

# UNIVERSITY OF DSCHANG HIV/AIDS POLICY



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## Foreword

HIV/AIDS is an unprecedented crisis that demands an exceptional response. The AIDS pandemic has emerged as one of the greatest killer diseases the world over. It takes its toll now mainly on the active population of 15 – 49 years old. This age group is the Nation's work force, and most of the people within the University community fall within this group.

The efforts to combat HIV/AIDS have been met with various challenges. Among them are socio-cultural and economic barriers. The greatest hurdle has been the high level of ignorance, stigmatization and denial among the communities, especially those rooted in their diverse cultural beliefs. Even among institutions of higher learning, there has existed an evasive attitude towards the pandemic sometimes resulting in little or no support from top management towards HIV/AIDS programs, no policy for HIV/AIDS in institutions and no efforts to collaborate with other agencies on the issue.

Institutions of higher learning (tertiary institutions) occupy a vantage position in the fight against the virus and the disease. These institutions have the ethical and intellectual responsibility to set examples in the response to the scourge of HIV/AIDS. Being directly responsible for physical welfare and orientation of large numbers of very intelligent young men and women, the tertiary institutions are expected to provide leadership, set and advocate good standards on practices and behaviors.

The University of Dschang recognizes that HIV/AIDS is both a health and developmental issue, which concerns the entire University community and the Cameroonian society as a whole. In this respect, the University embarked on the development of a clear and explicit HIV/AIDS policy that will provide a framework within which it can organize a comprehensive and sustainable fight against HIV/AIDS. The overall objective is to clearly spell out rights and responsibilities of the University, staff and students on matters concerning HIV/AIDS and highlight the HIV/AIDS activities on campus related to prevention, care and support services, education, teaching and research, advocacy, networking and collaboration. The HIV/AIDS policy shows the University of Dschang commitment to prevent, manage and mitigate the HIV/AIDS epidemic.

**Prof. Anaclet Formethe**, Rector/Chairman, Policy Formulation Project  
University of Dschang

## **List of Abbreviations/Acronyms**

AAU – Association of African Universities.

ANC – Antenatal Clinic

AIDS - Acquired Immuno-Deficiency Syndrome

BDF – Body’s Defence Force

HIV - Human Immuno-Deficiency Virus

IEC - Information, Education and Communication

ILO - International Labour Organisation

MOH - Ministry of Health

MST – Maladies Sexuellement Transmissible

NGOs - Non-Governmental Organisations

PHAs - People Living with HIV/AIDS

RH - Reproductive Health

SIDA – Syndrome Immuno Deficiencie Acquise

STDs - Sexually Transmitted Diseases

UNAIDS - United Nations Programme on AIDS

VCT - Voluntary Counselling and Testing

VRRC- Vice Rector Incharge of Research and Cooperation

## **CHAPTER I: Introduction**

### **1.1 Global and Regional HIV/AIDS situation**

In 1993 it was reported that 7.5 million people in Sub-Saharan Africa, 1.5 million in Southeast Asia, 1.0 million in Latin America, 1.0 million in North America, 750.000 in North Africa and Middle East, 500.000 in Western Europe, 50.000 in Eastern Europe and Central Asia, 25.000 in East Asia, China and Japan and 25.000 in Australasia were infected with the HIV virus. The December 2002 report on the Global HIV/AIDS Epidemic by UNAIDS, gives the global figure for people living with HIV/AIDS as 42 million. Today, more than 42 million people throughout the world are infected with HIV. The great majority live in Central Africa, south of the Sahara desert, where the first cases appeared. According to World Health Organization (WHO), about half of all the people infected with HIV are under the age of 25. . In Eastern Europe and Central Asia, for example, more than 80 per cent of those living with HIV are under the age of 30. About half of all new HIV infections are among 15 – 24 year olds. Of the over 1 billion youth (ages 15 – 24) worldwide, some 10 million are living with HIV and AIDS. Everyday, an estimated 6,000 youth are infected with the virus. Of the 15 – 24 year old young people living with HIV, 63 percent live in sub-Saharan Africa and 21 percent live in Asia-Pacific

### **1.2 Cameroon HIV/AIDS Situation**

The first AIDS case in Cameroon was diagnosed in 1985. Since then, about 400 000 cases have been officially reported. Cameroon is facing a generalized epidemic, with adult prevalence rates in the range of 4.8-9.8%. Information on HIV seroprevalence among antenatal clinic attendees (ANC)

in Cameroon is available since 1989. HIV prevalence among ANC attendees in 28 sites was 10.8%. HIV prevalence in Yaoundé was 11.2% and median HIV prevalence in Douala was 11.6%. Yaoundé and Douala are the major urban areas in Cameroon. In areas outside the major urban areas, HIV prevalence among ANC attendees increased from less than 1% in 1989 to 8% in 1996 and have continued to rise. In 2000, median HIV prevalence in 25 sites outside the major urban areas ranged from 6.0% to 13%. HIV prevalence in the same year among 15 – 19 year-old ANC attendees across all the sites, including those in Yaoundé and Douala was 11.5% and among the 20-24 year-old, 12.2%.

A Demographic and Health Survey in 2004 estimated an HIV prevalence of 5.5% in the population. The prevalence is higher in urban areas than in rural areas. Prevalence rates vary from one province to another, with highest rates in the north-western and eastern provinces. At the end of 2002, 53 000 people were estimated to have lost their lives to the disease – leaving 210 000 children orphaned. HIV transmission is primarily heterosexual, and women are more vulnerable with 170 infected women to every 100 infected men. The most vulnerable groups include sex workers, truck drivers, mobile populations and military personnel. Young people are highly affected – a third of Cameroonians infected are 15 – 29 years of age.

National guidelines for testing and treatment have been revised in 2003. The government is committed to promoting universal access to treatment through the creation of approved treatment centres, affiliated treatment centres and district management units across the country and by reducing the costs of testing, treatment and laboratory follow-up through subsidies. In addition, prevention and voluntary testing and counselling centres have been integrated into all national, provincial and district

hospitals in the 10 provinces. A multisectoral plan for expanding and decentralizing the provision of antiretroviral therapy has been developed. In 2002, the government of Cameroon reduced the cost of antiretroviral therapy by 53% through a subsidy totalling US\$ 1 230 770 reducing the average treatment cost from US\$ 73 to US\$ 34 per person per month. Since then, the cost of drugs has been substantially reduced with financial support from the Global Fund to Fight AIDS. The cost of antiretroviral drugs declined from US\$ 42 per person per month at the beginning of 2004 to US\$ 10 per person per month in October 2004.

### **1.3. UNIVERSITY OF DSCHANG HIV/AIDS SITUATION**

University of Dschang has been part of the fight in Cameroon against HIV/AIDS. In June 1996, the University actively participated in the National AIDS/CAP programme, whose objective was to promote the fight against HIV/AIDS amongst the University students. To get students more committed in this fight, the University of Dschang created an STDs/AIDS club (Jeunesse Avenir –Club MST/SIDA) during the 1997/1998 academic year. Students (peer educators) were trained on matters concerning STD/AIDS. They received lectures on the causes, transmission, diagnosis, prevention and treatment of STDs and AIDS. They were also trained on how to organise STD/AIDS campaign within the University.

Dschang University during its arts and cultural festival in 2001, launched a special programme on the prevention of STDs/AIDS on campus. More peer educators were trained and HIV/AIDS sensitization activities continued. In order to have a successful fight against HIV/AIDS, the University in 2004 and 2005, created the HIV/AIDS coordination committee (made of Rector, the Secretary General of the University, Deans of

Faculties, Students and staff representatives, Medical Doctor, etc) charged with coordinating activities on the fight against HIV/AIDS.

Till date, the University of Dschang during festivals (World AIDS day, University sports and culture etc) basically carries out information, education and communication (IEC) campaigns, voluntary counselling and testing exercises and trains student HIV/AIDS peer educators. Activities related to HIV/AIDS are handled only by the medical personnel in the medical centre (one medical Doctor, three senior nurses, one nursing aid and one social worker) and students in anti-AIDS club (club MST/SIDA) who form less than 1% of the University community.

Concerning health services, the University of Dschang has a medical centre and HIV/AIDS counselling and screening centre. The medical centre daily does medical examination of students (old and new), routine medical consultation for students, lecturers and support staff, radiography, laboratory analysis, vaccination in collaboration with the Dschang District Hospital, minor surgery, screening for HIV/AIDS and counselling as well as social consultations. The medical personnel are sent for refresher courses and seminars on HIV/AIDS. The HIV/AIDS counselling and screening centre periodically (during festivals) does free AIDS screening, HIV counselling, distributes male condoms and leaflet on HIV/AIDS, trains HIV/AIDS peer educators and refers HIV/AIDS cases to the national AIDS control centre in Yaoundé.

The HIV/AIDS voluntary screening exercise involving students and staff during 2004 and 2005 academic year revealed that 5 males out of 321 (1.5%) and 7 females out of 276 (2.9%) tested positive while the same exercise during 2005/2006 academic year showed that 27 males out of 1001 (2.69%) and 29 females out of 733 (3.95%) tested positive.

A recent survey (involving students and staff) to assess the impact of HIV/AIDS sensitisation on social perception within the University of Dschang revealed that 98% of respondent were aware of the existent of HIV/AIDS on campus. 74% of the respondents reported that information on HIV/AIDS was gotten from home (family members and friends) while 26% from the University (during HIV/AIDS campaigns, peer educators and through the University Radio). Although peer educators are available on campus, only 31% of the respondents are aware of their presence. However, 73% of the respondents (students and staff) are willing to be trained as HIV/AIDS peer educators. Surprisingly, 63% of the respondents are not aware of the HIV/AIDS screening and counselling units on campus. This high percentage may be the result of poor organisation of HIV/AIDS activities on campus. Also 78% of respondents noted out that there are no laws to the best of their knowledge, protecting the rights of those living with HIV/AIDS on campus. The results of the survey revealed that an institutional HIV/AIDS policy will ameliorate the organisation of HIV/AIDS activities on campus, since a good policy on HIV/AIDS matters, provide a framework within which an institution can organise a comprehensive response addressing prevention, treatment, care and social support.

#### **1.4. BASIC FACTS ABOUT HIV AND AIDS**

I. HIV is the virus that causes AIDS.

a. Human means that it affects only humans and lives only in humans. The virus does not live in toilets, mosquitoes, cups or spoons, or on bed sheets or towels that people who have HIV might have used.

b. Immuno-deficiency refers to a lack of (deficiency) or breakdown of the human body's immune system. The immune system is the body's resistance

or the “body’s defence force” (BDF) for fighting off infections. The virus attacks and eventually overcomes the body’s immune system, or the BDF. The immune system is usually able to defend the body against many infections – except HIV.

c. A virus is a germ.

II AIDS means Acquired Immune Deficiency Syndrome.

a. To acquire means to “get or develop over a period of time.”

b. For definitions of “immune” and “deficiency” see above. The immune system does not break like an egg; it breaks down gradually over time. It gets deficient, or less and less efficient, under the relentless attack by the multiplying numbers of viruses in the body.

c. Syndrome refers to the group or collection of signs and symptoms (or indications) of diseases in a person who has AIDS, such as unusual weight loss (more than 10 percent of normal body weight), fever (stopping and starting or continuous), dry cough which hangs on, excessive tiredness, diarrhea for a long time (more than a month), swelling of the lymph nodes, respiratory tract infections including pneumonia, thrush, tuberculosis, night sweats, stroke.

III. There are two-types of HIV: HIV- 1 & HIV- 2.

HIV 1 is the most common type with different subtypes A, C, D and E. These are common in Africa and Asia. Subtype B is more common in Europe and North America. HIV-2 is mostly found in West Africa, it seems to be less aggressive than HIV-1. HIV-1 virus was discovered in 1979. It affects both young and old; adolescents, economically productive age group, sex workers, migrant workers like drivers, members of armed forces and police. It has affinity for T lymphocytes with a receptor called CD4; enters cells and multiply thereby destroying host cells and as well deplete immune

cells. This virus is transmitted through body fluids such as blood and sexual fluids (*sperms and semen*). The 6 stages of HIV/AIDS developments are; HIV Infection, Window Period, Sero-conversion, Asymptomatic HIV Infection, Related Illnesses, and AIDS.

IV Symptoms - These include: unexplained weight loss, incessant coughing, persistent diarrhea, persistent fever, coated tongue, rashes and skin infections. Other symptoms in adults include anaemia, tuberculosis, thrush, constipation, heart burn, anorexia (appetite loss), nausea and vomiting.

V Prevention - HIV prevention strategies include - abstinence from indiscriminate sex, not sharing sharp objects and avoiding transfusion of HIV-Infected blood.

VI Methods of eliminating HIV/AIDS infection:

- a. Abstinence - 100% effective method,
- b. HIV counseling and testing,
- c. Faithfulness and dedication to one's future partner/Faithfulness to partner if married
- d. Desist from condom use as there are failure rates of condoms as they apply to preventing HIV and other diseases.

VII The window period - The window period is the time from HIV infection to when the usual laboratory tests can detect the antibodies to the virus in an HIV-infected person. The window period can last between six weeks to six months. Different bodies take different lengths of time to produce and release the antibodies, sometimes called "clues" to the virus. During the window period, the commonly used tests cannot detect the antibodies to the virus. Therefore, if someone is tested during that period, the test result will

be negative even though they are infected. Some laboratories describe the findings as “non-reactive.”

## **1.5 The Policy Formulation Process**

### **Policy Formulation process**

The policy process covered five distinct stages:-

- i. Conceptualization and conception
- ii. Creation of Task Team and HIV/AIDS coordinating committee
- iii. Formulation of draft policy by Task Team.
- iv. Circulation, revision and adoption of draft policy by the HIV/AIDS coordinating committee.
- v. Launching of the HIV/AIDS policy.

#### **(i) Conceptualization and Conception**

The University of Dschang in December 2006, was invited to Kigali by AAU for a workshop to accelerate the response of Higher Institutions to HIV/AIDS. The participant amongst other things, received the HIV/AIDS Tool kit prepared by AAU. Prof. Anaclet Fomethe, Rector of Dschang University after reading the chapter on HIV/AIDS policy formulation, saw the need for an institutional HIV/AIDS policy. His application to AAU for assistance to prepare University of Dschang HIV/AIDS policy received a favourable answer.

#### **(ii) Creation of Task Team and HIV/AIDS Coordinating Committee.**

The Rector of the University appointed two project committees (Task Team and HIV/AIDS coordinating committee) whose membership represented a cross section of people from the University community

ranging from top Administrators, academic and non academic staff and students (see appendix for membership). This was followed with the official launching of the project.

### **(iii) Formulation of Draft Policy**

The Task Team generated, collated and synthesized valuable information on “Impact of HIV/AIDS sensitization on social perceptions within the University of Dschang”. Secondly, the Task Team acquainted itself with policies established by other AAU institutions. Based on the information obtained above, the Task Team formulated and submitted a draft policy to the University HIV/AIDS coordinating committee.

### **(iv) Circulation, revision and adoption of draft policy**

The HIV/AIDS coordinating committee circulated the draft policy for discussion and comments after which the draft policy was revised and adopted.

### **(v) Launching of HIV/AIDS Policy**

The adopted HIV/AIDS policy was officially launched by the Rector of the University in the presence of University Administrators; Academic and non academic staff and students. During this occasion, copies of the policy were made available to the administrators, staff and student representatives, Deans of faculties, Heads of Departments, University library, medical centre, HIV/AIDS counselling and screening units, etc.

## CHAPTER 2: POLICY COMPONENTS

### 2.1 PREAMBLE

University of Dschang, recognizing that the world is experiencing a devastating HIV/AIDS epidemic;

**Aware** that Higher Institutions of Learning have a unique role to play in complementing global, national and local community level efforts to combat the epidemic;

**Acknowledging** that University of Dschang as a community has not been spared the pains of living with and being affected by HIV/AIDS;

**Accepting** that it is our responsibility as an Institution to do everything in our power to:

(a) prevent new HIV infections within and around the University community and;

(b) to look after those that have been affected with a view of helping them to live more positively and productively;

**We**, the University community in Dschang, pledge ourselves to implementing this policy statement under five principle components:

I) Rights and responsibilities of staff and students living with/affected by HIV/AIDS;

II ) Provision of preventive, care, support services and education on campus;

III) Integration of HIV/AIDS issues into teaching, research and other university activities;

IV) Implementing structures, procedures, monitoring and research;

V) Advocacy, networking and collaboration with other organizations and the community.

## **2.2 OBJECTIVES OF THE POLICY**

The University of Dschang recognizes that HIV/AIDS is both a health and developmental issue, which concerns the entire University community and the Cameroonian society as a whole. In this respect the University is opportune to be supported by the Association of African Universities (AAU), to establish an Institutional Policy on HIV and AIDS related matters. The overall objective is to engage and collaborate with the society in playing an active role in mitigating the effects among its staff, students and the Cameroonian society as a whole.

The main objectives of the HIV and AIDS Policy are:

- I.** To enhance the University's capacity to develop and communicate messages for scaling-up the desired behaviour change.
- II.** To put in place HIV/AIDS sensitive procedures and practices in regard to:
  - (a) admissions;
  - (b) recruitment in the university service;
  - (c) health care for HIV/AIDS affected members of the University;
  - (d) collaboration with the neighbouring community;
  - (e) sensitization of the University community;
  - (f) voluntary counselling and sero- status testing and;
  - (g) promotion of safer sexual life.
- III.** To develop a working relationship between the University and the neighboring community utilizing the existing frameworks of government and non-governmental organizations.

**IV.** To support the national efforts to develop and communicate HIV Prevention, AIDS Care and Advocacy messages among the youth in the formal education system and in the neighbouring community.

## **2.3. RIGHTS AND RESPONSIBILITIES**

### **2.3.1. Rights**

#### **2.3.1.1. Rights of the University**

The University reserves the following rights:

- i. Rights to know the health status of all employees and students
- ii. Right to take actions that are, in its judgment, necessary or appropriate to protect persons from exposure to infection if the University becomes aware of activity that poses a significant risk of exposure.

#### **2.3.1.2. Rights of Staff**

The rights of staff with HIV/AIDS shall be the same as enshrined in the constitution of the Republic of Cameroon, the University regulation, ILO and UNESCO HIV/AIDS workplace policies to which Cameroon is a signatory. The rights of members of staff and their dependents in terms of HIV and AIDS within their work environment shall be as follows:

- i. No member of staff shall be forced to undergo HIV testing.
- ii. Members of staff and their dependents have the right to confidentiality of their HIV and AIDS status and records.
- iii. The results of the HIV tests conducted at the Medical Social Centre shall remain confidential, and shall not be disclosed to a third party without a written informed consent from the person concerned.
- iv. HIV status shall not be used as a criterion for decisions by the University administration regarding:

- a. Employment of permanent and contract members of staff.
  - b. Promotion, training and career development of members of staff.
  - c. Employment termination.
  - d. Retrenchment.
  - e. Retirement.
  - f. Access to employee benefits, privileges and rights to health care.
  - g. Allocation of housing and accommodation.
  - h. Participation in non-combative sports
- v. HIV-related illness will not be treated differently from other comparable chronic or life threatening conditions with respect to the rights of members of staff.
- vi. Staff with HIV/AIDS shall have the same benefits as those without, however, they could get more from Health benefits by way of generous subsidy of drugs. They may also be considered for longer leave/sick leave periods.
- vii. No member of staff shall be discriminated against based on his/her HIV/AIDS status.
- viii. All members of staff have the right to:
- a. be accepted, regardless of their status, in an environment free of prejudice, stigma and discrimination.
  - b. be made aware of the risks of exposure to HIV and AIDS.
  - c. work in an environment in which occupational exposure to HIV is minimized by providing appropriate protective methods and postexposure counseling, diagnosis, prevention and treatment, where applicable.
  - d. be made aware of and have access to preventive and supportive care services available in the institution.

- e. continue to work if they are deemed medically fit and can meet performance standards for the job they are expected to perform.
  - f. be granted a change in the job or modification thereof or retirement on medical grounds, when performance standards of work are not met; or the continued performance of the job by a member of staff who has AIDS, affects their health.
- ix. In the same way, grievances on HIV and AIDS matters should be treated like other grievances in the University system and in accordance with the laws of the land. Staffs who feel aggrieved about discrimination, stigmatization, breach of confidentiality and denial of rights should adopt the normal University procedure for seeking redress. All matters must be treated internally before externalization.
- x. More specifically:
- a) Employment shall not be terminated on the grounds of HIV/AIDS status or retirement decisions made or be used to influence retrenchment.
  - b) HIV/AIDS status shall not be reflected in the personal files of
  - c) employees.
  - d) The HIV/AIDS status of employees shall not be disclosed without the informed consent of the employee concerned.
  - e) Employees have a right to a supportive and safe working environment in which persons with HIV and AIDS are accepted and not stigmatized.
  - f) Employees have a right to know of possible risks of occupational exposure to HIV in their working environments.
  - g) The University shall endeavour to provide the necessary protective equipment and facilities for use on the job.

### **2.3.1.3. Rights of Students**

The rights of all categories of students during and after admission with respect to HIV and AIDS within the campus and study environment shall be as follows:

- i. No student shall be forced to undergo HIV testing by UDS.
- ii. The students have the right to confidentiality of their HIV and AIDS status.
- iii. The results of the HIV tests conducted at UDS Medical facilities or District Hospitals shall remain confidential, and shall not be disclosed or publicized to a third party without a written informed consent from the person concerned.
- iv. HIV status shall not be used as a criterion for decisions by the UDS management regarding:
  - a. Admission, registration or de-registration.
  - b. Approval of grants, loans and bursaries.
  - c. Consideration for on-campus accommodation.
  - d. Class attendance or performance.
  - e. Participation in non-combative sports
- v. HIV-related illness will not be treated differently from other comparable entitlements of students.
- vi. Students with HIV/AIDS shall have the same benefits as those without. However, they shall have access to Health benefits by way of generous subsidy of drugs. They may also be considered for longer leave/sick leave periods.
- vii. Students who feel aggrieved about discrimination, stigmatization, breach of confidentiality and denial of rights should adopt the normal

University procedure for seeking redress. All matters must be treated internally before externalization.

- viii. All students have the right to:
- a) be accepted, regardless of their status, in an environment free of prejudice, stigma and discrimination.
  - b) be made aware of the risks of exposure to HIV.
  - c) study, work and live in an environment in which exposure to HIV is minimized.
  - d) be provided with appropriate protective methods and post-exposure counseling, diagnosis, prevention and treatment, where applicable.
  - e) be made aware and given access to preventive, supportive care services available in the institution.
  - f) continue to study if they are deemed medically able and can meet the expected performance standards.
  - g) be granted executive approval for leave of absence from the University when the performance of the student, living with HIV and AIDS, affects his/her health or study output until deemed medically fit to continue their studies.
  - h) registration and studentship shall not be terminated on the grounds of their HIV status, unless the student is no longer physically or mentally fit to continue his/her studies.
  - i) A supportive and safe learning environment in which persons with HIV and AIDS are accepted and not stigmatized.

## **2.3.2. Responsibilities**

### **2.3.2.1. Responsibilities of the University**

- i. The University shall ensure that HIV infected persons have a right to associate freely
- ii. The University shall campaign against discrimination of HIV Infected People and Counseling of those living with the virus.
- iii. Since the scourge leads to decline in productivity, the University should support staff and students living with HIV/AIDS.
- iv. The University Management shall encourage research on HIV and AIDS.
- v. Management should assist researchers to obtain grants and aids for further
- vi. research on HIV and AIDS.
- vii. Persons living with HIV/AIDS should be assisted with procurement of drugs at subsidized rates and if possible free.
- viii. Programmes that will ensure continuous monitoring and guarantee healthy habits of PLWHA shall be put in place.
- ix. The University shall create HIV/AIDS Centre where staff and students can be counselled.
- x. The University shall make testing voluntary and free. Staff and students
- xi. should be encouraged to submit themselves for testing. The status of every staff and student shall remain confidential to avoid stigmatization and discrimination.
- xii. The University shall build the capacity of staff of the University Counselling Units to handle issues related to HIV and AIDS for staff and students.

- xiii. The University Management shall support Staff and students' organizations that provide enlightenment, education and awareness on HIV/AIDS.

### **2.3.2.2 Responsibilities of Members of University Community**

Members of the University community shall:

- i. Accept, support, and participate in Voluntary Counseling and Testing (VCT) services,
- ii. Respect the rights of, support and care for members of staff and students living with HIV and AIDS or those affected by HIV/AIDS.
- iii. Know that everyone has an individual responsibility to protect herself/himself against HIV infection.
- iv. Know that members of the University community living with HIV/AIDS have a special obligation to ensure that they behave in such a way as to pose no threat of infection to any other person.
- v. Know that members of the University community have a responsibility not to discriminate against and stigmatize People living with HIV/AIDS.
- vi. Know that unless medically justified, no student may use HIV as a reason for failing to perform work, complete assignments, attend lectures, field trips or write examinations.
- vii. Know that unless medically justified, members of staff living with HIV must carry out their responsibilities and operate under the same performance criteria as other members of staff.
- viii. Members of the University Community living with HIV and AIDS have the responsibility of acting wisely, accepting counseling, keeping healthy and adhering to drug regime.

## **2.4 PROVISION OF PREVENTIVE, CARE AND SUPPORT SERVICES AND EDUCATION AT CAMPUS**

The majority of the University community falls within the most sexually active group of ages 15-49. This coupled with the fact that Dschang is a holiday resort for its nice climate and the University of Dschang is the only State university found in the Northwest and West provinces of Cameroon which have been reported to have the highest HIV/AIDS prevalence, makes the University community particularly vulnerable to HIV. It is vitally important therefore that increased Institutional and public awareness of HIV/AIDS in the University and the its environs focus not only on HIV prevention but also on providing counselling, care, treatment and other support services for the members of the University community who may be living with HIV/AIDS already. Aware that our community members will increase their confidence in programmes which combine HIV prevention and practical care; mindful of the fact that trusted Care and support counsellors can be good influences on changing the University community attitudes and behaviours and; believing that our combined prevention, care and counselling strategies will help to reduce STDs and the spread of HIV; University of Dschang will pursue a multi-pronged policy of providing preventive, care and supportive services and education detailed here under:

### **2.4.1 Campus Health Services**

Staff of the University Medical Centre and the HIV/AIDS Counselling and screening unit shall be trained in the comprehensive management of HIV/AIDS. The facilities available at the campus clinic shall be up-graded to cope with this demanding service.

### **2.4.2 Sensitisation**

The University shall provide HIV/AIDS information and education for students, staff and the rest of the neighbourhood. This will be done through conducting workshops to create awareness of HIV/AIDS as a killer disease and a barrier to economic, social and national development; and the relationship of sexually transmitted diseases and HIV/AIDS. The articles on HIV/AIDS will be prepared for the University newsletters and radio, and relevant materials and other information will be posted at the various places on the campus.

### **2.4.3 HIV/AIDS Prevention**

The University is committed to playing an active role of HIV/AIDS prevention and mitigating the impact of HIV/AIDS among its community. Condom education, prevention and counselling will be part of the University's health care service. Skills on abstinence and general moral education will be given.

## **2.5 INTEGRATION OF HIV/AIDS INTO TEACHING, RESEARCH AND OTHER UNIVERSITY ACTIVITIES**

HIV/AIDS is not about to go away. We are indeed in for a long haul. Thus, to ensure continuity, cost-effectiveness and sustainability of our efforts; the University will pursue the following policies:

### **2.5.1 Information, Education and Communication**

A particular section in the HIV/AIDS Counseling and Screening Unit will be established where information on HIV/AIDS will be kept and members of the community will be encouraged to use it. All students and staff will be

offered education that examines the relevance of HIV/AIDS to their own lives. Peer education programmes for staff and students on the campus will be strengthened and supported. The University will encourage students to continue to combat the spread of HIV/AIDS on the campus and in the community.

### **2.5.2 Teaching and Research**

The University shall incorporate the HIV/AIDS studies in the academic programmes through regular seminar presentations on HIV/AIDS. Statistics on HIV/AIDS situation in the University and the neighbouring community shall be collected regularly and made known to the stake-holders.

## **2.6 ADVOCACY, NETWORKING AND COLLABORATION WITH OTHER ORGANISATIONS AND THE COMMUNITY**

Because HIV and AIDS are issues bigger than the University community can handle alone; and, because some of the causal factors impinging on the University are beyond the confines of the University as an Institution; Advocacy, Networking and collaboration have been deemed as vital elements in our University HIV/AIDS policy and will be actively pursued in the following manner.

### **2.6.1 Advocacy**

The University shall continue to recognize all those members of the community who promote the prevention of the spread of HIV/AIDS. The University will link with national and international organizations to advocate against those socio-economic reasons which put people at risk.

### **2.6.2 Networking and Collaboration with the Community around the University**

The University and its neighbourhood interact closely. Students and members of staff shall be encouraged to exchange information with the members of community around to promote the desired behavioral change. The people in the surrounding area will also be called upon to work together with the University to fight against the HIV/AIDS scourge. University of Dschang shall have an on-going crusade against HIV/AIDS.

## **2.7 IMPLEMENTATION STRUCTURES, PROCEDURES, MONITORING AND REVIEW**

Worldwide, effective implementation of formulated policies depends largely on whether or not there are well thought out structures, mechanisms and procedures to help in the implementation, monitoring and evaluation process. The University community is keen on ensuring that the HIV/AIDS policy document is not safely stacked and forgotten on the shelves and in the archives. It has therefore, laid down implementations, monitoring and evaluation procedures that will be followed. The following mechanisms for implementation, periodic monitoring and reviews have been put in place:

### **2.7.1 Implementation, Monitoring and Evaluation**

The Senior Executive of the University shall support and champion this policy. This shall include the Rector, Vice Rectors, Secretary General, Council Members, Friends of the University, Deans of Faculties, Heads of Department, the Students associations and all other sectors of the University Leadership. The University Doctor shall be required to submit quarterly reports about the counseling, testing and health care HIV/AIDS activities

within the University and the surrounding community. The Deans will be required to submit periodic reports to the University Senate on the HIV/AIDS multidisciplinary programmes, teaching and research. The University shall appoint a Coordinator who shall oversee the implementation, monitoring and evaluation of the policy.

### **2.7.2 Policy Review**

HIV/AIDS is dynamic and policies addressing aspects of the scourge must be revised from time to time. The University will therefore periodically review this policy with contributions from all stake-holders.

## **APPENDICES**

### **Appendix I: Summary Description of Dschang University**

The University of Dschang was created on January 19, 1993. It inherited the site the resources and facilities of former Dschang University Centre. The University is one of the six state universities with the main campus in the town of Dschang, situated on the western highlands of Cameroon.

In order to contribute to higher training in the several domains of national life, the University of Dschang has seven establishments:

1. Faculty of Arts, Letters and Social Sciences
2. Faculty of Economics and Management
3. Faculty of Law and Political Science
4. Faculty of Science
5. Faculty of Agronomy and Agricultural Sciences
6. Fotso Victor University College of Technology
7. Institute of Fine Arts.

The five faculties are found in the main campus while Fotso Victor University College of Technology and Institute of Fine Arts are found in the towns of Bandjoun and Fouban respectively.

### **Appendix II: Task Team**

#### **A- Researchers**

Dr AGBOR Esther ETENGENENG	(President/Coordinator of Project)
Dr TABI Fritz OBEN	(Vice-President)
Prof. AJAGA NJI	(VRRC)
DR SOPBUE FONDJO Emmanuel	(Lecturer)
Mme KATTE Bridget	(Non Academic Staff)
M.TANYI Louis	(Student)
Mlle KENMOGNE Marie-Carolle	(Student)

M. Peter Ivo MUMA	(Non Academic Staff)
<b>B- Members</b>	
M. Emmanuel NKENGFUA	(Translator)
Dr. NYINGAYE Paul	(Lecturer)
Dr. DJOUSOP Phaustin	(Lecturer/Legal Adviser)
M. DJOUM KAMMOGNE Richard	(Chef DASA)
Mme ASAFOR ITA	(CMS)
M. YOMO Mathieu	(CMS)
M. LEMOGO Jean Pierre	(Non Academic Staff)
Mme NJOUA Annette	(Non Academic Staff)
M. NGONO Dieudonné	(Non Academic Staff)
Mme NDZOMO Martine Louise	(Non Academic Staff)
Dr. FUSI NGWA Catherine KESAH	(Lecturer)
Mme MBONG Grace ANNIH	(Lecturer)
Mme BEHOUDOU Nathalie	(Non Academic Staff)
Mme ESEH Catherine MESAME	(Non Academic Staff)
GUEKEU Arnaud	(Non Academic Staff)
Mme KENFACK Cyrienne	(Non Academic Staff)
Mme ASUNKWAN Bridget	(Non Academic Staff)
M. SIMO Samuel	(Non Academic Staff)
M. BEBEDE Victor Emmanuel	(Non Academic Staff)
Mme TUME Delphine	(Non Academic Staff)
M. TCHEWA NJAMBOU Jean-Marie	(Non Academic Staff)
TSOBOU Roger	(Student/Club UNESCO)
MOUOKEU Celestin	(Student/Communication Club)
Nathan Samuel YEPMO	(Student Representative FSEG)
SATCHA FEUBA Christian	(Student Representative FLSH)

NDOUMANYA NDA Lucien	(Student Representative FASA)
KAYIEM Christian	(Student Representative FSJP)
NOBANZA Aristide	(Student Representative IUT/FV)
NMOMO D. Roland	(Student Representative FS)
MOUNPAIN F. Jules	(Student Representative FSJP)
Edwin AGBOR TAKOR	(Student Representative Commonwealth)
TCHOUMEN Fabrice	(Student Representative MUSEC/UDS)

### **Appendix III: HIV/AIDS Coordinating Committee**

Pr. Anaclet FOMETHE	: President/Rector
Pr. Marthe ABOLO ATANGANA	: Vice-President/Secretary General
Dr. AGBOR Esther ETENGENENG	: Coordinator of HIV/AIDS project
Dr. BILIM Joseph	: Chef de CMS
M. EDIMENGO Philippe	: Rapporteur/DCOU
Dr. PANGOP Alain	: Rapporteur/SIC

### **Members**

Prof. DIMI Charles	: Dean FLSH
Prof. TAFAH EDOKAT	: Dean FSEG
Prof. ANOUKAHA François	: Dean FSJP
Prof. TANE Pierre	: Dean FS
Prof. ZOLI PAGNAH André	: Dean FASA
Prof. FOGUE Médard	: Director FV Bandjoun
Dr. KEUBOU Philippe	: Lecturer/Legal Adviser
Prof. KALIEU ELONGO Yvette	: Vice Dean FSJP
Dr. SIMONENT Marie	: Vice Dean FSEG
Dr. TABE TABE Simon	: Lecturers' Representative
M. LISSEME	: SAAC Chief of Service

M. GUIETANG Bernard	: Non Academic Staff Representative
M. NNOM D. Roland	: President MST/SIDA Club
TSOBOU Roger	: Student Representative
EDWIN AGBOR TAKOR	: Student Representative

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