



INSTITUTIONAL HIV/AIDS POLICY OF THE UNIVERSITY OF PORT HARCOURT



2008

Background

The Sub-Saharan Africa is one of the hardest hit regions by the HIV/AIDS pandemic. Presently, it is hosting about 24.5 million people living with the virus. The medico-social consequences of this high HIV/AIDS prevalence in the region cannot be overemphasized. It has contributed to high orphan rates, high numbers of HIV positive infants, high rates of opportunistic infections, high school drop-out rates, societal discrimination and stigmatization. It is therefore important that an intervention strategy by way of proposed HIV/AIDS policy is most appropriate.

Achievement

In response to this pandemic, the Association of African Universities (AAU) awarded the University of Port Harcourt a grant of US\$ 5,000 to develop an institutional HIV/AIDS policy that will guide the university in combating the spread of the disease. An institutional HIV/AIDS policy development committee was thus inaugurated by the Vice-Chancellor of the University of Port Harcourt on Thursday 13th September, 2007. Members of the committee were drawn from various departments/interest groups of the university community.

To ensure that the draft policy conforms to best practiced standards, National Work Place Policy and the peculiar needs, the committee used the following tools as a guide;

1. Sample HIV/AIDS Policy of the University of Namibia
2. Sample HIV/AIDS Policy of the University of Witwatersrand, South Africa
3. The existing HIV/AIDS Policy of the University of Port Harcourt
4. The National Work Place Policy
5. The proposal for the Development of Institutional HIV/AIDS Policy in Higher Education Institution submitted to the AAU.

Furthermore, the committee identified:

- Strategies that are necessarily needed to ensure acceptance and effective implementation of the proposed policy.
- Existing and non-existing facilities and tools for monitoring and evaluating the impact and effectiveness of the proposed policy.
- Linkages for effective tracking of activities.

As a result, the **draft policy** for the University of Port Harcourt was formulated and is attached below.

BUDGET

1. 10% (US\$5,000) paid to the university for logistics **\$500**
2. Production of advocacy documents **\$240**
3. Advocacy meetings (Provision of snacks for 4 meetings) with **\$200**
 - Students' Union Government and Organizational Heads
 - Community Heads
 - Debriefing at Faculty and Departmental levels
 - Senate
4. Draft Policy meetings (12 meetings) **\$972**
@ \$9/person x 9/meeting
5. Production of Draft Policy booklets **\$200**
6. Production of Policy document, Posters, Stickers **\$2888**

**TOTAL EXPENSES – FIVE THOUSAND U.S DOLLARS
(US\$5,000)**

**UNIVERSITY OF PORT HARCOURT
PORT HARCOURT**

REPORT

ON

**THE DEVELOPMENT OF HIV/AIDS POLICY FOR
THE UNIVERSITY OF PORT HARCOURT**

NOVEMBER, 2007

**DRAFT HIV/AIDS POLICY OF THE UNIVERSITY OF PORT
HARCOURT, PORT HARCOURT**

1. BACKGROUND

Global estimates of the prevalence of HIV/AIDS for the year 2006 indicate that there are 38.6 million people living with HIV/AIDS worldwide. In the HIV/AIDS pandemic, the Sub-Saharan Africa is the hardest hit, hosting 24.5 million of people living with HIV/AIDS (PLWHA) (i.e. more than 60% of all PLHIV).¹ In 2005, it was estimated that of the 40.3 million people living with HIV/AIDS in the world, about two thirds of them (i.e. 25.8 million people) are in the Sub-Saharan Africa. 2.4 million of these people died in 2005 while 3.2 million new infections were recorded.² It is also known that 77% of PLHIV are women. This high prevalence has led to Africa being described as the Epicentre for HIV/AIDS.¹

The West African sub region is a substantial part of the Sub-Saharan Africa and therefore contributes largely to the morbidity and mortality statistics stated above. The medico-social consequences of these high prevalence rates are better imagine - high orphan rates, a high number of HIV positive infants (i.e. 1/3 of babies born to HIV positive mothers will be infected), high rates of opportunistic infections, high school drop out rates, societal discrimination, stigmatization and psycho-social stress.^{1,2} This certainly is a huge set-back on any country's development and therefore perpetuates poverty and underdevelopment in the West African region. Unfortunately, the risk factors for this high prevalence, most of which are embedded in our culture, beliefs and lifestyle still remain with us. Levels of importance and impact of these factors may vary from community to community as the cultures vary. Thus, experiences have shown that there are no standard sets of interventions that can just be applied to every community affected by HIV/AIDS.³ Rather, it is pertinent that for programme implementers to initiate responses, they need to have a working understanding of the community's most serious problems, how they are coping with them and identify priority geographic areas. They should be able to identify the most pressing problems in those geographic areas, map out appropriate interventions and generate commitment at all levels.

Stigma and discrimination continue to impede efforts to prevent the spread of HIV and improve care and support of those with AIDS.³ This is largely due to lack of adequate and appropriate information. Over the years, the practice has been that policy makers, community leaders, journalists, employers and the public at large need to be made better aware of the problems facing PLWHA through public information campaigns and conferences

organised by public figures, religious bodies, political leaders, non-governmental organisations etc.³ However, these have not yielded any significant dividend as the prevalence of HIV/AIDS have remained high indicating that strategies being utilised thus far are not capturing all that is needed to combat the fight. People need the awareness but in addition they need knowledge that should be internalized to bring about a behavioural change process that will be manifested in their lifestyles and thus reduction in the HIV/AIDS prevalence.

An acceptable mechanism therefore, will be a system that is well coordinated and committed to its policies with adequate capacity to enforce them. It should also be cost-effective, able to provide regular forums for key actors to exchange information, build partnerships and be sustainable on a long term. This type of mechanism can be found in the higher education institutions the University of Port Harcourt being one of them. These institutions have and are committed to their various academic policies. Within them are a diverse group of at-risk people and stakeholders - males and females, married and single, sexually active and non-sexually active, majority of them being youth characterized by interest in sexual affairs.

Within the educational system also resides a large human resource (the teaching staff) that can be tapped and a concentration of large segment of the national population that can be easily reached at a time with appropriate HIV/AIDS information through its inclusion in the policies, educational and social activities of the higher institutions they attend and adequate collaboration with the communities in which these institutions are sited.

This is pertinent especially since young people make-up about 25-28% of the population of Nigeria - a large population indeed and they also have the highest HIV prevalence - ranging from 20% in various parts of Nigeria. Reasons for this include premarital sex, homosexuality, violence/cultism, and drug abuse. Thus, universities can become breeding ground for HIV/AIDS perpetuation in the society if there are no effective policies and mechanisms to check the spread within these institutions. The need became even more urgent because of the low uptake of voluntary confidential counselling and testing and persisting myths and misconceptions despite increased awareness.

It is against this background that the University of Port Harcourt has developed this HIV and AIDS policy and approved its incorporation into existing effective university policies with a view to causing a behavioural change among students, staff, the university and surrounding communities, and reducing the prevalence of HIV/AIDS in the institution, the country and the sub-region at large.

2. INTRODUCTION

The University of Port Harcourt as a higher institution in Nigeria recognises and acknowledges that the HIV and AIDS epidemic in Nigeria is on the threshold of an exponential increase in the country. Consequently, it is committed to accepting the challenge of stemming its tide and impact on the university community and the nation at large through measures known to be cost effective, socially acceptable and scientifically sound. This policy guideline takes into cognisance the available information regarding the epidemiology and impact of HIV and AIDS and is therefore the university's response to the problem of HIV and AIDS in the University of Port Harcourt and its environs. It is an integrated effort to gather, process, report and use information and knowledge about HIV and AIDS to influence the behaviour, decision -making, action plans and research in the area of HIV and AIDS within the university and its environs.

3. NEED FOR INSTITUTIONAL POLICY:

This policy guideline is propelled by the following:

- the recognition that the university community possesses the characteristics, risk factors and skills necessary for HIV transmission, perpetuation and prevention/ reduction respectively.
- to improve health and academic achievement/attainment by decreasing impact and improving response towards HIV/AIDS effects on the university community.
- the need to improve on knowledge about HIV and AIDS related issues and motivate members of the university community towards self risk assessment.

4. POLICY TARGETS

Policy is available for multiple users

- Students
- Staff
- Health professionals
- District/Local Government Area offices
- Relevant Federal and State Establishments e.g (SACA, PMTCT, NACA etc.)
- Research Centres
- Donors

5. GOAL OF THIS POLICY

- To increase availability and use of timely, reliable HIV and AIDS information in this institution through shared agreement on goals and coordinated responses to HIV and AIDS issues to mitigate and achieve a reduction in prevalence.
- Mitigate its effects and improve care for those affected by HIV and AIDS.

6. OBJECTIVES

- To develop a university framework and standards for HIV and AIDS information systems.
- Identify appropriate strategies and available institutional facilities for necessary interventions on HIV and AIDS related issues.
- Offer opportunities for enhanced dissemination and use of sound HIV and AIDS information.
- Support the country's realisation of her National HIV/AIDS policy.
- Complement the efforts of the AAU (through higher educational institutions) towards mitigating the effects of HIV and AIDS in the West -African sub-region.

7. BASIC PRINCIPLES OF THE POLICY

This policy is built on the basic principles of:

- Institutional ownership and stakeholder involvement
- Linking health and educational constituencies
- Harmonisation and alignment
- Sustainability, not a project

- Institutional policy approach to HIV information
- A stitch in time saves nine/prevention is better than cure

8. COMPONENTS OF THE POLICY

A. Integration of HIV and AIDS into the Academic Curriculum, Research and Service Activities of All the Faculties and College of Health Sciences.

- HIV and AIDS shall be integrated into the University's teaching curriculum.
- The courses shall be taught at all levels of the University programmes with appropriate credit loads assigned to them.
- The courses shall be compulsory.

In view of the multidisciplinary nature of HIV and AIDS, the courses shall be domiciled in the General Studies Unit of the University. However, specialists in the various aspects of HIV and AIDS will be required to teach the courses for adequate transfer of appropriate information.

The University shall introduce short courses and programmes on HIV/AIDS for all categories of staff and other members of the University community including PLWHA and PABHA.

Such courses and programmes shall focus on topics like HIV/AIDS and higher institutions (in Nigeria, West Africa and globally), impact, spread, protection, legal issues, human rights issues, resilience, sexuality, gender issues, peer mediation and conflict resolution.

B. Provision of Preventive, Care and Support Services

1. Preventive Services

The University shall provide a Youth Friendly Centre (YFC) located on each of the three campuses - Delta Park, Choba Park, and Unipark. Each centre shall be appropriately situated, well equipped and with sufficient number of properly trained staff, for effective service and efficient administration. The Youth Friendly Centre shall be headed by a Director. The Director shall be a practicing physician with a proven record of initiating and sustaining youth development and empowerment projects.

The Youth Friendly Centre shall have three (3) basic components as well as others:

- An educational component as provided by the resource library in which relevant simple, short and straight forward information is made available;
- A recreational component which provides games like Chess, Scrabble, Monopoly, Ludo, Table Tennis;
- A livelihood/skill acquisition package;
- A comprehensive health education model that included sexuality education, prevention of STIs and teenage unwanted pregnancy as well as HIV and AIDS;
- Conflict resolution and violence prevention services;
- Proper referral system for care and support when the HIV test is positive.

2. Care and Support Services

Given that no effective curative therapy exists for HIV and AIDS, proper management of the condition must include a strong emphasis on compassion, care and support for the persons infected and affected by HIV and AIDS. The objectives for the strategy for care and support are to provide accessible, affordable and sustainable quality care for those infected and affected by HIV and AIDS and also to empower and enable them to live positively and productively despite the ailment.

The university shall provide ART units in designated and convenient centres, taking into consideration the need for confidentiality and privacy. Also, linkages shall be formed with other health care delivery systems to assist in treatment of opportunistic infections.

To mitigate the impact of the HIV and AIDS epidemics in the community, the university shall put in place an efficient and effective counselling unit with sufficient counsellors who are up-to-date in current counselling skills.

The university shall provide information on existing organisations such as People Living positively with AIDS (PLHIV) and People Affected by AIDS (PABA) to staff and students, and encourage them to participate in their activities. It shall also provide information and enlightenment to the affected on the progression

and prognosis of the disease which will enable them to accept and support the infected.

The university shall provide a budget line for the care and support of staff and students living with HIV and AIDS. A massive campaign shall be initiated to encourage corporate organisations and philanthropists to donate technical aids and funds for assisting the infected. A certified bank account shall be opened in which the funds will be lodged for proper management by the Director of the YFC and other signatories.

Service activities at both the staff and students levels shall include HIV and AIDS discussions.

The university staff end of year activities shall include discussions on the prevention and control of HIV and AIDS. All the Students' Union activities shall embrace talks on the prevention and control of HIV and AIDS.

Departmental and Faculty activities (at both the levels of students and staff) shall incorporate HIV and AIDS prevention and control programmes/campaigns.

3. Help/Crises Centre

The Help /Crises Centre is an essential unit in the current management of HIV and AIDS and other related issues. Victims of abuse and social vices need a touch and reassurance to cope and overcome their difficulties. In recognition of this, the university shall set up a Help/Crises Centre. It shall run independently of the YFC and the Health Centre respectively. It shall be situated in an accessible place though the issue of privacy is paramount. It shall serve as a place of immediate solace for different categories of people such as:

- Those who are emotionally traumatised and confused due to their positive status
- Victims of rape
- Victims of partner violence
- Teenage pregnancy victims
- Individuals with suicidal tendencies
- Students who are deregistered and are traumatised

- Students in very poor academic stands and are at crossroads
- Individuals who feel they are discriminated against and stigmatised based on their positive status
- HIV and AIDS related bereavement.

The centre shall be co-supervised by the Director of the YFC. It shall be run on a 24-hour basis. Trained, experienced counsellors, volunteer medical doctors and legal practitioners shall form part of the staff of the unit. It should be noted that this unit shall be further referred for more medical intervention, care and support if necessary. It shall network with other health care set ups for further and better management of her clients.

C. Implementation Strategies

- 1. Advocacy**
- 2. Training**
- 3. Research**

The university Council, Senate, Government, NGOs, other stakeholders and research institutions shall work together to facilitate the implementation of research into HIV and AIDS issues in the University of Port Harcourt. A database on HIV and AIDS programmes and researches shall be established by the HIV and AIDS policy committee of the university to provide information on HIV and AIDS to aid implementation of HIV and AIDS programmes and policies.

- 4. Awareness Creation**
- 5. Information, Education and Communication**

The impact of HIV and AIDS in the University of Port Harcourt will be disastrous and shall therefore be discouraged at all cost through adequate information and awareness campaign.

- Safety tips shall regularly be provided to members of the university community through well-organised programmes on prevention and control of HIV and AIDS.
- The university shall provide a conducive working environment to members of staff.
- The university shall also provide an appropriate accommodation and conducive learning environment for the students.

- The university shall mobilise adequate resources against the spread of HIV and AIDS within and around the university community.
- The university shall put in place the necessary and needed help facilities and programmes aimed at helping both the staff and students living with HIV and AIDS.

6. Institutional Networking/Collaboration

1. The University of Port Harcourt shall collaborate with all agencies, institutions and establishment wishing to conduct research, training and capacity building for staff and students, implement information, education and communication (IEC), and any other relevant programmes provided ethical issues are adequately addressed.
2. All such collaboration with the university shall be through the HIV/AIDS Directorate, with the approval of the Vice-Chancellor.
3. Staff and students of the university shall participate in exchange programmes, conferences, seminars and workshop organized by other institutions, establishments, Non-governmental organizations etc.
4. The university shall network with all relevant national, state, and local government area and community initiatives working on HIV/AIDS prevention and control to respond to the epidemic. Such agencies include the National Action committee on HIV/AIDS (NACA), State Action committee on HIV/AIDS (SACA), Local Action committee on HIV/AIDS (LACA), Community Based Organizations (CBO) and concerned groups and individuals.
5. The HIV/AIDS Directorate of the university shall network with university representatives of other West African universities in good standing with Association of African Universities (AAU) to collate, interpret and disseminate data on HIV/AIDS.

7. Funding

- a. The University of Port Harcourt shall establish a fund for HIV/AIDS programmes and activities in the institution and host communities.

- b. The university shall be a major contributor to this fund and shall contribute not less than 5% of its annual programme development budget.
- c. The university HIV/AIDS Directorate shall from time to time seek and obtain grants from donor agencies, corporate bodies, philanthropists and organizations to fund HIV/AIDS programmes and activities.
- d. The fund shall be managed by the HIV/AIDS Directorate of the University with approval of the Vice-Chancellor.

D. Rights and Responsibilities of Staff and Students

RIGHTS OF STAFF

- No employee or applicant shall be required to undergo a compulsory HIV test or disclose his or her HIV status.
- The university shall not use the HIV status to deny employment in whatever form to an applicant.
- The HIV status shall not be used to deny any employee opportunity for staff development or promotion.
- Employees shall have the right to be provided with safety precautions against contracting HIV in their work environment.
- The university shall provide a safe working environment to all staff with a view to minimising exposure to HIV.
- All staff shall be sensitized on a continued basis on all aspects of the HIV and AIDS pandemic.
- No employee shall be suspended, or stigmatised on account of his/her HIV status. The HIV and AIDS status shall not be used as a criterion for retrenchment or retirement UNLESS that person is NO LONGER PHYSICALLY AND MENTALLY FIT to continue his/her work.

RIGHTS OF STUDENTS

- No student of the university shall be required to carry out a compulsory HIV test at any time during his/her training in the university. Where such test is carried out voluntarily, the student has a right to keep it confidential.
- No prospective student shall be compulsorily required to undergo an HIV test as part of his/her pre-registration process. No prospective student shall be compulsorily required to declare his/her HIV status prior to admission.

- HIV status shall not be used to determine residential policies on campus.
- The university shall not use HIV and AIDS status in considering granting of loans, bursaries and scholarships.
- No student shall have his/her studies terminated on grounds of his/her HIV/AIDS status UNLESS that student is NO LONGER PHYSICALLY OR MENTALLY FIT to continue his studies.
- The university shall provide an environment in which exposure to HIV is minimized.

RESPONSIBILITIES OF STAFF AND STUDENTS

- Every member of the university community shall have an individual responsibility to protect himself/herself against the infection.
- Those living with HIV/AIDS have the added obligation to ensure that their behaviours do not pose a threat of infection to other persons.
- Medical personnel living with HIV/AIDS must practice their professions in such a manner that eliminates the risk of transmission to their patients or colleagues.
- Staff and students have the responsibility not to discriminate in whatever form against or stigmatize infected members of the university community.
- Unless medically justified, no staff or student may use his/her HIV/AIDS status as a reason for failing to carry out his/her responsibilities such as statutory work obligations, assignments, attendances at lectures, field trips and sitting for examinations.

E Implementation Structures, Monitoring and Evaluation

1. The University of Port Harcourt shall establish a HIV/AIDS Directorate to be headed by a senior staff of the University, not lower than a Senior Lecturer.
2. The directorate shall constitute the HIV/AIDS clearing house of the university and report to the Vice-Chancellor.
3. The directorate shall also be the coordinating centre for HIV/AIDS activities of all West African Member universities of the AAU.

4. All Heads of departments of the university shall be familiar with the contents of the HIV/AIDS policy, to ensure its implementation, monitoring and evaluation.
5. Specifically, all Heads of units, departments, faculties and college shall ensure that HIV/AIDS issues have been incorporated into their respective curricula and activities, e.g departmental association activities, celebration of Worlds AIDS Day, Candle Light Memorial Procession for People who have died from AIDS.
6. The Student Union Government (SUG) of the university shall ensure that HIV/AIDS information, education and communication (IEC) issues and activities are incorporated into the celebration of the annual SUG week.
7. Relevant offices of the university shall ensure that HIV/AIDS information, education and communication (IEC) are incorporated into the orientation package of new students annually.
8. The HIV/AIDS youth friendly centre shall document the level of participation and patronage of HIV/AIDS counseling services.
9. The University Health Centre shall establish mechanisms for referrals and follow-ups to all relevant stakeholders, such as University of Port Harcourt Teaching Hospital (UPTH), LACA, SACA.
10. The Health Centre shall utilize the Nigerian National Response Information Management System (NNRIMS) for reporting, monitoring and evaluating HIV/AIDS in the university.
11. Counseling and testing is the entry point of control of HIV and AIDS. The health service providers in the university shall entrench health counseling and testing provision of health service in the university.
12. The university shall introduce parental workshops with particular focus on women's' groups e.g the University of Port Harcourt Women Association (UPWA).
13. Heads of units, departments and faculties of the university shall ensure the enforcement of the university dress code for students.