

INSTITUTIONAL HIV/AIDS POLICY

UNIVERSITY OF AGRICULTURE ABEOKUTA,

(UNAAB) NIGERIA



**ASSOCIATION OF
AFRICAN UNIVERSITIES (AAU)**



**UNIVERSITY OF AGRICULTURE
ABEOKUTA (UNAAB)**

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TABLE OF CONTENTS

Title page.....	1
List of Committee Members.....	2
Table of Contents.....	3
Acronyms.....	4
Foreword.....	5
Acknowledgements.....	7
Part A – Introduction.....	8
A1 – Background.....	8
A2 – Basic Facts about HIV and AIDS.....	9
A3 – Justification.....	10
A4 – HIV/AIDS Policy Development Committee.....	11
The Policy.....	12
Part B – B1 – Guiding Principles.....	12
B2 – Objectives of the Policy.....	12
B3 – Policy Components.....	13
Part C – Position of he University in the fight against HIV and AIDS.....	13
Part D - Rights.....	13
D1 – Rights of the University.....	13
D2 – Rights of Staff.....	14
D3 – Rights of Students.....	15
Part E – Responsibilities.....	16
E1 – Responsibilities of the University.....	16
E2 – Responsibilities of Members of the University Community.....	17
Part F – Gender Policies to avert HIV/AIDS on Campus.....	17
Part G - Teaching and Research.....	18
Part H – Extension and Community Service.....	19
Part I – Management of HIV/AIDS Related Matters.....	20
Part J – Services and Programmes for Prevention, Treatment, Care and Support.....	20
Part K – Structures for monitoring the Implementation of the Policy.....	21
Appendix 1 – Policy Development Process.....	21
Appendix 2 – Available Services on Campus.....	22
Appendix 3 – Reference Materials.....	23

Acronyms

AAU - Association of African Universities

AIDS - Acquired Immune-Deficiency Syndrome

AMREC – Agricultural Media Resources and Extension Centre

ASUTON - Association of University Technologists of Nigeria

ASUU - Academic Staff Union of Universities

BDF - Body's Defence Force

CTC – Counselling, Testing and Care

FBOs – Faith Based Organization

HEAP - HIV/AIDS Emergency Action Plan

HIV - Human Immunodeficiency Virus

ILO – International Labour Organization

NACA - National Action Committee on AIDS

NASU - National Association of Staff of University

NGO – Non-Governmental Organizations

PCA - Presidential Committee on AIDS

PDC - Policy Development Committee

PLWHA - Persons Living With HIV and AIDS

RESDEC – Research and Development Centre

SACA – State Action Committee on AIDS

SBAs – Student-based organizations

STIs - Sexually Transmitted Infections

STDs – Sexually Transmitted Diseases

SSANU - Senior Staff Association of Nigerian Universities

SUG – Students' Union Government

TOR - Terms of Reference

UNAAB - University of Agriculture, Abeokuta

UNESCO – United Nations Education Scientific and Cultural Organization

VCT – Voluntary Counselling and Testing

WHO – World Health Organization

Foreword

It is a great honour for me to write the foreword of this important document, the HIV/AIDS Policy of the University of Agriculture, Abeokuta.

HIV/AIDS is an unprecedented crisis that demands an exceptional response. More than 40 million people are infected with HIV, over 20 million have died, and there are more than 15 million AIDS orphans. The AIDS pandemic is a threat to the future of nations. AIDS kills and is killing those on whom the society relies to work on the farm, factories and schools and even those expected to govern the country in the nearest future. It has created new pockets of poverty with the deaths of parents and breadwinners, leaving children as orphan, who have to leave school earlier and work to support other siblings.

The unprecedented effect of HIV/AIDS on our society can not be over emphasized as it takes its tolls now mainly on the active-age population of 15 – 49 years. This age group is the main workforce of the nation but unfortunately the most vulnerable to infection of HIV. According to World Health Organization (WHO), about half of all the people infected with HIV are under the age of 25. About half of all new HIV infections are among 15-24 year olds. These deaths and continuing illness among people in the productive and reproductive ages continue to have adverse effects on communities and countries all over the world. Of the over 1 billion youth (ages 15-24) worldwide, some 10 million are living with HIV. Every day, an estimated 6,000 youth are infected with the virus. Of the 15-24 year old young people living with HIV, 63 per cent live in sub-Saharan Africa and 21 per cent live in Asia-Pacific. In Eastern Europe and Central Asia, more than 80 per cent of those living with HIV are under the age of 30.

Data supplied by National Red Cross Society in 2004 indicated that the prevalence rates of HIV/AIDS have increased from 1.8% in 1991 to 5% in 2003 in Nigeria. The epidemic has extended beyond the commonly classified “high-risk groups” and is now common amongst the general population. The Impact of the epidemic on the social and economic development of the country has been substantial. It has contributed to the present decrease of life expectancy and increased the number of deaths of young men and women in the country. HIV and AIDS have increased the cost of achieving developmental goals and increased level of poverty in the country.

Tertiary institutions occupy a vantage position in the fight against the virus and the disease. Tertiary institutions have ethical and intellectual responsibility to set example in the response to the scourge. Being directly responsible for the physical welfare and orientation of large numbers of very bright young men and women, tertiary institutions are expected to give leadership, set and advocate good standards of practice and behaviours.

The effort at mitigating the effects therefore requires a multifaceted approach which will involve not only the governments but Non-governmental organizations, religious bodies, educational institutions and the private sector. The starting point however, with respect to institutionalizing HIV/AIDS, is to put in place policies, that will establish principles, rights, responsibilities as well sustain our commitment in the fight against HIV and AIDS.

The University of Agriculture, Abeokuta recognizes that HIV/AIDS is not only a health issue but a development one, which has implications on its immediate community and the society at large. In this response, the University is opportunely to be supported by the Association of African Universities, AAU, Accra, Ghana, to put together an institutional policy on HIV and AIDS related matters. The overall objective is to protect the rights of members of the community affected by HIV and AIDS and establish responsibilities and guiding principles for institutional commitment and community members' behavioural perspectives.

This document therefore highlights five major components:

- ☒ Rights
- ☒ Responsibilities
- ☒ Gender Policies to avert HIV/AIDS on Campus
- ☒ Integration of HIV/AIDS issues into teaching, research and extension
- ☒ Services and programmes for prevention, treatment, care and support
- ☒ Structures responsible for managing and implementing the policy

I have no doubt that the document will assist the University in its effort at being proactive and mitigating the effect of HIV and AIDS. I have to commend the effort of the committee saddled with this responsibility. Together we can make our campus and the country free of HIV and AIDS.

Professor Ishola Adamson
Ag. Vice Chancellor
University of Agriculture, Abeokuta, Nigeria

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The project team appreciates the Association of African University (AAU), Accra Ghana, for providing funds for implementing this HIV/AIDS Policy development project in the University of Agriculture, Abeokuta, Nigeria. The team appreciates the Management of the University of Agriculture, Abeokuta, (UNAAB), under the leadership of Professor Ishola Adamson for the support and provision of enabling environment for the activities of the Policy Development Committee. We acknowledge the prompt attention given by the Vice Chancellor and his unflinching support. The contributions received from all stakeholder groups including the Executives and members of Academic Staff Union of Universities (ASUU), Senior Staff Association of Nigerian Universities (SSANU), Association of University Technologists of Nigeria (ASUTON), the National Association of Staff of University (NASU), and the Students' Union Government (SUG) is highly appreciated.

We sincerely appreciate the support and contributions of the Deputy Vice-Chancellor, University's Registrar, Bursar, Librarian, Deans and Directors. Lastly, the team appreciates the members of staff and students that served in the Policy Development Committee for the time spent and for valuable contributions made to make the project a reality. We thank the Legal Consultant to the University, Barrister Kunmi Adekunle for painstakingly going through the document and for guiding the team in the Legal aspects of the Policy. Thank you all.

Dr. (Mrs.) Grace Sokoya
Project Coordinator

PART A:**INTRODUCTION****A1. Background**

The HIV/AIDS pandemic is a major public health and development crisis. The pandemic has evolved into the greatest human tragedy over the last two decades since the first case was diagnosed. The World Bank reported in 1996 that in the ten Sub-Saharan countries with the most advanced HIV/AIDS epidemics, estimates indicate that per capita income growth will be slowed by an average of 0.3% a year between now and 2025. The epidemic is evolving in diverse patterns across countries and regions. In most countries, overall adult prevalence is below 1 percent, with the epidemic concentrated in sub-populations, notably injecting drug users, sex workers and men who have sex with men. In some countries, prevalence has risen to as high as 80 percent of some subpopulations. Ominously, in a growing number of countries, the epidemic is spreading among the general population. In Sub-Saharan Africa, adult prevalence is over 7 percent.

In Nigeria, the adult HIV prevalence has increased from 1.8% in 1991 to 4.5% in 1996 and 5.8% in 2001 estimates indicate than more than 3.5 million Nigerians are infected. In 2005, however, the epidemic rate has dropped to about 3% resulting from active responses towards mitigating the effect of the virus and the disease. Like many other developing countries, Nigeria has passed through several phases in her response to the epidemic. In 1997, the government of the Federal Republic of Nigeria through the Federal Ministry of Health adopted the National policy on HIV/AIDS and STI. Later in 2000, Presidential Committee on AIDS (PCA) and the National Action Committee on AIDS (NACA) were established. A three year HIV/AIDS Emergency Action Plan (HEAP) was formulated in 2001 which is now being implemented.

The overall goal of putting in place policy for HIV/AIDS is to control its spread in Nigeria, and to mitigate its impact to the point where it is no longer of public health, social and economic concerns. Nigerians will be able to achieve socially and economically productive lives free of the disease and its effects.

The University of Agriculture, Abeokuta, Nigeria recognizes that there is an undeniable link between human rights and public health in the context of HIV/AIDS. It is inevitable that the HIV/AIDS pandemic will have a profound effect on student recruitment and enrolment, both directly and indirectly. Accordingly, this policy is intended to provide an institutional response to both national and personal challenges, which the HIV/AIDS pandemic poses to our society.

The HIV/AIDS Policy Development Project is an initiative of the Association of African Universities (AAU) and is being funded by AAU. A workplace policy provides the framework for action to reduce the spread of HIV/AIDS and manage its impact. It provides the basis for putting in place a comprehensive workplace programme, combining prevention, care and the protection of rights. HIV/AIDS related stigma is a real or perceived negative response to a person or persons by individuals, communities or societies. It is characterized by rejection, denial, and discrediting, disregarding, underrating and social distance. Stigmatization, which leads to discrimination and violation of human right, is a major concern in workplaces. The institutionalization of a workplace policy is therefore a sine-qua-non to the protection of human rights of all employees and students in the University and assurance of their wellbeing, in the event of a positive HIV test.

A2. Basic Facts about HIV and AIDS

- I. HIV is the virus that causes AIDS.
- a. Human means that it affects only humans and lives only in humans. The virus does not live in toilets, mosquitoes, cups or spoons, or on bed sheets or towels that people who have HIV might have used.
 - b. Immuno-deficiency refers to a lack of (deficiency) or breakdown of the human body's immune system. The immune system is the body's resistance or the "body's defence force" (BDF) for fighting off infections. The virus attacks and eventually overcomes the body's immune system, the BDF. The immune system is usually able to defend the body against many infections – except HIV.
 - c. A virus is a germ.
- II AIDS means Acquired Immune Deficiency Syndrome.
- a. To acquire means to "get or develop over a period of time."
 - b. For definitions of "immune" and "deficiency" see above. The immune system does not break like an egg; it breaks down gradually over time. It gets deficient, or less and less efficient, under the relentless attack by the multiplying numbers of viruses in the body.
 - c. Syndrome refers to the group or collection of signs and symptoms (or indications) of diseases in a person who has AIDS, such as unusual weight loss (more than 10 percent of normal body weight), fever (stopping and starting or continuous), dry cough which hangs on, excessive tiredness, diarrhea for a long time (more than a month), swelling of the lymph nodes, respiratory tract infections including pneumonia, thrush, tuberculosis, night sweats, stroke.
- III. There are two-types of HIV: HIV- 1 & HIV- 2.
- HIV 1 is the most common type with different subtypes A, C, D and E. These are common in Africa and Asia. Subtype B is more common in Europe and North America. HIV-2 is mostly found in West Africa, it seems to be less aggressive than HIV-1. HIV-1 virus was discovered in 1979. It affects both young and old; adolescents, economically productive age group, sex workers, migrant workers like drivers, members of armed forces and police. It has affinity for T lymphocytes with a receptor called CD4; enters cells and multiply thereby destroying host cells and as well deplete immune cells. This virus is transmitted through body fluids such as blood and sexual fluids (*sperms and semen*). The 6 stages of HIV/AIDS developments are; HIV Infection, Window Period, Sero-conversion, Asymptomatic HIV Infection, Related Illnesses, and AIDS.
- IV Symptoms - These include: unexplained weight loss, incessant coughing, persistent diarrhea, persistent fever, coated tongue, rashes and skin infections. Other symptoms in adults include anaemia, tuberculosis, thrush, constipation, heart burn, anorexia (appetite loss), nausea and vomiting.
- V Prevention - HIV prevention strategies include - abstinence from indiscriminate sex, not sharing sharp objects and avoiding transfusion of HIV-Infected blood.

- VI Methods of eliminating HIV/AIDS infection:
- a. Abstinence - 100% effective method,
 - b. HIV counseling and testing
 - c. Faithfulness and dedication to one's future partner/Faithfulness to partner if married
 - d. Desist from condom use as there are failure rates of condoms as they apply to preventing HIV and other diseases.
- VII The window period - The window period is the time from HIV infection to when the usual laboratory tests can detect the antibodies to the virus in an HIV-infected person. The window period can last between six weeks to six months. Different bodies take different lengths of time to produce and release the antibodies, sometimes called "clues" to the virus. During the window period, the commonly used tests cannot detect the antibodies to the virus. Therefore, if someone is tested during that period, the test result will be negative even though they are infected. Some laboratories describe the findings as "non-reactive."

A3. Justification

The justification for this institutional policy on HIV/AIDS in UNAAB lies mainly on:

- i. The impact of the epidemic in our society –
 - Reduced life expectancy
 - Weakened health system
 - Social problems
 - Economic deterioration
- ii. The level of vulnerability of University community members, who are mostly sexually active population, to HIV infection.

An institutional policy provides the framework for action to reduce the spread of HIV/AIDS and manage its impact. The policy is also justified by the following. The policy will:

- a. make an explicit commitment to corporate action;
- b. ensure consistency with appropriate national laws,
- c. lay down a standard of behaviour for all staff and students (whether infected or not)
- d. give guidance to supervisors and managers
- e. helps employees and students living with HIV/AIDS to understand what support and care they will receive, so they are more likely to come forward for voluntary testing
- f. help to stop the spread of the virus through prevention programmes
- g. provide the basis for putting in place a comprehensive workplace programme, combining prevention, care and the protection of rights

A4. HIV/AIDS Policy Development Committee - Terms of Reference (TOR)

The Committee's TOR are as follows:

1. To appraise what health services and policies are already in place in the University.
2. To formulate a draft Institutional HIV/AIDS policy for the University of Agriculture, Abeokuta, after due consultation with the various stakeholder groups and circulation for a wider the consultation, in order to ensure a full sense of 'ownership' and support.

PART B**THE POLICY****B1. Guiding Principles**

The University is committed to playing its full part with other sectional, regional and international partners in mitigating the impact of HIV/AIDS, both on its internal constituency of staff and students and on the Nigerian society. The University is guided by the following principles in formulating this policy:

- i. The policy is complementary to all existing national policies on HIV/AIDS, and the ILO and UNESCO HIV/AIDS workplace policies to which Nigeria is a signatory;
- ii. The Policy shall be based on the principles of human rights, social justice and equity;
- iii. The University acknowledges its responsibility to providing its community members with adequate health information, creating awareness about HIV/AIDS that will safeguard their health;
- iv. The University will adopt strategies that are cost effective, practical, socially and scientifically acceptable to ensure that HIV/AIDS scourge is controlled in UNAAB;
- v. The University acknowledges its responsibility in creating a learning and working environment that is supportive and responsive to employees and students;
- vi. The University will adopt gender-sensitive and gender-specific strategies to avert HIV/AIDS and mitigate its impact.

B2. Objectives of the Policy

The purpose of this policy is to ensure a consistent and equitable approach to the prevention of HIV/AIDS among employees and students, and to the management of the consequences of HIV/AIDS, including the care and support of employees and students living with HIV/AIDS. The policy has been developed and will be implemented in consultation with employees at all levels. It is in compliance with existing laws regarding HIV/AIDS and with the ILO Code of Practice on HIV/AIDS the world of work.

The main objectives of the HIV and AIDS policy are:

- i. To establish guidelines for decision-making, coordination, and action on HIV and AIDS related matters in the University.
- ii. To provide a safe learning and working environment that will be stimulating, supportive and free from discrimination.
- iii. To guarantee learning and employment by observing the legal rights of persons living with HIV and AIDS in the University.
- iv. To provide information, education, , and supportive care services that promote the personal and professional well being of students, members of staff and their dependents that are infected or affected by HIV and AIDS.
- v. To contribute to the community efforts in mitigating the impact of HIV and AIDS.

B3. Policy Components

UNAAB HIV and AIDS policy addresses the following components:

- i. Position of the University in the Fight against HIV and AIDS
- ii. Rights – University, Staff and Students
- iii. Responsibilities - University, Staff and Students
- iv. Teaching and research
- v. Extension and Community Service
- vi. Management of HIV/AIDS related matters
- vii. Services and programmes for Prevention, Treatment, Care Support
- viii. Structures to be responsible for monitoring the implementation of the Policy

PART C Position of the University in the Fight against HIV and AIDS

- C1. The University of Agriculture, Abeokuta recognizes the impact of HIV and AIDS on the University community and the society at large and the need to coordinate all efforts at institutional level to mitigate the effect in the University's learning and working environment.
- C2. UNAAB is committed to maintaining a healthy working and learning environment by protecting the physical and emotional health and well being of all students in the learning environment and members of staff in the workplace.
- C3. UNAAB is committed to being an equal opportunity learning institution and equal opportunity employer.
- C4. The institution shall therefore take an active role in the fight against HIV and AIDS by being involved in massive sensitization and enlightenment of the University community on HIV/AIDS. This will be done through media campaign, orientation and capacity building.
- C5. The University will also accept the provisions of International and National regulations and labour matters relating to HIV and AIDS issues.

PART D Rights

D1. Rights of the University

The University reserves the following rights:

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

D2. Rights of Staff

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

- i. No member of staff shall be forced to undergo HIV testing.
- ii. Members of staff and their dependents have the right to confidentiality of their HIV and AIDS status and records.
- iii. The results of the HIV tests conducted at the UNAAB Health services and the VCT Centre shall remain confidential, and shall not be disclosed to a third party without a written informed consent from the person concerned.
- iv. HIV status shall not be used as a criterion for decisions by the University administration regarding:
 - a. Employment of permanent and contract members of staff.
 - b. Promotion, training and career development of members of staff.
 - c. Employment termination.
 - d. Retrenchment.
 - e. Retirement.
 - f. Access to employee benefits, privileges and rights to health care.
 - g. Allocation of housing and accommodation.
 - h. Participation in non-combative sports
- v. HIV-related illness will not be treated differently from other comparable chronic or life threatening conditions with respect to the rights of members of staff.
- vi. Staff with HIV/AIDS shall have the same benefits as those without, however, they could get more from Health benefits by way of generous subsidy of drugs. They may also be considered for longer leave/sick leave periods.
- vii. No member of staff shall be discriminated against based on his/her HIV/AIDS status.
- viii. All members of staff have the right to:
 - a. be accepted, regardless of their status, in an environment free of prejudice, stigma and discrimination.
 - b. be made aware of the risks of exposure to HIV and AIDS.
 - c. work in an environment in which occupational exposure to HIV is minimized by providing appropriate protective methods and post-exposure counseling, diagnosis, prevention and treatment, where applicable.
 - d. be made aware of and have access to preventive and supportive care services available in the institution.
 - e. continue to work if they are deemed medically fit and can meet performance standards for the job they are expected to perform.
 - f. be granted a change in the job or modification thereof or retirement on medical grounds, when performance standards of work are not met; or the continued performance of the job by a member of staff who has AIDS, affects their health.

- ix. In the same way, grievances on HIV and AIDS matters should be treated like other grievances in the University system and in accordance with the laws of the land. Staffs who feel aggrieved about discrimination, stigmatization, breach of confidentiality and denial of rights should adopt the normal University procedure for seeking redress. All matters must be treated internally before externalization.
- x. More specifically:
 - a. Employment shall not be terminated on the grounds of HIV/AIDS status or retirement decisions made or be used to influence retrenchment.
 - b. HIV/AIDS status shall not be reflected in the personal files of employees.
 - c. The HIV/AIDS status of employees shall not be disclosed without the informed consent of the employee concerned.
 - d. Employees have a right to a supportive and safe working environment in which persons with HIV and AIDS are accepted and not stigmatized.
 - e. Employees have a right to know of possible risks of occupational exposure to HIV in their working environments.
 - f. The University shall endeavour to provide the necessary protective equipment and facilities for use on the job.

D3. Rights of Students

The rights of staff with HIV/AIDS shall be the same as enshrined in the constitution of the Federal Republic of Nigeria, the University regulation and UNESCO HIV/AIDS policies to which Nigeria is a signatory. The rights of all categories of students during and after admission with respect to HIV and AIDS within the campus and study environment shall be as follows:

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

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

PART E Responsibilities

E1. Responsibilities of the University

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

- staff and students shall remain confidential to avoid stigmatization and discrimination.
- x. The University shall build the capacity of staff of the University Counselling Units to handle issues related to HIV and AIDS for staff and students.
 - xi. The University Management shall support Staff and students' organizations that provide enlightenment, education and awareness on HIV/AIDS.

E2. Responsibilities of Members of University Community

Members of the University community shall:

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

PART F

Gender Policies to avert HIV/AIDS on Campus

Gender issues are not explicitly female issues but the female are more vulnerable to HIV/AIDS. Therefore, the concerns of female staff and students need to be clearly articulated and the vulnerability of females in terms of their reproductive health and socio-economic needs should also be recognized. Policies concerning sexual harassment and rape should be linked to the institutional policy on HIV and AIDS. The following gender-sensitive measures would be taken to avert HIV/AIDS and mitigate its impact in the University community:

~~✓~~ Homosexuality, bisexuality, trans-sexuality and beastiality practices shall be discouraged.

~~✓~~ University management shall ensure general safety and security (especially lightening facilities in hostels and study areas).

Benefit from intellectual debate about the medical, social, demographic and economic issues relating to HIV and AIDS.

~~✓~~ Procedures which will encourage and facilitate the reporting of sexual harassment and rape cases shall be put in place.

University management shall ensure promptness, fairness and justice in the investigation and conclusion of reported cases of sexual harassment and rape.

PART G **Teaching and Research**

The University shall:

- G1 Ensure that a University wide course on HIV/AIDS is included in the curriculum for all non-graduate students. The curriculum will include historical, epidemiology, clinical manifestations, prevention and home based care aspects of HIV and AIDS. The University should therefore encourage the Curriculum Committees and General studies Department, to incorporate these aspects of HIV and AIDS into the curricula. The teaching of this course is to ensure that students are given the opportunity to:

 - i. Acquire an informed understanding of how HIV and AIDS will affect their future professional careers.
 - ii. Learn about the implications of managing HIV and AIDS in the learning and work places.
 - iii. Understand the potential impact of HIV and AIDS on the economic and social development of their country and worldwide.
 - iv. Develop a caring, tolerant and non-discriminatory approach to persons living with HIV and AIDS.

G2 Offer several short courses workshops and seminars on HIV and AIDS for all staff and other members of he University community

G3 Support RESDEC to provide funding and or linkages in the research on HIV and AIDS that will:

 - i. better inform the University's and society's efforts to mitigate the impacts and spread of the pandemic;
 - ii. generate debate and stimulate creative responses to the pandemic within the University and community
 - iii. contribute to the theoretical understanding of the medical, demographic, economic and social implications of the pandemic.

PART H**Extension and Community Service**

- H1. It is essential that there is full community participation in the HIV and AIDS programme.
- H2 Community-based programmes such as film shows, drama, self-help projects should be encouraged.
- H3 Establishment of a Youth Friendly Centre where HIV/AIDS awareness programme are encouraged.
- H4. The University should ensure that adequate information on all aspects of preventing and coping with HIV and AIDS is widely accessible to the community members through the following:
- i. awareness promotion through print and electronic media (radio, television, publications, meetings, website).
 - ii. education that examines the relevance of HIV and AIDS to the lives of members of the University community, as well as an understanding of social attitudes towards developing care and non-discriminatory approaches to those affected by HIV and AIDS.
 - iii. Promotion of responsible sexual behaviour, through the ABC approach for adults (A – Abstinence from indiscriminate sex, B – Being faithful and C – Correct condom use) and the ABCDEF approach for youth (A – Abstinence, B – Beware and C – Careful, D – Drug and Alcohol free, E – Education first and F – Fear God).
 - iv. encouraging public fora on HIV and AIDS.
 - v. ensuring that peer educators and counselors are trained regularly.
 - vi. increasing awareness about Sexually Transmitted Infections (STIs) and encourage treatment.

PART I**Management of HIV/AIDS Related Matters**

HIV and AIDS have implications to the core business of the University. Therefore, University Management should make provision for policies that would prevent occurrence and ameliorate the scourge and provide enabling environment for awareness campaigns, seminars and workshops. The following are the structures within the University that could handle the various aspects of the policy:

- i. AMREC – Awareness campaign, workshops, seminars and short courses for prevention
- ii. Curriculum Committee – Development of curriculum for the University-wide course
- iii. General Studies Unit – Teaching of a University-wide course on HIV/AIDS
- iv. Health Services – Care, Support and VCT services
- v. RESDEC - Research relating to HIV/AIDS
- vi. Student Affairs – Counselling and orientation of students

- vii. All Stakeholder groups (SUG, FBOs, Unions, Clubs, SBAs) and the Student Affairs Division – Encourage compliance with established regulations and sensitivity to campus safety and security.

PART J Services and programmes for prevention, treatment, care and support

The University shall provide the following:

1. Precautionary measures to prevent the spread of HIV whenever there is potential for exposure to blood or other high-risk body fluids.
2. Counseling, Testing and Care (CTC) services.
3. Condoms, easily available and accessible.
4. VCT services
5. Counselling for the primary benefit of those affected by HIV and AIDS.
6. Counselling for preventing and mitigating the impact of drug abuse, alcohol abuse, rape and sexual violence or harassment, financial issues and such concerns that can increase the risk of exposure to HIV infection.
7. Appropriate environment for confidentiality of records and any other information on supportive care services.
8. Establishment of support groups for students and members of staff whose dependents and/or communities are affected by HIV and AIDS.
9. Development of referral networks as may be necessary
10. Increase awareness about sexually transmitted infections (STIs) and their treatment.
11. Mechanism to avert sexual harassment and child abuse

PART K Structures to be responsible for monitoring the implementation of the policy

The Policy Development Committee (PDC) should be made a standing committee of the University and given the mandate of monitoring and evaluating the implementation of the policy. The committee will be expected to:

- i. co-ordinate the dissemination of the HIV and AIDS policy in the University;
- ii. organize regular consultative meetings with the University management and community on matters relating to HIV and AIDS
- iii. monitor the progress of the policy implementation.
- iv. indicate if revisions are necessary in the policy or programme in order to meet stated objectives.
- v. update policy in accordance with relevant national and global trends and guidelines on HIV and AIDS.
- vi. collaborate with NACA, SACA, Ministry of Health, other institutions and NGOs on HIV/AIDS related matters.

Appendices

Appendix 1 Policy Development Process

The Policy development process involved the following steps:

- i. Consultative meetings with the University Management and other stakeholder groups
- ii. Request for nomination for the Policy Development Committee from the various stakeholder groups
- iii. Constitution and inauguration of the Committee by the Vice Chancellor
- iv. Desk review of literature on HIV/AIDS
- v. Desk review of AAU's guidelines on HIV/AIDS policy formulation
- vi. Desk review of HIV/AIDS policies of other Universities in Nigeria and other parts of the world
- vii. Desk review of Nigerian National HIV/AIDS Policy
- viii. Development of Policy components and questionnaires for receiving inputs from various stakeholder groups
- ix. Consultative meetings of PDC members with stakeholder groups on the policy components and administration of questionnaires to obtain inputs from stakeholder groups
- x. Harmonization of responses from various stakeholder groups
- xi. Formulation of first draft of the policy
- xii. Review of first draft of the policy at PDC level
- xiii. Development of second draft at PDC Workshop
- xiv. Review of second draft at PDC Workshop with University's Legal Consultant in attendance
- xv. Development of third draft based on comments and suggestions received from the Legal Consultant
- xvi. Presentation of third draft at the congresses of Staff and Students' Unions (Open Fora)
- xvii. Presentation of the third draft to the Vice Chancellor and the University Management for initial perusal, comments and suggestions
- xviii. Revision of the third draft based on comments and suggestions received from stakeholder groups and development of the fourth draft
- xix. Formal presentation of the fourth draft of the policy to the University Management and the entire UNAAB community at the Open forum on the World AIDS day, 1st December, 2006

Appendix 2

Support and Social Services available on the main campus

- i. The University Health Services
- ii. The Counselling Unit of the Students' Affair Unit
- iii. Voluntary Counselling and Testing Centre
- iv. Staff Unions
- v. Students' Union Government
- vi. Students-based organizations providing enlightenment support
- vii. Accommodation for Students and
- viii. Recreation facilities

Appendix 3 **Reference Materials**

- i. University of Zambia HIV and AIDS Policy
- ii. Federal Government of Nigeria National policy on HIV/AIDS
- iii. University of Manchester HIV/AIDS Policy
- iv. Extracts on Women, HIV/AIDS and Human rights – Amnesty International
- v. UNCHR International Guidelines on HIV/AIDS and Human rights UN. Doc. E/CN.4/1997/150 (1997)
- vi. Virginia Commonwealth University HIV/AIDS Policy
- vii. NACA Fact Sheet on National response for HIV/AIDS minus
- viii. Joint ILO/UNESCO Programme on Workplace Policies on HIV and AIDS
- ix. Northwest Nazarene University HIV/AIDS Policy Statement
- x. West Chester University of Pennsylvania HIV/AIDS Policy
- xi. University of Namibia HIV/AIDS Policy - 2001
- xii. Kenyatta University HIV/AIDS Policy – 2006
- xiii. Training handbook on STIS /HIV/AIDS for peer-to-peer Education