuman or degrading treatment or punishment because of their HIV status.

Right to Equality:

3.6.2 All persons, irrespective of their HIV status shall be accorded equal treatment before the courts and protection of the law.

3.6.3 PLHIV shall not be denied access to legal protection and support services provided by both the state and non-state institutions.

3.6.4 PLHIV, HIV and AIDS advocates and service workers shall be guaranteed equal access to justice, the right to a fair trial, and effective enforcement of remedies

3.6.5 Educational programmes for raising legal literacy among PLHIV and legal aid services, including specialist HIV legal advice services shall be provided for PLHIV and key populations for complaints relating to discrimination, violence protection and other human rights violations.

Rights of prisoners living with HIV

3.6.6 A prisoner living with HIV shall enjoy the same rights and entitlements as prisoners living with other illnesses; this includes entitlement to health care services including ART and medication for the management of all opportunistic infections.

3.6.7 All information on the health status and health care of prisoners shall be confidential; health information, including HIV status, shall only be disclosed in accordance with this Policy.

3.6.8 Prison authorities shall ensure that the health of people living with HIV in prisons is regularly monitored by health authorities and that they receive medical follow-up, as well as adequate treatment when necessary.

3.6.9 A prisoner shall not be isolated from other prisoners on the account of his or her actual or perceived HIV status.

3.6.10 In the event of violence and abuse or real risk thereof, a prisoner living with HIV may be temporally isolated from other prisoners although the decision by the officer in charge of the prison to temporarily isolate a prisoner shall be confirmed by the court determining or that last determined the prisoner's case.

Protection against violence

3.6.11 A prisoner living with HIV shall be entitled to protection against violence, including sexual violence, and shall retain his or her right to institute legal proceedings, notwithstanding disciplinary sanctions against the author of the act of violence. The competent authorities shall ensure that the necessary measures are taken to that end.

3.6.12 Prison authorities shall investigate and resolve all complaints of rape and sexual violence in prisons.

Legal proceedings on behalf of people living with and affected by HIV

3.6.13 Non-governmental organisations shall have the capacity to institute legal proceedings for and on behalf of a person living with or affected by HIV even if that person is not a member of those organisations.

3.6.14 It is the responsibility of every person living with or affected by HIV to demand for his/her rights, ensure they are observed and inform the necessary authorities in cases of violations of the HIV and AIDS Prevention and Control Act and any provisions in this policy.

4. IMPLEMENTATION ARRANGEMENTS

4.1 STRUCTURES, ROLES AND RESPONSIBILITIES

Government

The state has a duty to protect, promote and fulfil the rights of people living with and affected by HIV and AIDS. Hence, government will:

- Ensure that PLHIV have free and/or affordable and accessible legal, medical, educational and social welfare services and have mutual relationships with NGOs that have the facility for provision of such services to PLHIV.
- Consult widely and involve PLHIV in deliberations on legislation and national policies that are aimed at protecting the rights of PLHIV and reducing levels of HIV transmission.
- Domesticate and implement international human rights instruments that seek to protect and promote the rights of people living with and affected by HIV.
- Review laws, regulations and policies related to HIV and monitor their enforcement, including assessment of their negative and positive impact on people infected and affected by HIV and on the national response to the epidemic.
- Not formulate a policy, enact any law or act in a manner that discriminates directly or by its implication, persons living with HIV, orphans or their families.
- Protect the rights of all workers and clients, whether or not they are personally affected by HIV, and provide for (a) a work and care environment free of stigma and discrimination ; (b) reasonable accommodation, such as job reassignment, adaptation of workstations and working-time flexibility; (c) continued employment of workers living with HIV while medically fit; (d) grievance procedures that are gender sensitive and designed to be fully accessible to all staff; (e) penalties for violations of regulatory requirements.
- Ensure that interactive communication on various aspects of HIV and AIDS, which may be responsible for HIV stigma and discrimination are provided to the general public in addition to general HIV related behavioural change communication sensitization efforts.
- Encourage and support the creation and functioning of support groups, community home-based care groups and other organisations of people living with or affected by HIV.

Uganda AIDS Commission

Uganda AID Commission has the mandate to coordinate all HIV and AIDS activities in this country. Hence UAC will:

- In close collaboration with the relevant sectors and partners, ensure joint and appropriate application of the policy by all stakeholders.

- Mobilize stakeholders at various levels in their sectoral capacities to support and facilitate implementation of this policy and jointly monitor and evaluate 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.

Ministry of Health

The MOH will:

- Promote health setting environment that is devoid of stigma and discrimination so as to continuously support the PLHIV on treatment and work with them to share accurate information and their lived experiences of fighting and preventing stigma.
- Provide the public with accurate information about (a) modes of HIV transmission and drivers of HIV epidemic (b) stigma and discrimination and associated drivers.
- Ensure health care professional(s) provide education on HIV-related treatment options and on sexual and reproductive health, sexual relationship(s), emotional well-being, drug use, etc for PLHIV.
- Ensure that a pregnant woman who is tested and found to be HIV positive receives safe and appropriate ARV regimens and routine medication to prevent transmission of HIV to the child.
- Ensure that appropriate care and support in form of ARV regimens and routine medication as provided to an infected pregnant woman is extended to the partner of the pregnant woman and to the victim of a sexual offence who is tested and found to be HIV positive.
- Organize training for health care providers on human rights and medical ethics related to HIV so that (a) they know about their own human rights to health (HIV prevention and treatment, universal precautions, compensation for work-related infection) and to non-discrimination in the context of HIV and (b) they can help reduce stigmatizing attitudes in health care settings and to provide health care providers with the skills and tools necessary to ensure clients' rights to informed consent, confidentiality, treatment and non-discrimination.
- Communicate this policy and related information on HIV to all Health Sector employees and wider public using the full range of communication methods available to the Ministry.

Ministry of Education and Sports (MoES)

The education sector is responsible for formal education, including providing adequate and accurate information and imparting skills to learners at all levels in the country. Accordingly, MOES will:

- Operationalize the obligation to guarantee and make education available, accessible, acceptable and adaptable.

- Retool teachers with the necessary skills and stimulate their interest to support HIV infected or affected children.
- Ensure that the capacity of educational institutions of learning across all levels of formal and informal education is strengthened to implement behaviour change interventions for stigma reduction among learners, educators and managers in such institutions.
- Encourage and support the formation of networks of teachers and learners living with HIV, Peer groups and Post test clubs among students and learners in the Education and Sports sector as a means of information sharing, guidance and counselling, providing social support and promoting behaviour change and positive living.
- Ensure that these policy guidelines are enforced in schools and other institutions of learning.

Ministry of Gender Labour and Social Development(MOGLSD)

MOGLSD is responsible for social welfare of the population, including those in the world of work. Hence, MOGLSD will:

- Ensure that all forms of stigma and discrimination to people living with HIV in achieving an adequate standard of living and social security services is prevented.
- 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 within the Ministry's mandate.
- Ensure, that the rights of workers with HIV are not infringed, as stipulated in this policy and any relevant labour legislation.

Ministry of Internal Affairs

- Ensure adoption and implementation of the stigma and discrimination Policy guidelines at all levels in the Police, Prisons and other departments of the ministry.

Ministry of Justice and Constitutional Affairs

- Ensure there are appropriate legislations in support of this stigma and discrimination policy to compel all government units to fulfil their mandate accordingly.

Uganda Human Rights Commission

- Ensure that appropriate guidance and support is provided to institutions, service providers, duty bearers and rights holders in respect of observance of the rights of people living with or are affected by HIV and AIDS in the country.
- Address the reported cases of abuse of the rights of PLHIV.

Ministry of Public service

- Provide supportive supervision to MDAs related to Public Service in design, planning and implementation of stigma and discrimination activities
- Ensure that all Public Service units have integrated this policy into their activities in order to ensure that stigma and discrimination issues are adequately catered for.
- Conduct periodic reviews for track progress in implementation of these policy guidelines in the Public Service.

Development Partners

The AIDS Development Partners are instrumental in enhancing the approval of this policy. Hence, they will:

- Provide the necessary technical, technological and financial support required for advocacy, approval, dissemination and implementation of the policy guidelines.
- Provide avenues for experiential learning from other countries on issues related to stigma and discrimination.
- Support mobilization of resources required for implementing the policy guidelines.

Media

The responsibility of the media is to inform the general public . Hence the media will:

- Ensure that their reporting on HIV/AIDS is not a hindrance to the protection and promotion of human rights of PLHIV and does not perpetuate stigma and discrimination.
- Ensure that the capacity of the media, art and entertainment industry is strengthened to deliver HIV/AIDS-related stigma interventions.

Religious Bodies and Institutions

Religious organizations are responsible for leading and providing spiritual and moral guidance to the population. Hence the faith based organizations will:

- Develop mechanisms and structures that offer effective psycho-social support to the HIV infected and affected persons while simultaneously ensuring the right to privacy, encouraging HIV and human rights education within its system and providing adequate and accurate information on HIV prevention, care, treatment and support.
- Conduct campaigns against: denial of access to places of worship; belief that link HIV to immorality; religious beliefs or “moral” judgments and rejection of judgment of PLHIV; spiritual teachings equating an individual’s HIV positive status to sin.
- Regardless of the cause of death, ensure that everybody will be accorded a decent burial, with religious leaders officiating at funeral services of those who have died of HIV related causes
- Ensure that the capacity of cultural and faith based organizations is strengthened to

implement appropriate interventions to reduce HIV related stigma and discrimination

- Ensure that a clergy in Uganda does not promote stigma and discrimination directly or indirectly through his/her preaching and that an HIV positive clergy continues serving in the denomination
- Ensure a common voice among Faith Based Organisations so as to allow not only learning from each other but also provide support to each other.

Employers in a Workplaces

An employer is responsible for providing a good working environment for all its employees. Hence, an employer will:

- Ensure privacy and confidentiality in handling employee health related matters and the employee is not compelled to reveal their HIV status to their current or prospective employer.
- Consult with workers and their representatives to develop and implement an appropriate workplace policy on HIV, designed to prevent the spread of infection and to protect all workers from HIV related stigma and discrimination and any violation of their human rights
- Ensure that workers and managers at all levels are sensitized to workplace issues related to HIV, including those relevant to the health care rights and needs of clients, and that they are given appropriate training and are supported by management.
- 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 and the remedies that are available in the event of breach of such rights, become integrated into existing grievance procedures
- Develop a clear programme of action that covers innovative and established methods for stigma and discrimination reduction.
- In the case of private sector organization, establish business coalitions that may offer to their employees, clients and communities living with and affected by HIV a wide variety of products and services that fall into broad categories including information sharing; service provision to businesses; advocacy and education; and, community activities.

Employees

An employee is a member of the general public linked to a workplace. Hence he/she will:

- Personally or using a workers' representatives have the right to take up issues at their workplaces through grievance and disciplinary procedures and/or should report all discrimination on the basis of HIV to the appropriate legal authorities.
- workers' organizations in collaboration with the employer will (a) ensure that

employees/health-care workers who are infected or affected are protected against stigma and all forms of discrimination; (b) work together with employees/health-care workers to monitor compliance with all legislation and regulations; (c) cooperate with each other and other relevant stakeholders to design strategies to fight against HIV in places of work.

Civil Society Organisations

Civil Society organizations have the mandate to carry out advocacy interventions in the national response to HIV, including holding the rights holders and duty bearers accountable. Hence, the CSOs will:

- Advocate and lobby for reforming laws, regulations and policies relating to HIV/AIDS and (a) promote the enactment and implementation of laws, regulations and guidelines that prohibit discrimination and (b) support access to HIV prevention, treatment, care and support by PLHIV (c) ensure that laws protect women and girls from gender-based discrimination and violence and provide them with access to social, legal and health services.
- Advocate for involvement of all sectors of government, cultural, political and religious leaders at national level, districts and community level, in HIV prevention, care and support and stigma and discrimination
- Improve awareness of HIV/AIDS-related laws and human rights, both among those who are likely to be discriminated against, those who are likely to discriminate, as well as among those who are likely to implement and enforce its provisions.
- Mobilise resources for implementation of HIV and AIDS related activities and with particular emphasis for stigma and discrimination.
- Ensure stigma and discrimination prevention activities are built into existing community-based programs for HIV and AIDS programmes
- Avail the community with information on HIV and AIDS and related opportunistic and sexually transmitted infections, where to access treatment and support services and available treatment plans. Such information should be widely accessible to all persons and made available in vernacular to ensure effective dissemination.
- Ensure that any public or non-public sector organization, groups of people or any person receiving aid or other kind of assistance for the purpose of providing preventive, treatment, care, support or research, to persons living with HIV, widows, widowers, orphans or the most vulnerable children is used for that purpose.

The National Forum of Network of Persons Living With HIV (NAFOPHANU)

NAFOPHANU is an umbrella organization to coordinate networks, organizations, forums, groups and associations of people living with HIV in Uganda. One of its mandates includes provision of information and any necessary assistance to overcome stigma and provide peer to peer encouragement for seeking treatment and living positively. Hence NAFOPHANU will:

- Enhance the capacity of registered networks of PLHIV.

- Ensure a friendly environment for its members, staff, volunteers and other partners, to consult, interact and collaborate in matters relating to HIV and AIDS and stigma and discrimination without fear, discrimination and intimidation.
- Organize involvement of PLHIV at various levels in the planning and implementation of the national response including stigma and discrimination.
- Ensure that staffs that are infected with HIV, like persons having other chronic illnesses are allowed to work, as long as they are medically fit for available or appropriate tasks.
- Ensure that all staff and their family members, who are infected or affected by HIV and AIDS, have access to counselling, management of related opportunistic infections and other health, social and judicial services.
- Put in place appropriate procedures that can enable staff that are infected with HIV to receive adequate redress for offences against the provisions of these policy guidelines.

Persons Living With HIV

A person living with HIV is responsible for his/her life and those they interact with socially. These roles are elaborated below:

- It is the responsibility of a PLHIV to:
    a) confront, challenge or educate someone who is stigmatizing and/or discriminating against a PLHIV;
    b) seek knowledge about organizations or groups[6] that he/she can go to for help if he/she experiences stigma or discrimination;
    c) advocate for the rights of all people living with HIV and for the rights and support of marginalized groups of people affected or infected with HIV;
    d) provide support to people living with HIV through emotional, physical and referral support;
    e) educate people living with HIV about living with HIV (including treatment literacy); and
    f) raise awareness and knowledge of the public about HIV and AIDS, including human rights and HIV stigma and discrimination.

It is also the responsibility of PLHIV to:

a) voluntarily disclose his/her HIV status to the spouse or partner so as to prevent infection
b) demand for his/her rights and ensure that they are observed and not violated; and
c) choose to get married and/or have children.

6 These include: People living with HIV support group; Network of people living with HIV; Faith-based organization; A legal practice or a human rights organization; Local non-government organization; National non-governmental organization; Uganda AIDS Commission; International non-governmental organization; or UN organization.

4.2 GRIEVANCE REDRESS MECHANISM

This policy provides for a Grievance Redress Mechanism (GRM) which allows for individuals living with or are affected by HIV or groups of people or communities affected by HIV/AIDS that have been stigmatized/discriminated or their rights have been violated in the context of HIV/AIDS to seek for redress. Thus, there will be three levels at which one can make a complaint, lodge a concern or make an enquiry; these are community, administrative and judiciary levels. The GRM is aimed at ensuring that appropriate and acceptable redress solutions and/or actions are identified to the satisfaction of complainants; and avoid/minimise the need to resort to judicial proceedings or outbursts by aggrieved PLHIV that would have been prevented through an effective grievance redress mechanism. In this regard, The role of NAFOPHANU is to create awareness about this policy and GRM and provide the necessary linkages and referrals of PLHIV and other clients to the appropriate complaint/grievance handlers and service providers as described below. In general, however, a complainant may submit[7] a grievance, complaint or violation of this policy to NAFOPHANU, UAC, UHRC, MoGLSD (e.g. issues related to gender),MoH (e.g. issues related to heatlh), MoES (e.g. issues related to education) and other Public Sector service providers (e.g. MDAs, LG or Parliament), PLHIV Network (e.g. NGEN+, POMU, or any member of the SCE PLHIV; Civil society organization (e.g. UGANET, ULS etc) or any HIV/AIDS Organization (e.g. UNASO, TASO, AIC etc).

Community Level: A PLHIV or member of a community/general public faced with a grievance/complaint arising out of HIV/AIDS related stigmatization, discrimination, or violation of rights can make a complaint, query or suggestion to the GRM. This will be done through personal presentation, phone, email, suggestion box etc. At the community level, this will take place with/to: the family member/head; cultural/clan leader/elder; religious leader; an official of LC1 or LC2 or an official of NAFOPHANU. At this level, complaints and queries will be handled through discussions and social dialogue with a violator and where necessary a mediator/ counsellor and a quick amicable resolution attained, or escalation within the community (e.g. from family to religious leaders; LC1 to LC2). However, in the event that the matter is not resolved, escalation to the administrative level will take place.

Administrative Level: At the administrative level, a mechanism for grievance handling / redress and accountability for discrimination and violation of the rights of clients at the work place including health, education and prison shall be put in place. The purpose of this level is to ensure that a PLHIV whose complaints were not adequately addressed at the community level can come to seek for further redress. At this level, therefore, discussions and dialogues may be held with the violator and administrator; where necessary, the matter can be referred to a higher authority within the administration, management or governance committee/board. The institution's grievance and disciplinary procedures will be used as deemed appropriate while taking into account the sensitive and confidential nature regarding the HIV positive status of the aggrieved employee. At this level, an agreement can be reached for paying a fine and /or resolving the mater amicably.

7 *For NAFOPHANU: Through Email: (info@nafophanu.org); Letter to the Executive Director; NAFOPHANU, P.O. Box 70233, KAMPALA; Telephone Call: +256 701 444448; +256 414 271015; Suggestion Box; Walk-in to NAFOPHANU or any of its Branches / members; Media (print and electronic); Social media; and Through Meetings, conference and workshops.*

In the event of fellow employees harassing or refusing to work with an employee who is living with HIV, the offender shall be subjected to disciplinary action. which could result in termination of services in accordance with the Terms and Condition of Service. The following guidelines shall be observed:

a) An employee, who feels that he/she has been harassed, shall be encouraged to lodge in a grievance.:

b) Management shall not transfer or move an HIV positive person to an alternative duty station as a result of grievance, unless the transfer is a part of the grievance resolution.

c) Where fellow workers still refuse to work with an HIV positive employee, after proper education and training, the management shall have the right to discipline such workers for:

If the issue is not resolved, the PLHIV will forward the complaint to the Sub County or District Offices and/or sector MDA head office or higher NAFOPHANU Office for further attention.

Judiciary level: The Ugandan laws allow any aggrieved person the right to access the Court of law. If a PLHIV is dissatisfied with the outcomes from community and/or administrative level, he/she has the option to pursue appropriate recourse via judicial process in Uganda. Thus, a complainant may seek legal (aid) services including legal information, advice and representation in court, for civil or criminal complaint. Courts of law will be a "last resort" option, through the Police (for criminal cases) or court directly (for civil case) where a fine, imprisonment, compensation (in line with the Workers Compensation Act), injunction etc may be imposed on the offender as the court may deem fit in compliance with the provisions of the law.

A PLHIV whose righs have been abused can forward his/her complaint to Uganda Human Rights Commission at any stage of the redress mechanism.

4.3 OPERATIONALIZATION AND MONITORING AND EVALUATION OF POLICY GUIDELINES

Upon approval by Government, Uganda AIDS Commission in conjuction with NAFOPHANU and all the other key stakeholders identified in the implementation arrangements will develop a communication guide that appropriately repackages the policy in a simplified format for ease of dissemination. They will also ensure the development of appropriate strategies for mainstreaming the implementation of the policy in their respective sector plans and program of interventions at the work place and within their targeted clients and communities. In this regard, it will be necessary for the sectors and different stakeholders to set clear targets for assessing performance and monitoring the impact of this policy on stigma and discrimination with respect to their workplace and communities.

Monitoring and evaluation activities shall be undertaken at all levels in order to ensure compliance, assess success in implementation, measure effectiveness and identify weaknesses and gaps in the policy guidelines. Uganda AIDS Commission will lead key stakeholders to

develop and operationalise a monitoring and evaluation plan for these policy guidelines. In particular, Stigma Index studies and commissioned studies to estimate prevalence of stigma and discrimination in the work place and communities will be carried out and results shared with the public. The Uganda AIDS Commission will support key institutions such as UHRC, MOGLSD, MOES and NAFOPHANU to establish an appropriate database for capturing and monitoring complaints and grievances that will be received for redress as the policy is being implemented.

The policy guidelines shall accordingly be reviewed and amended as necessary on a regular basis to take cognizance of evaluation findings and developments regarding HIV and AIDS, stigma and discrimination at local, regional and international levels.

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