

The Social, Demographic and Development Impact of HIV/AIDS: Commonwealth Universities Respond

Report on the proceedings of a Symposium hosted by
The Association of Commonwealth Universities
and the
University of Natal

8 - 9 November 1999
Durban, South Africa

Introduction

On the first day of the deliberations it was noted that the term ‘immiserisation’ has been coined to describe the process by which people’s lives are made miserable by poverty, disease and disadvantage. For those children whose parents have died from AIDS — the ‘AIDS orphans’ — immiserisation is off the scale. Apart from having to deal with the trauma of seeing their parents become sick and die, these children are more vulnerable to poverty-related diseases, less likely to receive any education, and less likely to be socialised effectively. What kind of future beckons for them? And what kind of future beckons for those who must cope with their needs?

Many Commonwealth universities face such grim realities daily. Staff and students are falling sick and dying, with concomitant reductions in income and productivity on the one hand and rising costs on the other. How will universities already facing severe budgetary problems deal with this? Yet deal with it they must. The role of universities as opinion formers within society, their pivotal position in the creation and dissemination of knowledge and the fostering of innovation, and their contribution to their nation’s human resource capacity marks them out as an essential site for the establishment of national, regional and global responses to the scourge of HIV/AIDS.

Presentations to the Symposium

“22.5 million of the 33 million adults infected with HIV throughout the world live in sub-Saharan Africa with an estimated 1,500 new infections in South Africa every day”. So saying, University of Natal Vice-Chancellor **Professor Brenda Gourley** introduced the scale of the problem facing Commonwealth universities. She commented on the aptness of the venue for this gathering since “the University of Natal is located in the province with the most advanced HIV/AIDS epidemic in South Africa”.

Professor Gourley urged delegates not to ignore the responsibilities universities have towards their staff, students and communities.

In opening the conference, **Dame Veronica Sutherland**, Deputy Secretary General of the Commonwealth, noted that AIDS is a tragedy on every scale. She emphasised the vital importance of understanding the gender dynamics within HIV/AIDS. Women are now dying in greater numbers than men, yet men are the “vectors of transmission” of the disease. Wherever women are economically and socially oppressed, wherever they cannot negotiate safe sex and are exposed to non-consensual or violent sex, there the disease is at its worst.

She highlighted the Commonwealth’s leadership role in promoting HIV awareness. Since the 1991 Commonwealth Heads of Government meeting, the Commonwealth Secretariat has been monitoring the development of multi-sectoral approaches to HIV/AIDS control and to coping with HIV/AIDS in the community.

Some of the activities of the Secretariat include:

- Work on the safety of blood products that was subsequently included in international standards and protocols for blood safety (1980s)

- Community-based AIDS prevention and control programmes in central, southern and west Africa (1994)
- Ambassadors of Positive Living programme established by the Commonwealth Youth Programme to provide youth leaders with advocacy skills in the fight against the spread of HIV (1995)
- Publication of a guide to HIV/AIDS Health Policy and Legal Aspects, and a guide to Preventing HIV/AIDS and STDS Among Youth (1996)

Dame Veronica quoted South African President Thabo Mbeki, who has taken up the fight against HIV/AIDS after years of indifference and uncertainty amongst South Africa's leaders. "We face the danger," said Mbeki, "that our dreams as a people will be shattered".

Dame Veronica posed two questions for the symposium to consider:

1. How can Commonwealth universities develop policies and practices that will help to reduce the transmission of HIV/AIDS among students and staff?
2. What contributions can Commonwealth universities make that will help their communities and countries reduce transmission rates, and cope with those already infected with the virus?

ACU Secretary General **Professor Michael Gibbons** addressed the question of why the ACU has become involved in this way. He said "the Commonwealth is awash with expertise," and the point of departure for this Symposium is to put that expertise to work. The expected outcomes are three-fold:

- The drafting of a communiqué to be presented to the Commonwealth Heads of Government Meeting, urging the Commonwealth leaders to declare a global state of crisis
- The drafting of a policy paper for Commonwealth universities to consider in making their responses to the epidemic
- The establishment of a Commonwealth Knowledge Network through which the considerable intellectual resources of the Commonwealth can be harnessed in the fight against HIV/AIDS

Professor Roy Anderson of the University of Oxford presented an overview of the epidemiological factors revealing something of the nature of HIV in particular, and how its demographic profile is based on characteristics quite different from those of other 'problem' diseases (e.g. malaria, dengue fever, TB).

Describing the immune system as the most variable part of the human genetic code, Professor Anderson explained how the incredible mutation rate of the HIV virus makes it particularly resistant to drug therapies. He stressed that the epidemic is still developing, that there is no near term prospect of a vaccine, and that such drug therapies as do exist are beyond the means of most of the developing world (and in any case require high levels of user compliance to be effective). One vital consideration must be the establishment of research and production facilities for affordable, efficacious vaccine and therapeutic drug development within those countries most affected by the epidemic.

It is also possible to make a positive impact on transmission rates through behavioural modification programmes. Interventions can be effective, but studies need to be carefully constructed to ensure accurate monitoring and evaluation. Epidemics have natural growth and plateau levels, and determining the efficacy of interventions depends on recognizing when the epidemic has hit a natural plateau and when, in fact, the intervention has materially affected its progression. In addition to behavioural modification, examples of

other effective interventions include better treatment of STDs, and educating people at a younger age and across a broader spectrum of the population.

Professor Alan Whiteside of the University of Natal argued that the impact of HIV/AIDS would be adverse, long-term, complex and surprising. Key elements are the high mortality rate (which must be understood in real terms — real people are dying), the negative impact on crucial development indicators such as life expectancy, and the horrifying rise in the number of children orphaned by HIV/AIDS. The implications of this last point are only just being realised.

The two key economic impacts of HIV/AIDS are:

- The loss of productive labour through increased absenteeism, early retirements, increased morbidity and mortality; and
- A rise in costs associated with increased pension and medical aid payouts, and training and recruitment spending

The worst impact of HIV/AIDS will be felt at the level of individual households as AIDS affects working age adults who are primary breadwinners. For women the impact is all the more devastating because of the creation of a ‘double burden’ – the loss of income combined with the costs and obligations of caring for the sick.

For policy makers in Africa, the dilemma becomes clear when one considers that the cost of treating one AIDS patient for one year is equivalent to the cost of educating ten primary school children for one year. Professor Whiteside said “AIDS is a new disease and we have to make very difficult decisions about what we do with our money”.

A panel of **senior representatives** from universities in Botswana, South Africa, Tanzania, Uganda and Zambia gave ‘snapshot’ pictures of experiences from their own institutions. This was followed by a lively debate, which revealed a sense of crisis for the mission of universities. Among the crucial issues that arose were the following:

- Educating increasing numbers of people who are infected and will die prematurely poses a fundamental challenge to the university’s *raison d’être*
- Universities cannot ignore HIV/AIDS in the communities around them from which they draw their staff and students
- There is an urgent need to combat denial within institutions, and to improve co-ordination between institutions

Dr Mary Crewe of the University of Pretoria spoke about “activism” and explained how a “culture of critique” was necessary to urge transparency and accountability on the numerous NGOs and government, activist and voluntary bodies engaged in the struggle against HIV/AIDS. She spoke of the need to acknowledge private and public aspects of the disease, as well as the political and historical nature of certain institutions’ attitudes to the problem. Dr Crewe said that the notion of a university response to an epidemic is a new one, and universities need to move beyond a passive response. “We need a new language, a new text and recontextualisation if you like, a new way in which both the epidemic and the people infected can be seen, talked about, understood and acted upon”.

A **student panel** injected energy and passion into the proceedings, presenting most eloquently the ways in which students are taking on some of the frontline tasks of caring for the sick and dying, supporting peers who are living with HIV/AIDS and taking the public health messages not only to the whole student population, but also through localised projects to the community at large.

Identification of Themes

Delegates were divided into four groups on the afternoon of the first day, and asked to identify key issues and themes for the following day's proceedings. From the various discussions amongst these groups a framework for thinking about key issues was devised (see Figure 1), and the following themes emerged:

Group 1 argued that AIDS needed to be mainstreamed within universities; that is, AIDS should be at the heart of intellectual debates and policy decisions.

Group 2 identified the following key issues:

- *Leadership* at global, national, institutional and departmental levels is required to “put AIDS on the map”
- *Resources* have to be mobilised to provide services and also for monitoring and evaluating programmes
- *Financial implications* — for universities, communities, and government
- *Information* — local and global sharing of information through websites and databases
- *Networking* — sharing of knowledge and experience
- *Research* — the results of pure and applied research need to be communicated and disseminated.
- *Training* and capacity building
- *Mainstreaming gender*

Group 3, much like Group 1, concluded that a deeper understanding was required of the epidemic and its implications for the university, both as an institution and within the community. Such an understanding would form the basis of a strategic plan, which would incorporate policy and curriculum development, capacity building, identification of implementation mechanisms and resource assessments.

Group 4 concluded that the two main issues facing universities were policy and strategy. Policy needed to take account of local environments, impact assessments and relevant research. There had to be strong leadership as well as a commitment of budgets and structures. Strategy should encompass prevention such as guidance and mentoring, care and support for those already infected and systemic issues such as admissions and training.

On the second day of the conference delegates were provided with an opportunity to continue discussions on the themes they had identified the previous day, and their deliberations yielded some important feedback. The first session began with the establishment of guidelines for the working groups, and it was agreed that two questions should steer discussions within the working groups:

- What should universities do?
- How should they do it?

Delegates were then asked to choose their working groups, which were divided according to five key themes:

1. Mainstreaming HIV/AIDS
2. Nuts and bolts: care, counselling, support and training
3. Ethical issues and considerations
4. Leadership
5. Resource allocation

Report-back from working group discussions

1. Mainstreaming HIV/AIDS

Group 1 defined mainstreaming as “integrating HIV/AIDS issues into every level of university operations”. HIV/AIDS needed to be mainstreamed because it is an issue that permeates the entire social fabric of the country and every aspect of the life of institutions such as universities. Universities had a responsibility to prepare staff and students to play a role in responding to the epidemic.

This group identified the following target areas: vision/mission statements and strategy; teaching/learning/curriculum; research; services and support. Activity in these target areas leads to a reporting and sharing of information, mobilisation of resources, data collection on relevant models and approaches, and internal audits evaluating the responses to AIDS within the university. The ‘mainstreaming’ group made an emphatic comment that “even in the absence of data, policy, perfect solutions, designs and support” it was important that universities make a start in responding to the epidemic.

2. Nuts and bolts: care, counselling, support and training

This group’s discussion centred on four important ‘nuts and bolts’ issues: counselling; beliefs and attitudes; support systems; and training. Some specific areas of concern were highlighted: inadequate Voluntary Counselling and Testing (VCT) services at universities; denial and social stigma attaching to HIV/AIDS; confidentiality; emotional and financial support systems for persons living with HIV and AIDS; and training for peer educators and counsellors.

Throughout the university administration there needed to be an explicit recognition of HIV/AIDS as an institutional problem and the development of policy for the implementation of ‘HIV/AIDS activities’. All staff and students required up-to-date information on HIV/AIDS. It was further argued that skills training for both students and staff in peer counselling and education could contribute to a culture of openness. These activities should be driven by a dedicated working group within the University with the support and involvement of the university executive and the student body. This working group would assume responsibility for, inter alia, integrating HIV/AIDS into both academic and non-academic curricula.

3. Ethical issues

Group 3 grappled with some of the complex ethical issues relating to HIV/AIDS and spotlighted four areas which they considered in the context of human rights (both of the individual and of the community) and institutional policies: testing with informed consent; confidentiality and disclosure; discrimination and resource allocation.

This group contended that universities should in principle reject all forms of discrimination that run counter to human rights, but recognised that, in under-resourced settings, individual universities needed to make decisions about what forms of discrimination might be reasonable or essential. Furthermore, universities should recognise an ethical imperative to undertake primary prevention work such as inclusion of HIV/AIDS into first-year curricula. Universities should also undertake to set an example to the wider community in the quality of their care and counselling services, and should take the lead in establishing best practice in HIV/AIDS management. It was also recommended that universities adopt VCT programmes, with the proviso that the statistical results of such tests are not made public unless at least two-thirds of the staff and student population had been tested.

4. Leadership

The discussion in this group started with the recognition that the fight against HIV/AIDS required national political will and commitment at the highest levels, coupled with a sound national strategic plan. Universities could play a crucial leadership role by sensitising staff and students about the magnitude and urgency of the “HIV/AIDS situation”. It was within the power of universities to play a catalytic role in the fight against HIV/AIDS by promoting research and disseminating research findings, translating research into action, integrating HIV/AIDS into the curricula of all disciplines, mobilising students as leaders and agents of change and collaborating regionally, Commonwealth-wide and globally.

5. Resource allocation

Group 5 started from the premise that a dedicated committee was required to drive an HIV/AIDS programme forward. This committee would be responsible for mobilising staff and student support, capacity building, integrating HIV/AIDS into core administrative processes such as budget allocation and mobilising extra funds from government, donors and the private sector. Resource allocation in the era of HIV/AIDS entails fundamentally re-thinking current methods of allocation and utilisation.

Universities should take it upon themselves to clarify the resource implications of their policy decisions and universities should attempt to make resource allocation as participatory as possible. Resource allocation should also be closely monitored and evaluated to promote efficiency.

Group 5 also made the point that resource allocation in the light of HIV/AIDS compels universities to make difficult and complex choices. It was imperative that action should not be delayed while researching the best possible models and choices.

Discussion

A robust discussion followed the group presentations. Participants felt that they needed a strong policy document to take home as a starting point, as much needed to be done in the way of advocacy with senior university administrators. Such a policy would set a benchmark in university AIDS management. Moreover, as the most efficient use of resources is to share rather than duplicate, participants felt that the ACU should nurture the agenda of optimal resource use by acting as a channel for information sharing and dissemination.

Communiqué

(See Appendix I)

The communiqué to the Commonwealth Heads of Government Meeting was hailed by participants as an important document, which should convey the realities within which universities work. Such a document could also pave the way forward nationally by engaging the most senior politicians in advocacy, and would be well received in channels like SAUVCA, ESATI, and AAU.

Addendum: Readers will doubtless be pleased and encouraged to learn that **The Durban Communiqué** from the Commonwealth Heads of Government included the following text at paragraph 55:

HIV/AIDS

Heads of Government expressed grave concern over the devastating social and economic impact of HIV/AIDS, particularly in sub-Saharan Africa. They agreed that this constituted a Global Emergency, and pledged personally to lead the fight against HIV/AIDS within their countries and internationally. They urged all sectors in government, international agencies and the private sector to co-operate in increased efforts to tackle the problem, with greater priority given to research into new methods of prevention, the development of an effective vaccine and effective ways of making affordable drugs for the treatment of HIV/AIDS accessible to the affected population.

The full text is available at <http://www.chogm99.org>

Commonwealth Knowledge Network

The problem of HIV/AIDS is sufficiently large in the Commonwealth and sufficiently particular to universities to merit its own knowledge network where relevant data and working models can be easily accessed.

The objective of the knowledge network is to help university staff make decisions, to inform their responses to HIV/AIDS related issues, and to help create partnerships between specific institutions. The network will be interactive, supportive and ideas-oriented.

It is acknowledged that such networks already exist and care will be taken not to duplicate existing activities. The knowledge network will aim to achieve a balance between disseminating news and being academically rigorous by a process of information filtering which will take place at the 'nodes'. Monitoring and evaluation will form a key part of the establishment of the knowledge network and this will be a nodal function. The nodes will initially be located at the University of Natal and the ACU secretariat but other nodes will be established in due course at other locations within the Commonwealth.

Good networking requires extensive resources and seed funding for this project has been made available by the ACU. The product will consist of a number of services such as

- a communication channel on-line
- an opportunity to exchange information and share experiences
- a knowledge bank that will be co-ordinated locally and by the ACU

The focus of the knowledge network will be guided by the needs of participants. Some initial suggestions include behaviour modification programmes, integration of HIV/AIDS into all aspects of university life and systemic management of HIV/AIDS.

Once these initial processes have developed, it becomes possible to identify specific problems that the combined intellectual resources of the network will tackle. If appropriate, research projects emanating from the problem-setting will be proposed. However, the main task of the network is to provide relevant, practical help that will be applicable across a variety of institutional settings.

Knowledge networks are relatively new but are gaining wide acceptance. For example, the World Bank is about to launch the Global Development Network that will link research institutes and policy makers operating in the development field. Whilst the CKN will be careful to avoid duplicating the activities of other networks, there is potential value in creating links between CKN and other networks. The success of the CKN depends on the commitment of participants to using the product effectively.

Policy

A draft policy paper for Commonwealth universities to consider in making their responses to the HIV/AIDS epidemic is attached at Appendix II. The ACU welcomes responses concerning the draft paper.

Reflections and closure

Professor Michael Adler of University College London closed the conference with some reflections on the proceedings of the two days. In reiterating some of the alarming statistics he reminded delegates of the reasons why they had gathered and messages they should take back.

The solutions were neither obvious nor easy, but within the context of constrained resources, limited research and difficult choices there was still much that could be done. Strong national leadership and consensus on what actions should be taken were an important starting point in the war against HIV/AIDS. But the real fight against AIDS for the developing world began with fundamentally changing the societal contexts that fostered the epidemic. This would entail improving the rights and status of women, reducing poverty, and addressing the issues of migrant labour and commercial sex work. At a very practical level, nations should strive to reduce STDs, reduce risky behaviour, introduce sex education, delay the onset of first sexual encounters and encourage the use of condoms.

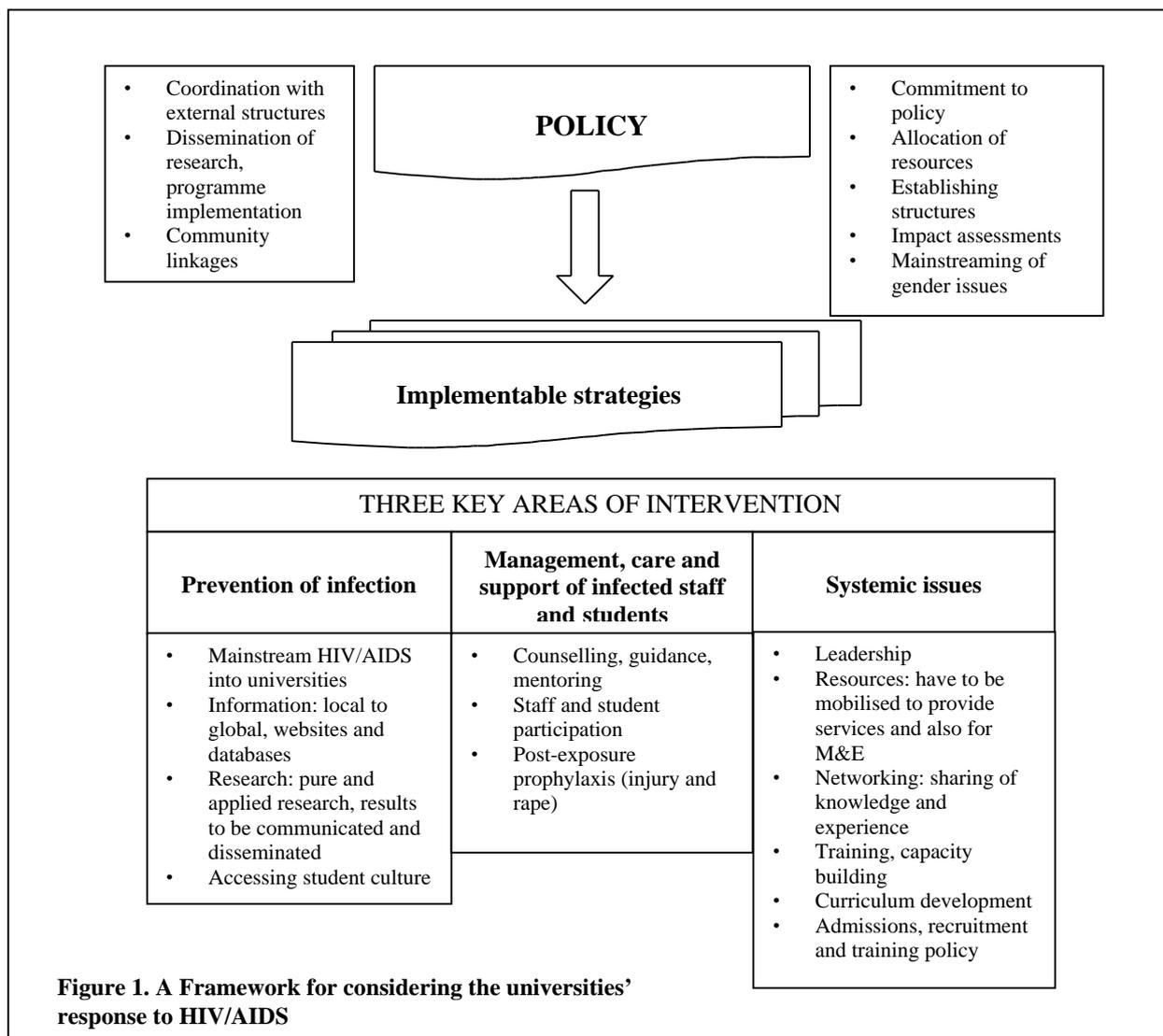
Universities have a particular role in this fight. As opinion-formers, universities should be responsible for promoting a culture of critique. They have a leadership role in shaping debates about the status of women in society. As institutions of higher learning, they should be involved in creating a research agenda and highlighting for government the resource, economic and social implications of HIV/AIDS. Universities are well placed to generate an atmosphere of openness, maximizing student potential as agents of change. Universities should endeavour to be the hub of education and information, and should actively network with organisations and communities to generate knowledge and action around HIV/AIDS. Many universities have health services for staff and students that can be utilised for STD treatment and condom distribution.

Professor Adler pointed out that the way forward required both high-level and grass-roots responses. National leaders and individual citizens have all to be committed to winning the fight. Universities have a responsibility to engage their own leaders and constituencies. He said that universities should accept as their motto, “Be a nuisance, make a lot of noise and never accept ‘no’.”

Universities should strive to institutionalise responses to HIV/AIDS – to put the fight against the epidemic into the “intellectual heartland” of the institution. Professor Adler concluded by noting his disappointment at the lack of response in Southern Africa despite the alarming levels of HIV prevalence. He said “being overwhelmed is the enemy of action; it is no good talking anymore, we have to start”.

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APPENDIX I

SUBMISSION TO THE COMMONWEALTH HEADS OF GOVERNMENT MEETING IN DURBAN, 12 - 15 NOVEMBER 1999, FROM THE COMMONWEALTH PROFESSIONAL ASSOCIATIONS LISTED BELOW.

At the invitation of the three host organisations - the Association of Commonwealth Universities (ACU), the Commonwealth Medical Association (CMA) and the University of Natal - two meetings were held in Durban in the days preceding CHOGM to debate the socio-economic impact of HIV/AIDS on national development and the need to control the pandemic. Participants at those meetings included a wide range of scholars, health professionals, civil servants, representatives of government ministries, and international organisations.

A joint **COMMUNIQUÉ** from the Association of Commonwealth Universities and the Commonwealth Health Professional Associations is attached for the consideration of the Commonwealth Heads of Government.

Signed by:



Professor Michael Gibbons
Secretary General
Association of Commonwealth Universities

on behalf of:

Association of Commonwealth Universities (ACU)
Commonwealth Association for Mental Handicap and Developmental Disabilities (CAMHADD)
Commonwealth Association of Paediatric Gastroenterology and Nutrition (CAPGAN)
Commonwealth Dental Association (CDA)
Commonwealth Medical Association (CMA)
Commonwealth Nurses Federation (CNF)
Commonwealth Organisation for Social Work (COSW)
Commonwealth Pharmaceutical Association (CPA)

10 November 1999

COMMUNIQUÉ

to the

Commonwealth Heads of Government Meeting

Durban, 12 - 15 November 1999

HIV/AIDS threatens to decimate the higher education as well as every other sector of society in Sub-Saharan Africa and to cripple socio-economic development in this and many other parts of the Commonwealth if the spread of the pandemic is not controlled.

The peoples of the Commonwealth account for some 30% of the total world population (which recently exceeded 6 billion) and for more than 60% of the global prevalence of HIV/AIDS.

As many as 14.5 million people in Commonwealth Sub-Saharan African countries were estimated two years ago to be HIV positive or to have AIDS; and in one country alone more than 1,500 new HIV infections are now occurring daily. Average life expectancy in some of these countries is estimated already to have dropped by 20 years as a direct result of HIV/AIDS.

Despite existing methods of intervention and control there has been an annual increase in new cases and unless more effective methods can be found and implemented, the social and economic consequences, which are already extremely serious, will be devastating and national development will be severely retarded.

The consequences of HIV/AIDS affect all sections of society. The heavy loss of those who have been educated and trained at great expense in higher educational institutions is of grave concern. If this critical situation is ignored, the universities and other tertiary level institutions will not be able to continue to provide the human resource and intellectual leadership upon which national development depends.

While universities and Commonwealth health professionals are striving to fulfil their responsibility to integrate HIV/AIDS into every facet of their operations, there is a serious need - in the light of the unacceptably large number of new infections that are occurring globally every day - for a dramatic increase world-wide in the human and financial resources that are devoted by governments to containing the pandemic. Such resources could be targeted at:

- educational campaigns to change behaviour and to stop the spread of infection
- the care of persons living with HIV/AIDS
- appropriate and affordable combination drug therapy
- continuing research and development of an affordable vaccine that will be effective against the strains of the virus that are present in developing countries

The Association of Commonwealth Universities and Commonwealth Health Professional Associations implore all the Commonwealth Heads of Government to take a leadership role in openly acknowledging the critical implications of HIV/AIDS; and to call for a *Global State of Crisis on HIV/AIDS*.

Appendix II

HIV/AIDS POLICY FOR STAFF AND STUDENTS AT COMMONWEALTH UNIVERSITIES

Note 1: This paper is offered to ACU member universities as a framework for consideration, adaptation, adoption or rejection.

Note 2: The (draft) policy is intended to be read in conjunction with all existing university policy documents and in conjunction with such relevant government documents as apply to universities. Such existing documents should be amended if necessary and/or inform this paper if important aspects have been overlooked.

Note 3: It is pre-supposed that such discriminatory or prejudicial policies as may already exist shall not count as justification for resisting the introduction and implementation of a policy that is based on human rights.

A. RATIONALE

A.1. INTRODUCTION

AIDS has emerged as the single greatest threat to development in many countries.

At the close of the 20th century the future of many Commonwealth countries is dominated by a disease which was unknown (or at least unidentified) just two decades ago. Since the beginning of the AIDS epidemic, 50 million individuals world-wide have been infected with HIV, of whom more than 33 million are still alive while over 16 million have died.

It is still a relatively new epidemic, and has nowhere run its full course. No-one yet knows, therefore, exactly what the impact of HIV and AIDS is likely to be on Commonwealth member countries.

It is clear that AIDS is affecting the developing world far more dramatically than the industrialised world: the overwhelming majority of people with HIV – some 95% of the global total – live in the developing world. But it is also still a challenge in the industrialised world where there is some evidence of complacency developing in the wake of the availability of life-prolonging therapies.

As the Commonwealth embraces a wide range of countries - some wealthy and industrialised, others much poorer and developing - it seems inevitable that the peoples of the Commonwealth will experience increasingly marked differences in the extent to which they are affected by the HIV/AIDS pandemic. It appears likely, for instance, that the countries of sub-Saharan Africa are (and will continue to be) at particularly grave risk compared with other parts of the Commonwealth.

This imbalance could have profound implications for the stability and economic growth of the Commonwealth and is likely to affect how the political affairs of the Commonwealth are addressed. There is thus a strong argument in favour of Commonwealth countries working together in responding to the

threat that is posed by HIV and AIDS. A united response will help to mitigate the effects of the epidemic both on individual countries and the Commonwealth as a whole. It will also ensure that information and 'best practices' are shared; and will demonstrate that, within the Commonwealth, every effort is being made to bring the epidemic under control.

It is unlikely that a vaccine for HIV will be found in under a decade; and the treatments that are available are currently beyond the economic reach of many Commonwealth countries. What is clear, however, is that even if a vaccine or affordable cure were to be found within the next two or three years, the effects of this epidemic will remain for a very long time to come.

A.2. COMMONWEALTH UNIVERSITIES AND HIV/AIDS

The universities of the Commonwealth are a valuable potential vehicle for the provision of a united and effective response to HIV/AIDS; and they are well equipped to make a dramatic and long lasting impact on the epidemic.

Equally, if they fail to respond to it, the AIDS epidemic will soon begin seriously to affect the

- enrolments
- staffing
- finances and
- mission

of large numbers of Commonwealth universities.

Enrolments: As the epidemic begins to take its toll of young people who would otherwise be entering the higher education sector, the pattern of enrolments (and of income therefrom) will begin to reflect the loss of this tranche of students.

Staffing: In due course universities will also face the illness and death of members of their staff, and will be particularly affected i) by the need in the short-term either to recruit replacement administrative and teaching staff or to redesign curricula to accommodate the staff shortages and ii) by the long-term implications of losing junior lecturing staff, from among whom the future intellectual leadership of a university is customarily nurtured and developed.

Finances: There will be cost implications related to:

- additional staff recruitment and training/development
- the care and counselling of sick and dying staff and students
- general health care, benefit and pension schemes
- staff and student loan schemes (in the event that incapacity or death should occur before a loan is repaid)
- the availability of student bursaries
- the drain on funds that might otherwise be available for expansion and development

Mission: However their individual mission statements may be worded, universities share, on the whole, a common commitment to

- academic excellence in teaching and research (whether pure or applied) and, axiomatically,
- the service of the societies in which they operate (by educating future generations of skilled personnel and by providing tomorrow's leaders in commerce and industry, the health services, politics and government etc.).

Both these objectives are likely to be impaired by the impact of HIV/AIDS on the staff and student body.

It is self-evidently vital that university graduates remain alive and well for as long as possible so that they can make a long-term contribution in the workplace and to society in general. There are thus strong arguments in favour of developing strategies that will ensure as many members of the university community as possible remain free from infection.

Universities are also, of course, the nurseries of new developments and creative ideas. They thus ensure that societies are equipped to face new challenges and to challenge existing inequalities. It is, moreover, in this sphere of intellectual leadership that universities are themselves able to develop creative responses to social, economic and political problems; and the HIV/AIDS pandemic, with its attendant social, political and economic ramifications, demands exactly such a creative response from the university sector.

A.3. SOCIAL COMMITMENT AND THE WORKPLACE

Universities are workplaces employing large numbers of staff. It is therefore likely that, whatever the geographical location, there will be at least some (and probably a growing number of) staff in every university who have HIV/AIDS. It is thus manifestly in the interests of every university to develop a comprehensive HIV/AIDS policy for their staff.

However, the university's responsibility extends also to creating a safe environment for students; and this points to the advisability of developing an HIV/AIDS policy which offers support and protection for students at the same time as positioning HIV and AIDS firmly alongside a range of other critical issues such as rape, sexual abuse, violence, drug use and the financial concerns of students.

Moreover, universities have a unique opportunity, as providers of tomorrow's leaders, to ensure that all students become acquainted with the implications of HIV/AIDS as an employment issue. If students are made aware of the relevance of managing HIV/AIDS in the workplace, of developing and implementing appropriate programmes, of understanding the legal and ethical issues and of being able to provide counselling and support where required, it will go some way - in conjunction with an education and prevention programme that is underpinned by human rights - towards ensuring that the way in which HIV/AIDS is dealt with by future generations will challenge prejudice and discrimination and enable society to take effective steps against the spread of the epidemic.

A.4. RIGHTS AND OBLIGATIONS (Moral and Ethical Dilemmas)

Universities have a crucial leadership role to play in ensuring that the societies in which they operate recognise the human rights of their population and honour their obligations to act in such a way as not to infringe those rights. HIV/AIDS has proven to be a disease with a particular capacity to attract discrimination and prejudice, and to engender social and economic injustices on a major scale. It is this pattern of human rights abuses that has characterised HIV/AIDS and has made it such a uniquely difficult disease to deal with in terms both of public health and social interventions.

HIV/AIDS generates many very difficult moral and ethical dilemmas, and for too long Universities have on the whole chosen to ignore HIV and AIDS rather than address these difficult issues.

It is very often firmly held religious, cultural and moral beliefs that give rise to judgmental responses in people who are persuaded that HIV infection is a direct consequence of 'improper' personal behaviour; and the effect is that those who are infected are made to feel guilty and ashamed. This, in turn, has contributed to the epidemic's being driven into, and consequently further spread by, patterns of secrecy and denial.

There is also the question of confidentiality, and the right of people with HIV and AIDS not to disclose their status. Many people in health and educational institutions believe that this fundamental human right to privacy and confidentiality should be ignored and discarded; there is a presumption that where HIV is concerned there is a 'right' both to know the status of an infected person and to inform others of the infection. That 'right' does not exist; it is in fact an abuse of personal human rights and should be challenged.

In some countries of the Commonwealth the state does not acknowledge the individual rights of people with HIV and AIDS (or, indeed, a person's right to express his/her sexual preferences). However, while these rights may be ignored or even abused by the state, universities have an intellectual and ethical obligation to challenge discriminatory practices and prejudicial attitudes at all times. It is only by protecting the rights of all people - including the rights of people with HIV and AIDS - that there will be any possibility of finding effective ways to fight this epidemic.

A.5. HIV/AIDS: THE BASIC FACTS

HIV was identified some two decades ago as the virus which increased vulnerability to infection known as Acquired Immune Deficiency Syndrome (AIDS). There has been a great deal of research on this virus and the patterns of transmission are very clear. It is well established that HIV is transmitted through the exchange of certain body fluids - semen, vaginal fluid, blood and breast milk. It has also been established that the virus is largely non-infectious in saliva, sweat, gastric juices, vomit and diarrhoea. The evidence is that HIV is predominantly a sexually transmitted disease in which infection occurs both heterosexually and homosexually. There are smaller rates of infection through intravenous drug use or the re-use of needles in health care settings. There is also a chance of infection from a mother to her baby during pregnancy or at birth, or through breast feeding.

Identifying HIV as a sexually transmitted disease has made it difficult to deal with. Sexual behaviour is private and patterns of sexual behaviour are not well understood. There are also many religious and cultural dilemmas in dealing with HIV as a sexually transmitted disease, and finding ways to alter and change sexual behaviour to eliminate the further spread of HIV has proved to be extremely difficult.

The incidence of infection in universities is increasing rapidly because young people are becoming sexually active at ever younger ages and because the participants in many instances fail to take advantage of the protection offered by the use of condoms. Universities need to take the lead, therefore, through teaching, research and intellectual debate to open up discussions about HIV and AIDS, about the social and cultural reasons for the spread of the epidemic, and about ways in which people can act to change their behaviour and reduce their risk of infection.

Universities can also take the lead in developing patterns of care and support and in making it possible for people with HIV and AIDS to disclose their status and take their place in society without fear of prejudice or discrimination.

B. POLICY

B.1. *This policy is based on the following general principles:*

- People with HIV and AIDS, their partners, families and friends shall not suffer from any form of unfair discrimination
- Staff and students living with HIV/AIDS will have the same rights and obligations as other staff and students
- HIV/AIDS will be accorded the same respect as other life-threatening diseases
- Representatives of all sectors of the university (including, essentially, those with HIV and AIDS) shall be involved, where possible, in the development of all prevention, intervention and care strategies
- All sectors of the university shall be involved in the fight against AIDS; and HIV/AIDS education, prevention and care shall be viewed in a broad social context
- The principles of confidentiality will be strictly upheld *vis-à-vis* the HIV status of any staff or student member
- The university will aim to achieve “best practice” standards in all HIV/AIDS interventions

B.2. This policy has the following goals and objectives:

i. RE: EDUCATION AND PREVENTION

- To prevent the transmission of HIV through the provision of education and information
- To create a safe environment on all university campuses
- To raise the level of understanding of HIV and AIDS in all aspects of the work of the institution
- To identify and disseminate the available resources to be used in the fight against HIV/AIDS
- To empower both women and men to resist coercive sex

ii. RE: CARE AND SUPPORT

- To help those people who are uninfected to remain free from infection
- To provide HIV/AIDS counselling
- To create an environment where people with HIV and AIDS are safe to reveal their status and seek appropriate support and counselling
- To equip the students to be able to live and work in societies with increasing rates of HIV infection and AIDS
- To provide care for those who are infected and affected by HIV and AIDS

C. POLICY WITH RESPECT TO STAFF

C.1. EMPLOYMENT AND PROMOTION

All evidence indicates that no restrictions need to be placed on the employment of a person with HIV/AIDS, as long as that person's health status enables him or her to perform the duties stipulated in his/her employment contract.

- i. No prospective member of staff shall be required to have an HIV test prior to appointment. Neither shall any staff member be required to reveal his or her HIV status during the period of appointment.

- ii. No staff member shall be required to undergo an HIV test as a condition of employment, nor shall HIV, other than in exceptional circumstances and in consultation with medical and legal opinion, be a consideration as far as the confirmation of tenure, promotion, or provision of further training is concerned.
- iii. Staff members with HIV shall be treated no differently from other staff with other life-threatening illnesses (provided only that there is no discrimination in the treatment of these other illnesses).
- iv. A staff member shall not be dismissed, retrenched or refused a job on the basis of HIV status. However, for certain categories of work in which there may be danger to the person with HIV or to others, expert medical and legal opinion may be sought in consultation with the staff member concerned.

C.2. TESTING AND CONFIDENTIALITY

The HIV antibody test may indicate that a person has been infected with the virus. It gives no indication how long that person might live. Moreover, it is possible to have a negative result even for some time after infection. This renders the test both discriminatory and unreliable as an indicator of employment fitness.

- i. No applicant will be required to have an HIV test in order to be considered for employment or promotion.
- ii. No staff member is obliged to reveal his/her HIV or AIDS status unless he/she works in an environment where his/her illness may create a risk either to him/herself or to other members of the university or the public.
- iii. However, staff members will be encouraged to consider revealing their HIV or AIDS status (if known to be positive) to an appropriately professionally-trained person in the support services. A climate will be fostered in which people living with HIV/AIDS know they will feel secure and supported if they disclose their status.
- iv. All persons with HIV have the legal right to confidentiality about their HIV or AIDS status, except in exceptional circumstances and where legally otherwise indicated.
- v. If there appear to be medical grounds indicating that a member of staff should be tested, the decision to do so must be taken by the staff member concerned, in consultation with a medical practitioner of her/his choice and an appropriate legal adviser, and with the full co-operation and support of the staff and student support services. Such a test should only be considered if a staff member is unable to work, having prolonged periods of absence, or if it is medically indicated. All other possible explanations for the change in the physical or mental condition of the member of staff must be fully investigated.
- vi. Should a staff member have an HIV test, the result of the test remains confidential between the staff member and the individual giving the result. The result of the test may only be disclosed to a

third party with the express, informed and written consent of the person concerned. Any breach of confidentiality will justify the instigation of disciplinary proceedings against the person who was in breach of that confidence.

C.3. COUNSELLING, CARE AND SUPPORT

Support and counselling can help to mitigate the effects of the epidemic. Counselling can have a positive influence on attitudes, on persuading people to consider disclosing their status, and on motivating them to change their sexual behaviour. It also helps people to feel more comfortable about informing their sexual partners and family members of their infection; and it is an important means of helping staff to cope with the deaths that this epidemic brings about.

- i. All staff, at all levels of employment, shall have access to counselling and support provided by the university free of charge. Such counselling will be offered by fully trained professionals who are competent to advise on a broad range of HIV/AIDS-related issues including legal rights, social welfare referrals, medication, nutrition and support structures.
- ii. Such counselling and support must be available at the place of work, and staff must be free to access it during working hours. Every effort will be made to train sufficient counsellors to ensure that this service is available on a walk-in basis.
- iii. The university will ensure that all records connected with the counselling and support service are kept confidential and that, where peer counsellors are involved, trained professional staff are available to supervise them.
- iv. Staff who are offering counselling and support services will be required to have had training in bereavement counselling; and will themselves have access to counselling and support.
- v. The university will encourage the establishment of support groups for staff with HIV/AIDS and for their families and colleagues.
- vi. Condoms shall be freely available to all staff in easily accessible locations.

C.4. RAPE, SEXUAL ABUSE, DRUG USE AND VIOLENCE

Rape, sexual abuse, drug use and violence all carry the risk of HIV infection and of discrimination and prejudice. The risk of HIV/AIDS transmission has thus added a further dimension of concern to a range of types of behaviour which are already seriously damaging, and which are not unknown on university campuses. To be fully effective, therefore, any policy relating to HIV/AIDS must also embrace these other problems.

The university is aware of the incidence of rape, sexual abuse, drug use and violence on its campus(es) and makes every possible effort both to curb these practices and to provide staff as well as students with access, where relevant, to appropriate counselling, support and HIV medication.

C.5. GENDER ISSUES

Although many countries and universities pay lip service to gender equity and to the free expression of sexual preference, the HIV/AIDS epidemic demands real commitment to ensuring there is no discrimination within the university community; and that sustainable programmes be introduced to address such inequities as exist.

- i. The university recognises that women are particularly vulnerable to HIV infection by virtue of the biological characteristics of the infection as well as, in some contexts, their perceived (by self and/or others) social position.
- ii. The university is committed to providing an environment in which the equality of women is respected, where neither sexist behaviour nor gender based discrimination is countenanced, and in which proactive attention is given to protecting women from coercive sex.
- iii. The university recognises also its concomitant responsibility to provide its male staff with such gender-sensitisation programmes as will ensure that they are aware not only of the rights and vulnerabilities of women but also of the HIV/AIDS-related implications of sexual abuse and violence.
- iv. The university fully endorses the right of every individual to express his/her sexual preference.

C.6. PROVISION OF EDUCATION AND TRAINING FOR STAFF

If an AIDS policy is to be designed and implemented successfully, it must ensure that university staff are able to recognise and act upon their own risk of infection, and to engage with HIV/AIDS as a serious intellectual subject.

- i. All staff shall have access to HIV/AIDS education and to information about such HIV/AIDS-related issues as will enable them to form a clear understanding of the potential impact of HIV/AIDS on their own professional lives and on the institution itself. For teaching staff, this will embrace reflection on what should be included in the curriculum (*vis-à-vis* HIV/AIDS education) and on the effect HIV/AIDS will have on the students' ability to study.
- ii. Such education and information should, in the long term, have a positive influence on social attitudes and on the development of appropriate intervention strategies.

C.7. PERSONAL RESPONSIBILITY OF STAFF

Staff must understand that they have an obligation to act both as role models and as intellectual leaders.

- i. All staff will be encouraged to recognise that they have an obligation to take note of the HIV/AIDS education and develop a personal lifestyle in which they will not put themselves or others at risk of infection.
- ii. Staff with HIV/AIDS have special obligations and responsibilities to ensure that they behave in such as way as to pose no threat of infection to any other person.
- iii. All staff will be expected to respect the rights of other staff and students at all times, and no prejudicial or discriminatory attitudes or behaviour will be tolerated. Moreover, staff members will be expected to set an example in ensuring that they display no prejudicial or discriminatory attitudes or behaviour towards people with HIV or AIDS, and that they challenge prejudice and discrimination at all times.
- iv. Neither sexual harassment, sexual abuse nor the use of sexual favours by those in positions of power will be tolerated by the university.
- v. Condoms shall be freely available all times at a number of different sites on campus.

C.8. MANAGING HIV/AIDS AS A WORKPLACE ISSUE

Universities are workplaces and as such must have effective programmes and strategies in place to manage HIV and AIDS. This means that managerial staff must receive appropriate training and all members of staff must understand the legal and ethical implications of HIV and AIDS.

General Principles:

- A staff member living with HIV has the same rights and responsibilities as other staff members
- All staff living with HIV or AIDS will be treated in a just, humane and life-affirming way
- No staff member has the right to refuse to work with a person with HIV or AIDS
- Should unfair discrimination occur, a staff member living with HIV shall have recourse to agreed mechanisms for redress
- Any unfair discrimination or prejudice will be dealt with as a breach of the employment contract and, if appropriate, disciplinary hearings will be held

Training: All staff in managerial positions will be provided with appropriate training in the management of staff with HIV/AIDS. All staff shall have access to education about HIV/AIDS, with especial reference to the related legal and ethical issues.

Terms of Employment: Continued employment, including promotion and training opportunities will not be affected by a staff member's HIV/AIDS status, provided that the staff member is able to perform his or her

duties. Should a staff member become too ill to perform the duties as set out in his/her conditions of employment, alternative work may be offered, if available. At all times, fair 'procedures of employment' principles will be applied.

Employee Benefits:

- Staff members with HIV or AIDS are entitled to the standard allocation of sick leave as contained in their conditions of service. Requests for additional sick leave have to be negotiated with the Human Resources department.
- Staff members with HIV or AIDS shall be governed without discrimination in the same way as staff with other-life threatening illnesses (unless there is prejudice in the policies with regard to these illnesses). HIV/AIDS should neither prejudice nor give preference to anyone's entitlement to sick leave or other benefits.

Confidentiality: All steps will be taken to ensure that confidentiality regarding a member of staff's HIV/AIDS status is maintained at all times.

Poor Performance: HIV/AIDS shall not be used as a justification for non-performance. Should a staff member living with HIV or AIDS be performing below expectations, the normal assessment and disciplinary procedures shall be followed.

Termination of Employment:

- HIV-positive employees will continue to be employed until they become medically incapacitated or it is medically advisable that they stop working. At this stage, general university rules and relevant legislation governing ill-health retirement will apply.
- Any decision regarding termination of employment will be made in full consultation with the staff member concerned, his/her choice of medical practitioner and an appropriate legal adviser.

Staff Associations and Trades Unions: All staff associations and trades unions shall be encouraged to make themselves aware of the implications of HIV/AIDS and to put policies in place for their members who are infected with HIV/AIDS. These policies should not be in conflict with the policy of the university and should be based on principles of non-discrimination and support.

C.9. CONDITIONS OF SERVICE

All staff members will be informed of the university's HIV/AIDS policy, and all new staff will be informed of this policy on appointment. Existing conditions of service will be amended if necessary to take cognisance of the HIV/AIDS policy.

C.10. LABOUR RELATIONS

To avoid any disruptions that may be caused by HIV/AIDS-related issues or problems, it is essential that all staff are aware of the terms and provisions of this policy. Full trades union involvement is required to ensure that the interests of staff are optimally represented at all times.

C.11. FINANCIAL IMPLICATIONS

All institutions should conduct an audit as to the likely financial implications of HIV and AIDS. These include the costs of extra staff recruitment and training, the impact of changing enrollments of students, the provision of health care and counselling support, the potential extra burden on benefit schemes (sickness and retirement) and possible defaults on staff and student loans.

- The university will determine and allocate an adequate budget to ensure a fair and effective HIV/AIDS management programme.
- The university will establish an HIV/AIDS Committee, accountable to Senate, for effective programme planning and implementation. This Committee will be required to take cognisance of the views of all stakeholders.
- Each faculty/school and the administration will designate staff and budgets to ensure adequate capacity to drive the relevant aspects of the HIV/AIDS programme forward.

C.12. INFECTION CONTROL

Although HIV transmission in university environments is unlikely other than through the recognised routes of transmission (see paragraph A5 above), it is essential that universal precautions are implemented to eliminate the risk of transmission through blood. It is also essential that the staff who will be dealing with workplace emergencies, in which blood might be present, be protected. All first aid and emergency interventions should work from the assumption that all bodily fluids are potentially infected with HIV and in all cases the correct procedures should be followed.

(Here should follow the university's policy for standard infection control and accidental exposure.)

C.13. MONITORING, EVALUATION AND REVIEW

To ensure optimal success of the HIV/AIDS programme it is essential that there is an ongoing process of monitoring, evaluation and review. New understanding of medical, epidemiological, legal, economic and other pertinent aspects of HIV/AIDS will be taken regularly into consideration in order further to refine and develop this policy. This will ensure that the policy and programmes remain current, effective and abreast of new developments.

C.14. RESEARCH AND INTELLECTUAL LEADERSHIP

Universities have an obligation to provide leadership in the battle to combat HIV and AIDS and to ensure that programmes are effective and successful.

Specific encouragement will be given to HIV/AIDS-related research that will:

- contribute to the theoretical understanding of the medical, demographic, economic and social ramifications of the disease
- better inform the university's and society's efforts to reduce/mitigate the impacts and spread of the disease
- generate debate and stimulate creative responses to the epidemic within the university, the state and civil society

C.15. CIVIC RESPONSIBILITY AND OUTREACH

This university is committed to collaborating with its local/regional community in striving to achieve best practice in the care and support of people living with HIV/AIDS, and in containing the spread of the epidemic.

C.16. INSTITUTIONAL COLLABORATION AND SUPPORT

The most effective response lies in joint programmes.

This university will endeavour to work collaboratively and to share its experience of best practice and, where practicable, its skills and resources, with its sister universities in the Commonwealth - regionally, nationally and internationally.

D. POLICY WITH RESPECT TO STUDENTS

This university will strive to create a safe environment for students. This demands that the university:

- recognise and address the risk of HIV transmission occurring on campus through voluntary sex, rape, sexual abuse or violence
- involve students living with HIV/AIDS in the continuing development of the HIV/AIDS Policy
- create a safe and supportive environment for students already living with HIV/AIDS

D.1. STUDENT ADMISSION

- i. No student shall be required to have an HIV test prior to admission to this university.
- ii. No student shall be required to reveal his or her HIV status prior to admission or during his/her course of study. HIV status shall not influence the decision a) to admit a student to a higher degree programme or specialised field of study or b) to employ him/her as tutor or auxiliary worker.
- iii. No student shall be required to have an HIV test before consideration for admission to a higher degree programme, further training, field trip or other activity of the university, unless there are

special circumstances which warrant it. Such circumstances must be fully discussed with the student concerned, to whom medical and legal advice must be made available.

- iv. Students living with HIV shall be treated no differently from students with comparable life threatening illnesses (unless such illnesses are treated in a discriminatory way). Equally, no special provisions will be made with regard to students living with HIV or AIDS.
- v. Unless medically indicated, neither HIV nor AIDS shall be reason to terminate a student's registration.

D.2. TESTING AND CONFIDENTIALITY

- i. No student shall be required to have an HIV test in order to be considered for admission or training.
- ii. No student is obliged to inform the institution of his or her HIV status unless he or she works or studies in an environment where his or her infection may create a risk either to him/herself or to other members of the institution or the public.
- iii. However, students will be encouraged to consider revealing their status to an appropriate and professionally trained person in the student support services. A climate will be fostered in which students living with HIV and AIDS know they will feel secure and supported if they disclose their status.
- iv. All students with HIV and AIDS have the legal right to confidentiality about their status, except in exceptional circumstance and where legally otherwise indicated.
- v. Should a student have an HIV test, the results of the test remain confidential between the student and the person authorised to give the result. This result may not be divulged to a third party without the express, informed and written consent of the student. Should the result be divulged without appropriate authority, the student will have the right to legal redress.
- vi. Should a breach of confidentiality occur with regard to a student's HIV or AIDS status, appropriate disciplinary steps will be taken against the person who was in breach of the confidence. Similarly, should a student disclose the HIV status of another student of the university, disciplinary steps will be taken against the offending student.
- vii. A student whose family or community is affected by HIV/AIDS has the right to have this information treated as confidential, unless he/she chooses to disclose it.

D.3. COUNSELLING, CARE AND SUPPORT

- i. Counselling on HIV/AIDS and related issues will be available to all students and support for students living with HIV or AIDS will be provided.
- ii. Such counselling may be provided by professionally trained personnel and/or by peer counsellors. Where student counsellors are involved, trained professional staff must be available to supervise them.
- iii. The counselling service offered by the Student Support services shall be free of charge and available at all times. Sufficient student counsellors shall be trained to ensure availability of a walk-in service.
- iv. Counselling shall be available on the main campus, any satellite campuses and in the hostels.
- v. Counselling will be provided for the primary benefit of those affected by HIV and AIDS, but will also deal with drug use, alcohol abuse, rape and sexual violence, financial issues and such other student concerns as can increase the risk of infection.
- vi. The university shall ensure that all records connected with the counselling and support service are kept confidential.
- vii. The university will encourage the establishment of support groups for students whose families and/or communities are affected by HIV/AIDS.
- viii. The university recognises that, as the epidemic develops, there may be a need to develop hospice-type care for residential students as well as day respite care; and that there may be a concomitant need to train carers both among hostel staff and among the students.
- ix. Condoms shall be freely available to all students in easily accessible locations.

D.4. RAPE, SEXUAL ABUSE, DRUG USE AND VIOLENCE

Rape, sexual abuse, drug use and violence all carry the risk of HIV infection and of discrimination and prejudice. The risk of HIV/AIDS transmission has thus added a further dimension of concern to a range of types of behaviour which are already seriously damaging, and which are not unknown on university campuses. To be fully effective, therefore, any policy relating to HIV/AIDS must also embrace these other problems.

- i. The university strives to create a safe learning environment in which tolerance, non-discrimination and mutual respect are jealously guarded.

- ii. The university recognizes the existence of rape, sexual abuse, drug use and violence on its campus(es) and makes every possible effort both to curb these practices and to provide students with access, where relevant, to appropriate counselling and support. Particular attention is paid to providing advice about issues (medical, behavioural and legal) related to sexual harassment, sexually transmitted diseases, pregnancy, and HIV infection and medication.
- iii. A *Code of Conduct* will be developed by representatives of all stakeholders. All students will be required to sign this *Code*; and any breach of the *Code* will be dealt with through disciplinary procedures.

D.5. GENDER ISSUES

Although many countries and universities pay lip service to gender equity and to the free expression of sexual preference, the HIV/AIDS epidemic demands real commitment to ensuring there is no discrimination within the university community; and that sustainable programmes are introduced to address such inequities as exist.

- i. The university is committed to providing an environment in which the equality of women is respected, where neither sexist behaviour nor gender based discrimination is countenanced, and in which proactive attention is given to protecting women from coercive sex.
- ii. The university recognises that female students are particularly vulnerable to HIV infection by virtue of the biological characteristics of the infection as well as, in some contexts, their perceived (by self and/or others) social and economic position.
- iii. The university recognises also its concomitant responsibility to provide its male students and staff with such gender-sensitisation programmes as will ensure that they are aware not only of the rights and vulnerabilities of women but also of the HIV/AIDS-related implications of sexual abuse and violence.
- iv. The university fully endorses the right of every student to express his/her sexual preference.
- v. In all its dealings the university will strive to set an example to students through its gender sensitivity.

D.6. MAINSTREAMING THE PROVISION OF HIV/AIDS EDUCATION AND TRAINING

HIV/AIDS is an issue that permeates the entire social fabric and every aspect of the life of institutions such as universities. Universities therefore have a responsibility to prepare students to play a role in responding to the epidemic.

- i. All students shall have access to HIV/AIDS education and to information about such HIV/AIDS-related issues as will enable them to form a clear understanding of the potential impact of HIV/AIDS on their own lives and on the university itself.
- ii. The university recognises the ethical imperative to undertake primary prevention work through the inclusion of HIV/AIDS education into the curricula for all students.
- iii. This education will ensure that students are given the opportunity:
 - to benefit from intellectual debate about the medical, social, demographic and economic issues relating to HIV/AIDS
 - to acquire an informed understanding of how HIV and AIDS will affect the future and professional careers of all students
 - to learn about the implications of managing HIV/AIDS in the workplace. This will enable them to enter the workforce reasonably equipped to manage HIV/AIDS programmes, to deal (legally and sensitively) with colleagues and staff who are infected, and to monitor and sustain workplace initiatives
 - to understand the potential impact of HIV/AIDS on the economic and social development of their country/region
 - to develop an understanding of different social groups and attitudes; and a caring, tolerant and non-discriminatory approach to people living with HIV/AIDS

D.7. PERSONAL RESPONSIBILITY

- i. All students will be required to sign the *Code of Conduct* and to adhere to the expected behavioural norms described therein.
- ii. Students will be encouraged to recognise that they have a responsibility to play a role in responding to the HIV/AIDS epidemic and to develop a personal lifestyle in which they will not put themselves or others at risk of infection.
- iii. Students who are living with HIV/AIDS have special obligations and responsibilities to ensure that they behave in such a way as to pose no threat of infection to any other person. The university will offer every possible support to ensure that they are able so to behave.
- iv. Students will respect each other's rights at all times. No prejudicial or discriminatory attitudes or behaviour will be tolerated.

D.8. CARING FOR STUDENTS LIVING WITH HIV/AIDS

General Principles:

- All students living with HIV and AIDS will be treated in a just, humane and life-affirming way
- No student may refuse to study with, or to be housed with, student(s) living with HIV or AIDS
- Any unfair discrimination or prejudice will be dealt with and disciplinary steps taken where appropriate

Sick Care:

- Should a student become too ill to continue to study, he/she will be treated in the same way as students with other comparable illnesses (unless there is prejudice in the policies with regard to these other illnesses)
- Should the situation be reached where students require short-term or day respite care, the university shall investigate how best this can be provided

Support Structures:

- All students shall have access to such counselling and support as will help them to manage their academic programmes as well as their physical and psychological well-being
- The university will also make support structures available to the parents, families, partners and friends of students living with HIV and AIDS; and will ensure that university staff recognise the need to deal compassionately with all who are affected by the disease.

Poor Performance:

No students shall use his or her HIV infection as a reason for failing to perform work, complete assignments, attend lectures or field trips or write examinations. Exceptions shall be considered only on professional medical and legal advice.

Termination of Study:

Should a student become too ill to continue with his or her field of study, the Student Support services, the faculty in which the student is studying and the student him/herself will decide upon the most appropriate course of action in consultation with a medical practitioner of the student's choice and an appropriate legal adviser.

Student Associations:

Student political groups and societies should be made aware of the implications of HIV and AIDS for the student body and for the university itself, and should take steps to ensure that all their members are not only well informed about HIV and AIDS but also knowledgeable and supportive of this policy.

D.9. FINANCIAL IMPLICATIONS

While all Commonwealth universities would wish to adhere to the principle of rejecting all forms of discrimination that run counter to human rights, it is recognised that, in under-resourced environments, individual universities may have to make difficult decisions about whether paragraph i. below is viable.

- i. HIV/AIDS-status shall not be a consideration when loans, bursaries and scholarships are awarded.
- ii. Students living with HIV/AIDS shall ensure that they are aware of the conditions governing the repayment of loans and the obligations attached to bursaries.
- iii. Students who become infected during their course of study, shall re-assess their position with regard to their financial obligations.
- iv. All students, whether living with or without HIV/AIDS, shall make a realistic assessment of their capacity to pay their tuition fees.
- v. HIV status shall not be grounds for failure to pay fees, or to repay loan and bursary obligations.
- vi. The university will ensure that the legal obligations relating to loans and bursaries is made clear to all students.

D.10. INFECTION CONTROL

- i. Should students be working in an environment in which there is the possibility of occupational transmission of HIV, the university shall provide the necessary infection control equipment.
- ii. Medical training, which carries the risk of needle stick infection, imposes on the university a particular responsibility to determine, and provide, the most appropriate access to medication for students.

D.11. EVALUATION AND MONITORING

To ensure optimal success of the HIV/AIDS programme it is essential that there is an ongoing process of monitoring, evaluation and review. New understanding of medical, epidemiological, legal, economic and other pertinent aspects of HIV/AIDS will be taken regularly into consideration in order further to refine and develop this policy. This will ensure that the policy and programmes remain current, effective and abreast of new developments.