MINISTRY OF TOURISM, WILDLIFE AND ANTIQUITIES HIV/AIDS & TB WORKPLACE POLICY

DECEMBER, 2025

Foreword

Uganda has made significant strides in combating HIV/AIDS since the late 1980s. As of 2024, it was estimated that approximately 1.5 million people were living with HIV (PLWHIV), and about 37,000 had newly contracted the virus. The Uganda Population-based HIV Impact Assessment (UPHIA) 2020 indicates that the national HIV prevalence among adults aged 15–64 years stands at 5.5%. This represents a continued decline from 6.2% in 2016/17 and 7.3% in 2011. Gaps remain in health policies, particularly impacting the tourism, wildlife, and heritage conservation sectors. This industry relies on a mobile workforce in remote, high-risk areas with limited healthcare access, increasing their vulnerability to HIV, Tuberculosis (TB), Leprosy and NCDs.

In response, the Ministry of Tourism, Wildlife, and Antiquities (MoTWA) has developed a comprehensive HIV/AIDS Workplace policy that now incorporates provisions for the management of TB, Leprosy, and Non-communicable Diseases (NCDs). This proactive initiative aims to foster a healthier and more resilient workforce within MoTWA, reduce the transmission of TB and Leprosy between Humans and Wildlife, and ensure that all employees receive support, regardless of their health status. Recognising that TB is a leading cause of death among PLWHIV and with the rise of NCDs, this integrated approach is vital for effective disease control. While less common, Leprosy still presents challenges in some Ugandan regions due to stigma and limited healthcare access. By unifying these diseases under one policy, MoTWA emphasises health, equity, and productivity. MoTWA, therefore, adopts a One Health approach, which is a collaborative, multisectoral strategy that recognises the interconnectedness of human, animal, and environmental health to achieve optimal health outcomes.

This policy aligns with national and international legal and strategic frameworks, including the Constitution of the Republic of Uganda, the National HIV and AIDS Strategic Plan, the HIV and AIDS Prevention and Control Act (2014), and International Labour Organisation guidelines. It also supports Uganda's National HIV and AIDS Strategic Plan (2020/21–2024/25), the TB and Leprosy strategic plan (2020/21 -2024/25) and the broader goals of the Fourth National Development Plan (NDPIV). NDPIV advocates for integrating HIV/AIDS into all ministry programs and prioritising human capital health for socio-economic growth. MoTWA's policy supports these objectives by incorporating HIV, TB, Leprosy and NCD-sensitive planning into the management of tourism, wildlife, and antiquities.

The policy provides a clear roadmap for integrating responses to HIV, TB, Leprosy, and NCDs into MoTWA's operations. Key aspects include inclusive employment practices, equitable access to training and promotional opportunities, protection against discrimination, support mechanisms for affected employees, and access to vital healthcare services. It also emphasises preventive education, capacity building, and partnerships. This policy will not only improve workforce health and well-being but also enhance Uganda's reputation as a safe and responsible tourism destination. It affirms the interconnectedness of public health and sustainable development, ensuring every employee has an inclusive, safe, and supportive workplace.

Together, let us reaffirm our commitment to end the AIDS and TB epidemics by 2030, a Leprosy-free generation by 2030, a healthy workforce, and the continued growth of Uganda's tourism industry.

Tom R. Butime (MP)
Minister of Tourism, Wildlife and Antiquities, Uganda

Preamble

The Ministry of Tourism, Wildlife and Antiquities (MoTWA) is committed to safeguarding both our workforce and the sustainability of Uganda's vital tourism industry. We acknowledge that our diverse and mobile employees, who often work in remote, high-risk areas with limited healthcare access, face a heightened vulnerability not just to HIV, but also to co-infections like tuberculosis (TB) and leprosy. Recognising this profound challenge and the risk of inter-disease transmission, MoTWA has proactively developed a comprehensive HIV/AIDS & TB Workplace Policy that now holistically integrates provisions for TB, Leprosy and Non-Communicable Diseases (NCD) management services. Crucially, this policy is underpinned by the One Health approach, a collaborative, multi-sectoral strategy that recognises the fundamental interconnectedness of human, animal, and environmental health to achieve optimal health outcomes across our sector.

The Ministry therefore commits to advancing employee well-being through the One Health principle of equity and integrated care. MoTWA shall actively promote the integration of HIV/AIDS, TB and NCD services, including prevention, confidential testing, treatment, and comprehensive care, into routine occupational health and wellness programs for all employees, from tour guides to site attendants. Normalising these services directly improves access and effectively reduces stigma and discrimination, for which we maintain a zero-tolerance policy across all workplaces. Furthermore, we shall develop and deploy multi-sectoral health communication materials for employees and the surrounding communities near tourism sites. This targeted information, focusing on the prevention of HIV/AIDS, TB, and Leprosy, will emphasize that a robust, healthy workforce is the prerequisite for sustainable tourism growth and a stable sector.

To ensure resilience against future health crises, the Ministry will formalise multi-sectoral coordination with Health and Wildlife agencies to facilitate joint surveillance, training, and rapid information sharing. Furthermore, by empowering tourism employees, such as park rangers, with basic syndromic surveillance skills, the sector will become a vital partner in early outbreak detection. Ultimately, integrating visitor health education and community support into policy will foster responsible tourism, creating a stable, secure, and truly sustainable environment that protects Uganda's people, wildlife, and economy.

On behalf of MoTWA, I extend a heartfelt invitation to all stakeholders, including public, private, and community-based organisations, to join us in the diligent implementation of this policy. Your collaboration is not just welcomed but is absolutely essential for furthering Uganda’s leadership in integrating health into industry development.

Together, let us reaffirm our collective commitment to ending the HIV/AIDS and TB epidemics, and a Leprosy-free generation by 2030, fostering a healthy workforce, and ensuring the sustained growth of Uganda’s vibrant tourism industry.

Sincerely,

Hon. Mugara B. Martin
Minister of State, Tourism, Wildlife and Antiquities

Executive Summary

Uganda's vibrant tourism, wildlife, and antiquities sector is highly vulnerable to the impact of infectious diseases. The workforce is characterised by high mobility and diverse interactions, often operating in remote areas with limited healthcare access, which heightens the risk of HIV, Tuberculosis (TB), Leprosy transmission, and co-infection. With Uganda reporting 1.53 million PLWHIV and TB, about 37,000 infections were newly acquired by the end of 2024. TB remains one of the major causes of death among PLWH. This policy is essential to protect both employees and visitors, particularly those driven by tourism.

MoTWA commits to institutionalising a comprehensive, inclusive, and effective health response to eliminate HIV/AIDS, TB, Leprosy, and NCDs as public health threats within its sectors by 2030.

Key Objectives: The policy aims to achieve the following:

- Implement robust awareness and sensitisation campaigns across the workforce
- Conduct staff orientation and training to support policy adoption
- Significantly reduce stigma and discrimination related to health status
- Integrate health provisions into all internal MoTWA policies and processes
- Establish and maintain equitable treatment and care protocols for affected staff
- Develop robust monitoring and evaluation (M&E) systems to track progress
- Invest in capacity building for staff and peer educators
- Control of human-wildlife disease transmission through One Health principles
- Manage the impact of traditional beliefs and misinformation
- Ensure follow-up support for affected retired staff

The policy's implementation is guided by strict adherence to:

- Human Rights and non-discrimination
- Confidentiality of health information
- Gender responsiveness in all interventions
- Promotion of Voluntary Counselling and Testing (VCT)
- Shared Responsibility among staff, management, and partners
- Merit-based employment and strict prohibition of discrimination or harassment.

Budgetary allocation is prioritised for internal sensitisation, capacity building, and resource mobilisation. Full details, including a costed work plan and specific allocation per activity, are provided in the Annexes.

Implementation and Governance The policy will be overseen by the Permanent Secretary and the dedicated HIV/AIDS, TB, Leprosy, and NCDs Coordination Committee. Implementation will focus on internal sensitisation, capacity building, and robust stakeholder engagement. Comprehensive monitoring and evaluation will be conducted quarterly to track equitable service access, measure impact, and inform continuous policy review.

Definition of Key Terms

To understand the policy, it's essential to define the key terms used throughout the document. Here's a list of those terms and their definitions:

95-95-95 Targets	Ambitious global targets set by UNAIDS for 2025 to fast-track the end of the HIV epidemic: 95% of people living with HIV know their status; 95% of all people with diagnosed HIV infection receive sustained antiretroviral therapy (ART); and 95% of all people receiving ART have viral suppression.
AIDS (Acquired Immune Deficiency Syndrome)	The late stage of HIV infection that occurs when the body's immune system is badly damaged because of the virus.
Antiretroviral Treatment (ART)	A combination of medicines used to treat HIV infection. ART helps people with HIV live longer, healthier lives and reduces the risk of HIV transmission.
Capacity Building	The process of developing and strengthening the skills, abilities, processes, and resources of individuals, organizations, and communities to address specific challenges.
Co-infection (HIV/TB)	The simultaneous presence of two or more infections in a single individual; in this policy, it primarily refers to a person having both Human Immunodeficiency Virus (HIV) and Tuberculosis (TB).
Confidentiality of HIV Status	The ethical and legal obligation to protect the privacy of an individual's HIV status, ensuring it is not disclosed without their informed consent.
DOTS	Directly Observed Treatment, Short course. The internationally recommended strategy for TB control, where a healthcare worker or designated individual observes the patient swallowing their anti-TB medication to ensure adherence and successful completion of treatment.
Fourth National Development Plan (NDPIV)	A broader national development plan for Uganda that emphasizes integrating health considerations into all industry programs.
High-Risk Areas	Geographic locations or operational environments where the vulnerability to contracting or transmitting diseases like HIV, TB, and Leprosy is increased due to factors such as limited healthcare access, diverse interactions, and transient populations.
HIV (Human Immunodeficiency Virus)	A virus that attacks the body's immune system. If not treated, it can lead to AIDS (Acquired Immunodeficiency Syndrome).
HIV and AIDS Prevention and Control Act (2014)	The legislative framework in Uganda that establishes the legal parameters for the prevention and control of HIV and AIDS.
Human-Wildlife Transmission	The ability of certain diseases (specifically mentioned here as TB and Leprosy) to be transmitted from humans to animal species, and vice versa.
International Labour Organisation (ILO) Code of Practice on HIV/AIDS and the World of Work	International guidelines promoting a comprehensive approach to managing HIV/AIDS in the workplace.

Leprosy	A chronic infectious disease caused by a slow-growing bacterium, *Mycobacterium leprae*. The disease primarily affects the skin, the peripheral nerves, the upper respiratory tract, the eyes, and the testes. It is curable with multidrug therapy (MDT).
Leprosy (Hansen's Disease)	A chronic infectious disease caused by the bacterium Mycobacterium leprae that primarily affects the skin, peripheral nerves, and upper respiratory tract; though curable, it can cause progressive and permanent disability if untreated.
Leprosy elimination	Reducing the prevalence of the disease to a very low level, specifically less than 1 per 10,000 population, making it no longer a public health problem.
Leprosy eradication	The complete and irreversible extinction of the disease, with no further cases occurring anywhere in the world.
MDT Multi-Drug Therapy	The standard, highly effective combination of drugs used to cure all types of Leprosy.
MICE (Meetings, Incentives, Conferences, and Exhibitions)	A specialised component within the tourism industry, involving organised events and gatherings that bring people together for business, networking, and knowledge exchange, is identified as an opportunity for promoting HIV prevention.
Ministry of Tourism, Wildlife and Antiquities (MoTWA)	The government body in Uganda responsible for tourism, wildlife conservation, and the preservation of cultural heritage and antiquities.
Mobile Workforce	Employees who frequently travel or work in various locations, often remote areas, as part of their job responsibilities.
National HIV and AIDS Strategic Plan (NSP)	Uganda's overarching strategic document guiding the national response to HIV and AIDS.
NCD Non-Communicable Disease	Chronic conditions that are not spread from person to person, like heart disease, cancer, diabetes, and chronic respiratory diseases. A significant portion of HIV patients have at least one NCD, with prevalence estimates ranging from 20% to nearly 40% in various studies
One Health	A collaborative, multisectoral, and transdisciplinary approach working at local, national, and global levels to achieve optimal health outcomes by recognizing the interconnection between the health of people, animals, and the environment.
Preventive Education	Programs and initiatives designed to inform and empower individuals with knowledge and skills to prevent the transmission and acquisition of diseases.
Self-Coordinating Entity (SCE)	A formal mechanism or committee, such as the Ministry's internal HIV/AIDS, TB, and Leprosy Committee, established within a workplace to coordinate, monitor, and drive the implementation of the multisectoral response efforts outlined in this policy.
Stakeholders	All individuals, groups, or organizations that have an interest or are affected by the policy, including public, private, and community-based organizations, employees, tourists, and local communities.

Stigma and Discrimination	Negative attitudes, beliefs, and behaviors directed towards individuals or groups based on their health status (e.g., living with HIV, affected by TB, or Leprosy), leading to prejudice, exclusion, and unfair treatment.
TB (Tuberculosis)	A serious infectious disease caused by a germ called mycobacterium tuberculosis that mainly affects the lungs but can also affect other parts of the body, such as the brain and spine. It is caused by bacteria that spread from person to person through microscopic droplets released into the air.
The Multisectoral Accountability Framework for Tuberculosis (MAF-TB)	A strategic framework designed to support effective accountability among governments and all stakeholders at global, regional, and country levels to accelerate progress toward ending the tuberculosis epidemic. It aligns with the WHO End TB Strategy and the 2030 Agenda for Sustainable Development. MAF-TB moves beyond a purely health sector response to involve multiple sectors collaborating to address the social determinants and broader factors influencing TB transmission and care.
Voluntary Counselling and Testing (VCT)	A process where individuals receive counseling about HIV and then decide whether or not to be tested for HIV, with the results remaining confidential.
Workforce (or Employees/Staff)	Individuals employed by MoTWA.
Workplace Policy	A set of principles and guidelines designed to address specific issues within a working environment. In this context, it refers to the Ministry of Tourism, Wildlife and Antiquities (MoTWA) policy on HIV, TB, and Leprosy.
Zoonotic Diseases	Infectious diseases that can be naturally transmitted from vertebrate animals (wildlife or domestic) to humans. In the context of this policy, it highlights risks like TB transmission at the human-wildlife interface.

Acknowledgement

The Ministry of Tourism, Wildlife, and Antiquities wishes to express heartfelt gratitude to all individuals and institutions whose contributions have been vital in shaping the development of this HIV/AIDS, TB, and Leprosy Workplace Policy. This Policy signifies a meaningful advance in our efforts to protect the health and well-being of our workforce, while also reinforcing our commitment to national and global initiatives against HIV/AIDS, Tuberculosis (TB), Leprosy, and NCDs.

I sincerely appreciate the valuable insights from the Ministry of Health, Uganda AIDS Commission, the National TB and Leprosy Programme (NTLP), and other key partners. Your guidance and adherence to evidence-based practices have been instrumental in creating a Policy that is not only effective and practical but also inclusive and reflective of the diverse experiences within our industry. The engagement of our Ministry's leadership, as well as the HIV/AIDS, TB, Leprosy, and NCDs Coordination Committee and staff, has also been crucial; your feedback and support have significantly shaped this process.

A special note of thanks goes to the dedicated technical working group for their initiative in integrating TB, Leprosy, and NCDs within the broader context of HIV and AIDS Policy at the workplace. This integration is vital as it fosters a comprehensive approach to workplace health that aligns with human rights principles and adheres to our national health priorities.

I am deeply grateful for the ongoing collaboration with our development partners and civil society organisations. Your commitment is crucial in fostering a safe, stigma-free, and inclusive work environment for every employee.

As we move forward together in implementing this policy, we remain steadfast in our commitment to making the Ministry of Tourism, Wildlife and Antiquities an exemplary institution in the national response to HIV, AIDS, TB, Leprosy, and NCDs. Your continued support and engagement will be pivotal on this journey, and we look forward to working hand in hand to create a healthier workplace for all.

Sincerely,

Doreen S. Katusiime (Mrs)
Permanent Secretary, Ministry of Tourism, Wildlife and Antiquities

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List of Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
DG	Director General
FCP	Focal Point Person
GMO	Government Medical Officer
HAC	HIV/AIDS Committee
HIV	Human Immunodeficiency Virus
HRPM	Human Resources Policy Manual
ILO	International Labour Organisation
M&E	Monitoring and Evaluation
MAF-TB	Multisectoral Accountability Framework for Tuberculosis
MICE	Meetings, Incentives, Conferences and Exhibitions
MoFED	Ministry of Finance and Economic Development
MoTWA	Ministry of Tourism, Wildlife and Antiquities
NCD	Non-communicable Disease
NSP	National HIV and AIDS Strategic Plan
NTLP	National TB and Leprosy Control Programme
PIP	Policy Implementation Plan
PLWHIV	People Living with HIV and AIDS
PN	Partnership Network
TB	Tuberculosis
TM	Top Management
UAC	Uganda AIDS Commission
UPSSO	Uganda Public Service Standing Orders

1.0 Introduction

The Ministry of Tourism, Wildlife, and Antiquities (MoTWA) acknowledges the significant health challenges facing its workforce, particularly in high-traffic tourism areas where HIV prevalence among the 15-49 age group is acutely elevated compared to the national average. This disparity underscores the urgent need for a dedicated workplace policy in these critical regions.

Tourism Hub (City/District	HIV Prevalence (Ages 15-49	Difference vs. National Average (4.9%)
Fort Portal City	14.3%	+9.4%
Kalangala District	12.0%	+7.1%
Mbarara City	9.9%	+5.0%
Gulu District	9.6%	+4.7%
Kabalole District	9.4%	+4.5%
Hoima City	7.7%	+2.8%
National Average (Uganda)	4.9%	—

The significantly higher rates in these areas are often attributed to the nature of the tourism economy. Areas like Kalangala (island tourism) experience high tourist inflows and transient populations, while cities like Fort Portal and Mbarara are major transport and service mobility corridors. These factors, combined with occupational risks, sometimes limited healthcare access in remote tourist areas, and higher rates of co-infection (especially with TB), necessitate a robust, integrated health response from MoTWA to protect employees and visitors alike.

MoTWA recognises that the well-being of the population and wildlife is integral to the sustainability and growth of the tourism industry. By integrating responses to HIV/AIDS, TB, Leprosy, and NCD into its operations and programs, MoTWA not only aligns with National and International health frameworks but also supports Uganda's ambitious developmental goals aimed at creating a healthier and more resilient workforce. This alignment ensures that MoTWA is part of a larger coordinated effort to address these health challenges.

2.0 Background

Uganda has made significant strides in HIV response since the late 1980s, reducing the HIV prevalence from 18% to 5.5% by 2020 (UPHIA 2020). This achievement is attributed to the expansion of the HIV prevention services and increased access to HIV treatment through the implementation of the universal Test and Treat strategy. As a result, the country is on track to achieve the 95-95-95 targets, particularly among men and young people. Despite these achievements, there’s an opportunity to enhance focus on Government Departments and Ministries such as Tourism, Wildlife, and Antiquities, which have traditionally been underrepresented in National health policy frameworks. HIV, AIDS, TB, and NCDs continue to have a devastating impact on the social and economic development of Uganda. Today the country has about 1.53 million PLWHIV, and 37,000 were newly acquired infections by the end of 2024.

In addition, about 20,000 died from AIDS related diseases during the same period. Among the new HIV infections, young women have been found to be three (3) times more affected than the young men. The triple burden affects the most productive segment of our labour force (people in the 15–54 age bracket), and continues to deprive families, communities, and the Nation of the young and most productive people. The impacts of HIV, AIDS, and TB deprive productive individuals of their opportunities to fully develop their own careers and lives, leading to erosion of human capital, loss of skilled and experienced workers, and reduction in productivity at individual, family, and National levels, thereby undermining the country's development Agenda.

The macro-economic HIV/AIDS impact assessment of the Ministry of Finance, Planning and Economic Development (MoFED, 2008) showed that the prevalence of HIV among the hotels and tourism industry was 10.3%, which was higher than the national prevalence of 6.8% then. In 2020, studies focusing on workers in social venues (bars, lodges, and nightclubs), a high-risk subset of the hospitality sector, reported a prevalence rate of around 11% for female workers. This indicates the continued high vulnerability in this environment compared to the current national HIV prevalence of 5.1%. HIV and AIDS vulnerability in the hotel and tourism industry is still high. This is commonly associated with mobility and migration, poor terms and conditions of work, gender inequality, lack of comprehensive knowledge about HIV and AIDS, stigma and discrimination, and high proximity for personal interactions and socialisation.

The Ministry of Tourism, Wildlife, and Antiquities (MoTWA) not only recognises these gaps and the vulnerability of youth but also remains committed to implementing a comprehensive and inclusive policy response that addresses the unique challenges within these industries. Some of the strategies in the response include the Non-Discrimination and Equal Treatment of PLHIV, HIV Awareness and Education, Health and Wellness Program, Confidentiality of HIV status, Test and Know your HIV status, Zero Stigma and Discrimination, and Adherence to Treatment. This commitment testifies to the Ministry's dedication and ensures the effective execution of the policy.

The workforce in Tourism, Wildlife, and Antiquities comprises all staff employed by MoTWA, including permanent and pensionable staff, those on contract, volunteers, interns, and apprentices. Their mobility, interaction with diverse populations, and limited access to healthcare services increase their vulnerability to HIV, TB, and Leprosy. The risk is heightened in tourism hotspots, which attract transient populations and facilitate the spread of HIV, TB, Leprosy, and other communicable diseases. Tuberculosis continues to be a significant public health challenge in Uganda and remains one of the leading causes of death among PLWHIV. Recognising the close links between HIV and TB is both timely and strategic for MoTWA to integrate TB prevention, care, and support into its HIV and AIDS response.

This integration will promote a more comprehensive approach to health, alleviate the burden of co-infection, and strengthen the overall resilience of the industry. The proposed policy aims to institutionalise the response to HIV/AIDS, TB, and Leprosy within MoTWA's core operations. It will serve as a guiding framework for the Ministry in implementing targeted, evidence-based interventions that foster health, safety, and inclusivity within the tourism industry. By doing so, the policy will contribute to a healthier

and more productive workforce by reducing the incidence of HIV, TB, Leprosy, and NCD. Therefore, enhancing Uganda's appeal as a safe tourism destination and supporting sustainable development.

2.1 Guiding Frameworks and Policies

This policy is deeply rooted in various critical documents and frameworks guiding Uganda's health and wellness approach. It comprehensively addresses:

i. **The Constitution of the Republic of Uganda (1995)**
This foundational legal document, which outlines the rights and freedoms of citizens, plays a pivotal role in shaping the governance of health-related issues in the country and serves as a cornerstone of this policy.

ii. **The National HIV and AIDS Strategic Plan (NSP)**
A strategic roadmap designed to tackle the multifaceted challenges posed by HIV and AIDS. This plan focuses on prevention, treatment, and support initiatives to enhance public health outcomes.

iii. **The HIV and AIDS Prevention and Control Act (2014)**
This legislative framework establishes the legal parameters for the prevention and control of HIV and AIDS, ensuring that adequate measures and protections are in place for affected individuals.

iv. **Uganda's National Health Guidelines and Ministry of Health Protocols**
These guidelines set standards for health practices and policies, establishing protocols that health providers and organisations must follow to ensure quality care.

v. **The National Leprosy Eradication Program (NLEP)**
The guidelines are intended to eliminate Leprosy as a public health concern and stop its transmission.

vi. **WHO's Global Health Industry Strategy on HIV**
In alignment with international health objectives, this strategy outlines global best practices and collaborative efforts to combat the HIV epidemic.

vii. **International Labour Organisation (ILO) Code of Practice on HIV/AIDS and the World of Work**
This code promotes a holistic approach to managing HIV/AIDS in the workplace, emphasising the importance of creating supportive environments for employees affected by the disease.

viii. **The Presidential Fast-Track Initiative to End HIV and AIDS by 2030**
This initiative dedicates and focuses on reducing new infections and meeting the UNAIDS 95-95-95 targets to end AIDS as a public health threat by 2030 through a well-coordinated multi-sectoral response.

ix. **National Strategic Plan for Tuberculosis and Leprosy Control 2020/21 – 2024/25.**
The plan aims to raise TB awareness to at least 90% of the population, reach over 90% of people with TB disease with treatment, provide preventive therapy to 90% of those in need, and ensure

that 90% of those with TB disease complete their treatment[1]. The plan also emphasises stigma reduction and improved access to care among the most at-risk communities.

x. **Multisectoral Accountability Framework to Accelerate Progress to End Tuberculosis by 2030 (MAF-TB).**
In line with the first UN High-Level Meeting of 2018 commitments, Uganda adopted the MAF-TB, which provides guidance to government Ministries, Departments, and Agencies (MDAs), Local Governments, and other sectors on mainstreaming TB control and prevention in their plans, programs, activities, budgets, and workspaces.

This alignment provides reassurance that the proposed policy is not a standalone initiative, but rather a coherent part of a larger, well-orchestrated strategy. Through this alignment, MoTWA will not only further National public health goals but also exemplify leadership in integrating disease responses into industrial development planning.

This policy will establish a clear roadmap for MoTWA and its partners to engage in coordinated, inclusive, and impactful actions. These actions will include budget allocation to committees, collaborating with other stakeholders to offer targeted training programmes during meetings, providing incentives, hosting conferences, exhibitions (MICE), and promoting safe practices. We believe that this initiative will drive positive change, reinforcing the essential connection between public health and sustainable tourism development in Uganda.

3.0 Policy Vision, Mission, and Goals

3.1. Vision

A thriving tourism, wildlife, and antiquities sector in Uganda that is healthy, productive, and resilient, free from the detrimental impacts of HIV & AIDS, Tuberculosis, Leprosy, and NCD.

3.2 Mission

We commit to safeguarding and enhancing the well-being of our workforce and communities in the tourism, wildlife, and antiquities sectors by implementing inclusive HIV and AIDS, Tuberculosis, Leprosy, and NCD awareness, prevention, care, treatment, and support initiatives.

3.3 Goals

To establish and sustain an enabling workplace policy, legal, and operational environment within the Ministry of Tourism, Wildlife and Antiquities and its affiliated sectors, aimed at significantly reducing the incidence, stigma, and social impact of HIV, Tuberculosis, and NCD.

4.0 Policy Objectives

1. To promote a comprehensive sector-sensitive awareness and prevention initiative aimed at reducing new HIV, TB, Leprosy infections, and NCD.
2. To facilitate access to services, ensuring that all employees have access to testing, care, treatment, and support services for HIV/AIDS, TB, Leprosy, and NCD, in collaboration with the Ministry of Health.
3. To establish and enforce an enabling policy environment aimed at eliminating misinformation, stigma, and discriminatory practices related to HIV and TB within the Tourism, Wildlife, and Antiquities sectors.
4. To establish supportive workplace wellness initiatives that promote health and well-being for all intended policy beneficiaries.
5. To advocate for dedicated budgeting and resource allocation to support HIV, TB, Leprosy, and NCD programs in the ministry.
6. Identify and mitigate workplace-related inequalities, especially among women, youth, people with disabilities, and migrant workers who are disproportionately affected by HIV, TB, and Leprosy.
7. To strengthen collaboration with the Ministry of Health and other sectors to enhance beneficiaries' access to HIV, TB, and NCD care services.

5.0 Situation Analysis

Uganda has made significant strides in HIV response since the late 1980s, reducing the HIV prevalence from 18% to 5.5% by 2020 (UPHIA, 2020). Tuberculosis, identified as the leading opportunistic infection among PLWHIV, presents a complex challenge due to high co-infection rates. According to the Uganda AIDS Commission, Uganda is estimated to have an HIV prevalence of 5.1% among adults, with 1.53 million PLWHIV by December 2024.

6.0 TB Disease Burden

TB is currently the world's second leading infectious killer after COVID-19, a health security threat and a development challenge (Global TB Report, 2022). Each TB patient who is undiagnosed and not on treatment will infect fifteen (15) people a year. According to the Uganda prevalence survey (2019), 39% of people with TB do not seek care and are a source of continued transmission. There is currently no policy in place for TB prevention in the workplace.

Uganda ranks among the 30 high-burden TB-HIV countries, with 88,869 reported TB patients in 2024, compared to an estimated annual burden of 94,000, most of whom (85%) belonged to the working age group 15-64 years (UBOS Annual Labour Force Survey, 2018–19, report). The 2024 National TB notification data also showed a higher risk of TB among miners, uniformed personnel, fishermen, and health workers than the general population (Annual TB Report, 2024).

One in three people with TB disease in Uganda is co-infected with HIV, and TB is responsible for up to 30% of deaths among PLWHIV. National TB data also showed higher mortality among TB-HIV coinfected patients (12%) compared to HIV-negative TB patients (7%) (NTLP report 2021). PLWHIV are one of the most important priority populations for TB prevention and management. As a result, it is critical to have an integrated approach to HIV and TB in the workplace for supportive care as well as addressing stigma and discrimination.

MoTWA's HIV/AIDS and Tuberculosis Workplace Policy aims to provide social protection, reduce stigma/discrimination, uphold rights for infected and affected employees, and provide a consistent approach to managing HIV/AIDS, Tuberculosis, and their effects on all MoTWA workforce and communities in the Tourism, Wildlife and Antiquities sectors across all structures. It also supplements existing laws and regulations in the public sector. The policy aims at ensuring social protection, human rights for infected and affected employees, and a uniform approach to the management of HIV/AIDS, TB, and NCD and their effects on productivity.

This policy will guide the planning and implementation of a response to HIV/AIDS and TB within MoTWA. The policy also seeks to guide workplace strategies for preventing and controlling TB, a key risk that moves along with PLWHIV. It will be periodically reviewed and updated as needed, based on the results of monitoring the impact of HIV/AIDS, TB, and NCD within the MoTWA workforce and communities in the Tourism, Wildlife, and Antiquities sectors.

Additionally, while leprosy is less prevalent, it still impacts vulnerable communities, perpetuating cycles of social exclusion and economic hardship due to stigma and delays in diagnosis and treatment. The Ministry of Tourism, Wildlife, and Antiquities is committed to addressing prevention and eradicating this stigma through comprehensive education and awareness programs, as well as promoting a culture of inclusivity and respect within the tourism industry.

The Ministry of Tourism, Wildlife, and Antiquities is uniquely positioned to tackle these health challenges head-on. As a major employer and a leader in community-based tourism, MoTWA can leverage its influence to introduce effective policies, engage in impactful programs. This includes ensuring the health and safety of all employees.

Despite the significant health risks posed by HIV, TB, Leprosy and NCD, there exists a noticeable lack of targeted strategies within the tourism industry to mitigate their impacts effectively. MoTWA has not leveraged MICE and the onboarding of new staff to promote HIV, TB, Leprosy, and NCD prevention in the industry. This gap underscores the urgent need for MoTWA to take action.

The importance of specific, practical actions cannot be overstated. These actions include developing and implementing comprehensive awareness campaigns during MICE, creating initiatives to reduce stigma and discrimination, advocating for the integration of health considerations into all policies and programmes, striving to establish equitable treatment protocols and support systems, and developing robust systems for monitoring, evaluation, and reporting on health initiatives. By establishing a comprehensive policy framework that emphasizes disease prevention, early detection, effective treatment,

non-discrimination, and robust support for those affected, MoTWA seeks to create a healthier working environment and a more informed community.

Such initiatives will not only benefit individuals directly affected by these diseases but also enhance the overall resilience of the tourism industry, promoting a safe and healthy environment for employees. Through these efforts, MoTWA aims to contribute to the broader goal of sustainable tourism development, ensuring that health considerations are at the forefront of planning and implementation within the industry.

7.0 Rationale of the Policy

The Ministry of Tourism, Wildlife, and Antiquities (MoTWA) recognises the significant progress Uganda has made in combating HIV, TB, and Leprosy, as well as increasing access to treatment. However, ongoing challenges persist, especially within this sector, which is vital to the economy. Workers in these fields, often working in remote or high-interaction environments, face increased risks of HIV, Tuberculosis (TB), and Leprosy, worsened by cultural misconceptions, stigma, and limited healthcare access.

HIV and TB are closely linked, with TB being a leading cause of death among PLWHIV. Leprosy, though less common, still presents health risks in certain regions and intersects with poverty and stigma similar to HIV and TB. The stigma and misinformation surrounding these diseases hinder testing, prompt treatment initiation, adherence to treatment, and workforce productivity. Additionally, tourism hotspots attract diverse, mobile populations, which raises transmission risks and is amplified by limited access to health education and services in conservation zones, affecting frontline workers and local communities alike.

Therefore, MoTWA must develop a comprehensive workplace policy tailored to the specific contexts of these sectors. Such a policy will incorporate HIV, TB, Leprosy and NCD prevention, care, and support into core programmes; address health-related stigma and discrimination; improve access to health services for remote and mobile workers; and boost awareness and capacity-building in collaboration with private stakeholders and communities. This initiative aligns perfectly with Uganda's National HIV and AIDS Strategic Plan, the National TB and Leprosy Control Programme strategic plan, and broader Sustainable Development Goals, including the goal to eliminate these diseases as public health threats by 2030.

The lack of a dedicated workplace policy on HIV, TB, Leprosy, and NCD continues to hinder labour productivity and workforce wellbeing. With nearly 40% of TB patients not seeking care, perpetuating transmission and no existing TB workplace screening policy, urgent action is needed. An integrated approach will enable comprehensive care, reduce stigma and discrimination, uphold workers' rights, and ensure compliance with national and international legal frameworks. This policy is fundamental to realising the Ministry's commitment to protecting workforce health, enhancing human capital development in line with the National Development Plan IV and supporting Uganda's inclusive and sustainable development. Through this policy, MoTWA will set a benchmark for integrating public health into workplace and sectoral development strategies, fostering a healthier, more resilient workforce and stronger institutions across the Tourism, Wildlife, and Antiquities sectors.

8.0 Problem Statement

The main issues in MoTWA, which are occurring due to the absence of HIV/AIDS, TB , Leprosy, and NCD workplace policy include passive stigma, lack of disclosure among the workforce and tour site communities, poor adherence to treatment among those affected, and the absence of crucial support mechanisms such as medical insurance and provisions for pensioners living with these diseases. Furthermore, the lack of strategic initiatives like periodic Voluntary Counselling and Testing (VCT), targeted protection for vulnerable communities like the Batwa, and the underutilization of the MICE sector for public health awareness, severely compromise the health and well-being of individuals within and connected to the tourism industry, ultimately hindering efforts to mitigate disease transmission and achieve broader public health goals in Uganda's vital tourism landscape.

9.0 General policy Objective

A robust and inclusive framework is a comprehensive policy that empowers the Ministry of Tourism, Wildlife, and Antiquities (MoTWA) to effectively prevent, manage, and mitigate the impacts of HIV/AIDS, TB, Leprosy, and NCDs within the Tourism Industry. The General objectives are:

1. To reduce the impact of HIV/AIDS, Tuberculosis (TB), and Leprosy within the tourism industry by ensuring 95-95-95 targets for HIV, achieving a 90% TB treatment success rate, and maintaining
2. To achieve 95-95-95 (HIV testing/treatment/viral suppression), 90% TB treatment success, 30% reduction in new HIV infections, 0% discrimination reports and 20% decrease in NCDs
3. To leverage on existing national health infrastructure and dedicated MoTWA sector funding.
4. To empower MoTWA to protect the tourism workforce
5. To ensure a healthy, stable workforce essential for sustainable tourism growth.

9.1 Specific Objectives

9.1.1 Public Awareness and Education

To conduct a minimum of 12 health awareness campaigns annually (utilising digital media, radio, and on-site events) to ensure that key health messages on HIV/AIDS, TB, Leprosy, and NCDs reach 80% of MoTWA staff and 50% of tourism sector workers across all major tourist regions by December 2028.

9.1.2 MoTWA Staff Orientation

To ensure 100% of all new MoTWA staff receive mandatory and comprehensive health education on HIV/AIDS, TB, Leprosy, and NCDs during their orientation, and that at least 80% of existing staff participate in annual refresher sessions starting from January 2027

9.1.3 Stigma Reduction Initiatives

To reduce self-stigma and reported discrimination by conducting staff engagement workshops that lead to a 25% annual reduction in self-reported stigma and an increase in anti-discrimination policy knowledge to 95% among supervisory staff by December 2029.

9.1.4 Policy Integration and Advocacy

To successfully advocate for the integration of specific HIV/AIDS, TB, Leprosy, and NCDs clauses into 100% of all new MoTWA sector policies and major infrastructure projects by conducting and presenting mandatory health impact assessments (HIAs) to relevant decision-making committees on a quarterly basis, achieving a 90% inclusion rate of recommended health clauses by June 2028.

9.1.5 Equitable Treatment Protocols

To facilitate partnerships with healthcare providers to ensure 100% of MoTWA staff and at least 75% of contracted tourism employees have equitable access to free and confidential HTS and treatment/referral pathways for HIV, TB, Leprosy and NCDs, regardless of their location, by December 2027.

9.1.6 Integration of Non-Communicable Diseases (NCDs) Screening and Management

To achieve a 30% increase in the number of employees (HIV+ and -negative) accessing NCD health promotion and primary screening services through MoTWA-supported initiatives

9.1.7 Monitoring and Evaluation

To develop, pilot, and fully implement a robust M&E system that produces quarterly, evidence-based reports on the framework's progress and effectiveness, and which demonstrably informs at least 80% of all subsequent strategic adjustments and funding allocations by January 2027.

10.0 Scope of the Policy Application

This policy applies to the following groups in fostering sustainable tourism and preserving our heritage: All permanent, contractual and apprentices' staff of MoTWA are vital to the successful execution of our initiatives and strategic objectives, from planning to implementation as a result of their roles as listed below:

i. Full-time employees
ii. Contract employees
iii. Volunteers
iv. Interns
v. Apprentices
vi. Retired employees

Note: MoTWA will invite employees to attend awareness events and link the infected and affected to MoH services for care and treatment. MoTWA does not provide direct medical care to employees who are LWHIV, TB, Leprosy, or NCD.

11.0 Guiding Principles of the Policy

i. Human Rights and Dignity

Actively promote and safeguard the rights of all individuals, with a focus on those living with HIV (PLHIV) and those affected by tuberculosis (TB) , Leprosy and NCD, ensuring their dignity is upheld in all aspects of healthcare.

ii. **Non-Discrimination**
Foster an environment with zero tolerance for stigma and discrimination, advocating for inclusive policies that protect individuals based on health status and promote equality in access to care.

iii. **Confidentiality**
Commit to excellence in handling personal health information, ensuring that all data is treated with the highest level of privacy to build trust and encourage individuals to seek care without fear.

iv. **Gender and social Responsiveness**
Prioritise the needs of vulnerable groups, including women, young people, and individuals with disabilities, and minority indigenous groups by implementing tailored programs and policies that promote their participation and representation in health initiatives.

v. **Voluntary Counselling and Testing of HIV and Informed Consent**
Champion the importance of voluntary counselling and testing (VCT), ensuring that it is accessible without mandatory preconditions for employment or services, thereby empowering individuals to make informed choices about their health.

vi. **Shared Responsibility**
Foster collaborative partnerships among the Ministry of Health (MoH), National Leprosy and TB Program (NLTP), AIDS Control Program (ACP), tourism stakeholders, and local communities to collectively address health and safety challenges, thereby promoting a sustainable and resilient tourism environment for both visitors and the workforce.

vii. **Transparency**
Make the policy open, simple, and user-friendly to allow staff and other relevant stakeholders easy access and to appreciate the purpose and benefit of the policy. Implement a mechanism for feedback and accountability.

viii. **Targeted**
Resources should be directed to where they are most needed, focusing on reducing disparities with minimal side effects.

12.0 Management of HIV/AIDS, TB & LEPROSY at MoTWA

12.1 Policy Outcomes

The Ministry of Tourism, Wildlife, and Antiquities (MoTWA) is committed to fostering a dynamic, equitable, and supportive work environment that prioritises the well-being of all employees. The Ministry is proud to offer employment opportunities that are fully accessible for individuals living with HIV, Tuberculosis (TB), Leprosy or NCD, as long as they meet the qualifications and can effectively perform

their designated roles. This commitment is a testament to our respect and appreciation for all our employees. Pre-employment screening for HIV, TB, Leprosy and NCD is prohibited. Legitimate occupational screening in line with OSHA will be required for wildlife contact roles.

As part of the MoTWA's thorough orientation and onboarding process, every newly recruited staff member, intern and apprentice will receive valuable information and awareness about HIV, TB, Leprosy, and NCD in the workplace. We shall ensure that each employee has a clear understanding of our guiding principles and policies, their job responsibilities, and other essential materials, setting the stage for a safe and informed work environment.

MoTWA will carefully consider deployment and transfer decisions. We shall particularly be mindful of married couples to avoid any undue hardship. It is our policy that no employee will face transfer or redeployment based on their HIV status, TB, Leprosy or NCD diagnosis. All transfers will adhere to the Uganda Public Service Standing Orders, ensuring ongoing access to medical care, a supportive environment, and minimal disruption to personal well-being.

Promotions and professional development opportunities at MoTWA will continue to be exclusively based on merit. We firmly oppose all forms of discrimination and steadfastly uphold the principle of equal treatment for all staff members, including those living with HIV, TB, Leprosy or NCD. Every employee has equal access to training and career advancement, regardless of their health status.

In alignment with the Uganda Government Public Service Standing Orders 2021, MoTWA will continue to offer sick leave for employees living with HIV, TB, Leprosy or NCD when medically necessary. Employees can request this leave with appropriate medical documentation, ensuring that their employment status, salary, and benefits remain unaffected. This approach reflects our commitment to meeting medical needs while safeguarding career security.

Sick leave for staff affected by HIV, TB, Leprosy or NCD will be granted based on recommendations from a Government Medical Officer. We maintain full pay for up to 90 days within 12 months, with possible extensions based on medical assessments by Public Service Regulations. Employee with medical appointments for ongoing treatment (ART refills, DOTS, monitoring). will be granted limited paid time or flexible scheduling for such appointments, with confidentiality protections to allow them access treatment. This support treatment adherence and aligns with ILO best practices.

To reinforce a culture of harmony and respect, MoTWA will strengthen her robust stance against stigma, discrimination, or harassment. Any refusal to work with or provide services to colleagues living with HIV, TB, Leprosy or NCD is strictly prohibited and will result in disciplinary action as per the Code of Conduct and Ethics for Uganda Public Service (2005). We believe in fostering positive workplace relationships rooted in mutual respect and inclusion.

Retirement on medical grounds for staff unable to continue working due to advanced illness related to HIV, TB, Leprosy or NCD follows established procedures in the Uganda Public Service Standing Orders

(2021). We shall ensure that all rights and benefits associated with medical retirement are upheld with dignity and compassion.

MoTWA maintains a zero-tolerance policy regarding workplace harassment. We shall continue encouraging all employees to report any incidents of stigma or abuse, especially those directed towards individuals living with HIV, TB, Leprosy or NCD. All reports will be handled swiftly and confidentially, ensuring a safe and supportive work environment.

In our commitment to a coordinated health response, MoTWA will continue to actively enhance the capacity of our human resources to manage and address HIV, TB, Leprosy, and NCD at all levels. We are dedicated to collaborating with relevant stakeholders to provide comprehensive medical, psychosocial, and workplace support for affected employees, including those that retired. These proactive measures in place will be enhanced to reassure and instil confidence in our employees about our commitment to their well-being.

MoTWA will organise outreach programs for the endangered marginalised communities to safeguard their health and protection against myths, beliefs and traditions that make them susceptible to being infected with HIV, TB, Leprosy, and NCD.

Finally, MoTWA will organise outside health awareness campaigns in schools, communities, tourist sites, and continue to distribute Information, Education, synchronised messages, Behavioral change videos, and materials on HIV, TB, Leprosy, and NCD aimed at promoting healthy behaviours, reducing stigma, and minimising risks within the schools and workplace. Through these initiatives, we strive to cultivate a culture of awareness, responsibility, and solidarity that safeguards all staff and embodies the core values of Public Service.

13.0 Policy Implementation Framework and Strategies for Partnership for Compliance

13.1 Coordination and Leadership Framework

The Minister shall provide overall leadership of policy implementation for HIV/AIDS, TB, Leprosy, and NCD at MoTWA. The Permanent Secretary shall oversee the day-to-day administration of these activities, which includes establishing an HIV/AIDS, TB, Leprosy, and NCD Coordinating Committee and appointing its members from relevant departments/units. The Committee Chairperson shall appoint an HIV/AIDS, TB, and NCD Focal Person, who will also act as the Secretary of the committee.

The Focal Point person will be responsible for day-to-day planning, coordination and implementation of the HIV/AIDS, TB, and NCD activities in the Ministry. A committed and diverse multidisciplinary committee will be established to enhance the effectiveness of policy execution, promote greater awareness, and provide insightful guidance to departmental responses. This team will draw on a wide range of expertise, collaborating to ensure that policies are not only implemented efficiently but also understood and effectively adopted across the Ministry.

The Permanent Secretary, in collaboration with the HIV/AIDS, TB, and NCD Coordination Committee, will play a crucial role in interpreting and implementing this policy. Their key responsibilities will include promoting widespread understanding of the policy and regularly assessing its effectiveness to ensure continuous improvement.

MoTWA will implement this policy through a comprehensive Implementation Plan of HIV and other plans of the Ministry that will focus on several key areas

i. A strong emphasis on internal sensitisation and capacity building. This will involve educating and informing staff and relevant stakeholders about the new policy, ensuring that everyone understands its importance and operational aspects. Training programs will be established to enhance the skills and knowledge of team members, enabling them to effectively implement the policy.

ii. The plan will incorporate health components into tourism planning. This means integrating health considerations into the development and management of tourist destinations, ensuring that health standards are prioritised to protect both visitors and local communities. This could include measures for sanitation, access to healthcare, emergency response strategies, and wellness initiatives.

iii. Stakeholders' engagement will be a crucial part of the plan. MoTWA will actively involve key stakeholders at both national and local levels in the policy rollout. This engagement will foster collaboration, gather insights, and ensure that the voices of various groups are heard and considered in the implementation process. These will include MoH, UWA, UAC, NTLP, UTB, AUTO, TASO, WHO, Makerere SPH, among others. Formal MOUs within a set timeframe, where possible, will be established. Each MOU will define roles, resource contributions, reporting lines, and coordination arrangements. This would make partnerships more concrete and strengthen accountability for implementation.

iv. Resource mobilisation and budgeting will be addressed to ensure that there are sufficient funds and materials to support the implementation of the policy. This may involve exploring partnerships, seeking funding opportunities, and allocating resources wisely to ensure that all areas of the Implementation Plan are adequately supported.

v. Quarterly meetings will be held with the HIV/AIDS, TB, and NCD Coordination Committee, and all national and international designated HIV, TB, Leprosy, and NCD days commemorated by MoTWA.

vi. Overall, the MoTWA's commitment to operationalising this policy through these focused areas aims to create a sustainable and health-conscious tourism environment that benefits all stakeholders involved. Accountability and Reporting Mechanisms to Strengthen Oversight and Transparency.

To ensure clear accountability, which improves implementation and credibility, several mechanisms will be established. These include delivering monthly, quarterly, and annual reports to relevant stakeholders on an as-needed basis, as well as conducting external evaluations twice a year. Furthermore, a confidential complaints mechanism with whistleblower protection will be established, and mandatory staff training on

confidentiality and anti-discrimination will be provided.

14.0 Information, Education, Communication and Dissemination Strategy

14.1 Awareness and Education

i. Create compelling and visually engaging Information, Education, and Communication (IEC) materials, and implement dynamic sensitisation programs at tourism centres and offices to captivate and inform visitors and staff alike.

ii. Proactively facilitate the distribution of safe sex resources, including condoms, while vigorously promoting the importance of safer sex practices to enhance community health standards.

iii. Engage in fruitful collaborations with relevant stakeholders integrating impactful health messaging into their travel offerings, thereby reinforcing the essential connection between tourism and health awareness.

iv. Organise inclusive voluntary screening and testing events aimed at both employees and local community members, ultimately fostering heightened awareness and encouraging early detection of health issues.

v. Capacity Building for MoTWA Staff: Staff will be accorded the necessary training and skills on the HIV epidemic, TB, Leprosy, and NCD. Opportunities will be provided for staff in areas of HIV/AIDS, TB, Leprosy and NCD training and other related health issues such as disease transmission from human to wildlife and vice versa.

15.0 Policy Implementation Plan

The implementation plan will provide a comprehensive roadmap detailing specific timelines for each phase, clearly defined roles and responsibilities for individuals involved, measurable performance indicators to assess progress, and a transparent outline of the necessary resources required for successful execution. This plan will undergo an annual review to ensure its relevance and effectiveness in achieving the outlined objectives. Below are the planned interventions:

15.1 Social Support and Protection

i. Enhance and streamline referral systems to effectively connect individuals with vital health services and community support groups, ensuring that everyone has access to necessary resources. This will help in ensuring that all employees have access to testing, care, treatment, and support services for HIV/AIDS, TB, Leprosy, and NCD in collaboration with the Ministry of Health.

ii. Actively promote the availability of comprehensive psychosocial support services for those affected by various health issues, including both active and retired staff and community members, to help them navigate their challenges. This will help establish supportive workplace wellness initiatives that promote health and well-being for all intended policy beneficiaries.

iii. Integrate innovative economic empowerment initiatives designed to uplift and effectively support vulnerable groups, providing them with the tools and resources to foster self-sufficiency.

iv. MoTWA will partner with Government Ministries, Departments, and Agencies, as well as Bilateral and multilateral agencies, reputable Local and international non-governmental organisations (NGOs), and other relevant stakeholders to complement and contribute to the in-house HIV/AIDS, TB, and NCD prevention and education programs for MoTWA staff, interns and apprentices.

15.2 Systems Strengthening

i. Invest in enhancing staff capacity through targeted training programs focused on health education, efficient referral processes, and strategies for reducing stigma, ensuring a knowledgeable workforce ready to support their community. This will help promote a comprehensive sector-sensitive awareness and prevention initiative aimed at reducing new HIV, TB, Leprosy infections and NCD.

ii. Establish and implement robust workplace policies that prioritise the well-being of affected employees, creating an inclusive environment where everyone feels valued and supported. This will help in identifying and mitigating workplace-related inequalities, especially among women, youth, people with disabilities, and migrant workers who are disproportionately affected by HIV, TB, and Leprosy.

iii. Collaborate closely with the Ministry of Health and reputable NGOs to obtain essential technical assistance and share best practices, fostering a culture of continuous improvement and innovation. This will help enhance beneficiaries' access to HIV, TB, and NCD care services.

iv. Establish and strengthen HIV/AIDS, TB, and NCD coordination structure at the workplace.

v. Develop and operationalise HIV/AIDS, TB and NCD workplace policy.

vi. Prepare and submit periodic activity reports to the Uganda AIDS Commission.

vii. Conduct resource mobilisation activities to ensure implementation of the institution's HIV/AIDS, TB and NCD plans. This will be undertaken to ensure the availability of dedicated budgeting and resource allocation to support HIV, TB, Leprosy, and NCD programmes within the ministry.

viii. Convene quarterly committee meetings to review progress and planning of activities for the follow-up period.

ix. Participate in quarterly meetings for self-coordinating entities.

15.3 Care and Treatment

i. Facilitate seamless access to Antiretroviral Therapy (ART), and Directly Observed Treatment, Short course (DOTS) for TB, Leprosy, and NCD for staff, interns, and apprentices in need by leveraging local public health facilities.

ii. Ensure that TB preventive treatment is readily accessible to individuals living with HIV, addressing overlapping health challenges promptly and effectively.

iii. Foster adherence to treatment protocols by creating supportive workplace policies that encourage ongoing care and promote the importance of health maintenance for all active and retired employees.

iv. Provide and maintain a healthy and safe work environment for all employees and clients. Through establishing and enforcing an enabling policy environment aimed at eliminating misinformation, stigma and discriminatory practices related to HIV and TB within the tourism, wildlife and antiquities sectors.

v. Provide effective referrals of staff identified to be living with HIV to access ART, TB, and NCD Treatment

16.0 The Budget Framework and Resource Mobilization

MoTWA will allocate 0.1% of its annual budget to HIV/AIDS, TB, Leprosy, and NCD activities. The source of funding will be the Government of Uganda. Other sources of funding will include partners and the private sector. A 5-year cost projection and a sustainability plan will be developed. This will be in alignment with HIV, TB, Leprosy and NCD mainstreaming guidelines.

17.0 Key Stakeholders and their roles

17.1 Top Management

The top leadership of MoTWA shall articulate a clear and compelling strategic direction to guide the streaming of HIV &TB activities.

It will approve necessary budgets to support and enhance HIV/AIDS & TB activities, ensuring optimal resource utilisation; seamlessly integrate HIV/AIDS& TB policy into the overarching framework of ministry-wide planning and development, fostering a holistic approach to public health advancement.

17.2. Focal Point Person(s)

Dedicated Focal Point Person(s) will play an indispensable role in advancing HIV/AIDS, TB, and NCD initiatives. This individual will:

i. Be responsible for day-to-day planning, coordination and implementation of the HIV / AIDS, TB, and NCD activities in MoTWA

ii. Carefully oversee the implementation of HIV/AIDS, TB, and NCD policies, ensuring that strategies are executed with precision and in harmony with established health objectives, paving the way for impactful outcomes.

iii. Serve as a vital liaison between the Ministry of Tourism, Wildlife and Antiquities (MoTWA) and a diverse array of stakeholders, cultivating collaboration and fostering effective communication to strengthen partnerships that are essential for a unified response

iv. In liaison with the HIV/AIDS, TB and NCD Coordination Committee, prepare and submit comprehensive progress reports to senior management, illuminating key achievements, identifying challenges, and providing valuable insights that will inform decision-making and enhance strategic planning for future initiatives.

17.2.1 All employees shall:

i. Create a supportive and inclusive workplace. Employees will actively engage in sensitisation and health programs that educate them about various health issues and promote overall well-being. This will involve organising workshops, seminars, and information sessions that encourage open discussions and raise awareness about important health topics.

ii. Foster a stigma-free workplace. This means cultivating an environment where all employees feel safe and respected, regardless of their health status or personal challenges. Encouraging empathy and understanding among colleagues can help dismantle stereotypes and reduce discrimination, allowing everyone to thrive.

iii. Provide support to affected colleagues in accessing the necessary services. This could involve providing information about available resources, such as counselling services, medical support, or community programs. By facilitating access to these services, we can ensure that individuals feel supported and empowered to seek the help they need without fear of judgment.

18.0 Monitoring and Evaluation (M&E)

MoTWA shall:

i. Design M&E Framework
ii. Develop M&E tools to track the progress and impact of program implementation efficiently and effectively.

iii. Supervise and ensure equitable access to essential services, including voluntary counselling and testing (VCT), medical treatment, and supportive care resources.
iv. Diligently document and analyse instances of workplace discrimination or violations of rights to promote a fair and just environment.
v. Compile and create detailed annual health reports that emphasise key findings and trends, including incidences of disease transmission from human to wildlife and vice versa.
vi. Design and implement monitoring and evaluation tools for interventions designed to protect the minority endangered group in tourism sites and communities; and
vii. Leverage insights gained from research and evaluations to inform policy reviews and drive necessary updates.

19.0 Sanctions

According to the Constitution of the Republic of Uganda, international health regulations, and national legislation, including the HIV and AIDS Prevention and Control Act of 2014, as well as the National TB and Leprosy Prevention Program (NLTP), the Ministry is committed to fostering a supportive and equitable healthcare environment. To achieve this, the Ministry will:

i. Implement measures to penalise discrimination, harassment, and any forced disclosure of an individual's health status, ensuring that all individuals are treated with respect and dignity.
ii. Enforce disciplinary actions against any individuals who violate these policies, promoting accountability and reinforcing the importance of a respectful healthcare setting.
iii. Provide legal redress for any rights violations concerning HIV/AIDS, Tuberculosis (TB), Leprosy and NCD, ensuring that affected individuals have access to justice and support.
iv. Ensure that this Framework aims to safeguard the health rights of all individuals while promoting a culture of understanding and support within the healthcare system.

20.0 Special Populations and Targeted Interventions

To achieve this, the Ministry will implement differentiated strategies and tailored interventions for key vulnerable groups who face distinct challenges regarding HIV, TB, Leprosy, and NCD access, prevention, and care. These interventions will be critical to ensure inclusiveness, equity, and alignment with national HIV/TB/Leprosy and NCD mainstreaming guidelines.

Special Populations require specific focus because their distinct vulnerabilities such as the higher prevalence and mother-to-child transmission risk for women, the high new infection rates among youth, the mobility and access issues faced by rangers and migrant workers, the geographic and cultural barriers for indigenous communities (such as the Batwa), and the physical access and communication challenges encountered by people with disabilities necessitate targeted care, prevention, and support services

21.0 Others (Non-Communicable Diseases)

In Uganda, Non-communicable diseases (NCDs) pose a significant and growing threat to PLWHIV, leading to increased morbidity and mortality due to conditions like hypertension, diabetes, and depression. While antiretroviral therapy (ART) has increased life expectancy for those with HIV, it also contributes to an increased risk of NCD. The dual burden of HIV and NCD strains healthcare systems and requires an integrated approach to care, including prevention, early diagnosis, and management of NCD within HIV services. This policy will therefore seek to address the issue of NCD and PLWHIV by creating awareness, an enabling environment, and also supporting the affected to access timely care and treatment through linkages.

22.0. Pandemic Preparedness and One Health Approach

The COVID-19 experience and the Ministry's mandate justly warrant an explicit focus on Emerging Infectious Diseases (EID) and Zoonotic Transmission. This addition strengthens resilience and aligns with Uganda's National One Health Platform and IHR commitments.

This section will outline critical synergies with existing health systems. The robust surveillance, case finding, and contact tracing protocols already in place for HIV, Tuberculosis (TB), and Leprosy, including the decentralized laboratory network and established logistics and supply chain for drug delivery, will be adapted to provide a rapid, proven foundation for EID diagnostics and response.

Policy flexibility will be embraced to ensure that the core principles of confidentiality and anti-discrimination learned through decades of managing HIV/TB are applied as mandatory safeguards during new outbreaks. Furthermore, the commitment to One Health collaboration will be formalized through joint rapid response mechanisms with the Ministry of Health (MoH) and Uganda Wildlife Authority (UWA) to address threats at the human-animal-environment interface. Finally, business continuity measures will be integrated across the entire chronic care system, leveraging Differentiated Service Delivery (DSD) models developed for HIV/TB/Leprosy and NCD, to ensure essential services remain uninterrupted during future public health emergencies.

23.0 Conclusion

In conclusion, the Ministry of Tourism, Wildlife and Antiquities (MoTWA) has taken a vital step forward with its new integrated HIV/AIDS & Tuberculosis (TB) Workplace Policy. This policy directly addresses critical health gaps within Uganda's tourism, wildlife, and heritage conservation sectors, recognising the unique vulnerabilities of a mobile workforce operating in remote areas. By unifying the fight against these interconnected diseases, including the often-overlooked risk of human-wildlife transmission of TB and Leprosy. MoTWA is not only committed to safeguarding the health and well-being of its employees and communities but also enhancing Uganda's reputation as a responsible and safe tourism destination. This proactive and inclusive approach, deeply aligned with national and international frameworks, underscores the undeniable link between public health and sustainable development, paving the way for a healthier workforce and continued industry growth towards an HIV-free generation by 2030.

1.0 Annexes

Annexe 1.1: Implementation Plan for the HIV and AIDS Workplace Policy

Awareness and Education				
Activity	**Responsible Entity**	**Timeline**	**Resources Required**	**Performance Indicators**
Develop and distribute IEC materials at tourism centres and offices	MoTWA HIV/AIDS, TB, and NCD Coordination Committee, Staff from Technical Departments, Communications Unit	Q1-Q4	Design and print budget, graphic designers, translation services	Number of IEC materials distributed; visibility at tourism sites
Conduct sensitisation programs for staff and visitors	MoTWA HIV/AIDS, TB, and NCD Coordination Committee, Staff from technical departments	Q1-Q4	Facilitators, venues, PA systems, IEC materials	Number of sensitisation sessions held; participant feedback
Distribute condoms at workplace/tourism sites and promote safer sex practices	MoTWA HIV/AIDS, TB and NCD Coordination Committee, Staff from Technical Departments,	Q1-Q4	Condom supply, distribution logistics	Number of condoms distributed; uptake rate
Collaborate with tour companies to integrate health messaging into tours	MoTWA HIV/AIDS, TB and NCD Coordination Committee, Staff from Technical Departments, Private Sector Operators, Sector Agencies	Q1-Q4	Partner engagement meetings, message design	Number of tour operators involved; reach of health messages
Organise voluntary HIV/TB/leprosy and NCD screening events for staff and tourist sites.	MoTWA HIV/AIDS, TB and NCD Coordination Committee, HIV/AIDS, TB, Leprosy and NCD Partner Organisations	Quarterly	Mobile clinics, testing kits, and counsellors	Number of people screened; referrals made
Provide staff training on HIV, TB, leprosy and NCD	MoTWA HIV/AIDS, TB and NCD Coordination Committee, HIV/AIDS, TB and NCD Focal Person	Quarterly	Training materials, facilitators	Number of staff trained;
Commemorate Internationally and National gazetted HIV/AIDS/TB , Leprosy and NCD Days	MoTWA HIV/AIDS, TB, and NCD Coordination Committee, MoTWA staff, its agencies, and relevant stakeholders.	Annually	Inspirational Speakers. Edutainment groups, Venue	Number of commemorations conducted Number of National functions attended

Annexe 1.2: Social Support and Protection

Activity	Responsible Entity	Timeline	Resources Required	Performance Indicators
Strengthen referral pathways to HIV/AIDS, TB, Leprosy and NCD services and support groups	Human Resources Division, MoTWA HIV/AIDS, TB and NCD Coordination Committee, HIV/AIDS Partner Organizations	Ongoing	Mapping services, Mapping partners to collaborate with	Functional referral directory; % of referred cases receiving support
Promote psychosocial support services for affected individuals	Human Resources Division, MoTWA HIV/AIDS, TB and NCD Coordination Committee, Social Support Partners, Experts/ Professionals	Continuous	Trained counsellors, space for sessions	Number of beneficiaries, client recovery
Integrate economic empowerment programs for vulnerable staff/groups	MoTWA Gender Desk, Partners	Q1-Q4	Micro-grants, training, partnerships	Number of beneficiaries trained or supported
Foster partnerships with relevant stakeholders for program support	Policy & Planning Unit, HIV/AIDS Coordination Committee UAC	Ongoing	Stakeholder engagement events	Number of active partnerships, co-funded initiatives
Integrate NCD and Wellness awareness programs in departmental plans	MoTWA HIV/AIDS, TB and NCD Coordination Committee, Heads of Departments	Q1-Q4	MOH, Consultant	Number of awareness trainings held. No. of voluntary screenings held
Develop programs for Youth, Adolescents, Women, refugees and people with disability	Partners, MoTWA HIV/AIDS, TB and NCD Coordination Committee	Q1-Q4	MOH, partners	Number of youths, adolescents, women, refugees and people with disability sensitized and referred

Annexe 1.3. Systems Strengthening

Activity	Responsible Entity	Timeline	Resources Required	Performance Indicators
Conduct targeted staff training on stigma reduction and referral systems	MoTWA HIV/AIDS, TB and NCD Coordination Committee, HIV/AIDS Focal Person, HIV/AIDS, TB, Leprosy Partners	Bi-annually	Training manuals, expert facilitators	Staff confidence level, decrease in stigma incidents
Implement inclusive workplace policies supporting affected employees	MoTWA HIV/AIDS, TB and NCD Coordination Committee	Q1	Education material, stakeholder consultations	Policy published; % staff aware of policy
Collaborate with other government MDAs and private sector players including NGOs, donors and HIV/AIDS, TB champions in implementing this policy	MoTWA HIV/AIDS, TB and NCD Coordination Committee	Continuous	Engagement forums, documentation tools	Number of technical exchange sessions; new practices adopted
Hold HIV/AIDS Committee meetings	MoTWA HIV/AIDS, TB and NCD Coordination Committee	Quarterly	Venue, Allowances	No. of meetings held
Participate in Self Coordinating meetings	HIV/AIDS Focal Person, MoTWA HIV/AIDS Coordination Committee members	Quarterly	Fuel	No. of meetings attended
Conduct training for MoTWA HIV& AIDS, TB and NCD Coordination Committee on HIV, TB, NCD, Employee Wellness and Counselling	MoTWA HIV/AIDS, TB and NCD Coordination Committee	Annually	Training fees, per diem, consultant, MoH ACP, UAC, NLTP	MoTWA HIV/AIDS, TB and NCD Coordination Committee is trained once a year

Annexe 1.4. Care and Treatment

Activity	Responsible Entity	Timeline	Resources Required	Performance Indicators
Facilitate access to ART, DOTS, and Leprosy treatment via public health facilities.	MoTWA HIV/AIDS, TB and NCD Coordination Committee, HIV/AIDS Focal Person, HIV/AIDS, TB, Leprosy Partners	Continuous	Funds for printing referral forms	Number of employees receiving treatment
Provide TB preventive therapy, PEP, and PREP for HIV-positive individuals	MoTWA HIV/AIDS, TB and NCD Coordination Committee HIV/AIDS Focal Person, HIV/AIDS, TB, Leprosy Partners	Continuous	Coordination with MOH, service providers, and staff sensitisation	Uptake rate of preventive therapy
Support treatment adherence through workplace support systems	MoTWA HIV/AIDS, TB and NCD Coordination Committee,	Continuous	Flexible schedules, peer support	Adherence rate, absenteeism trends
Maintain a safe and healthy work environment	MoTWA HIV/AIDS, TB and NCD Coordination Committee, HR Division	Continuous	PPE, safety audits, hygiene measures	Inspection reports; compliance rate

Annexe 1.5 Disease outbreak prevention and Community protection

Activity	Responsible Entity	Timeline	Resources Required	Performance Indicators
Monitor implementation of regulations to control possible disease spread between humans and wildlife in Wildlife Protected Areas	Staff in Technical Departments, PA staff (Rangers and Tour guides)	Q1 – Q4	Visitor engagement protocols and message, Visitor engagement SoPs	Number of visitors briefed; daily debrief reports.
Collaborations with partners in preventing disease spread between humans and wildlife	Staff in technical departments, UWA Staff, District Local Governments, and Community-based partner organisations	Q1 – Q2	Partnership engagement Meetings	Number of partnerships concluded

Annexe 1.6 Monitoring and Evaluation

- **Lead Agency**: HIV/AIDS, TB & NCD coordination Committee and HIV/AIDS, TB & NCD Focal Person in collaboration with HIV/AIDS, TB & NCD partners, including UAC and MoH
- **Frequency**: Quarterly reviews and Annual Evaluations
- **Tools**: Program progress reports, staff feedback forms, health service data
- **Indicators**: Policy implementation milestones, participation rates, health outcomes, reduction in stigma and discrimination