



UNIVERSITY
OF
NAIROBI
HIV/AIDS
POLICY

APRIL 2003

ACKNOWLEDGEMENT

The University wishes to acknowledge the support given by UNICEF towards the seminar on HIV/AIDS, which was held at the Mt. Kenya Safari Club from 21st to 24th November, 2002.

DEDICATION

To all members of the University Community who have been affected by HIV/AIDS
in any way.

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ACRONYMS AND ABBREVIATIONS

| | | |
|--------|---|---|
| ACCUN | - | Aids Control Centre for University of Nairobi |
| ACU | - | Aids Control Unit |
| AIDS | - | Acquired Immune Deficiency Syndrome |
| ARV | - | Anti-Retroviral |
| FKE | - | Federation of Kenya Employers |
| HAART | - | Highly Active Anti-Retroviral Therapy |
| HIV | - | Human Immune Deficiency Virus |
| ICEC | - | Integrated Counselling and Education Centre |
| IEC | - | Information, Education and Communication |
| ILO | - | International Labour Organization |
| NACC | - | National AIDS Control Council |
| NGOs | - | Non-Governmental Organizations |
| PEP | - | Post Exposure Prophylaxis |
| PLWHA | - | Person(s) Living With HIV/AIDS |
| PMTCT | - | Prevention of Mother To Child Transmission |
| STI | - | Sexually Transmitted Infections |
| SWA | - | Students Welfare Authority |
| TB | - | Tuberculosis |
| UN | - | United Nations |
| UNAIDS | - | Joint UN Programme on HIV/AIDS |
| UoN | - | University of Nairobi |
| VC | - | Vice-Chancellor |
| VCT | - | Voluntary Counseling and Testing |

FOREWORD

HIV/AIDS is destroying the lives of individuals, families and communities in this nation, in all Sub-Saharan Africa and indeed in the African Diaspora all over the world. Over 70% of all cases of HIV infection in the whole world are found in Sub-Saharan Africa. For this reason, many concerned individuals in Africa and abroad have urged Africa to take serious steps to stop this epidemic. Since the declaration of HIV/AIDS as a national disaster in 1999 by the government, and the recent declaration of “Total War On Aids” by President Mwai Kibaki in March 2003, all Kenyans have been urged to contribute to the national struggle against this scourge.

The University of Nairobi, must play its rightful role in this war, first because the Institution is an integral part of the Kenyan Nation and second because the highly skilled essential national human resources which the University has helped to painstakingly produce must be protected and provided with an enabling environment to develop best practices for prevention, control, care and support.

At times like this it is appropriate for the University to turn to its own Mission for inspiration and guidance regarding its contribution to the war effort. According to this mission, the University, has no choice but to **"play a leadership role in HIV/AIDS prevention, control, care and support in the pursuit and development of knowledge through quality and relevant teaching, research, consultancy and community service"** – both for its own community, the Nation and beyond. This is because, as in all Kenyan communities, HIV/AIDS is affecting the University community directly. Therefore, urgent steps should be taken to ensure that all future public and/or private operations in this nation, which will require highly educated and skilled personnel, will not be severely compromised.

But as the University community responds to this National disaster it must ensure that this response is all-inclusive, effective and well coordinated. For this to happen this response must be safely anchored in a powerful and sound policy. This policy document is therefore the foundation on which the University of Nairobi, inspired by its Mission, will base all its HIV/AIDS activities and programmes. However the

University is fully aware of the dynamic nature of the HIV/AIDS epidemic with all its ever-changing multisectoral and multidisciplinary ramifications and implications. This policy is therefore not cast in tablets of stone but flexible and amenable to appropriate review and modification to fit new developments in the management and control of HIV/AIDS in the individual, the community and the nation at large.

It is my sincere hope that this policy will be supported by the whole University community and implemented with all the seriousness it deserves. I am convinced that by implementing this policy the University will not only be able to prevent the spread of HIV infection within its community but also provide appropriate care and support of all its affected members. The implementation will, in addition, set an example for the whole nation and beyond by demonstrating that the University can mobilize its considerable resources, creativity and networks to solve a problem of tremendous national and international magnitude. Implementing this policy will also ensure that the war against HIV/AIDS will be one of the University's top priorities. Finally let us all remember that this is one war which the University community, the nation and indeed the whole of Sub-Saharan Africa must win for the sake of the present generations and, most importantly, for posterity.

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EXECUTIVE SUMMARY.

This document is designed to address challenges of implementing HIV/AIDS policy at the University of Nairobi (UoN). The foundations / pillars of the policy are:-

- Situational analysis of the status of HIV/AIDS at the University of Nairobi.
- Breaking the silence
- Non existence of HIV/AIDS policy at the University of Nairobi.
- Strong commitment to the core principles of non-discrimination and confidentiality with regard to HIV/AIDS status.

Implementation mechanisms in such essential areas of education, prevention and control concerns including VCT, development of peer counselling programmes, distribution of male and female condoms and staff training, the university's role in full medical coverage for HIV/AIDS treatment for all its members.

Both global and national efforts towards HIV/AIDS challenges are not overlooked in this document. There is need to note that the HIV/AIDS pandemic rages on and the Sub-Saharan Africa region continues to lead the grim statistics. However, the good news is that the price of anti-retroviral drugs (ARVs) has dropped significantly in many developing countries, thereby making the HIV/AIDS treatment an affordable option. There is evidence that investments in HIV/AIDS education, prevention and ARVs will offer clear financial benefits.

To fully realize this, the policy addresses appropriate changes to the medical scheme in the university and other relevant options. These changes will have financial implications for HIV/AIDS care and support for members of staff, their families and students.

The University is committed to operationalise this policy. The necessary changes will be made to meet the emerging HIV/AIDS challenges. The policy stresses the urgency of engaging in an accelerated and concentrated efforts in prevention, control and support.

1 BACKGROUND

1.1 INTRODUCTION

1.1.1 The need for a university tailored policy on HIV/AIDS cannot be overemphasized. Policy defines position and infrastructural mechanisms for implementation of institutional programmes. To implement any policy, there is need to ensure that the policy is expressed in terms of clear principals and frameworks. A fundamental is defined as a key element of the policy that needs to be in place for that policy to be successful. These include facilitative factors such as confidentiality. The fundamentals can be actively addressed and influenced by external and internal factors. Although the fundamentals considered will be applicable to all improvement innovations to HIV/AIDS management, their relative importance and the amount of effort that may be required to ensure that any fundamental is in place will vary from situation to situation, in other words, the development of scaling – up strategies through the consideration of such fundamentals will be situation specific.

1.1.2 In order for a policy to be successful, it is important to have a frame condition. A frame condition is defined as an external factor that is likely to have a positive or negative impact on the successful outcome of the strategy of the policy. Thus, they are constraints that can inhibit or obstruct the intended achievements of the policy. This implies that there is need to be aware of their implications and take them into account. This policy embodies the following facilitative fundamentals; education and prevention; peer counseling, blood safety, occupational health and safety; impact and incidence of HIV/AIDS on the future; medical coverage; Anti-retroviral therapy; HIV/AIDS treatment; cost and benefits impact; mechanisms of HIV/AIDS prevalence and scientific risk assessment; confidentiality management; post exposure prophylaxis (PEP); which cross cut the whole policy aspect:

1.2 VISION

1.2.2 The vision of the University of Nairobi for HIV/AIDS will be:

To be a leading centre of excellence in the pursuit, development, dissemination and preservation of knowledge regarding HIV transmission and AIDS impact at both the university and individual, family and community levels and the general population, inspired and guided by African values, and committed to the virtues of quality and relevance; and to contribute to the dynamic socio-economic and cultural development of Kenya, Eastern Africa and the world at large.

1.3 MISSION

The vision as stated above is to be elaborated in a mission statement. The mission statement will indicate what is to be done, how it has to be done and why it has to be done. The mission statement of the University of Nairobi for HIV/AIDS is therefore: **To play a leadership role in HIV/AIDS prevention, control, care and support in the pursuit and development of knowledge through quality and relevant teaching, research, consultancy and community service.**

In furtherance of the above, the university shall:

- a) Utilise efficiently and effectively use resources to support and protect staff, students and the general public against HIV/AIDS pandemic;
- b) Develop and promote non-discriminatory employment policy against people with HIV/AIDS through problem-solving and leadership skills, and the values of commitment to quality, integrity and service to society;
- c) Serve society through transfer of intellectual products as an obligation in relation to prevention, counselling and research in HIV/AIDS so as to meet the changing needs of Kenya, Eastern Africa and the world at large;
- d) Collaborate with others through planning, implementation, monitoring and evaluation of HIV/AIDS in the search for solutions and strategies for the betterment of society.

1.4 GOALS

1.4.1 To contribute to the prevention of HIV transmission and mitigation against the social economic and health impact of AIDS.

1.4.2 To conduct research, advocate and participate in the prevention and control of HIV/AIDS and mitigate against its impact for the betterment of humanity.

1.5 SPECIFIC OBJECTIVES:

- a) Provide an institutional framework for addressing HIV/AIDS.
- b) Develop and regularly update HIV/AIDS model policies for the prevention, control, care for the infected and affected and mitigate the impact of HIV/AIDS.
- c) Adopt and implement effective awareness strategies for prevention and control, care and support of the infected.
- d) Create an effective strategy for the demystification and destigmatization of HIV/AIDS.
- e) Adopt progressive HIV/AIDS policies in respect of employment and related benefits.
- f) Adopt and integrate employee-friendly workplace policies to facilitate care and support of individuals infected and affected by HIV/AIDS within the University.
- g) Assess the functional risks of various work and learning activities and put in place codes of conduct that reduce the risk of HIV/AIDS infection to University staff and students.
- h) Encourage and facilitate fundamental and applied research on effective interventions against the HIV/AIDS pandemic within the University.
- i) Establish a coordinating network for HIV/AIDS activities in the University.
- j) Develop a strategic plan for prevention, control, treatment, care and support of HIV/AIDS infected and affected persons within the University community.
- k) Build institutional and national capacity to develop, implement, monitor and evaluate HIV/AIDS programmes.
- l) Mainstream HIV/AIDS education within the University.

- m) Improve access to appropriate HIV/AIDS prevention and care commodities, including condoms, drugs, laboratory reagents and equipment.
- n) Strengthen and promote Voluntary Counselling and Testing (VCT) packages and provide Mother to Child Transmission (MTCT) prevention and care strategies within the University.
- o) Mobilize the University community to participate in HIV/AIDS prevention, care and support at all levels in Kenya.
- p) Evolve a strategy for monitoring and evaluation of HIV/AIDS activities and programmes.
- q) Create an HIV/AIDS database and management information system with the aim of providing strategies for top management and operational information for caregivers.
- r) The University will develop models for prevention, control of HIV/AIDS and support of the infected and affected and market such models both regionally and internationally.

1.6 EVOLUTION OF HIV/AIDS POLICY DOCUMENT.

1.6.1 This document evolved through a series of meetings of the University AIDS Control Committee which culminated in a workshop of top University Management including Deans of Faculties, Directors of Institutes and Heads of Administrative Departments and representatives of University Health Services, College of Health Sciences and students.

Three major areas that emerged/discussed were:-

- (a) The status of HIV/AIDS research, and response at the university and community.**
- (b) Situation analysis of HIV incidence at the university.**
- (c) Policy on HIV/AIDS management.**

1.6.2 The fundamental areas of commitment considered counselling and testing with respect to hiring and firing of employees and confidentiality with regard to HIV/AIDS status.

1.6.3 In the process of developing and HIV/AIDS workplace policy, it was realized that there exists in the university, scattered informal activities and information on HIV/AIDS. This therefore influenced the formulation of this HIV/AIDS policy. The process of formulating this policy document has been highly participatory.

1.7 GLOBAL SITUATION ON HIV/AIDS

1.7.1 The global pandemic of HIV/AIDS rages on with no region immune from the perspectives of personal, social and economic ravages of HIV/AIDS. Sub – Saharan Africa continues to lead the grim statistics with more than 15 million deaths, more than 12 million orphans, and HIV prevalence rates greater than 15% in much of East Africa, more than 30% in some countries in South Africa, and approaching double the digits in a number of West Africa countries. In Asia where the virus is spreading the fastest, the situation is rapidly becoming the focus of equally dire predictions. Thailand has HIV/AIDS map for a number of years already with prevalence rates of about 2%. In China, if current infection rates hold steady, 10 million people will be HIV positive in 2010.

1.7.2 The number of new cases of HIV continue to grow: Twenty years into the pandemic, the number of new cases of HIV are still unacceptably high. In 2001 alone there were 5 million new HIV infections, 800,000 in children, 2 million in women and 2.2 men world-wide. In southern Africa one in every four to one in every three antenatal women is HIV infected. In Botswana for instance 57% of the women aged 25-29 years are HIV infected. In Kenya one in every eight adults is HIV infected.

1.7.3 Young women are disproportionately affected by the HIV/AIDS epidemic: Sub-Sahara African is the only region where there are more women infected compared to men. In the age group 15-19 years, for every HIV infected boy there are 6 HIV infected girls. In the age group 20-24 years, the female to male ratio is 2:1. In Kisumu, in 1998 the prevalence of HIV among women aged 15-19 years was 23% compared to 3.5% among boys of the same age.

1.7.4 The risk factors for HIV infection have been identified: HIV Transmission in Sub-Sahara Africa is primarily heterosexual. Sexual behaviour is affected by many factors including, economic and social circumstances, culture as well as beliefs and practices. Sex with commercial sex workers, clients of sex workers, single migrant male communities, forced migration because of war or famine have all contributed to the explosion of the HIV/AIDS epidemic in Sub-Sahara Africa. Young age at first sexual intercourse, age of spouses at first marriage, age difference between spouses, the presence of sexually transmitted diseases in particular, genital ulcers and lack of male circumcision increase the risk of acquiring HIV infection.

1.7.5 Opportunities for prevention and control of HIV/AIDS pandemic: There are some encouraging developments. The price of anti-retroviral drugs (ARVs) is dropping significantly in many developing countries, including Sub-Saharan Africa. Availability of ARVs is helping in PMTCT, reduction of viral load in infected persons, thus making them less infectious and encouraging people to come for VCT. Efforts on education and prevention are thought to be having positive impact at the national level in some countries in Africa notably Senegal and Uganda. Further investment by development agencies in surveillance and interventions systems in Asia hold a glimmer of hope that the spread of the disease can be arrested before it reaches the disastrous level now prevalent in Africa. Meanwhile research into a HIV/AIDS vaccine continues.

The HIV/AIDS pandemic is posing challenge for the academic institutions. HIV/AIDS affects the health of friends and colleagues, the quality of work and ultimately, prosperity and development throughout the world.

1.8 HIV/AIDS SITUATION IN KENYA

1.8.1 HIV/AIDS was declared a national disaster in Kenya in December 1999 and therefore a public health emergency. Cumulatively 2.6 million have been infected and half of these are already dead. Over 1.3 million children have been orphaned as a result of HIV/AIDS. The estimated national prevalence is

13% and five hundred to seven hundred people die daily due to AIDS related illnesses.

1.8.2 AIDS is currently killing young economically productive people, bringing hardships to families, increasing expenditure on health care and adversely affecting the country's development, depriving the economy of qualified and productive labour force, restricting the tax base and raising demands for social services due to increased number of orphaned children and widows. The large number of orphaned children and with the current high levels of unemployment, poverty and lack of extended family support have led to unprecedented social disintegration. The loss of skilled uniformed officers has security implications too.

1.8.3 There is going to be increased adult mortality and morbidity, increased infant and child mortality, increased and reemergence of other diseases including tuberculosis, reduced life expectancy, reduced educational opportunities for children and negative impact on economic growth and human development. AIDS therefore poses the greatest challenge to Kenya's development since independence.

1.9 GOVERNMENT RESPONSE

1.9.1 The government is now implementing the third national strategy on HIV/AIDS (2000 – 2005). There is ample evidence that HIV can be prevented and controlled. Previous efforts are slowing the rate of transmission but not at significant level yet. Through the World Bank financed STI Project, HIV prevalence has been reduced among people with sexually transmitted diseases by 50% and the scope of the national efforts against HIV/AIDS has been expanded to a multisectoral level with the establishment of the National AIDS Control Council (NACC) to provide effective coordination. To sustain these efforts, the government is investing resources in male condom promotion, voluntary counselling and testing for behaviour change and provision of antiretroviral drugs. The female condom should be part of this effort.

1.9.2 The country's National Strategic Plan on HIV/AIDS is embodied in the Session Paper No. 4 of 1997 on HIV/AIDS in Kenya. The Sessional Paper reviews the challenges posed by the AIDS epidemic and describe the policies, strategies and interventions that the government must adopt. It provides policy guidance on HIV/AIDS in Kenya for all implementing agencies for the next fifteen years and beyond. This also presents a policy framework for prevention, care and support.

1.9.3 The third National Strategic Plan (2000 – 2005) for HIV/AIDS prevention and control is in place. Guidelines have been developed to support implementation in all critical areas including antiretroviral therapy, voluntary counselling and testing, blood safety, condom promotion and AIDS education in schools and private sector response.

1.9.4 In December 1999 the President declared AIDS a National Disaster and structures to implement a multisectoral strategy were put in place. Thus, there is currently a political commitment and will to fight HIV/AIDS in the country.

1.10 HIV/AIDS SITUATION AT THE UNIVERSITY

1.10.1 The University of Nairobi has a population of over 35,000. There are 20,000 students of whom 13,000 are students on regular programmes and 7,000 are self – sponsored. The majority of students are aged between 19 and 25. The university has a teaching staff of over 1,300 including professors, lecturers, graduate assistants and researchers over 3,000 non-teaching staff and 12, 000 dependants. The age group mainly affected is from 15 – 49 years. The peak age for females is 20 – 24 years and 25 – 30 years for males. However, young females between 15 – 24 years are twice as likely to have HIV infection unlike their male counterparts in the same age group. The 20-49 years age bracket happens to be the age bracket of the majority of university students, their lecturers and other staff members. Increased freedoms from parental and school control, younger 8:4:4 generation, alcohol and substance abuse, environmental influences (urban life style, discos and low social economic status) are some of the factors that facilitate HIV infection among university students and staff.

1.10.2 The university population is at great risk of exponential increase of HIV infection in their ranks. From the 1980s to the 1990s the death rate of university staff as a result of HIV/AIDS has more than doubled. It has been reported that mortality has increased by 200% over the last 20 years. 90% of all deaths that have occurred in the recent past are due to HIV/AIDS related illnesses. The prevailing impact and trend in the spread of HIV/AIDS can not be ignored. Therefore there is great need to develop concerns towards the present and future.

1.10.3 Information on concerns expressed in terms of employment categories may give an appropriate way of providing solutions to the menace of the HIV/AIDS. This is a critical issue for further development of policy and implementation. Concern for staff in various employment categories will lead to a closer attention to HIV/AIDS policy implementation, especially in providing medical coverage.

1.10.4 Information on the prevalence of HIV/AIDS is based primarily on medical claims or health services information. Accurate mechanisms of ascertaining the HIV/AIDS prevalence need to be put in place so as to get accurate data, which is crucial for implementation of HIV/AIDS programmes and workplace policy.

1.11 JUSTIFICATION FOR HIV/AIDS POLICY

1.11.1 The University of Nairobi has over the last forty years produced the cream of skilled manpower for this country and beyond. It is a centre of academic excellence, which has contributed immensely to national development. All this will seriously be affected if we continue losing the trainers and trainees who are the cream of the society through sickness and death. There is absence of consistent care and support for people with HIV/AIDS. The impact of HIV/AIDS is causing uncertainty in human resources planning and development.

- 1.11.2** If the university is adequately educated and motivated regarding HIV/AIDS, it can act as an enlightened pressure group and also play a catalytic role by providing all the necessary technical support at all levels in implementing the National HIV/AIDS Strategic Plan. Already, several dons are involved in HIV/AIDS research, policy formulation, training and capacity building, advocacy, monitoring and evaluation.
- 1.11.3** Various measures and initiatives have been undertaken to prevent and control HIV/AIDS within the university. In the year 2001 the university senate held a one-day sensitization seminar on the HIV/AIDS situation in the country and at the university. In spite of all these efforts, there is still a dearth of information about the magnitude of the HIV/AIDS epidemic in the entire university. There has been no mainstreaming of HIV/AIDS activities in programmes and undertakings of the university. Existing HIV/AIDS activities are not properly planned, implemented, coordinated, monitored or evaluated. In general AIDS related illness are catered for under the University Health Service Scheme. This scheme should be strengthened so as to adequately address HIV/AIDS.
- 1.11.4** The understanding of the current situation for HIV/AIDS care would help in the establishment of a baseline for assessing whether to consider other options that offer improved care for HIV/AIDS positive staff members. The need for adequate medical cover for employees is a prerequisite for implementation of HIV/AIDS policy.
- 1.11.5** Although university dons are involved in HIV/AIDS research, training and capacity building and treatment, the university has not benefited immensely from these activities as expected. There is need to encourage adoption of HIV/AIDS policy and programmes in University, in order to:
- (a) Prevent further HIV infection among all UoN employees and their family members.
 - (b) Preserve the lives of students, employees and their family members currently infected and affected, to live a long and quality life.
 - (c) Provide comprehensive care across continuum for those students, employees and their family members suffering and dying from AIDS.

- (d) Foster a work environment that does not discriminate on the basis of HIV infection.
- (e) Set an example of comprehensive management of HIV/AIDS in the University community.

1.12 JUSTIFICATION FOR AN HIV/AIDS PREVENTION PROGRAMME

1.12.1 HIV/AIDS has caused a severe development crisis: HIV/AIDS has caused a development crisis of unparalleled proportion. Even if exceptionally effective prevention and treatment are put into place today, the size of the crisis is so enormous that the socio-economic toll will remain significant for several generations to come.

1.12.2 Life expectancy is declining: HIV/AIDS is now a leading cause of adult and childhood deaths. Since the beginning of the epidemic 40 million people have been infected of whom 20 million have died of AIDS, 3 million in the year 2001 alone world-wide. Currently 11 million of the 14 million children orphaned by AIDS world-wide live in Sub-Saharan Africa. The average age expectancy in Sub-Saharan Africa is 45 years, 10 years short of the statutory retirement age instead of 62 years without AIDS. In Kenya HIV/AIDS has reduced the life expectancy by 17 years.

1.12.3 Households are severely affected: Death of the father results in an 80% decline in disposable income while death of a mother leads to dissolution of the household. AIDS will not only reverse the efforts to eradicate poverty but will also increase the proportion of people living in extreme poverty from 45% in the year 2001 to 51% in the year 2015. Loss of income, reduced ability of caregivers, mounting medical bills and funeral expenses help push households further into poverty.

1.12.4 HIV/AIDS is a major threat to food production and security: With fewer people to work, households farm smaller plots, which lead to reduced productivity.

1.12.5 HIV/AIDS significantly reduces school enrollment: School enrollment has declined because of the HIV/AIDS epidemic. Children stay away because they lack school fees or to care for ill family members. The education sector is losing teachers making it difficult to meet its mandate. The loss of teachers is particularly devastating in rural areas where they are often critical resource people for the community and not easily replaced. For example Swaziland estimates that it will need to train 13,000 teachers every year to keep to the 1997 levels.

1.12.6 Businesses and workplaces are faced with significantly declining productivity: The sector is faced with absenteeism, organizational disruption, loss of skills and organizational memory. For the universities, this is the loss of highly skilled personnel that cannot be readily replaced. Company and institutional costs for health-care, funeral benefits and pension fund commitments have escalated due to unexpected early retirements. A study in the Kenyan agricultural sector demonstrated that AIDS related health expenses surpassed projected expenses by 400%.

1.12.7 HIV/AIDS is a threat to National security: HIV/AIDS makes it difficult for countries to provide essential services to its citizens. For example in Kenya AIDS accounts for 70% of the deaths in the police force. A state that is unable to provide social services may unwittingly foster political alienation that further weakens its political legitimacy. Children orphaned by HIV/AIDS are vulnerable to recruitment into paramilitary forces, criminal gangs and sex trade.

2 RATIONALE

Like other similar groups in the general population in the country, the university population is vulnerable and at great risk of contracting HIV. The country's high level manpower is therefore threatened by HIV/AIDS unless something is urgently done.

2.2 Role of University in Wider Society

2.2.1 The University of Nairobi like other institutions is strategically placed to be part of these comprehensive responses. The core business of the UoN is Teaching, Research and Community Service. It trains young people transforming them into highly skilled human resource in all sectors for the Kenyan economy. HIV prevention strategies need to be centered on young people because they are the fastest growing population of infected individuals. Providing this human resource with skills in HIV/AIDS prevention will not only preserve them but will have a multiplier effect as they take these skills to their different work places. For example teachers with HIV/AIDS prevention skills will directly impact on the lives of many younger students who are not yet at the institution of higher learning. Furthermore, researchers in agriculture may be challenged to develop high production, low resource input farming methods for communities that have severely curtailed manpower because of HIV/AIDS. This is not only for the students but also for staff of all categories. In light of these challenges the University's initiative on HIV/AIDS policy addresses impact of HIV/AIDS on the workplace for staff, students and the entire society.

2.2.2 The University of Nairobi recognizes that comprehensive interventions work.

These include:

- a) Breaking the silence around HIV/AIDS.
- b) Public health and development strategies.
- c) Addressing the underlying socio-economic causes that make people vulnerable.
- d) Addressing gender inequities and inequalities.
- e) Ensuring that human rights and ethical principles are adhered to.
- f) Preventing discrimination and marginalization.
- g) Community involvement that includes people living with HIV/AIDS and civil society.
- h) Enlightened leadership.
- i) Integrating HIV/AIDS into the Education Curricula.
- j) Ensuring ethics adherence to Research and Care.

- k) Having HIV/AIDS prevention, control, care and support activities at workplace for staff and students of all categories.

3 EMPLOYMENT POLICY AND HIV/AIDS

The purpose of the Policy on employment is to enhance productivity in terms of the vision and mission of the university. Within the framework of the vision and mission, the university seeks to enhance productivity and to create an enabling working environment. This is in line with the ILO/FKE workplace guidelines. More specifically,

- a) No applicant shall be discriminated against on the basis of HIV/AIDS status.
- b) Employees will be encouraged to undergo HIV counselling, testing and diagnosis, but they will not be forced.
- c) An employee with HIV/AIDS will not be dismissed purely on the basis of his/her status. Inability to work due to HIV related ailments shall be regarded like inability caused by any other illness and the person allowed to work until declared unfit to work by a registered medical practitioner in accordance with the University Terms of Service.
- d) An employee with HIV/AIDS will not be discriminated against under the University Health Services Scheme.
- e) The HIV status of an employee and all employees' medical information shall be confidential. It shall be the responsibility of the Chief Medical Officer to ensure that confidentiality is maintained.
- f) The HIV/AIDS status of an employee shall not be disclosed provided he/she does not pose a risk to other persons
- g) No Employee will be under any obligation to inform the employer about his/her sero-positive status.
- h) HIV positive employees shall not be discriminated against in relation to:
 - i) Grading and job assignment.
 - ii) Remuneration, employment benefits and terms and conditions of employment.
 - iii) Training and Development
 - iv) Performance and evaluation.
 - v) Promotion and transfer.

- vi) Redundancy or Retrenchment.
- i) The University shall undertake to provide awareness and training, as well as appropriate gear and supplies to employees at risk, and to institute appropriate HIV infection control measures and ensure compliance
- j) The University shall undertake to provide counselling to staff who are infected, affected or living with HIV/AIDS.
- k) The University shall endeavour through training, sensitization and practices to cultivate an environment that discourages discrimination and stigmatization of staff with HIV/AIDS.
- l) Unless medically justified, no staff may use HIV/AIDS as a reason for failing to perform work.
- m) The University shall undertake to provide post-exposure prophylaxis against HIV, counselling and testing.

4 HIV/AIDS RELATED SUPPORT AND PROTECTION AT THE WORK PLACE

4.1 Employment, Job security and principles of non-disclosure: The University management is committed to a policy of non-discrimination and non-disclosure attributes of job employment. In this connection:

- a) Workers should not be stigmatized or discriminated against on the basis of HIV status.
- b) Protection of staff will be enhanced through provision of education, training, information and sensitization on HIV/AIDS to staff.
- c) The University shall ensure that the possibility of exposure of employees to infected blood or body fluids is eliminated in the occupational areas where such risk is high.
- d) Employees and their families will be accorded HIV counseling, voluntary testing and treatment.
- e) The University will provide drugs for the treatment of AIDS related opportunistic diseases to employees and their family members.
- f) The University shall provide anti-retroviral drugs in accordance with guidelines given by Ministry of Health.
- g) The University shall endeavour to prevent Mother to Child Transmission (MTCT) of HIV among university employees and their families.

4.2 Students

4.2.1 The University recognizes that:

- a) Students may have problems indicating their HIV sero-status in the medical forms that they are required to fill before admission.
- b) Students affected by HIV/AIDS may have financial difficulties.
- c) Students reveal their sero-status when they have problems such as failing examinations, at which point it is rather late to provide adequate help.
- d) A policy that encourages students to open up and seek to know and disclose their sero-status earlier is required. Such information will be used to assist the students, as appropriate.

4.2.2 The process of achieving this includes:

- a) Reviving/strengthening the institution of wardenship – emphasizing the function and role of the warden.
- b) Reviving central student representation to open further channels of communication.
- c) Enhancing/creating facilities within the halls where students can engage in extracurricular activities such as playing table tennis, darts etc.
- d) Separating female students from the male students. Where it is difficult to do so the University might consider putting female students on separate floors.
- e) Enforcing the 10 a.m. to 10 p.m. rule for visitors in the halls of residence.
- f) Introducing curricula in line with common undergraduate courses, preferably in the first semester of study, that deals with HIV/AIDS issues.

4.3 Students Policy and HIV/AIDS

- a) No applicant shall be denied admission on the basis of HIV/AIDS status.
- b) The University shall not use HIV/AIDS status to deny students bursaries or scholarships.
- c) The University shall not use HIV/AIDS status in determining admission of students to the halls of residence.
- d) The HIV/AIDS status of a student shall not be disclosed provided he/she does not pose a risk to other persons.

- e) Students living with HIV/AIDS will be provided with counseling services to realize their obligation to ensure that they behave in such a way as to pose no threat to other persons.
- f) Students shall have a right to a supportive and safe learning environment in which those living with AIDS are not stigmatized and those without HIV/AIDS are protected as much as possible.
- g) Every student shall be expected to exercise individual responsibility to protect herself/himself against infection.
- h) The University shall endeavour to provide a learning environment in which the occupational exposure to HIV is minimized and will provide the necessary protective equipment and clothing.
- i) Every student will be encouraged to go for VCT and report their sero-status to the relevant officer of the University of Nairobi for purposes of providing the necessary care and support.
- j) The University shall comply with principles enunciated by UNAIDS.
- k) The results of HIV tests conducted at the University Health Services shall be confidential.
- l) Students shall have a responsibility not to discriminate and stigmatize those of the university community living with HIV/AIDS.
- m) Unless medically justified, no students may use HIV/AIDS as a reason for failing to perform work, complete assignments, attend lectures, undertake field trips or write examinations.
- n) Students will be encouraged to form HIV post test groups and AIDS peer support groups and other HIV associated groups.

5 GENERAL OBLIGATION

HIV/AIDS treatment is an important investment in staff. Financial investment will result into reduced absenteeism, employees retention, and productivity as the health of employees improve. Human benefits of improved and extended life for PLWHA are incalculable. Investments in HIV/AIDS prevention, control and care have not only ethical and moral value, but also financial benefits in the work place. The greater the impact of HIV/AIDS in any sector, the more compelling the case becomes for action. For example following active intervention in HIV/AIDS care, including Highly Active Antiretroviral

Therapy (HAART) will reduce bed occupancy in hospitals. Similarly there is a reduction in patient costs following early introduction evidence based care and support, lifestyle changes and treatment. The institution should continue studying safety, efficacy and cost benefits of interventions. This is looked at in relation to:

a) Personnel

- (i) The university shall endeavor to provide care and support for all categories of personnel whether male or female who are infected by HIV/AIDS and their recognized family members.
- (ii) The University will conduct research, training, planning, monitoring and evaluation of the HIV/AIDS within the university community.

b) Students

The University shall strive to provide care and support for all students, both undergraduate and postgraduate, who have HIV/AIDS and related conditions within the student health service scheme in the same manner in which it provides care for students suffering from any other health problem.

c) Terminal benefits for staff

Staff who may be incapacitated by AIDS or any HIV/AIDS related condition shall be treated in exactly the same way as those incapacitated by any other medical condition. They shall therefore be entitled to all the benefits accorded to those who retire on medical grounds as defined in the University terms and conditions of service.

d) Confidentiality

All medical personnel shall be under a strict duty of confidentiality and may not apply any health related information received except professionally and in the best interest of the patient, patient's family and the interest of public health. The same principle of confidentiality shall bind all officials and employees of organizations or departments handling the affairs of an employee who dies of AIDS or any other condition.

e) Involving People living with HIV/AIDS

i) The university shall so far as practicable, work in collaboration with students or employees living with HIV/AIDS.

ii) The University shall promote voluntary initiatives among student groups and members of staff and empower existing ones aimed at mobilization and sensitization in combating HIV/AIDS. The university shall also encourage such groups to harness resources for the support and care of infected and affected within the University community.

f) Collaboration with families or communities.

The University shall work in collaboration with families and/or communities of members of staff or students living with HIV/AIDS to provide better care and support to such people.

6 RESEARCH

The University shall conduct research in all areas including:

6.1 Data mining

The University will use the data in its database (see 1.5Q) to discover patterns, create and test models of HIV/AIDS under conditions of strict confidentiality.

6.2 Fundamental and applied research

6.2.1 The University shall initiate and facilitate fundamental and applied research on HIV/AIDS and related conditions for the advancement and application of knowledge on prevention, management, treatment and possible cure of these conditions.

6.2.2 In the conduct of such research, the University shall ensure that the International Code of Ethics on Research on Human Subjects shall be strictly adhered to.

6.2.3 The University will ensure that all applicable Intellectual Property Rights are appropriately protected.

6.3 Collaborative Research

The University will support and encourage collaborative research with other institutions, organizations and individuals in areas of its strategic focus.

6.4 Research on Best Practice Models

The University shall strive to encourage best practice models for HIV/AIDS research, management and treatment.

6.5 Research Funding

The University shall provide an annual budgetary allocation for HIV/AIDS research, programmes and intervention activities.

6.6 Research on Complementary Management of HIV/AIDS

The University shall advocate for and facilitate research in complementary therapies for HIV/AIDS.

6.7 National HIV/AIDS Research Database

6.7.1 The University shall create a national database on HIV/AIDS research.

6.7.2 The University shall strive to create an Institutional Review Board for research on HIV/AIDS by University staff.

7 RESOURCES:

Resources mobilization is crucial given the large numbers of HIV infected and affected and the chronicity of HIV/AIDS infections.

7.1 Financial and Material Resources:

7.1.1 The University will ensure the sustainability of all essential HIV/AIDS programs by procuring local and external resources for funding core aspects of these programs.

7.1.2 The University will also seek supplementary external resources from other appropriate sources.

7.1.3 The University will mobilize and prioritize existing resources to significantly address the HIV/AIDS epidemic.

7.2 Human Resources

As a center of excellence, the University will empower and mobilize its highly qualified, experienced and multidisciplinary staff for the Prevention, Control and Management of HIV/AIDS.

8 RESPONSE TO HIV/AIDS

An important aspect of HIV/AIDS Policy at the workplace is commitment to confidentiality and care for the infected and affected. This encourages people to come forward for VCT and care, and people to reach a level of self disclosure. In order to respond to the problems of HIV/AIDS, the University will:

- a) Restructure and thoroughly reorganize the whole University Health Services in order to:
 - (i) Maintain confidentiality of information.
 - (ii) Re-educate Health service providers and train them on the use of coded information for protecting confidentiality.
 - (iii) Promote patient-friendly services by adhering to the laid down procedures.
- b) Develop a strategic research initiative using its own resources such that some of the findings where necessary can be kept secret and confidential, and use such findings to strengthen the programme.
- c) Identify innovative intervention methods, strategies and activities to enhance behaviour change among the university community.
- d) Provide comprehensive counselling services for family planning, STI prevention and management (including compliance, counselling, contact tracing and condom promotion).

- e) Initiate and enhance peer education among university students, staff and beyond.
- f) Mobilize adequate resources for HIV/AIDS activities.
- g) Integrate HIV/AIDS activities into teaching, research and service activities in all university sectors.
- h) Develop strategies to promote a culture of openness on HIV/AIDS and beyond. It will provide AIDS-oriented services that are accessible to every member of the University community, that are client-friendly and adequately funded.
- i) Continue to act as a centre of excellence in strategic research in HIV/AIDS.
- j) Provide high level think tank and take a leading role in AIDS advocacy.
- k) Establish a resource centre for HIV/AIDS at the University Health Services.
- l) Generate and disseminate up-to-date information about the HIV/AIDS situation and the impact of intervention measures in the university community.
- m) HIV/AIDS oriented modification in the curricular and teaching will be urgently undertaken by the Board of Common Undergraduate Courses.
- n) Develop a short-term and long-term strategic plans in the context of HIV/AIDS.
- o) Collaborate and network with Government, NGOs, the private sector, UN organizations, other agencies and other stakeholders in line with HIV/AIDS National Strategic Plan.
- p) The University response to HIV/AIDS will be multi-sectoral and multi-disciplinary covering clinical, economic, spiritual, and other aspects of life.
- q) Network with other institutions engaged in HIV/AIDS activities and learn from success stories from other parts of Africa and the world.
- r) Set up various task forces to deal with emerging HIV/AIDS issues from time to time.

9 INTEGRATED COUNSELLING AND EDUCATION CENTRE (ICEC)

9.1 The HIV/AIDS situation has psychosocial, health and economic effects on both the infected and the affected. It is against this background that the University has re-examined its health services and decided to establish not only Voluntary Counselling and Testing (VCT) for HIV/AIDS and care, but integrated and comprehensive counselling services. One of the most important mechanism for successful, comprehensive HIV/AIDS education and prevention is VCT and care. Action in this area would help create conditions for implementation of the policy on HIV/AIDS.

9.2 When people receive VCT and care, discussions of HIV/AIDS in the workplace becomes more open and more positive enabling further behaviour change communication. Information regarding networking with relevant institutions and support groups will be disseminated.

9.3 Staff training in the area of supervision of service providers needs to be put in place. In this connection, the university will establish and train a supervisory team. The following will need to be done:-

- a) University will set up a centre within the health services at the main campus for counselling and subsequently will be scaled up to satellite clinics in all the campuses.
- b) University will identify and train service providers in counselling.
- c) There shall be established a Voluntary Counselling and Testing (VCT) and comprehensive care unit within the centre.
- d) The counselling centre will have the following functions:
 - i. Service provision for staff and their dependants.
 - ii. Education for the dissemination of information including preventive strategies for HIV/AIDS (See Appendix B).
 - iii. Training on Advocacy.
 - iv. Training of lay counsellors in professional counselling skills.
 - v. Consulting and liaising with other university personnel.
 - vi. Monitoring, evaluation and reporting of the effectiveness of the services.

- e) At the VCT and care unit, the following will need to be done:
- (i) Counselling and testing as stipulated in the National Guidelines for Voluntary Counselling (See brief outline in appendix A).
 - (ii) The VCT and care unit will strengthen the networking (internally and externally) for the care and support of those infected and affected by HIV/AIDS.
 - (iii) Confidentiality will be maintained in handling of clients' medical records/laboratory reports, as well as the client's HIV sero-status.
 - (iv) Pre and post test counselling and treatment for clients will be provided.
 - (v) The VCT and care unit will be involved in outreach and training programmes.
 - (vi) Post exposure prophylaxis shall be provided to staff, family members and students

10 POLICY ON PLANNING, IMPLEMENTATION, MONITORING AND EVALUATION

- 10.1** There shall be established an AIDS Control Centre for the University of Nairobi (ACCUN). This Centre shall also perform Sub ACU functions of Commission for Higher Education ACU.
- 10.2** The overall responsibility for implementing this HIV/AIDS Policy lies with the Vice-Chancellor (VC).
- 10.3** The VC shall appoint a Director who shall be responsible for the day-to-day running of ACCUN and shall report directly to the VC.
- 10.4** The functions of ACCUN shall include:
- a) Advocacy, Dissemination and coordination of the HIV/AIDS policy throughout the university and at all levels.
 - b) Preparing budgets for implementation of the strategic plan.

- c) Developing, and periodically reviewing specific procedures, guidelines and plans necessary for the implementation of this policy.
- d) Development of educational materials and periodic review of such materials.
- e) Developing proposals and soliciting for funding
- f) Mobilizing staff and student support and organizing regular consultative meetings with the University community about matters related to HIV/AIDS.
- g) Collaborating with communities, government, educational institutions and other stakeholders by networking and creating linkages.
- h) Periodically reviewing of this policy and refining where necessary to ensure ongoing appropriateness
- i) Preparing quarterly progress reports for submission to the University Management Board
- j) Collaborating with other HIV/AIDS projects and programmes in the University.
- k) Monitoring, evaluating the strategic plan, operationalization and updating it where necessary.

10.5 The Centre shall be managed by a Management Board, whose chairperson shall be the VC.

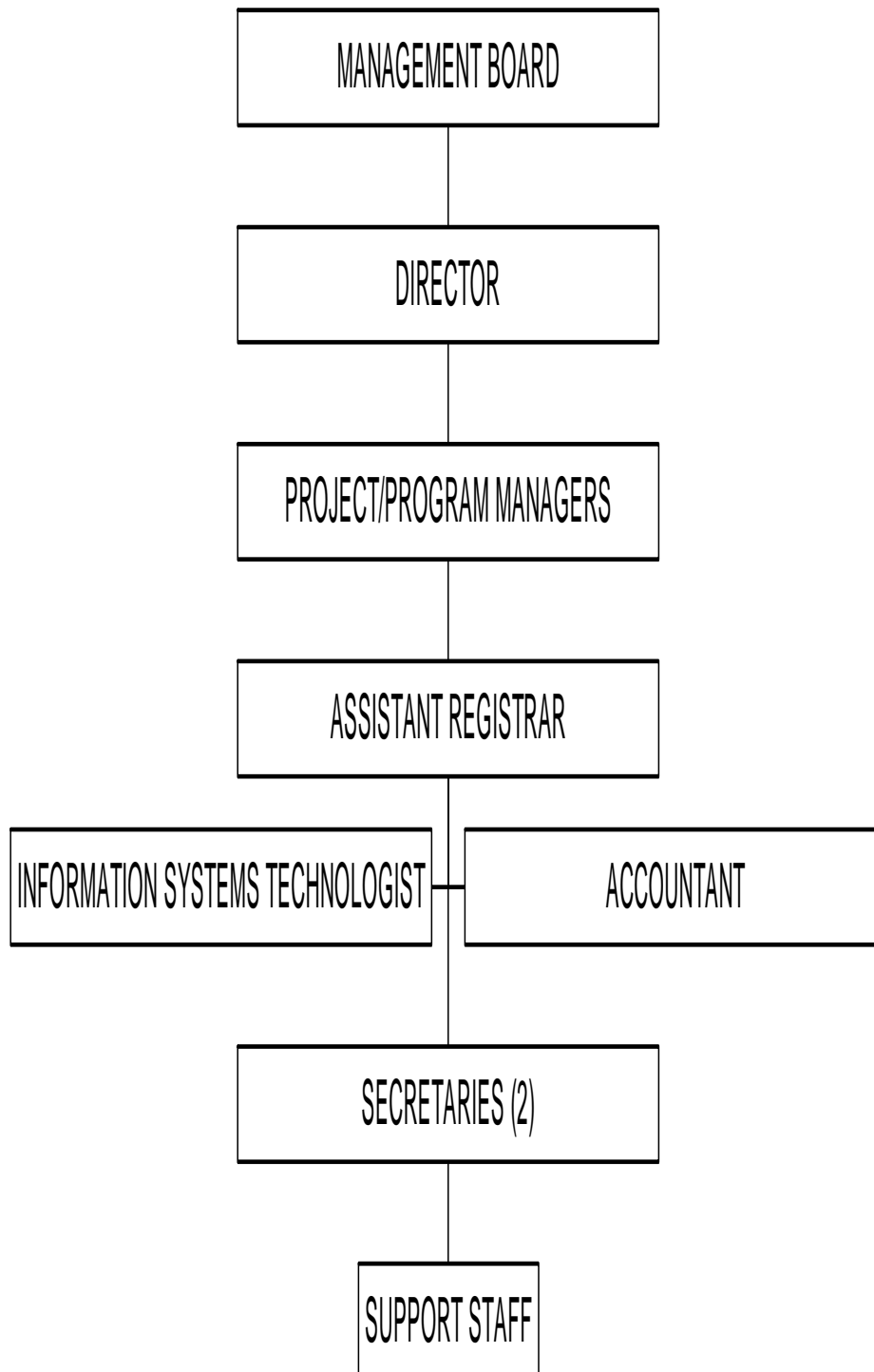
10.6 The structure and composition of the Management Board shall be as follows:

- Vice-Chancellor (**CHAIRPERSON**)
- Director (**SECRETARY**)
- Principals
- Director, SWA
- Dean of Students
- 1 student
- Chief Medical Officer
- Administration Registrar
- One Coordinator from each College
- Three Co-opted members of special interest groups

10.7 The functions of the Management Board shall include:

- a) Planning
- b) Formulating and Reviewing University of Nairobi HIV/AIDS Policy.
- c) Fundraising for the Centre.
- d) Approving and regulating the Centres Budget.
- e) Liaising with National and International Institutions and agencies

PROPOSED ORGANOGRAM FOR THE AIDS CONTROL CENTRE OF THE UNIVERSITY OF NAIROBI (ACCUN)



NATIONAL/UNIVERSITY OF NAIROBI HIV COUNSELLING AND TESTING GUIDELINES

The HIV Test after Counselling

- Simple, rapid, whole blood test or same hour results are recommended.
- Serial testing will be employed as the minimum standard that is a confirmatory test will be performed in all positive samples.
- Alternatively, parallel testing may be performed i.e. two rapid tests on all clients.

Issues to be discussed in the pre-test or test-decision session include:

- Basic facts about HIV infection and AIDS
- Meaning of an HIV test, including the window period
- Reasons why client is requesting VCT

Since rapid tests give same-day results, prevention counselling sessions will be held while the test is developing. Issues to be discussed include:

- Basic HIV prevention
- Personal risk assessment
- Client's readiness to learn his/her sero-status.
- Exploration of what the client might do if the test is positive, and the possible ways of coping with a HIV positive result.
- Exploration of what the client might do if the test is negative and possible ways of staying uninfected.
- Exploration of behaviour change
- Client's reproductive infections and the role of family planning.
- Exploration of potential support from family and friends.
- Male and female Condom use, including condom demonstration.
- Any special needs raised by the client.

Post-Test Counselling

- Test result will be given using counselling only if the client is ready to receive this.

Issues to be discussed:

- Positive living.
- Risk reduction planning.
- Window period.
- Partner notification.
- Family Planning education and counselling.
- Condom education and use.
- Additional counselling will be provided for support.
- Clients will be counselled to form Post-Test Clubs.

Post-Test Services

- Psychological
- Social
- Spiritual
- Legal
- Treatment of opportunistic infections
- HIV staging and Development of Management Plan
- Provision of ARV where indicated
- Prophylaxis for TB and pneumonia
- TB treatment
- Prompt treatment of STDs
- Referral and linkages with support organizations for the infected and affected.
- Regular monitoring and evaluation of the person's condition.

Diagnostic HIV Test

This will be carried out to rule out AIDS and provide standard ARVs so as to prolong quality of life, increase production and delay widowhood as well as orphanage.

PREVENTIVE STRATEGIES

1. The University will promote:
 - Abstinence
 - Be faithful
 - Condom use
 - Delay sex until marriage.

2. The University community will be educated on the use of condoms for HIV and STI prevention and family planning. The University will also make both male and female condoms available and accessible. Education on where to get the preferred condom, how to store, use and discard will be part of the educational package. This will be after primary and secondary virginity as well as mutual monogamy advocacy.

3. Dispensers will be placed at strategic points including washrooms.

4. Peer system method of condom distribution will be employed both for the students and staff.

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