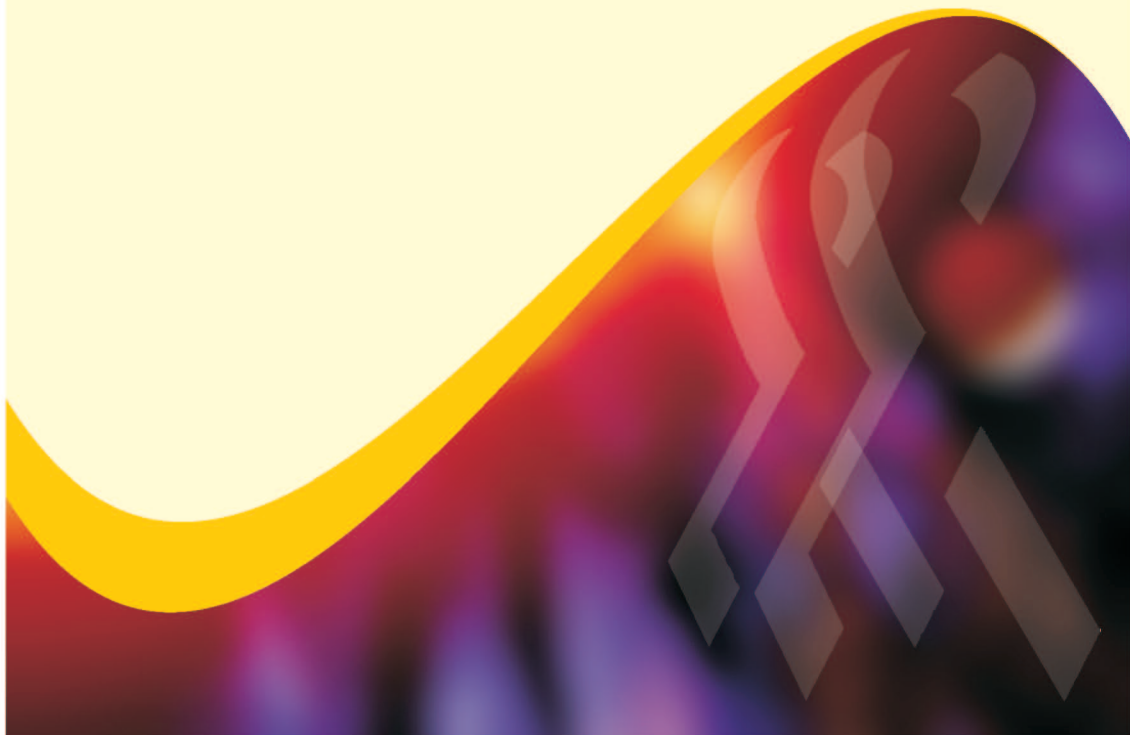




UNIVERSITY OF IBADAN
HIV & AIDS
POLICY



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HIV AND AIDS
POLICY

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was provided through the MacArthur Foundation
to the University of Ibadan*

UNIVERSITY OF IBADAN, IBADAN

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F O R E W O R D

The HIV and AIDS pandemic has remained a topical issue in all spheres of national and global development for over two decades. Our level of understanding of this twin health problem has slowly but steadily progressed from a high index of suspicion of the existence of its causative infective agent to the discovery of the virus and its variants, to the availability of the means of making a diagnosis and then to denial, stigma and discrimination. However, the advent of Highly Active Antiretroviral Therapy (HAART) has dramatically altered the trajectory of the pandemic. Now that many more people believe that AIDS is real, the main issues are HIV counselling and testing (HCT), access to HAART, care and support services, as well as social reintegration following diagnosis of HIV infection in an individual. Thankfully, AIDS is no longer seen as a ‘death sentence’ but rather ‘another chronic health condition’ which can be managed so that infected individuals can live relatively normal lives.

Although many people are now better informed than they were at the onset of the pandemic, the problems of stigma, discrimination and unequal access to drugs, care and support are still prominent in its control measures, especially in sub-Saharan Africa. In Nigeria, the efforts of the federal government, National Agency for the Control of AIDS (NACA), US President’s Emergency Plan for AIDS Relief (PEPFAR), as well as many other international and local non-government organizations

F o r e w o r d

(NGOs) and faith-based organizations (FBOs) in curtailing the spread of the AIDS epidemic have indeed made a difference and are greatly appreciated.

In order for Nigeria to achieve the 6th goal of the Millennium Development Goals (MDGs) by 2015, the spread of HIV must be halted and the reversal process accelerated. In 2007 alone, 2.5 million adults and children were newly infected with HIV globally; 1.7 million (68%) of these were from sub-Saharan Africa. The statistics show how important it is to scale-up efforts in sub-Saharan Africa through a multi-sectoral, multi-disciplinary approach to prevent the immediate and long-term effects of this 'medico-socio-economically' devastating health condition.

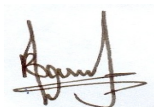
The prevalence of HIV infection in Nigeria is currently put at 4.4 per cent, but young adults and youths who form the most productive population group of the society are more disproportionately affected. This could be connected to their risky lifestyle choices, such as having unprotected sexual intercourse, multiple sexual partners and, in some cases, sharing infected needles during injection and drug use. Many young people feel they are 'immortal' due to their youthfulness and vivacity, thus failing to recognize their vulnerability. The University, as a multi-disciplinary facility, has primary, secondary and tertiary students on its premises, as well as academic and non-academic staff, auxiliary and ancillary workers.

The large work force and student population are not immune to HIV infection; this makes it imperative that the University of Ibadan positions itself in forefront in the fight against this deadly enemy that has the potential to claim the lives of members of its community. The formulation, implementation, evaluation and widespread distribution and acceptance of this HIV

F o r e w o r d

and AIDS policy by the University of Ibadan is definitely a bold step in the right direction. The policy document will guide the development of a strategic institutional response to HIV and AIDS by our University.

I would like to commend the efforts of all those who contributed to the development of the final document, particularly the HIV and AIDS Policy Drafting Committee, Steering Committee and members of the University community who provided constructive suggestions which helped to shape the document.

A handwritten signature in brown ink, appearing to read 'O.A. Bamiro', is written over a light blue rectangular background.

Professor O.A. Bamiro FNSE, FAS
Vice Chancellor
University of Ibadan, Ibadan, Nigeria

List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ARV	Antiretroviral drug
CBOs	Community-based organizations
CD4	Cluster designated 4
FMOH	Federal Ministry of Health
GES	General education studies
HAART	Highly active antiretroviral therapy
HCT	HIV counselling and testing
HEAP	HIV/AIDS Emergency Action Plan
HIV	Human Immunodeficiency Virus
IEC	Information, education and communication
M&E	Monitoring and evaluation
NACA	National Agency for the Control of AIDS
NASCP	National AIDS and STDs Control Programme
NECA	National Expert Advisory Committee on AIDS
NGO	Non government organization
NSF	National Strategic Framework
FBO	Faith-based organization
OI	Opportunistic infections
PABA	People affected by AIDS
PCA	Presidential Committee on AIDS
PLWHA	People living with HIV/AIDS
PMTCT	Prevention of mother-to-child transmission
SACA	State Action Committee on AIDS
TB	Tuberculosis
STI	Sexually transmitted infections
VCCT	Voluntary confidential counselling and testing
VCT	Voluntary counselling and testing
VL	Viral (RNA) load

Objective, Use and Scope of the Policy

Objective

The objective of this policy is to provide a set of guidelines for addressing issues related to HIV and AIDS at the University of Ibadan. The guidelines cover the following key areas of action:

- a. Prevention of HIV and AIDS among staff and students
- b. Management and mitigation of its impact on the staff and students
- c. Care and support of staff and students infected and affected by HIV and AIDS
- d. Prevention of stigma and discrimination
- e. Research on HIV and AIDS

Use

This policy will be used to:

- a. Develop specific institutional responses
- b. Promote processes of dialogue, consultations, negotiations and all forms of cooperation among the Federal Ministry of Education, staff of the University and their associations, the University Health Services personnel, other health personnel, specialists on HIV and AIDS issues, and all relevant stakeholders (in the control of HIV and AIDS) which may include government, community-based and non-government organizations, SACA, NACA, international agencies and development partners.

Objective, Use and Scope of the Policy

Scope

The University of Ibadan HIV and AIDS policy applies to:

- a. Staff of the University
- b. Students of the University
- c. All support staff of the University, including cleaners, and contract staff
- d. Other groups of persons in the University community, including staff dependants and students of primary and secondary schools within the campus.

1 INTRODUCTION

1.1 Definition of HIV and AIDS

The Human Immunodeficiency Virus (HIV) is the virus which causes the Acquired Immune Deficiency Syndrome (AIDS). HIV destroys important cells which control and support the body defence against infections, thus slowly destroying the immune system. The immune system is made up of white cells with a cluster of differentiation 4 (CD4), also called T-helper cells. Following infection with the virus, there is a lag period (which may be as long as 5 years), during which the immune cells are destroyed, leading to immune deficiency, at which time the individual is said to have AIDS. The term 'AIDS' applies to the advanced stage of HIV infection, when the infected person becomes ill. The body of an immune-deficient individual has difficulty in protecting itself against many other infections and certain cancers. Such infections are caused by microbes like bacteria which usually do not make healthy people sick.

The development and degree of immune deficiency can be monitored through various diagnostic tools, such as counting the number of CD⁺ 4 per micro litre of blood and measuring the number of HIV/RNA particles per micro litre of blood (viral load). With the availability of effective drugs to treat the condition, HIV infection is no longer viewed as a fatal disease, but rather, a manageable chronic illness.

1.2 Modes of Transmission

For HIV to be transmitted from one person to the other, there must be an exit point for the virus to pass **out of** the infected person and an entry point **into** the body of the uninfected person. HIV is transmitted through the following ways:

1. Unprotected sexual intercourse (heterosexual and homosexual intercourse without the use of a condom) with an infected person
2. Injection or transfusion of contaminated blood or blood products and through the sharing of unsterilized infected needles/other sharp objects. There may be occupational exposure through which health care workers are exposed to injuries from needle sticks or other sharp objects.
3. From an infected mother to her child during pregnancy, childbirth or breastfeeding.
4. Less commonly, HIV infection is also known to occur through artificial insemination, skin graft and organ transplant.

There are concerns that there may be other routes of transmission of the virus, but currently, it is known that HIV is NOT transmitted through mosquito or other insect bites, sweat, tears, urine, faeces or everyday casual contact. Such casual contacts include sharing lecture rooms and other facilities like sanitary conveniences as well as shaking hands and hugging.

1.3 National Response to HIV and AIDS

For over two decades, the HIV and AIDS pandemic has had increasingly devastating effects on the world's population and development, particularly in sub-Saharan Africa. Unfortunately, in Nigeria, the response to the pandemic, until recently, has been

slow. For a long time, many Nigerians viewed HIV infection as a disease of Western countries, or an imaginary disease made up by scientists to prevent people from enjoying life. During this phase of denial, the rate of HIV infection in the country among women attending antenatal clinics increased from 1.8 per cent in 1991 to 5.8 per cent in 2001. Though the rate of prevalence has reportedly declined to 4.4 per cent in 2005, Nigeria has the second highest number of people living with HIV and AIDS in Africa, next to South Africa.

Nigeria has passed through various phases of response to the epidemic. These phases include an initial period of denial, a largely medical response, a public health response and now a multisectoral response that focuses on prevention, treatment and impact mitigation intervention. The Federal Government of Nigeria commenced response activities following the report of the first case of AIDS in the country in 1986. Different agencies were charged with the duty of controlling the pandemic. These included National Expert Advisory Committee on AIDS (NECA) and National AIDS and STDs Control Programme (NASCP). However, a strong political will towards national HIV control programmes was established until 1999, when democracy was reinstated in the country. From that time, the political leadership at the national level took a more proactive approach to HIV control. President Olusegun Obasanjo actively spearheaded HIV prevention and control activities and this resulted in increasing local activities and external support. In addition, in 2000, the Presidential Committee on AIDS (PCA) and the National Action Committee on AIDS (NACA)¹ were established.

1 The committee evolved into the National Agency for the Control of AIDS (NACA) same acronym.

These organizations have been at the forefront in the coordinated effort to provide comprehensive prevention and care services through a number of plans, such as the HIV/AIDS Emergency Action Plan (HEAP), the HIV and AIDS Health Sector Plans and the National Strategic Framework (NSF). These plans have focussed on scaling-up access and the quality of HIV and AIDS prevention, care and treatment services. The implementation of these plans involves government institutions, non-government organizations (NGOs), community-based organizations (CBOs), development partners and persons living with or affected by HIV and AIDS (PLWHA or PABA).

A revised national HIV and AIDS policy was developed by NACA in 2003. The revision was necessitated by the fact that certain essential components and strategies of the programme for implementation were overlooked in the first policy developed in 1997. The overall goal of the current national HIV and AIDS policy is to control the spread of HIV in Nigeria and to mitigate its impact to the point where it is no longer of public health, social or economic concern, such that all Nigerians will be able to achieve socially and economically productive lives, free from the virus and its effects.

For effective coordination of local responses at various levels, it is important for individual organizations to develop institutional HIV and AIDS policies, hence the need for this document.

1.4 Justification

HIV and other sexually transmitted infections (STIs) pose a major threat to the health and well-being of staff and students of the University of Ibadan. Evidence of this threat is in the findings of various research projects which show that many students have

multiple sexual partners, with only few of them use condoms, thus increasing their risk of acquiring HIV infection and transmission.

Another source of concern is the growing anecdotal evidence that some students are involved in part-time sexual work and the participation of some female students in the ‘Aristo phenomenon’, a practice in which female students have relationships with older men who provide money or other material favours in exchange for sexual intercourse. ‘October rush’ is also widespread on the campus. October rush is the practice whereby senior male students (*stalites*) take advantage of the naivety of newly admitted female students (*Jambites*) to lure them into risky sexual activities. Furthermore, at least 50 per cent of the members of the University community fall within the age range (15-49 years), which the national surveillance data indicated to have the highest prevalence of HIV in Nigeria and are thus at risk of contracting the infection.

Although the staff and students may be vulnerable to HIV infection, they also represent a potential resource for positive change because of their enthusiasm, idealism, energy and understanding which can be harnessed for an effective intervention.

1.5 The Impact of HIV and AIDS on the Education Sector

It is known that the HIV pandemic affects the education sector in these main areas:

1. Reduction in the quality and number of productive workers in the workforce in the learning and teaching environment
2. Withdrawal of pupils and students from school in order to care for sick family members at home or in the hospital
3. High drop-out rate because families cannot afford school-related fees due to reduced household income as a result of HIV and AIDS deaths

4. Refusal to admit HIV-infected pupils or students into school.
5. Refusal of various workers to associate with PLWHA in the academic environment, which negatively affects self-esteem and productivity.
6. Reduction in school enrolment and completion rates, which negatively affects literacy level.

In pursuance of the policy, therefore, the strategic plan would identify the following interventions, among others, which will be integrated and introduced into the HIV and AIDS education curriculum:

1. Prevention and advocacy
2. Introduction of family life education in the curriculum
3. Teaching of HIV and AIDS at faculty and departmental levels in the University
4. Research and development of information, education and communication (IEC) materials
5. Enhanced community care for PLWHA
6. Using key stakeholders in the University as role models to sensitize students, staff, staff-dependants, and service providers.

2. INSTITUTIONAL PRINCIPLES AND VALUES

The University College, Ibadan, was founded in 1948. It became the University of Ibadan in 1960. It is the oldest and most reputable University in Nigeria. At its inception, the founding fathers aimed at making the institution a centre of excellence in academic learning, with the aim of providing the human resources required for Nigeria's socioeconomic, physical growth and development.

The **vision** of the institution is to be a world class institution for academic excellence that would be geared to meeting the needs of society.

The **mission** of the institution is:

- To expand the frontiers of knowledge through provision of excellent conditions for learning and research.
- To produce graduates who are worthy in character and sound judgment.
- To transform society through creativity and innovation.
- To serve as a dynamic custodian of society's salutary values and thus sustain its integrity.

The principal tenet and spirit of the policy formulated in respect of the institutional HIV and AIDS policy, as it relates to discrimination, is in line with the belief and spirit of the

Constitution of the Federal Republic of Nigeria 1999.² These sections protect the right of every citizen of Nigeria against undignifying, inhuman or degrading treatment and discrimination.

Also, the University of Ibadan Act, now codified in Chapter 116 Laws of the Federation of Nigeria 2004 has specifically taken care of the issues of discrimination by virtue of the provisions of Section 1 subsection 2(a) and (b) and Section 12.

2.1 Strategic Objectives

The University of Ibadan HIV and AIDS policy identifies with the following strategic objectives which guide the operation and decisions at all levels of the institution and are consistent with the university's vision and mission:

- To make the University of Ibadan more responsive to the needs of the country, other universities and their graduates.
- To significantly improve the conditions for learning and research within the institution.
- To update and modify its curricula with relevance to both national needs and global demands.
- To overhaul the recruitment process by ensuring that only the best available hands are employed and, not to allow extraneous factors to affect the appointment of the best candidate in any given situation.

2.2 Norms and Values

² Chapter 4, Sections 34(1)(a) and 42(1)(a) and (b).

The norms and values for this policy are informed by the Act establishing the University of Ibadan and the principles and values of the University. They aim at creating a conducive environment which supports and responds to the needs of employees, their dependants and students on issues relating to HIV and AIDS through health promotion and educational activities, care and support for people living with HIV and AIDS (PLWHA) and people affected by AIDS (PABA), thus avoiding all forms of discrimination against them.

The norms and values for this policy are predicated on the fact that HIV and AIDS will be regarded in the same way as other illnesses and therefore include the following:

2.2.1 *Basic rights*

- i. People living with or affected by HIV and AIDS shall be entitled to the same employment and admission opportunities as well as benefits, and where possible, they shall be helped to fit into appropriate possible positions.
- ii. Employees and students infected with HIV should have access to the same amenities (accommodation, sporting, recreational and other facilities) except in rare circumstances, where there is demonstrable risk of infecting others.
- iii. Students, employees and dependants will not be discriminated against as it would be a clear violation of their fundamental human and constitutional rights.
- iv. Students, employees and dependants are not under compulsion to have HIV test done before employment or admission.

2.2.2 *Confidentiality*

- i. Students and employees infected with HIV shall have access to information on their status and care
- ii. Students, employees and dependants are assured of confidential voluntary counselling and testing, with pre and post-test counselling.
- iii. Students and employees are not obliged to inform the University management of their HIV status unless in exceptional circumstances where employee and student might expose co-workers or co-students to an increased risk of infection.

2.2.3 *Working and learning environment*

- i. *Safety*: Employees and students shall be provided with a safe learning and working environment free from discrimination, molestation or deprivation.
- ii. *Care and support*: Employees and students shall be linked up with appropriate treatment, care and support services when required.

2.2.4 *Personal protective equipment*

Appropriate personal protective equipment such as masks, gloves, overalls, aprons, boots, goggles, pipettes etc shall be provided to ensure universal protection in the workplace.

3. MAIN POLICY ISSUES

3.1 Legal Issues

HIV and AIDS are not only a serious health concern, they also give rise to issues which touch on the fundamental human rights of individuals in every sphere life and sector, including the university. The Federal Government of Nigeria recognizes the importance of a national multi-sectoral and multidisciplinary response to the pandemic, and this includes an institutional response. Hence, the University of Ibadan shall be committed to the following:

- i. Increasing awareness, sensitizing and fostering behavioural change among the general populace within the institution on matters regarding HIV/AIDS.
- ii. Protecting the rights of those infected and affected by HIV and AIDS, as guaranteed under the Constitution and other laws of the Federal Republic of Nigeria.
- iii. Developing guidelines and institutionalizing best practices to mitigate the impact of HIV and AIDS in the University community.
- iv. Stimulating research on and developing welfare programmes for vulnerable groups.
- v. Providing cost-effective care and support for those infected, within the context of the University health care services.

- vi. Improving understanding and acceptance of the principle that all persons must accept responsibility for prevention of HIV transmission.

Presently, there is no national legislation on HIV and AIDS and this might have a negative impact on the prevention and control activities. The lack of legislation affects persons living with HIV and AIDS by limiting their rights socially and economically. Furthermore, there is no institutional protection for PLWHA. Therefore, their rights shall be guaranteed as follows in the University of Ibadan:

- i. Freedom from all forms of discrimination on the basis of health status with respect to education, training, employment, housing and access to health care, etc.
- ii. HIV testing shall be obtained informed consent of the person involved; it shall be voluntary and confidential.
- iii. The right to privacy and confidentiality regarding all medical information on the HIV status of individuals.
- iv. There shall be no denial of appropriate care and support for people living with HIV and AIDS.
- v. Employment and admission opportunities, insurance and other benefits, that may be approved from time to time shall not be denied staff and students living with or being affected by HIV and AIDS.
- vi. Access to current information on HIV and AIDS as well as related issues for the University community shall be provided.
- vii. Protection of the rights and dignity of staff, students and other members of the University community living with HIV or AIDS or persons affected by the virus or the disease.

3.2 Rights and Responsibilities of Staff and Students

3.2.1 *Rights of staff*

The rights of workers form a very important and integral component of any workplace policy on HIV and AIDS. These rights shall include the following:

- i. *Right to work*
 - a. The University of Ibadan shall neither include compulsory HIV testing in the conditions of service for its employees or as a precondition for applicants seeking employment in the University. No employee or prospective applicant shall be required to undergo a compulsory HIV test.
 - b. Employees or applicants shall not be required to disclose their HIV status as a pre-condition for renewal or confirmation of appointment or new employment. The University shall not, on account of HIV status, deny any person infected with HIV an employment opportunity.
 - c. No employee shall be dismissed, retired or in any way be disengaged from his/her job or have his/her employment terminated based on his/her HIV infection status alone.
 - d. No infected or affected employee shall be discriminated against on the basis of his or her status with respect to education, training, housing, travel, staff development programmes, and other benefits.
- ii. *Right to confidentiality and fair treatment*
 - a. A worker's HIV status shall be kept confidential by the University of Ibadan authorities and shall not be

disclosed to any other person or the general public without the informed consent of the employee concerned. The right of a person to privacy and confidentiality regarding all medical information, including HIV status, shall be maintained.

- b. PLWHAs are obliged to inform their sexual partners and others at risk of their HIV status.
- c. The HIV status of a staff shall not be reflected in his or her personal files except medical files.
- d. The University shall not in any way discriminate against its employees in terms of promotions, training and development based on their HIV status.
- e. HIV-related illnesses will not be treated differently from other chronic or life-threatening health conditions. If an employee, in the opinion of the Medical Board, is unable to continue his/her job because of ill-health, the usual conditions pertaining to retirement on the grounds of ill-health shall apply.

iii. *Right to relevant information on HIV and AIDS*

- a. Employees living with HIV and AIDS shall have the right to information on medical treatment.
- b. The University, where necessary, shall endeavour to negotiate with any outside body on behalf of its staff for fair, equitable and non-discriminatory benefits, irrespective of their HIV-status.

iv. *Right to safe working environment*

- a. The University shall provide a safe and healthy working environment in which occupational hazards and the risk of exposure to HIV infection are minimized.
 - b. The University shall be responsible for the training and retraining of staff involved in the management of persons living with HIV and AIDS.
 - c. All staff have a right to know of possible risks of occupational exposure to HIV in their working environments and have a right to be informed about the necessary precautions.
 - d. The University shall facilitate the training of students and staff on safety procedures.
- v. *Emerging rights*
- a. All staff, irrespective of their HIV status, shall continue to enjoy all rights as provided for in the various statutory books of the University and the nation and such other rights as may, from time to time, evolve through collective bargaining with the University management and/or government.

3.2.2 *Rights of students*

- i. No prospective student of the University will be required to undergo HIV test as a condition for admission into the University, neither will such a prospective student be required to disclose his or her HIV status prior to admission.
- ii. No student of the University shall be required to undergo an HIV test, or disclose his or her HIV status as a condition for continuing their academic programme

- iii. The University shall not use the HIV status as a requirement in the admission of students into halls of residence, classrooms, laboratories, libraries, sporting or other facilities.
- iv. Students have the right to receive current, comprehensive and balanced information about the spread of HIV and how to protect themselves from infection.
- v. The University shall not rusticate or expel a student on account of his or her HIV status.
- vi. Students have a right to a supportive and safe learning environment in which persons living with HIV and AIDS are not stigmatized.
- vii. Right of privacy or confidentiality of HIV status except as otherwise consented to by the individual.
- viii. Right to personal dignity and respect of HIV-infected and affected individuals.
- vix. Right to attend school and receive all academic and non-academic services and privileges like any other student.
- x. Right to be subjected to the same rules and policies as other students, with reference to medically certified disability.
- xi. HIV status shall not be implied or reflected in records of students, except in their medical records.
- xii. Right and access to appropriate health care should be guaranteed.
- xiii. Right to a supportive and safe environment for students living with HIV and AIDS.

- xiv. Right to seek redress from the University authorities against acts of discrimination.
- xv. Right of access to voluntary, confidential counselling and HIV testing on the campus.
- xvi. Right to benefit from external bodies irrespective of a student's HIV status.
- xvii. Right to appropriate, accurate and timely information on HIV and AIDS.
- xviii. Right to be informed about universal precautions.
- xix. Right to seek sanction from the University against deliberate acts that put others at risk of infection.

3.2.3 *Responsibilities of staff and students*

All members of the University community have important roles to play in the effective implementation of the institution's HIV and AIDS policy. Consequently, the responsibilities itemized below are hinged on the understanding that all members of the University of Ibadan shall be informed of their responsibilities in achieving the desired goals of the policy. The responsibilities are:

- i. To protect themselves against HIV infection and its transmission. Both staff and students have a moral responsibility to seek relevant information regarding the various means of transmitting the virus.
- ii. Infected individuals shall have a responsibility to take precautionary measures not to transmit the virus to others. They shall be encouraged to disclose their status to their physicians and significant others.
- iii. Unless medically justified, no infected or affected staff or student may use HIV and AIDS as a reason for failing to

perform his/her duties, assignments, attend lectures, practicals or field trips, write examinations etc.

- iv. All members of the University community must uphold the respect and dignity of staff and students living with HIV and AIDS.
- v. Any willful undermining of the privacy and dignity of a member of staff, or a student living with HIV shall constitute an infringement of the constitutional rights of the individual.
- vi. Every member of the University community has the responsibility to make a personal decision about undergoing periodic HIV testing to know his/her status.
- vii. Failure to comply with this responsibility shall be regarded as an act of misconduct.

3.2.4 *Intervention for students*

- i. The University shall facilitate the integration of subjects in HIV and AIDS where possible into the various teaching curricula.
- ii. The University shall encourage government and non-government organizations to implement extracurricular programmes for students on HIV and AIDS prevention.
- iii. The University shall integrate HIV counselling and testing (HCT) into the existing health services and provide linkages to appropriate treatment programmes.
- iv. The University shall integrate reproductive health issues, including HIV education, into the General Education Studies (GES) courses.

3.3 Integration of HIV and AIDS Curriculum into Teaching and Service Activities

3.3.1 *Teaching activities*

To integrate in HIV and AIDS issues into the teaching curriculum, efforts shall be made to train staff regularly and to provide funds for such training. The University library shall also be equipped with the relevant materials and up-to-date resources on HIV and AIDS.

The course content shall be comprehensive and take into cognizance the various specialties, such as developmental, social, medical and so on. It must not only deal with the clinical aspects, but fully include all factors involved in the spread of HIV and effective ways of halting the spread, with emphasis on the importance of counselling. The course content shall include, but not be limited to, the following:

- i. *Human sexuality and HIV and AIDS*
 - human sexuality
 - sexually transmitted diseases
 - epidemiology of HIV and AIDS
 - prevention and control of HIV infection
 - HIV and AIDS and the youth
 - Students' rights
- ii. *HIV and AIDS and counselling*
 - Counselling in HIV and AIDS context
 - Treatment and care for those infected and PLWHA
 - Treatment and care for those affected by HIV and AIDS
 - Institutional care and counselling

iii. *Mode of instruction*

- Lectures
- Reading materials
- Field research
- Library search
- The Internet
- Videotapes and other audiovisual aids
- In-class group discussions

3.3.2 *Community Services*

The University community is made up of staff (teaching and non-teaching), students (including secondary and primary school pupils) and staff dependants of various ages. The University shall successfully collaborate with the community in training and research on HIV and AIDS by:

- mobilizing its members in and around the University to participate fully in the HIV and AIDS programmes in order to allow for the effective flow of support between the University and various communities and community structures.
- the University intervention will include information outreach to employees and their dependants on HIV and AIDS issues.
- the University will share its experience of best practices and, where applicable, its skills and resources with other government agencies, NGOs and CBOs.

3.4 Research

The University of Ibadan, in its quest to expand the frontiers of knowledge, shall support research on HIV and AIDS and promote collaboration with national and international agencies. The vision is that the University of Ibadan will become the foremost research institution on HIV and AIDS in Nigeria.

3.5 Other Policy Issues

3.5.1 *Resource mobilization, Management and Sustainability*

The University will develop new strategies for resource mobilization for HIV and AIDS prevention, care and support activities. The funding of HIV and AIDS activities shall be integrated into the University's budget cycles.

Institutional commitment shall be required to mobilize the following resources:

1. Human
 2. Financial, logistics and technical
 3. Material
-
- i. The University of Ibadan shall establish a committee on HIV and AIDS which shall be responsible for coordinating the timely and effective development, implementation, monitoring and revision of the HIV Policy. This committee shall advise appropriately on matters relating to the implementation of the policy.
 - ii. Each relevant faculty/institute/department/unit shall have a standing coordinating committee which will plan and implement the University's HIV and AIDS programmes.

- iii. The University management, as well as the provosts/ deans/ heads of departments shall adequately fund activities of the respective colleges/faculties/departments/ units/unions and, where necessary, source for assistance from international partners to complement local resources.
- iv. The faculties/departments/units/unions shall define a budgetary line item for HIV and AIDS prevention and control.
- v. Faculties/departments/units/unions shall mobilize resources and participate fully in the prevention and control of the epidemic within the framework of the National Strategic Plan on HIV and AIDS and the University HIV and AIDS Policy.
- vi. Faculties/ departments/ units/ unions engaged in the implementation of HIV and AIDS activities shall ensure that effective monitoring and evaluation mechanisms are built into the projects/ programmes.
- vii. All faculties/departments/units/unions engaged in the implementation of HIV and AIDS activities shall commit a minimum of 5-10% of the project budget to facilitate the monitoring and evaluation (M & E) of their activities.
- viii. The University of Ibadan HIV and AIDS Committee shall monitor and report annually on the progress achieved in responding to the objectives of this policy.
- ix. The HIV and AIDS Committee shall share responsibilities with implementing agencies in the interest of ensuring transparent and accurate reporting on the utilization of financial and material resources.

- x. Non-government agencies, the private sector and parastatals in collaboration with the HIV and AIDS Committee and faculties/departments/ units/ unions, shall mobilize resources and participate fully in the prevention and control of the pandemic, within the framework of this policy.
- xi. Funds that are attracted in respect of the University of Ibadan's response to the HIV pandemic shall be decentralized. A strategy will be developed to ensure that funds meant for the HIV and AIDS response are available at all levels.
- xii. A fast-track approach will be instituted to ensure the quick disbursement of funds for programmes and activities on HIV/AIDS, without compromising transparency and accurate reporting on the utilization of financial and material resources.

3.5.2 *Gender*

The University will support advocacy matters to the empowerment of women and girls to recognize their particular vulnerability to HIV infection, through the provision of information on HIV and AIDS. Programmes that can change people's irrational thoughts and especially the beliefs of youth and gender stereotypes will be promoted and encouraged at all levels within the University.

The University shall have zero-tolerance for sexual harassment.

3.5.3 *Health Care Provision*

The University shall work with agencies of the federal and state governments, as well as international organizations to mobilize

funds to strengthen the University's capacity to handle HIV infection and related matters.

Universal precautions shall be adopted in the course of health care service delivery to ensure the safety of health care providers. However, in the event of accidental exposure to HIV, the University shall provide access to post-exposure prophylaxis for staff and students.

Students and staff shall be provided access to HIV counselling and testing services in various sites on campus, including the University Health Centre and the Youth Friendly Centre. The University College Hospital (UCH) shall offer routine HIV testing (with an opt-out option) to provide access to treatment and care for those who are infected. Other aspects of HIV counselling, such as nutritional counselling, safe sex and prevention of mother-to-child transmission, will be provided in a user-friendly atmosphere.

The University shall periodically organize educational and training workshops for health workers within the University Health Services (UHS) on HIV-related issues, such as universal precautions, post-exposure prophylaxis, HIV counselling, stigma and discrimination and other relevant matters on prevention, care and treatment for persons living with HIV and AIDS.

3.5.4 *Linkage with Other Health Programmes*

AIDS is a chronic condition which has a number of other health problems associated with it. These are referred to as *opportunistic infections* (OI), which manifest as a result of immune deficiency. Examples of the common OIs are tuberculosis (TB) (which is the most common killer of persons living with HIV and AIDS), STIs and skin diseases. However, these diseases can be cured if treated promptly.

Employees, students and all other members of the University community shall be educated on the symptoms of OIs and be encouraged to go to clinic for examination and prompt management. HIV increases the risk of developing TB, not all HIV-infected people get TB, and not all people with TB are HIV-infected. Appropriate linkages shall be established with national and NGO programmes on nutrition and health education, sexual health, and direct observed therapy (DOT) for the treatment of TB, in order to control the spread of HIV and AIDS.

3.5.5 Collective Bargaining and Trade Unions

There are a number of unions within the University community, such as: the Academic Staff Union of Nigerian Universities (ASUU), Association of University Technologists of Nigeria (ASUTON), Senior Staff Association of Nigerian Universities (SSANU), Non-Academic Staff Union (NASU) and the Students Union Government (SUG). The University shall liaise with these unions to ensure that a process of consultation throughout the workplace takes place and also to encourage that the unions involve their members in HIV and AIDS prevention programmes.

4. STRATEGIES AND INTERVENTIONS

4.1 Prevention of HIV

The most common mode of transmission of HIV is sexual intercourse, heterosexual intercourse being the most common in Nigeria. The modes of transmission (as mentioned earlier in this document) and their relative importance are known and appreciated in the spread of HIV. There are disease situations in which prevention is better than cure; there are others where prevention is all there is – HIV falls into the latter category.

Accordingly, the University of Ibadan HIV and AIDS policy shall promote and support activities that ensure that members of the community do not become infected with HIV. It shall also make conscious efforts at reducing the risk of transmission through:

- a. Promotion of behavioural change through acquisition of abstinence skills.
- b. Promotion of holistic enjoyment of the personal faculty of pleasure at physical, mental, social, moral and spiritual levels of existence.
- c. Promotion through education, of a holistic approach to human sexuality and sexual intercourse, with its physical, mental, social, moral and spiritual aspects, meanings and implications.
- d. Promotion of safe sexual behaviour based on ‘safer-sex1’ education, with emphasis on women empowerment, promotion of abstinence and fidelity.
- e. Prevention of HIV transmission through blood and blood products by enacting and enforcing strict blood banking and

blood transfusion laws, and through the adoption and enforcement of strict, thorough and rigorous blood transfusion practices and, finally, through education of all, concerned, with emphasis on those likely to have the repeated need for blood or blood products.

- f. Prevention of mother-to-child transmission; this is a priority area and shall be vigorously pursued.
- g. Attention to staff family members, with respect to proper education on HIV and AIDS through formal and informal media.
- h. Promotion of HIV counselling and testing in the University community.

4.2 Care and Support Services

4.2.1 *Management of opportunistic infections*

Opportunistic infections are caused by common microorganisms that usually should not cause problems in healthy individuals. However, they may cause serious and possibly life-threatening illnesses when an individual's whose immune system has been compromised. These infections are usually late complications of HIV infection, for the most part occurring in patients with less than 200CD4+T cells per micro litre of blood. The opportunistic pathogens are known to affect virtually all organs and systems of the human body, with the most common presentations occurring in the pulmonary and gastrointestinal systems and the skin.

Opportunistic infections are the leading cause of morbidity and mortality in patients with HIV infection. Approximately 80 per cent of AIDS patients die as a direct result of infections other than HIV, with bacterial infections being the most common.

Strategies and Interventions

Many antimicrobial agents are currently available for the treatment of most the opportunistic infections. With the early introduction of antiretroviral (ARV) therapy, the incidence and severity of such infections can be reduced. However, drug interactions and resistance to therapy remain major concerns in the treatment of opportunistic infections. Thus, medical personnel with good knowledge of individual drugs, adequate dosing and compliance to therapy shall be consulted by the University in the management of opportunistic infections.

4.2.2 *Antiretroviral treatment*

The Federal Government of Nigeria has published guidelines for the use of antiretroviral drugs in the country. These drugs are expensive and the treatment is lifelong. The Federal Government has provided access to these drugs at specific centres across the country. Some non-government organizations have also provided access to antiretroviral therapy. These drugs are available free of charge.

Due to the fact that these drugs have serious side effects and require careful monitoring by specially-trained health care providers using very expensive laboratory techniques, therapy can only be accessed at designated centres, which have been staffed and equipped for this purpose. The University shall, therefore, link up with such programmes and provide referral services for students, staff and families of staff in need of antiretroviral drugs.

As an entry point for the acquisition of antiretroviral therapy, the University shall provide facilities for routine HCT (with an opt-out option) to students, staff and their dependants. PLWHA shall be encouraged to join care and support groups.

4.2.3 *Home-based care*

The University shall encourage the formation of support groups interested in the care of PLWHAS.

5 POLICY IMPLEMENTATION AND REVIEW

For the effective implementation of this policy, the University Committee on HIV and AIDS shall be constituted and this shall function in the following ways:

- i. Integrating HIV and AIDS issues into the academic programmes through lectures, publications and campaigns.
- ii. Integrating HIV and AIDS issues into orientation programmes for both staff and students.
- iii. Encouraging research in all aspects of HIV and AIDS, to provide information for planning.
- iv. Training and retraining of staff and students to ensure sustainability and continuity of the HIV and AIDS programmes of the University.
- v. Integrating care, support and provision of ARV into the University health services.
- vi. Promoting interactive seminars, workshops and conferences on HIV and AIDS, to increase awareness and showcase research outputs.

Finally, there shall be monitoring and evaluation to determine the impact of the policy on the University community, as well as a periodic review of the document.

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