

**UNIVERSITY OF
ILORIN**

POLICY ON HIV/AIDS

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ABBREVIATIONS USED IN THIS BOOK

AIDS	Acquired Immune Deficiency Syndrome
EFA	Education for All
HIV	Human Immune Deficiency Virus
IEC	Information, Education and Communication
IVDU	Intravenous Drug Users
NGO	Non-governmental Organization
OAU	Organization of African Unity
PABA	People Affected by HIV/AIDS
PLWHA	People Living with HIV/AIDS
STI	Sexually Transmitted Infections
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNGASS	United Nations General Assembly Special Session
UTCC	Unilorin Technical Coordinating Committee on HIV/AIDS
VCT	Voluntary Counselling and Testing

FOREWORD

The Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) have put the whole continent of Africa in a pathetic state. At times of epidemics like this university communities are in an advantaged place to assist the nation in putting the situation under control.

This is what informed the present Administration to set up the Technical Coordinating Committee on HIV/AIDS. A University Policy of this nature is to assist all segments of the University community to have a well-coordinated and combined effort in their control activities. Everybody has a role to play in the control effort. It is hoped that with the cooperation of all concerned the University of Ilorin will be able to implement this policy and thus make an impact on the global effort to find effective preventive and curative methods for the eradication of HIV and AIDS.

The grant support from the Association of African Universities (AAU) towards the completion of this project is acknowledged.

**Prof. Shamsudeen O.O. Amali Ph.D. (OFR)
Vice-Chancellor**

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We also acknowledge the University Administration for generously supporting the project with financial provision for secretariat activities and especially the holding of a workshop to draft the policy.

We acknowledge the invited speakers and the resource staff within the University Community whose expertise has contributed immensely to the successful formulation of this policy. We acknowledge all other participants at the workshop who made themselves available for the task.

We acknowledge the staff of the Academic Planning Unit who provided secretarial and other logistic support to the Technical Committee.

Finally we acknowledge the Association of African Universities (AAU) for the grant which facilitated a large-scale needs assessment survey, following the Workshop, and the completion of this Policy document.

**PROF.J.O. ADEWUYI, FMCPPath. FWACP.
Chairman, Workshop Committee.**

1. INTRODUCTION /EXECUTIVE SUMMARY

The Human Immunodeficiency Virus (HIV) has been transformed from being an obscure and sporadic infection in Nigeria to a visibly epidemic and dreadful public health problem of immense concern. Massive national campaigns for promoting awareness and for its control have been mounted.

Epidemiologic reports show that age groups 15-24 years are worst hit by the current HIV/AIDS pandemic (1,2,3). A large number of these people are in tertiary educational institutions, particularly those aged above 17. The United Nations Educational, Scientific and Cultural Organization's (UNESCO's) strategy (4) for HIV/AIDS control in Sub-Saharan Africa rests on two pillars, vis:

1. The power of education in combating the epidemic.
2. The need for a response that derives from African perspectives and capitalizes on the strengths within Africa.

In attempting to fulfill the strategy, the following focus areas for Sub-Saharan African have been identified.

(1) Advocacy and promotion of policy development. (2) Development of appropriate approaches in formal and non-formal education. (3) Promotion of educational approaches to the reduction of HIV vulnerability and risk-taking behaviour. (4) Support the development of capacity to respond to HIV/AIDS-related teacher and curriculum needs. (5) Support initiatives in the area of care and support for infected and affected learners and educators. (6) Increase the capacity of education systems and institutions to mitigate the Impacts of HIV/AIDS on their operations.

(7) Develop relevant Africa-based research and information capacities and networks. (8) Build capacity to respond effectively to the epidemic.

The recommended approaches in attaining these goals are: (a) Implement the Dakar Education for All (EFA) goals in respect of HIV/AIDS. That is to say education on HIV/AIDS should form part of the knowledge to be passed to individuals in fulfilling EFA goals. (b) Implement the OAU (Abuja 2001) goals of scaling up the role of education and information to fight against HIV/AIDS. (c) Implement the United Nations General Assembly Special Session (UNGASS) goals of reducing HIV prevalence among those aged 15- 24.

In view of the above, although there are global and national guidelines or policies, each institution should have its own local HIV/AIDS policy based on its local working environment and social and cultural context (5, 6). Tertiary educational institutions in Nigeria are cosmopolitan in nature in the sense that they often run primary and secondary schools, which are not only accessible to staff, but also to members of the community around the institutions. This places the institutions in an advantaged position in the quest to control HIV/AIDS. Materials developed by the institutions could be found very useful in and out of the institutions. The steps in the development of this institution's policy are:

1. Commitment of institution's management to join the fight against HIV/AIDS. The University administration demonstrated its commitment by appointing the Unilorin Technical Coordinating Committee (TCC) on HIV/AIDS in September, 2003.

2. Formation of an institution-wide HIV/AIDS committee to plan a comprehensive education and programme in league with other concerned entities on campus to address campus issues related to HIV(7). The committee is broadly representative of the institution's community in order to best address the medical, personnel, administrative and legal issues associated with HIV/AIDS. The committee was given the task of not only developing preventive measures, but also of finding a cure for HIV/AIDS.

3. Holding a stakeholders' workshop to draw up important components of the policy. The workshop took place from August 31st to September 1, 2004. Participants were drawn from all walks of life in the university community: students union, trade unions, the academia, legal unit, information unit and all Faculties. All the principal officers of the university attended the opening ceremony, which was declared open by the Vice Chancellor, Prof. S.O.O. Amali.

The issues raised at this workshop include: (a) role of labour organizations on the campaign against HIV/AIDS (e.g. peer-education). (b) role of student union bodies. (c) sexual education (at primary, secondary and tertiary education levels), e.g. human development, relationships, sexual behaviour, sexual health and society and culture. (d) HIV/AIDS awareness programme (i) What should be the content at primary, secondary and tertiary education levels? (ii) Integration of HIV/AIDS into school curriculum: whether as core, foundation, stand alone or elective courses, and which should be integrated into projects and workshops. (e) Level of commitment of making antiretroviral therapy (ART) available to students, employees and their dependents.

(f) Will consideration of existence of AIDS or a seropositive HIV antibody test be part of admission decision for prospective students or as a part of the hiring process for prospective employees? (g) Will people who are HIV positive be allowed into hostels and allowed participation in co-curricular and extra curricular activities? (h) Confidentiality of HIV/AIDS records. (i) Provision of counseling and referral services for HIV positive individuals and people who refuse to work with persons who are HIV positive. (j) Links with local health agencies, AIDS information centres and other research centres. (k) Work place programmes such as voluntary HIV testing and counseling, training of peer-educators, and behaviour change communication (8, 9). (l) Funding of HIV/AIDS research.

Because of the paucity of information on the prevalence and awareness status of students at the University of Ilorin, a Needs Assessment Survey was conducted to give a baseline data and to assist us in formulating policies for HIV/AIDS control. This research, and the policy derived there-from, were supported by a grant from the Association of African Universities (AAU). The following were the findings of the research:

1. There was a low prevalence for HIV carriage of 0.4% among the students population.
2. Only 22.8% of the students had a good knowledge of HIV/AIDS.
3. There was a low voluntary testing and counselling (VTC) rate of 17% among the students population.

4. Discussions on HIV/AIDS with anybody was limited among the students to 40% of the volunteers. Forty percent (60%) never discussed the topic with anybody.
5. 2.7% of the students were on hard drugs.
6. Majority (39.5%) preferred face-to-face counseling, (25.2%) Group discussion, while 12.9% were not ready to discuss the topic at all.
7. The Faculty of Science had the least knowledge of HIV/AIDS, while older students had better knowledge than the younger ones.
8. The rate of appropriate use of condom was low for casual sexual contacts. (See the Main Report.)

In view of the above findings this policy is aimed at:

- i) Keeping HIV infection rate low.
- ii) Making voluntary testing and counselling more acceptable to students and staff.
- iii) Improving discussion on HIV/AIDS.
- iv) Improving HIV/AIDS knowledge, targeting the younger age groups and science students.
- v) Ensuring that condom use increased to 100% for casual sexual contacts.
- vi) Further reducing hard drug use to zero percent.

- vii) Making face-to-face counselling and Group discussions readily available.
- viii) Providing recreational and information facilities on the subject for staff and students.

This policy is a summary of what the University community believes is possible to achieve and would be achieved with the cooperation of all concerned.

PROF.B. ADEGBORO, MD
Chairman, Unilorin Technical
Coordinating Committee on HIV/AIDS

2. BACKGROUND INFORMATION

HIV/AIDS has become a global crisis sparing no age group, race, gender or socio-economic status. At the end of 2001, an estimated 40 million people worldwide has been infected with HIV/AIDS, nearly three-quarters of them are in Africa. People between ages 15 and 24 years make up about one-quarter of all those infected worldwide. This number is on the increase daily. Each day, nearly 6,000 young people between the ages of 15 and 24 become infected with HIV. Young people are at the centre of the global HIV/AIDS pandemic. Today's youth have inherited a lethal legacy that is killing them and their friends, their brothers and sisters, parents, teachers and role models. An estimated 11.8 million young people aged 15 to 24 are living with HIV/AIDS, yet only a fraction of them know they are infected.

Since 1986 when the first case of AIDS was reported in Nigeria, there has been a rapid increase in HIV sero-positivity from 1.8% in 1991 to 4.5% in 1996, and 5.4% in 1999 to 5.8% in 2001. The prevalence rate of 5.0% reported in 2003 does not represent a real drop, since there are also reports of explosive epidemics in several parts of the country. HIV prevalence by age is reported to be highest among the 20-24 year-olds (5.6%), followed by 25-29 year-olds (5.4%) and 15-24 year-olds (5.2%). University students in Nigeria generally fall within these vulnerable age-groups. In addition, HIV/AIDS affects mainly adults in their most productive years, and this includes the working class in the Nigerian University System.

Although there is paucity of data on HIV sero-prevalence in the University of Ilorin community, there is ample evidence to the effect that just like among their counterparts in many parts of the country, the infection rate could be high and could even be on the increase. This is considering the fact that most of the students are in the prime of their lives with a known tendency to be sexually active, be disposed to peer pressure and other high-risk behaviours. It was in the bid to obtain empirical data in this regard that a comprehensive HIV/AIDS prevalence and awareness survey was conducted as part of this policy development process.

The University of Ilorin community presents a good environment for the implementation, monitoring and evaluation of HIV/AIDS prevention and control programmes. The University has potential access to input resources such as expertise, human resources and funds, which if effectively harnessed could mitigate the impact of HIV/AIDS in the community. However, as found in the survey, there are attitudinal problems, misconceptions and cultural barriers to the free flow of information on HIV/AIDS in the community. All of these partly informed the development of this policy document.

3. GOALS AND OBJECTIVES

The guiding principle is that the University of Ilorin policy on HIV/AIDS shall be in line with the national policy on HIV/AIDS, and shall be complementary towards achieving the set goals, objectives and targets.

3.1 GOAL

University of Ilorin is committed towards controlling the spread of HIV in the University community, providing equitable care and support for all staff and students within the community who may be infected by HIV and mitigating its impact to the point where it is no longer a threat to healthy and productive life. The University of Ilorin is also committed to be part of the global effort in controlling the pandemic of HIV/AIDS.

3.2 OBJECTIVES

Towards achieving this goal, the following objectives have been formulated:

1. Create awareness and an enabling environment for mitigating the spread and impact of HIV/AIDS.
2. Promote a multi-disciplinary response to issues relating to HIV/AIDS.
3. Ensure that adequate attention is paid to vulnerable groups such as women, young adults and students with special needs.
4. Provide care and support for People Living With HIV/AIDS (PLWHA) and People Affected by HIV/AIDS (PABA) in the University community.
5. Stimulate research on all activities relating to the epidemic.

4. POLICIES AND STRATEGIES

The policy statements in this document are derived from the objectives identified above, and are presented around the following five strategic components:

1. Budgetary allocation and Programme Management
2. Awareness
3. Prevention
4. Care and Support
5. Research and Pedagogy

4.1 BUDGETARY POLICY AND PROGRAMME MANAGEMENT

The University shall have a separate budgetary allocation for implementing its policy on HIV/AIDS control. There shall be an HIV/AIDS Programme Management and Counselling Centre for the effective implementation of the University HIV/AIDS Policy.

4.2 CREATING HIV/AIDS AWARENESS

The University of Ilorin is committed to engendering greater enlightenment among members of the University community regarding prevention of HIV/AIDS, as well as care and support for people living with HIV/AIDS (PLWHA). To this end, the following awareness initiatives shall be pursued with vigour:

- i. Inclusion of HIV/AIDS education in students' orientation, matriculation and convocation programmes.
- ii. Production and distribution of Information, Education and Communication (IEC) materials such as books, Journals, newsletters, posters, audio and video tapes, billboards, Radio/Television jingles, and drama/songs; and to reach people with special needs such as the blind and the deaf.
- iii. Organisation of workshops, symposia, seminars, film shows, etc. on HIV/AIDS.
- iv. Inclusion of HIV/AIDS talks in religious, union and professional meetings.
- v. Training of Peer Educators to disseminate information on HIV/AIDS prevention and control to all sectors of the community including people with special needs.
- vi. Establishment of Parents/Guardian/Staff Forum to encourage wider and more active participation in the University HIV/AIDS programmes.
- vii. Active participation in national and international HIV/AIDS campaign programmes.

4.3 PREVENTION OF HIV/AIDS

University of Ilorin is committed to halting the spread and reversing the trend of HIV/AIDS epidemic. The following initiatives shall be put in place to achieve this:

- I. Provide life skills training for staff and students to promote attitude and values re-orientation through organisation of workshops, symposium and other related activities.
- ii. Formulate and disseminate appropriate code of ethics for gender relations, particularly between staff and students.
- iii. Disseminate responsible sexual behaviour such as abstinence, fidelity, avoidance of multiple sexual partners and appropriate condom use through education.
- iv. Facilitate access of staff and students to accredited blood transfusion services when required through effective referral system.
- v. Enforce the observance of universal safety standards in the University Health Centres, through staff training and provision of equipment and materials.
- vi. Establish Voluntary and Confidential Counselling and Testing (VCT) Centres on each campus for staff and students.

- vii. Create youth-friendly forum of interaction between feeder institutions and the mainstream University community.
- viii. Institute scholarship/work study programmes to empower indigent and/or academically weak female students.
- ix. Establish more recreation and resource centres in several locations of the University.
- x. Facilitate access to rehabilitative therapy for intravenous Drug Users (IVDU) through appropriate referrals.
- xi. Develop youth-friendly initiatives such as transition programmes in the feeder institutions and establish recreation/resource centres in the University.

4.4 CARE AND SUPPORT

The University is committed to providing appropriate care and support services for PLWHA and PABA. The following strategies shall be put in place to achieve this objective:

- I. Adequate training in the management of HIV/AIDS related conditions shall be given to all health care workers in the University community.
- ii. Discrimination in any form against PLWHA in the University community shall be outlawed.
- iii. The policy of early diagnosis and effective use of the syndromic management of sexually transmitted infections (STIs) shall be adopted in the University Health Centres.
- iv. Prompt referral shall be made for HIV/AIDS- related services such as anti-retroviral (ARV) therapy and nutrition programmes, which are not available in the University Health Centres.
- v. Counselling services such as individual, group and web-based systems shall be provided for the psychological support for PLWHA and PABA within the University community.
- vi. Encourage PLWHA in the University community to join support groups and networks of PLWHA.
- vii. Extend scholarships/work study programmes to support PABA.

4.5 RESEARCH AND PEDAGOGY

The University is committed to initiating research in all areas relating to HIV/AIDS epidemic. The University is also committed to developing and integrating HIV/AIDS curriculum into the mainstream of her academic programme. The following initiatives will therefore be pursued:

- (i) Develop and train a team of HIV/AIDS educators across disciplines.
- (ii) Encourage multi-disciplinary research on HIV/AIDS by staff with emphasis on finding a cure for HIV/AIDS.
- (iii) Encourage research on HIV/AIDS among students, particularly graduate students.
- (iv) Source funds for HIV/AIDS research.
- (v) Encourage research linkages and collaborative studies on HIV/AIDS.
- (vi) Provide incentives for all HIV/AIDS-related research in the University, such as professional advancement and sponsorship to learned conferences.
- (vii) Encourage appropriate dissemination and utilization of findings emanating from HIV/AIDS related research in the University.
- (viii) Ensure periodic monitoring and evaluation of all HIV/AIDS - related initiatives in the University.

CONCLUSION

In adopting this Policy the University administration has demonstrated willingness to give political and financial support for HIV/AIDS control. However, because of the enormity of the HIV/AIDS pandemic, it is impossible for the University to meet all the financial demands of such a control programme.

The Unilorin Technical Coordinating Committee (UTCC) on HIV/AIDS will therefore function like an NGO in many respects. It is therefore hoped that government, donor agencies and the host community will provide generous support to enable the University fulfill the objectives of the policy.

HIV/AIDS is a major national health disaster. The University community is able to provide some help and leadership in its control. This can only be possible if donors rise to the call. Together we believe we can break the vicious cycle of disease and death that is caused by HIV/AIDS.

NOTES:

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