

# **University of Natal**

## **HIV/AIDS Plan: 2002 - 2004**

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# **University of Natal AIDS Plan: 2002-2004**

## **1. Introduction**

The University of Natal has a responsibility to provide HIV/AIDS prevention, care and support programmes for its staff and students, and to mitigate the impact of HIV/AIDS on the University. Further, as a pre-eminent academic institution in the epicentre of the HIV epidemic in South Africa, it has the additional responsibility of providing leadership in the response to HIV/AIDS, and of undertaking research to enhance and strengthen the broader societal response to HIV/AIDS. This document presents a catalytic, comprehensive, co-ordinated plan of action on HIV/AIDS for the University. This plan builds on, and co-ordinates AIDS initiatives and programmes already underway at the University of Natal. Importantly, it represents the minimum that the University of Natal hopes to accomplish during the next two to three years. This plan encompasses all campuses of the University of Natal: viz. Durban/Howard College, the Nelson R Mandela School of Medicine, Edgewood College, and Pietermaritzburg, with a total student population of 25 541 and a staff complement of 5 897 in the year 2001.

## **2. HIV/AIDS in KwaZulu-Natal**

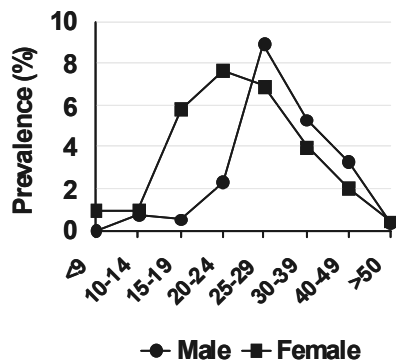
Until 1988, HIV infection in South Africa was rare in the heterosexual population, as shown by surveys of mineworkers, voluntary blood donors, and from stored specimens from community-based surveys. By 1989, infection rates in a selection of well-attended antenatal clinics found a prevalence of about 1%; it was estimated by mathematical models at this time that the doubling rate was 14 months. Data from the national antenatal surveys demonstrate the rapid rise in HIV infection in South Africa from 0.76% in 1990, to 10.44% in 1995, to 24.5% in 2000.

Further, a gradient of infection can be observed across the country, with provinces on the east coast of South Africa experiencing higher rates of infection compared to those on the west coast. The prevalence of HIV infection in 2000 in KwaZulu-Natal was 36.2% compared to 8.7% in the Western Cape.

KwaZulu-Natal is considered to be at the epicentre of the HIV epidemic in South Africa and is estimated to be two years ahead of the rest of the country. Lessons learnt in this province could play an important role in averting similar scenarios in other provinces.

Three cross-sectional, anonymous, population-based surveys of HIV prevalence in KwaZulu-Natal, conducted together with the Department of Health Malaria Control Programme between 1990 and 1992, found marked gender differences in age at infection, with a sharp and early rise beginning at 15-19 years in women, and deferred to 20-24 years in men (Figure 1). More recent data demonstrate that as the epidemic has matured the difference between men and women has decreased, but women continue to experience higher rates of infection with HIV and at a younger age compared with men.

Figure 1: Age and Gender differences in HIV infection in rural KwaZulu-Natal - 1992



Since 1992, anonymous HIV serosurveys in Hlabisa conducted among prenatal clinic attenders, showed a rise in prevalence from 4.2% in 1992 to 29.9% in 1998. Incidence rates of HIV infection rose from 2.3% in 1993 to 15.0% in 1999, as estimated by statistical methods and, more recently, by the use of the detuned assay. Both prevalence and incidence rates for 1999 show 20-29 year old women to be the most affected age group, with especially startling rates (close to 40% and 20% respectively) in the 20-24 year old group. This particularly important age group is a key target population since the majority of the University's student body is in this age group.

Whilst these data sources have shed light on the HIV epidemic in South Africa and KwaZulu-Natal, information on AIDS is less readily available. Tuberculosis is the most common presenting AIDS-related opportunistic infection in South Africa. Ongoing HIV testing of newly diagnosed tuberculosis patients shows rising rates of new infections. Despite an innovative and effective directly observed treatment programme for tuberculosis in Hlabisa since 1991, in adults with newly diagnosed tuberculosis, HIV prevalence rose from 36% in 1993, to 59% in 1995, and 65% in 1997. New tuberculosis cases have a similar age and gender profile to that seen in the HIV epidemic, with women much younger than men. In 1993, HIV prevalence was 46% in newly diagnosed women with tuberculosis, and 29% in men. By 1995, the prevalence of HIV was 68% among women with tuberculosis, and 40% among men.

In 1998, a cross-sectional survey of the in-patient population in the medical wards at King Edward VIII Hospital measured HIV prevalence and AIDS-related

diseases. Individuals with HIV occupied 54% of the beds, and 84% of these met World Health Organisation AIDS case criteria. In keeping with HIV seroprevalence data, infected patients were significantly younger than the uninfected (34.9 vs. 47.1 years). The case fatality rate in HIV-infected patients was 22%, compared to 9% in the uninfected. Mathematical models from the Actuarial Society indicate that about 40% of all deaths in South Africa in 2000 were due to AIDS; this proportion is likely to be higher in KwaZulu-Natal given its advanced stage in the epidemic.

### **3. Potential impact of HIV/AIDS at the University**

While it is widely acknowledged that HIV/AIDS is impacting on the University in terms of increasing morbidity and mortality, actual data remain sparse and incomplete. In 2000, the University commissioned Abt Associates to undertake a situation analysis of HIV/AIDS on its campuses in order to guide the development of a strategic approach to dealing with HIV/AIDS at the University of Natal. Based on a set of assumptions, mathematical models were developed to project likely scenarios of the impact of HIV on staff and students at the University of Natal. These projections indicate that HIV/AIDS is likely to have a major negative impact on student and staff numbers, illness amongst students and staff, increasing death rates, more time consumed in attending funerals, a negative influence on the student loan fund as a consequence of non-repayment, as well as a negative impact on the staff medical aid and pension fund due to increasing illness and death.

### **4. Mission Statement**

To respond effectively and comprehensively against HIV/AIDS at the University of Natal.

### **5. Principles underlying the University of Natal HIV/AIDS Plan**

- HIV causes AIDS; and AIDS is the single largest cause of adult deaths in South Africa.
- HIV/AIDS is the single most important threat to South Africa, its people, its economy, its development plans and its future as a nation.
- The University condemns and vigorously combats discrimination against people with HIV/AIDS, their partners, families and friends.
- Involvement of people with HIV/AIDS will be encouraged in interventions, including prevention, support and care programmes.

- The increased vulnerability of women will be addressed to ensure they are able to take effective measures to remain uninfected, and are not subjected to discrimination on the basis of gender or HIV status. The role of men in the effort against AIDS is acknowledged as important.
- Confidentiality, pre-and post-test counselling and informed consent in relation to HIV testing and disclosure of results will be adhered to at all times.
- Education, counselling and health care will be sensitive to culture, language, gender and social circumstances of the staff and student body at the University.
- Prevention, care and support interventions will be evidence-based and subjected to evaluation.
- All groups (academic, support and student) and campuses that constitute the University of Natal will be encouraged to become actively involved in the response against HIV/AIDS.

## **6. Key Components of the Plan**

In its response to the HIV/AIDS epidemic, the University will utilise its core functions of teaching, research and service to deal with the epidemic in its midst, and to serve the needs of society in an AIDS-affected world.

There are four key components that constitute the University of Natal's HIV/AIDS Plan:

- i. Leadership
- ii. Prevention, care and support programmes
- iii. Research
- iv. Mitigating the impact of HIV/AIDS.

## **7. Objectives**

### **COMPONENT 1: LEADERSHIP**

Countries and organisations that have been able to impact successfully on the spread of HIV highlight the need for strong, sustained leadership to make the crucial difference in the fight against AIDS. To ensure vision, drive, allocation of adequate resources, and the creation of a supportive environment for vigorous and timeous implementation, commitment is required – commitment which can only be won through leadership.

## **Objective 1: To establish a University of Natal AIDS Task Force (UNATF)**

*Responsible person: Deputy Vice-Chancellor (Research and Development)  
(DVC (R&D))*

*Due Date: 31 January 2002*

The University will establish the University of Natal AIDS Task Force (UNATF).

The Task Force will be responsible for:

- Overseeing and monitoring the implementation of this Plan;
- Advising the University AIDS Programme Manager on strategic issues;
- Assisting the University of Natal AIDS Programme (UNAP) in raising funds; and
- Providing leadership for campus AIDS activities.

The UNATF will have the following composition:

- Vice-Chancellor – *ex officio*
- Deputy Vice Chancellor (Research and Development) - Chairperson
- Deputy Vice Chancellor (Students and Transformation)
- Head of the Human Resources Division
- The Chairperson of the UNATF Expert Committee
- University of Natal AIDS Programme Manager
- Director of each officially recognised AIDS Research Unit or Centre
- Heads of the Durban and Pietermaritzburg campus clinics
- Heads of the Student Counselling Centres on each of the four campuses
- A student or staff member personally involved in living with HIV/AIDS
- Student representatives; one from each faculty
- UN Medical Aid Representative
- Representatives of staff unions
- Representatives from Media and Publicity and Public Affairs
- Additional members to be co-opted as needed.

The Task Force will remain in place for the period of the Plan (2002-2004).

The Chairperson of the UNATF will report to the University Executive.

The Chairperson will ensure that Senate is regularly briefed on developments and outcomes, and that particular issues are referred to the relevant University Committees as required.

*Responsible person: Victor Daitz Chair*

*Due Date: 31 January 2002*

The UNATF will create a small Expert HIV/AIDS Committee reporting to the Task Force.

The brief of this committee of the UNATF will be to:

- Continually update the Plan in the light of new information and discoveries;

- Review new scientific findings; and
- Provide recommendations to the UNATF for policy and implementation.

The Victor Daitz Chair will serve as the Chairperson of the Expert Committee.

Two additional members will be selected at the first Task Force meeting. To keep the committee small and efficient, any further members of this Expert Committee will be co-opted by the Committee Chair as required.

## **Objective 2: To appoint a University of Natal AIDS Programme Manager**

*Responsible person: DVC (R&D)*

*Due Date: 1 March 2002*

A post will be created for a UNAP Manager at a sufficiently high level of seniority (Peromnes Level 4 or 5) and with delegated authority to ensure implementation of the Plan.

The UNAP Manager will be accountable to the Chairperson of the UNATF.

The UNAP Manager's duties will include:

- Implementation of the University of Natal HIV/AIDS Plan;
- Co-ordination of AIDS activities on campus;
- Assistance to people and organisations at the University in their AIDS activities;
- Close interaction with the HIV/AIDS Network (HIVAN) and attendance at weekly HIVAN meetings, to ensure optimal use of human resources, co-ordination of activities and the elimination of any overlap of function;
- Keeping abreast of research developments and research projects, both internally and at a regional and national level, through the DVC (R&D) and the Chairman of the Expert Committee, to ensure that the University's research proposals and projects are linked as far as possible to implementation priorities and policy imperatives.
- Provision of quarterly reports to the University Executive, and annual reports to Senate and Council.

## **Objective 3: To encourage University staff and students to become involved in and lead AIDS activities on campus and in their communities**

*Responsible person: Head: Media and Publicity*

*Due Date: 1 March 2002*

- The Media and Publicity Department will develop a strategy to increase awareness, among staff, students and the general community, of the seriousness of the AIDS problem and the University's commitment to dealing with this problem.



*Responsible persons: University Executive* *Due Date: 1 January 2002*

- Members of the University Executive will ensure that the issue of AIDS features in all planning meetings, including featuring as a standard item on the agenda of annual Deans-Executive meetings, Heads of School-Executive meetings and Executive retreats.
- Members of the Executive and Deans will be encouraged to mention AIDS, where appropriate, in public talks and addresses at University and community functions.

*Responsible persons: SRC Presidents* *Due Date: 1 March 2002*

- Each of the four SRCs will be encouraged to create an HIV/AIDS portfolio and to assign an SRC member specifically to this portfolio in order to ensure that this issue receives due attention.

*Responsible persons: HIVAN* *Due Date: Ongoing*

- HIVAN will assist in the development of a critical mass of HIV/AIDS-concerned academics and students, and in linking this critical mass with outside communities, through a range of on-campus activities and outreach initiatives.

#### **Objective 4: To contribute to policy development and community outreach**

*Responsible person: DVC (R&D)* *Due Date: 1 March 2002*

- Knowledge, experience and expertise at the University will be shared with policy makers, especially at local and provincial levels of government. The DVC(R&D) will be responsible for setting up joint meetings to establish closer working relationships with governmental institutions in dealing with local AIDS prevention, care and other activities.

*Responsible person: HIVAN Director* *Due Date: 1 January 2002*

- The lay public and non-governmental organisations will be kept informed about contemporary debates and issues. New scientific findings will be shared through the establishment of a quarterly University HIV/AIDS Forum open to the public. The news media will be invited to these meetings so that the information may be shared more widely. These meetings will also provide an opportunity to bridge the gap between research, advocacy and action.

*Responsible person: Department of Community Health* *Due date: Ongoing*

- The Department of Community Health, Faculty of Health Sciences, will contribute to policy development and community outreach initiatives. The Department advocates a more active role for students in developing creative projects which are of benefit to both students and the community, a more active role for students as advocates for HIV/AIDS programmes in communities, and activities which have the potential to build capacity in the Community Health sector.

## **COMPONENT 2: PREVENTION, CARE AND SUPPORT PROGRAMMES FOR STUDENTS AND STAFF**

Prevention, care and support programmes for both staff and students will be established to reduce the risk of HIV infection among staff and students and to assist staff and students already infected with HIV. These will include:

### **Objective 5: Education, information and support**

*Responsible persons: Dean of Student Development, Heads of the Campus Clinics, Head of Student Counselling on each campus, Director of HIVAN*

*Due Date: Ongoing*

- Education material on HIV will continue to be made available to University students and staff.
- A walk-in information and support service will continue to be made available during office hours at the campus clinics.
- HIVAN and the Student Counselling Centres will continue to provide information and counselling support, working in collaboration to offer high quality service to concerned students.
- Support groups for HIV infected (and concerned HIV exposed) persons will be established by Student Counselling Services on each campus.

*Responsible person: Head of Media and Publicity*      *Due Date: 1 March 2002*

- The national AIDS Hotline number will be routinely advertised in all University publications.

*Responsible persons: Directors of Student Counselling Centres and Director of HIVAN*

*Due Date: Ongoing*

- Peer-education programmes will continue to inform and support students. Suitable volunteer students will be identified and trained as peer educators. Programmes will provide ongoing training and support for peer educators in the execution of their roles.

*Responsible person: Director of HIVAN*

*Due Date: Ongoing*

- HIVAN will establish student resource centres as part of its Campus Support Units. These will contain the kind of media to which students may refer for personal information and for curriculum-based projects.

*Responsible persons: Directors of Student Counselling, Director of HIVAN*

*Due Date: Ongoing*

- In the light of rising mortality in communities hard hit by AIDS, the University is likely to face an increasing need for bereavement counselling and support. While the general undergraduate student body is in an age range where the AIDS related mortality is low, postgraduate students and younger members of

staff are likely to bear the brunt of this consequence of AIDS. The Campus Student Counselling Services will provide ongoing counselling and support for bereavement, augmented where appropriate by services to be made available through HIVAN.

### **Objective 6: Voluntary testing and counselling**

*Responsible persons: Heads of the Campus Clinics and Student Counselling Services, Director of HIVAN* *Due Date: Ongoing*

- A voluntary counselling and testing programme will continue to be available at all campus clinics and Student Counselling Centres. Confidential pre-test and post-test counselling will be provided, as well as ongoing individual and group counselling.
- As an integral part of its activities, HIVAN will actively promote testing.
- The University will explore avenues for providing testing services free of charge, to encourage more students and staff to come forward.

### **Objective 7: Distribution of condoms**

*Responsible person: UN AIDS Programme Manager* *Due Date: 1 June 2002*

Condoms will continue to be distributed through the campus clinics and student counselling services. They will also be distributed at HIVAN. In addition, a private contractor will be commissioned to install, maintain and replenish condom dispensers in selected campus and hostel toilets. The aim is to have a condom dispenser in at least 25% of toilets.

### **Objective 8: Syndromic management of sexually transmitted infections**

*Responsible persons: Heads of Campus Clinics* *Due Date: Ongoing*

The national government guidelines for the treatment of sexually transmitted infections promote the 4 Cs – compliance, condoms, counselling and contacts. These guidelines, including the diagnostic approach and choice of antibiotics, will continue to be used for the management of sexually transmitted infections at the campus clinics. Health promotion messages will include early detection and treatment of sexually transmitted diseases.

### **Objective 9: Strategies to minimise and/or deal with violence and rape**

*Responsible person: Head of Risk Management Services* *Due Date: Ongoing*

- The prevention of rape will be a priority of Risk Management Services. They will continue to collect and maintain detailed statistics on rape occurring on campus.

- Hotspots where rapes occur on campus will be addressed through prevention measures such as increased lighting, etc. as part of Risk Management Services' ongoing programme of upgrading physical security in hotspots where crimes occur.
- Training programmes for Risk Management Personnel, will continue to include ongoing training on how to manage a case of rape on campus.

*Responsible persons: Heads of Campus Clinics*

*Due Date: Ongoing*

- A protocol for the management of rape will be developed and implemented at each of the Campus Clinics. This protocol will include counselling, support, medical care for injuries, medico-legal provisions, referral for ongoing medical care, voluntary HIV counselling and testing and provision of anti-retroviral starter packs, when indicated. Victims of rape will have immediate access to anti-retroviral prophylaxis free of charge.

*Responsible persons: AIDS Programme Manager, Heads of Relevant Divisions:*

*Due date: Ongoing*

- The AIDS Programme Manager will ensure that proper policy and procedures are in place to render immediate practical assistance and minimise trauma to rape victims. These procedures will clarify the role of each support division when such an incident occurs, and establish lines of responsibility and communication, so that staff can provide the requisite services in a professional and efficient manner.
- Staff in the relevant divisions, e.g. Residence Life Officers and Student Counselling Centres, will receive training in how to manage a case of rape on campus.

*Responsible person: AIDS Programme Manager:*

*Due date: Ongoing*

- The AIDS Programme Manager will ensure that proper policy and procedures are in place to handle cases of assault involving potentially infected weapons. These procedures will identify the role of such support divisions as Risk Management Services and Student Counselling Centres when such an incident occurs, to ensure a rapid and professional response.

## **Objective 10: Occupational safety procedures**

*Responsible persons: Occupational Health and Safety Manager, Heads of Schools/Units/Divisions, Dean of Students, Occupational Health Unit*

*Due Date: Ongoing*

- A revised protocol for the avoidance and management of injuries involving body fluids will be implemented.
- A Medical Consultant will manage needlestick injury policy and procedure and will direct the activities of the campus clinics, which will be integrally involved in the treatment of needlestick injuries. Private pathology laboratories will be used for all blood tests.

- Heads of Schools, Units and Divisions will continue to be responsible for ensuring that injured staff members and students follow the correct procedures, including prevention of accidents, and receive appropriate treatment through the clinics.
- Final responsibility for and financial control of the needlestick injury programme will rest with the Dean of Students.
- The Occupational Health Unit in the Department of Community Health, Faculty of Health Sciences, will place its expertise at the disposal of the University in matters relating to HIV/AIDS in the workplace.

**Objective 11: Prophylaxis and treatment of opportunistic infections and access to anti-retroviral drugs**

*Responsible persons: Heads of the Campus Clinics* *Due Date: Ongoing*

- HIV-positive persons who are identified by the Voluntary Counselling and Testing Programmes at the University, or who attend the campus clinics seeking care, will be counselled and informed of the need for ongoing medical care, which includes monitoring of CD4 counts, cotrimoxazole and isoniazid prophylaxis and anti-retroviral drugs.
- Cotrimoxazole and isoniazid will be available from the campus clinics for emergency use only. An emergency supply of nevirapine therapy will be maintained in the event of an HIV-positive pregnant woman requiring a dose.
- A panel of private doctors with extensive experience in AIDS, and the AIDS clinic at McCords Hospital and at suitable hospitals near the Pietermaritzburg and Edgewood campuses, will serve as primary referral services for students or staff with medical aid cover. The University will liaise with the clinic at McCords Hospital to ensure a well-defined and co-ordinated clinical response.
- Those without medical aid will be referred to the King Edward VIII Hospital AIDS Clinic where they may qualify for anti-retroviral drugs through participation in clinical trials.

**COMPONENT 3: RESEARCH**

The University is undertaking extensive empirical and operational public health, biomedical and social science research on AIDS. This component of the Plan will facilitate, support and co-ordinate research underway, and create mechanisms to encourage more research to be undertaken by the University:

**Objective 12: Inventory/database of HIV/AIDS research**

*Responsible person: Director of HIVAN*

*Due date: 1 April 2002*

As a central component of its activities, HIVAN will establish and maintain a database with core information on HIV/AIDS research projects. The database will include the title of each project, the names of the principal investigator and co-investigators, the department/school in which the project is being conducted, project duration, overall budget and source of the funds.

- Initially the database will house information on University of Natal research projects.

Once the database is established, it will be made available on the University innerweb as a reference for researchers and postgraduate students wanting to conduct research on HIV/AIDS without duplicating ongoing studies.

The co-operation of the University research community will be essential for the success of the database. Mechanisms to encourage researchers to provide information for the database, including recognition and invitations to HIV/AIDS seminars and conferences, will be developed.

- The database/inventory of HIV/AIDS research being conducted at the University will be linked to the web portal being established by the Medical Research Council, and may be incorporated as one of the cornerstones of its SADC portal. This will provide information to researchers throughout the world and may lead to more local and international collaborations.
- HIVAN will explore a request from the Association of Commonwealth Universities that the database be expanded to become the acknowledged information source on HIV/AIDS research being conducted in all African universities.

### **Objective 13: HIV/AIDS Clearing-house**

*Responsible person: Director of HIVAN*

*Due Date: 1 September 2002*

HIVAN's website and database have extremely powerful networking capabilities and incorporate searchable bibliographies, sophisticated notification systems, and a variety of other innovative functions. They will serve as a virtual clearing-house, establishing access to local and international HIV/AIDS materials.

To this end, collaboration will be established with organisations like the CDC, which already have a well-developed clearing-house, UNAIDS, Center for AIDS Prevention Studies, and the International AIDS Society.

Once established, the virtual clearing-house will be continually updated as an essential component of the University's efforts to maintain an up-to-date and widely accessible AIDS resource.

## **Objective 14: University of Natal HIV/AIDS Research Programme**

*Responsible person: DVC (R&D)*

*Due Date: 1 June 2002*

The University of Natal currently has several strong HIV research groups and projects, notably in mother-to-child transmission, sexually transmitted diseases, molecular virology, counselling, ethics, macro-economic impact of AIDS and school-based intervention research. The University's AIDS Research Programme will aim to identify the links between them in an attempt to develop coherence among the wide variety of different efforts. The programme will include mechanisms to strengthen, support and synergise existing research, and to synthesise the policy and community outreach implications of new research. In addition, gaps in the current research agenda will be identified and strategies to address these gaps will be established.

This Research Programme will not interfere with the scientific independence of researchers – indeed, the creativity and initiative demonstrated by the University's researchers has led to the institution's strong international reputation in AIDS research. The AIDS Research Programme will recognise this creativity, independence and initiative and will aim to build on this through identifying new synergistic areas and opportunities for research, by supporting priority new endeavours and by high level commitment and support for AIDS research.

## **Objective 15: Local and international collaborative partnerships**

*Responsible persons: DVC (R&D) and AIDS Researchers*    *Due date: Ongoing*

- The University of Natal recognises that it cannot meet its research needs and goals without a strong effort to build local partnerships. These partnerships include networking and collaborating with AIDS researchers at other South African academic institutions, e.g. Pretoria University, National Institute for Virology, University of Cape Town, Human Sciences Research Council, Medical Research Council, etc. Some of these partnerships are developed between individual researchers while others have occurred through SAUVCA. These partnerships will be encouraged and strengthened so that the partners benefit from the collaboration and synergy.
- Existing links between government departments (e.g. Departments of Education and Health at provincial and national level, as well as the Department of Arts, Culture, Science and Technology at national level) will be strengthened.
- A key objective in developing partnerships is to assist the University in becoming an integral part of the global research effort. To this end, the University puts great store by its international institutional partnerships, such as the long-standing relationship with Nottingham University, and the nascent partnerships between Harvard and Natal Universities. In some instances,

long-standing researcher-to-researcher collaborations are being converted into formal institutional collaborations, e.g. the partnership between Columbia and Natal Universities. Such partnerships will be encouraged and nurtured.

## **COMPONENT 4: MITIGATING THE IMPACT OF HIV/AIDS ON THE UNIVERSITY**

The impact of HIV/AIDS on staff, students and the functioning of the University will be assessed and ameliorated through the following objectives:

### **Objective 16: Mainstreaming HIV/AIDS into the curriculum**

*Responsible person: DVC (Academic); HIVAN* *Due Date: Ongoing*  
Course leaders will be encouraged and assisted in mainstreaming HIV/AIDS issues into the curriculum offered at the University of Natal. For example, literacy programmes could include words and concepts used in HIV prevention; statistics courses could use AIDS statistics for analysis; research methods courses could incorporate AIDS research examples, etc. These curriculum development projects will draw upon the experience of academics already involved in such initiatives.

### **Objective 17: Establishing new, and expand existing, fields of study in response to AIDS**

*Responsible person: DVC (Academic)* *Due Date: Ongoing*  
The HIV/AIDS crisis has major implications for the teaching role of the University. In response to the crisis, and to meet the demands of the society we serve, the University will:

- Train people in new fields of study. For example, public health practitioners tasked with implementing AIDS control programmes require customised training in public health.
- Increase intake in key professions in response to rising AIDS mortality. For example, as AIDS takes its toll, more teachers and nurses will need to be trained.
- Train more black AIDS researchers, especially in the social sciences where local context, customs and practices are central to HIV risk-related behaviours.

### **Objective 18: Monitoring the financial sustainability of the student loan fund**

*Responsible person: DVC (Administration)* *Due date: Ongoing*  
It is anticipated that HIV/AIDS will have a negative impact on the student loan fund, as a consequence of students' inability to repay loans, through death or



chronic ill-health. The University will monitor the rate of repayment and take the necessary steps to maintain the viability of the student loan fund.

**Objective 19: Monitoring the financial sustainability of the pension plan, group life cover, and medical benefits.**

*Responsible person: DVC (Administration)*

*Due date: Ongoing*

The increasing mortality rate among younger members of staff is likely to strain group life cover and medical benefits. The University acknowledges that many of the HIV infected members of staff will be highly skilled and very difficult to replace. The emphasis will therefore be on supporting and caring for those infected with HIV so that they can continue to be a part of the University community. The University will:

- Monitor the potential impact of increasing mortality rates among younger members of staff, in order to effect remedial action as early as possible.
- Ensure that its medical cover includes a reasonable capped amount for anti-retroviral drugs.
- Monitor the dependency ratio within the pension, group life and medical plans.
- Investigate issues of medical insurance.
- Sustain the viability of the Group Life Insurance scheme.

**Objective 20: Reducing the impact of loss of staff and productivity**

*Responsible person: DVC (Administration)*

*Due Date: Ongoing*

The University anticipates loss of staff and loss of productivity resulting from AIDS absenteeism, illness or death. With the increasing mortality rate among staff and students, there may be loss of productivity due to attendance at funerals and concern over colleagues' state of ill-health.

The University will endeavour to:

- Streamline procedures to facilitate speedy recruitment and training of replacement staff in the event of, or in anticipation of, staff losses.
- Establish procedures for hiring temporary staff to stand in for staff with chronic illness, to avoid over-burdening existing staff.

## **8. Monitoring and evaluation**

*Responsible person: AIDS Programme Manager & UNATF*    *Due Date: Ongoing*

The AIDS Plan will be monitored and evaluated on an ongoing basis. The impact indicators listed below will form the framework for evaluation of the Plan.

- Structures in place for the implementation of Plan, e.g. the existence of a functioning UNATF and Expert Committee, the appointment of an AIDS Programme Manager, etc.
- Uptake of voluntary counselling and testing

- Number of peer educators trained
- HIV prevalence in student clinics
- Uptake of condoms
- Number of first-time and repeat patients presenting with sexually transmitted infections at the campus clinics
- Functioning inventory/database of UN research projects
- Development of an AIDS Research Programme
- Functioning virtual clearing-house for AIDS source material
- Staff sick leave patterns
- Staff turnover and reasons for termination of employment, including the staff mortality rate
- Number of people on the “AID for AIDS” option of the University of Natal medical aid scheme
- Student drop-out rates and reasons for termination of studies, including the student mortality rate
- Student financial-aid payback rate and reasons for defaulting on repayments.

## **9. Conclusion:**

This document describes the mission, principles, components and objectives of the University of Natal AIDS Plan for 2002-2004. It is a departure point for dialogue and action with the various stakeholders, collaborators and partners committed to enhancing the response to HIV/AIDS within the University community. This dialogue will enable us to build, develop and implement this plan, thereby reducing the impact of HIV/AIDS on the University of Natal.