

## UNIVERSITY OF CAPE TOWN

### POLICY ON HIV INFECTION AND AIDS: A CO-ORDINATED RESPONSE TO HIV/AIDS

#### Preamble

1. Acquired Immunodeficiency Syndrome (AIDS) is a disease caused by infection with the Human Immunodeficiency Virus (HIV). The HIV is spread only when an adequate amount of infected body fluid enters the bloodstream of a non-infected person.

The dominant modes of transmission of the HIV are

- 1.1 unprotected penetrative sexual intercourse where the exchange of bodily fluids takes place
- 1.2 through the accidental or deliberate shared use of HIV-contaminated needles or skin cutting instruments (in and out of health care settings)
- 1.3 from infected mothers to unborn infants
- 1.4 through transfusion of infected blood or blood products.

Since the HIV cannot be contracted through the more usual work-place or study contacts (a hospital environment is a special case and is dealt with under hospital policy), the University views a person infected with HIV as it does any healthy person and it views a person with AIDS as it does a person with any other chronic illness or disability. The University's policies that apply to chronic illness apply to people with AIDS.

Given the nature of the disease and the devastating effect it is already having in our society, the University affirms the need to make a clear position on the following key questions related to HIV infection and AIDS.

#### 2. Confidentiality

The University respects the individual's right to confidentiality

##### 2.1 Screening

Potential staff and students are not refused employment or entry to the University on the grounds that they test positive for HIV. The University does not therefore, test for HIV (either prior to employment or during employment or as a condition of employment, or on application or admission as a student).

The University's medical evaluation of new staff requires the medical practitioner carrying out the evaluation to report all serious illnesses, including those that are AIDS-related.

##### 2.2 Testing

The University endorses informed consent for individual testing, accompanied by confidential and appropriate counselling. According to need, the University tries to provide an appropriate service if deemed necessary by individuals.

#### 3. Employment contracts and integration

No employment contract is terminated on account of HIV positivity or AIDS, provided the staff member is able to work effectively. As it does in all cases of chronic illness where work is

adversely affected and an objective medical assessment has been carried out, the University makes every reasonable effort to provide alternative, non-strenuous work, so as to maximise the earning capacity of the staff member concerned. If the staff member is no longer able to work, and/or no suitable position can be found, the appropriate ill-health/disability income policies are applied.

#### **4. Education**

Issues of discrimination and victimisation still surround HIV infection and AIDS. These arise from misconceptions regarding the origins of the virus, misinformation about promiscuity and sexuality, and inaccurate information on the infectiousness of the virus.

Most people are potentially susceptible to HIV infection. With no cure in sight, prevention through education is the only means available to us. The University therefore commits itself to running education programmes which will address these issues.

##### **4.1 Individual awareness**

The University (through the Student Health Services, the SRC, the Human Resource Management Department and employee representative bodies) informs staff and students about the nature and transmission of the virus, and precautions that can be taken to reduce the risk of infection.

##### **4.2 Social awareness**

The University is opposed to any form of discrimination against HIV positive people or persons with AIDS and their partners, family and friends on the basis of their HIV infection or AIDS. The University therefore commits itself to programmes which address these issues, including the fears that many people have about the virus and the victim-blaming and stigmatising attitudes that ignorance often engenders.

##### **4.3 Training counsellors**

Courses on counselling skills are offered to staff and students (e.g. residence wardens, shop stewards, Student Health Service workers, members of the SRC) who might be approached for advice, help or support by a colleague living with HIV infection or AIDS. These courses are open to all interested members of the University community without charge and without prejudice to earnings.

##### **4.4 Emergency or first-aid situations**

The University believes that universal precautions should be adopted by all individuals likely to be involved in administering first aid. The University undertakes to educate all first aid officials in universal precaution techniques and to equip all first-aid kits with the appropriate equipment.

#### **5. Staff and student interactions**

Staff or students who refuse or are reluctant to work with, study with, or be taught by persons living with HIV infection, will be counselled. Refusal to work with, study with or be taught by a person with HIV is not accepted as a valid excuse for non-compliance with academic or work requirements or other reasonable instructions from University authorities.

Students and staff are not barred from attending lectures, living in residences, being on campus or involved in any campus activities on account of their HIV positivity or AIDS alone.

## 6. Benefits

It is noted that the University's current medical aid scheme limits the benefits of AIDS related illnesses and that these are inadequate. The University commits itself to scrutinising any proposals to change benefits for chronic illnesses which specifically discriminate against those with HIV infection or AIDS.

### **A Co-ordinated Response to HIV/AIDS**

7. The crisis of HIV/AIDS in South Africa is a matter of public record. For some years, the Student Development and Services Department has led in the development of workshops for students to make them aware of the risks of HIV/AIDS and the necessary measures to ensure their safety. In addition individuals, and some departments, across the university have taken the lead in innovations in teaching and learning, while important research in the causes and consequences of HIV/AIDS is underway.

UCT's current policy on HIV infection and AIDS (see preamble above) was drafted in 1993. Senate and Council (PC 11/1998) adopted a needle stick policy "Policy on: Accidental Exposure to Blood and Blood Stained Body Fluids in the Course of Duty", and this committee also considered detailed advice for insurance and for post-exposure prophylaxis in the context of the policies of the Government's Department of Health, leading to a contributory, but subsidised insurance policy being put in place for Health Science Faculty Students in 2000. (The needle stick policy is attached at appendix A).

It is widely accepted that UCT's 1993 policy has provided a firm platform for practical action. However, the seven years that have passed since this policy was adopted have seen a massive escalation in the HIV/AIDS epidemic. The Student Development and Services Department has only been able to reach between 10 and 15% of students – largely in the residences – through its workshops, while existing policy does not advocate or promote a coherent focus on HIV/AIDS across the curriculum and in all faculties. Accordingly, GPC decided that a co-ordinated policy be developed.

It is also inevitable that the HIV/AIDS pandemic will have a marked effect on student recruitment and enrollment, both directly (through the illness of potential students infected early in life) and indirectly (through the general economic and social impact of the pandemic). This needs to be addressed in University planning.

## 8. Leadership and Coordination

### 8.1 Leadership by the Vice-Chancellor

The leadership of UCT's coordinated HIV/AIDS policy is the responsibility of the Office of the Vice-Chancellor.

*Although the extent of HIV/AIDS infection in the UCT community is presently unknown, it is estimated to be about 10%. Potential future rates of infection may be between 25% and 30%. This will have an effect on the public health of the UCT community equivalent to a state of war or a major natural disaster. Consequently, an integrated and coordinated set of responses to the HIV/AIDS epidemic requires direct identification with the University's leadership.*

*Responsibility for the overall co-ordination of UCT's integrated policy for HIV/AIDS is to be the portfolio responsibility of a Deputy Vice-Chancellor.*

*Action: Vice-Chancellor*

## 8.2 Priority Theme

Establish HIV/AIDS prevention, education, and research as a UCT Priority Theme  
*UCT has established Priority Themes as a high-level mechanism for strategic planning. The concept of a Priority Theme is intended as a device for drawing together teaching and research across the curriculum and Faculty divisions, initiating significant new areas of growth and development. The extent of the challenge that the HIV/AIDS pandemic presents to teaching and research justifies such a high level response. The institution of a priority theme for HIV/AIDS should include an appropriate committee and working group structure to address all aspects of UCT's policy. This priority theme must be taken on by a structure under, and be given effect to in strategy and budget terms, by the University Strategy Committee.*

**Action: Director of Planning**

## 9. Resources

### 9.1 Student Development and Services Department

Ensure that the Student Development and Services Department has adequate resources for supporting HIV/AIDS awareness and prevention, and for the long-term coordination of UCT's integrated HIV/AIDS policy

*UCT's Student Development and Services Department has pioneered HIV/AIDS education and prevention campaigns among students, and has developed approaches that have demonstrated value, and which are now being used as exemplars by other organizations. It is important that the resource needs of HIV/AIDS workers within SDSD are given high priority. Such resource provisions must include adequate office and teaching spaces. It will be important to ensure that SDSD has sufficient resources to offer workshops to all entering undergraduate students, both in and out of the residence system, as well as postgraduate students (at present SDSD has resources to reach only between 10% and 15% of undergraduate students).*

*Although the Student Development and Services Department will continue to make budgetary provision for its response to the HIV/AIDS pandemic, it is not reasonable to expect that the full cost of expanded provision (as detailed further, below) can be met within the department's existing budget framework. While there is considerable potential in raising external funds for expanded provision, expanded provisions cannot remain subject to uncertainties of fundraising. Accordingly, financial provisions for the Department of Student Development and Services should be reviewed.*

**Action: Dean of Students**

### 9.2 Human Resources

Conduct a review of the implications of HIV/AIDS for human resource policies within the university.

*The HIV/AIDS pandemic will have major implications for the management of staff resources. These implications include the need for awareness and prevention education for staff (and in particular for staff who may mistakenly assume that they are not at risk), management of increased levels of morbidity and counseling to assist staff to cope with bereavement. It will be essential to have effective policies in places that anticipate the consequences of a significant level of HIV/AIDS infection among the university's staff.*

*UCT's existing "Policy on HIV infection and AIDS" (see preamble) specifies that "the University views a person infected with HIV as it does any healthy person and it views a person with AIDS as it does a person with any other chronic illness or disability". It specifies that no person should be refused employment or admission to the university on the grounds of HIV infection, and that the University will make "every reasonable effort to*

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*provide alternative, non-strenuous work” for a staff member with AIDS. Given that levels of HIV infection are likely to be significantly higher than those anticipated when this policy was drawn up in 1993, it will be important to anticipate the practical consequences of this policy for predicted levels of morbidity.*

*Specifically, UCT’s existing policy states that “it is noted that the University’s current medical aid scheme limits the benefits of AIDS related illnesses and that these are inadequate”. Medical Aid provision for AIDS related illnesses need to be revised in terms of UCT’s changed provisions for medical aid in general.*

**Action: Director of Human Resources**

### 9.3 Health and Safety Department

Ensure the Health and Safety Department has adequate resources to formulate and implement a systematic HIV/AIDS staff education programme

*Although the UCT Occupational Health Nurse has presented a limited number of effective HIV/AIDS workshops for UCT staff, it is estimated that only 2-5% of staff have been reached. The Health and Safety Department is currently under resourced to provide workshops for all UCT staff. Resources are necessary for a programme to be developed.*

**Action: Director: Properties and Services**

### 9.4 External Funding

Initiate, through the Development Office, a major drive for external funding for HIV/AIDS prevention, education and research

*The HIV/AIDS pandemic in Africa is attracting increasing international attention. This will be matched by the availability of significant amounts of funding for the development of educational and preventative responses, and for research. The Development Office should make a drive for external funding for UCT initiatives a major element in its campaign*

**Action: Director of Development**

## 10. Health and Prevention

### 10.1 The epidemic and UCT

Establish, as far as is possible, the extent of present HIV infection in the campus community, and to predict probable future patterns and levels of infection

*The current extent and pattern of HIV/AIDS infection and morbidity in the campus community is unknown. Although it will be difficult to establish infection rates with any high degree of accuracy, it will be important to gather as much information as possible in order to fine tune responsive policies. The collection of HIV/AIDS infection data should be coordinated by Student Health, and should be included by the Planning Department as a baseline indicator in the annual strategic and operational planning cycles.*

**Action: Dean of Students**

### 10.2 Institutional Culture

Conduct ongoing systematic study of the campus environment, identifying practices that work against effective education about HIV/AIDS

*In some cases, existing HIV/AIDS prevention and education work is being countered by other sanctioned activities that are elements in the campus culture. For example, alcohol abuse is known to contribute significantly the HIV/AIDS infection, and yet the provision of cheap or free alcohol is routinely used to attract attendance to social functions on campus. There should be a comprehensive examination of the relationship between UCT’s culture and HIV/AIDS through the Institutional Forum and the Student Parliament.*

**Action: Dean of Students****10.3 Awareness and Prevention Workshops**

Introduce HIV/AIDS awareness, prevention and skills building workshops for all UCT students.

*Over the past few years, the Student Development and Services Department has developed and offered a series of workshops that have addressed basic issues of HIV/AIDS awareness and prevention (evaluation has shown that students do not have sophisticated knowledge of basic, critical HIV/AIDS information e.g. the implications of oral sex) and skills transference workshops e.g. negotiating safer sex, assertiveness, self esteem (etc), which have demonstrated behavior change. The workshops also play an important role in influencing the transformational culture of the University because they increase discussion around issues such as diversity and gender, and they also provide meaningful socializing opportunities. These workshops have repeatedly shown that a significant number of students are not only unaware of basic HIV/AIDS use, but are also ignorant of aspects of their own sexuality and of basic preventative measures, such as how to use a condom. The success of these workshops is proven and on the record. However, SDSD has concluded that it is not possible to reach a sufficient proportion of students, at present levels of resourcing, through voluntary workshop attendance during orientation, in the residences, or through the academic year. The present policy for workshop attendance is not sufficient to make an effective impact on rates of infection. SDSD has considered carefully whether attendance at HIV/AIDS workshops should be made compulsory for all students and wide ranging advice on this issue was taken at the recent international conference held in Durban. On balance, current opinion is that a compulsory programme may result in an unproductive alienation. It is proposed that, at this stage, the possibility of making, attendance at HIV/AIDS prevention workshops compulsory should be held in reserve. However, SDSD should be charged with designing an education and prevention programme that can reach all students, and that the campaign should be resourced to this level.*

**Action: Dean of Students****10.4 Ethical Issues**

Consult, via the Ethics Committee, with religious and other groups, if they have a principled objection to HIV/AIDS awareness campaigns or certain HIV/AIDS related curriculum coursework, and work with them to communicate the proven effectiveness of such campaigns and courses to reduce the spread of HIV/AIDS. If necessary, alternative approaches that are effective will be established.

*Several religious groups on campus, with a significant student constituency, may have a principled objection to education and counseling that involves explicit references to sexuality. In addition, parents may object to their children being taught sexual techniques (e.g. how to use a condom and other safer sex practices) as part of the University's curriculum. In order to avoid alienating such groups and individuals, careful consideration needs to be given to the ethical issues involved in developing HIV/AIDS awareness programmes.*

**Action: Dean of Students****10.5 Needle Stick Policy**

Institute, via the Health and Safety Co-ordinating Committee, a standing review of UCT's needle stick policy.

*UCT's needle stick policy was comprehensively reviewed in 1998 and appropriate provisions were adopted by the Health and Safety Committee, Senate and Council. Soon after a contributory, but subsidised insurance provisions was put in place to cover health sciences faculty students for post needle-stick injury treatments. However, policy for safety measures, for post exposure prophylaxis and for insurance provisions will need*

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*to be continually revised in the light of national and provincial government policies and provisions, and in accordance with the scale of the epidemic within the UCT community. It will not be sufficient to review UCT's policy and provisions on an occasional basis: such a review should be a standing, annual requirement of the Health and Safety Co-ordinating Committee.*

**Action: Health and Safety Officer**

## 11. Curriculum Development

### 11.1 Teaching and Learning Materials

Initiate an information programme for academic staff to ensure that they have the latest information available on the HIV/AIDS pandemic in their disciplinary areas.

*It is clear that some academic staff are unaware of the impact that the HIV/AIDS pandemic will have on South Africa over the coming years. In other cases, academic staff are unaware of the implications of HIV/AIDS for their own disciplinary fields. Such ignorance places a severe limitation on the ability of academic staff to incorporate teaching about HIV/AIDS into the mainstream curriculum. Consequently, the University Library should initiate a major focus on the coordination and dissemination of information about HIV/AIDS across all appropriate disciplines.*

**Action: Director of University Libraries**

### 11.2 Courseware Development

Promote and support the development of teaching approaches and materials that use data on HIV/AIDS to further generic foundational skills such as computer literacy and numeracy. These programmes and interventions should reach all staff and all students. *There are numerous opportunities for using the example of HIV/AIDS in developing the generic aspects of "graduateness" in all academic programmes. For example, students can be taught basic statistical principles using HIV/AIDS data sets, and the development of writing skills can make use of materials on*

*HIV/AIDS. A number of innovative and effective models for teaching in this way have been developed by individual academic staff members. These approaches should be highlighted, and made widely available, as part of UCT's emerging focus on developing good teaching practices.*

**Action: Dean of Higher Education Development**

### 11.3 Curriculum Development

In curriculum planning, highlight aspects of academic programmes that focus on the causes and consequences of the HIV/AIDS pandemic across the full breadth of UCT's teaching enterprise

*In several cases, individuals and academic departments have developed innovative approaches to teaching HIV/AIDS. These include statistical modeling, public health perspectives and comparative historical analyses. There are probably a number of other examples which would serve as excellent exemplars for curriculum development, but which are currently "disguised" within individual courses. Such approaches can serve as effective examples in a wider sphere. The Planning Department should conduct a survey of such courses, and should make information about them available on the Intranet.*

**Action: Director of Planning**

### 11.4 Postgraduate Programmes

Introduce postgraduate courses and programmes that develop a specialized understanding of HIV/AIDS related issues

*HIV/AIDS is sometimes seen as a matter for the Health Sciences. Nothing could be*

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*further from the truth. Arguably, there are implications for all vocations and professions, and a need to make courses available on HIV/AIDS that can serve as electives in a wide range of academic programmes. In particular, there is a clear need to develop an interdisciplinary, postgraduate programme that will provide a firm platform for those who will become involved in public health, educational, cultural and public policy issues stemming from the HIV/AIDS pandemic. The Graduate School of Humanities should give attention to developing such a programme.*

**Action: Director, Graduate School of Humanities**

#### 11.5 Educational and Awareness programmes

These programmes must include (i) basic scientific facts, (ii) the awareness of the extent of the epidemic and (iii) the social and individual consequences of a positive status.

- (i) Medical information about HIV/AIDS should be explained by HIV clinicians, while the basic scientific facts of the virus and its actions in the body and on one's health could be explained by the clinical virologists, or very simply by someone like myself who have lectured for the past 15 years to medical students and hundreds of school audiences.

the need for knowledge about the virus, how it is transmitted or not, and what choices one has to avoid infection, is absolutely essential before individuals can make informed decisions about sexual behaviour, intravenous drug use and blood donation, and how to prevent transmission.

All staff should attend awareness lectures.

- (ii) An HIV/AIDS epidemiologist should address the statistics and nature of the pandemic.
- (iii) Social aspects and the impact on the individual, friends, relatives and society cannot be better demonstrated than by inviting persons living with HIV/AIDS to address the audiences.

Staff members from the Department of Psychiatry would be ideal to discuss the effects of HIV-positive patients on Health Care Workers and the psychological processes that patients and relatives may undergo once the positive test result is made known, especially without adequate pre- and post-test counseling.

**Action: Dean of Higher Education Development and Faculty Deans**

#### 12. Impact of HIV/AIDS on UCT enrolment

HIV/AIDS will have a significant impact on the Southern African school population, on matriculation levels, on enrolment, and on graduate throughput. The University Strategy Committee needs to assess how this will affect UCT and how UCT should respond.

**Action: Director of Planning**

#### 13. Research Development

##### 13.1 Audit Existing Research

Conduct an audit of existing research concerned with HIV/AIDS  
*HIV/AIDS is a major focus of research within the Faculty of Health Sciences. However, although we know that important research is being carried out in other Faculties, we do not have any consistent information about such projects, and this will in turn inhibit our ability to attract major new funding for new work, and for interdisciplinary and inter-*

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*Faculty projects. Accordingly, the Department of Research Development should conduct an audit of current HIV/AIDS related research projects across all disciplines.*

**Action: Director, Research Development**

### **13.2 Promote New Research**

Develop a coordinated, inter-Faculty approach to research in the causes and consequences of HIV/AIDS

*It has been acknowledged that integrated, inter-Faculty research projects are often difficult to initiate at UCT. This is because research enterprises are more naturally organized beneath Faculty "umbrellas", resulting in a weak infrastructure, and inadequate leadership and resource provision, for wider initiatives. Unless explicit attention is given to this deficit, it will restrict UCT's ability to develop major new research initiatives that address HIV/AIDS. This issue should be given urgent attention by the University Research Committee.*

**Action: Chair, University Research Committee**

**APPENDIX: MEMBERS OF THE GPC AD HOC WORKING GROUP**

*Martin Hall - Chair(CHED)*  
*Jan Glazewski (Law Faculty: Dept of Public Law)*  
*Judith Head (Sociology Department)*  
*Gary Maarten (Department of Medicine)*  
*John De Gruchy (Faculty of Humanities)*  
*Dan Ncayiyana (Deputy Vice-Chancellor)*  
*Brian Eley (Paediatrics & Child Health Department)*  
*Rob Dorrington (School of Management Studies)*  
*Don Foster (Faculty of Humanities: Dept of Psychology)*  
*Ahmed Azad (Director of Research: Health Science Faculty)*  
*Lorraine Townsend (Department of Psychology)*  
*Mellicant Kachienga (Department of Psychology)*  
*Margaret Ward (Department of Research Development)*  
*Lynnemore Scheepers (Department of Research Development)*  
*Cal Volks (Student Development and Services Department)*

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