

STELLENBOSCH UNIVERSITY



HIV/AIDS POLICY FOR STUDENTS AND STAFF

2011

1. List of definitions of abbreviations, acronyms and key concepts (see Appendix 1)

2. Preamble

2.1 Institutional understanding of the HIV/Aids pandemic

The human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (Aids) pandemic has grown to be the greatest public health crisis to face the world since the 13th century. The scourge of HIV/Aids is no longer merely a health issue or a scientific problem, but a multidimensional human crisis with social, economic, cultural and psychological dimensions. The impact of the HIV/Aids pandemic is so significant that it demands a response from all sectors of South African society (HEAIDS, 2009).¹

As one of the institutions that is set to play a fundamental role in developing leaders who will shape the country's economy and communities, as well as national and global governing bodies, Stellenbosch University (SU) has much to contribute to current HIV/Aids prevention of transmission, care and support strategies. With a student population that is representative of the HIV/Aids high-risk age category, SU has the ideal opportunity to utilise a variety of support and educational resources to encourage health-seeking behaviour. In addition, SU can ensure that students graduate equipped with the essential skills that will enable them to make a positive contribution to the South African HIV/Aids response, as agents of change within their family, community and workplace. By empowering students and staff at SU, we shall help to ensure an impact that extends far beyond the boundaries of both SU and the Western Cape.

SU, as an institution, is inseparable from the town and region in which it is located. By enabling students and staff to deal with personal risks and to assume a leadership role, the actions of SU

¹ HEAIDS. (2009). *Policy framework on HIV and Aids for higher education in South Africa*. Pretoria: Higher Education South Africa.

will also impact on the immediate surrounding communities and model the appropriate response for local corporate partners and influential leaders.

2.2 Vision and mission statement

With its vision of an outward-orientated institution of excellence, SU considers HIV/Aids education, research and community interaction as both a leadership and a wellness issue. Consequently, SU has adopted the following vision as a comprehensive institutional response to HIV/Aids.

SU envisions an institution free of new HIV infections by 2012. By working together, SU management, the institutional units, staff and students shall facilitate the required level of leadership, health-seeking behaviour and quality education to effectively respond to the challenges posed by HIV/Aids in South Africa and the rest of the African continent.

Such a vision demands the following:

- The prioritisation of prevention as a key strategy
- Joint endeavour by the various disciplines
- The committed participation of both students and staff
- The positioning of SU as a leader in the field of HIV/Aids, in striving to make a tangible impact on HIV/Aids-related challenges throughout Africa

2.3 Legal framework

SU recognises that the application of its policy must occur within the framework of the existing South African HIV/Aids-related legislation.

Such legislation includes, but is not limited to, the following acts and code:

- The Constitution of South Africa, Act No. 108 of 1996
- The Employment Equity Act, No. 55 of 1998
- The Labour Relations Act, No. 66 of 1996
- The Occupational Health and Safety Act, No. 85 of 1993
- The Compensation for Occupational Injuries and Diseases Act, No. 130 of 1993
- The Code of Good Practice, 1 December 2000, relating to key aspects of the approach to the handling of HIV/Aids

International instruments of relevance to the application of the SU HIV/Aids policy include, but are not limited to, the following:

- The Universal Declaration of Human Rights
- The Human Rights Charter
- The African Charter of Human and People's Rights

National policy developments of relevance to the application of the policy include, but are not limited to, the following:

- The Department of Education's National Policy on HIV and Aids
- The Department of Labour's Guidelines to Employers
- The Department of Health's National Strategic Plan

3. Purpose of the policy

The purpose of the policy is to guide and inform SU in doing the following:

- Reducing the rate of HIV transmission and the impact of HIV/Aids on SU's students and staff
 - Facilitating a comprehensive leadership response to be adopted in managing the effect of HIV/Aids on SU's students and staff
 - Evaluating and integrating HIV/Aids curricula responses
 - Mobilising and safeguarding human and other resources
 - Minimising the long- and short-term impact risk for SU
- Destigmatising HIV/Aids

4. Institutional policy objective

The primary objective of the policy is to set out guidelines in terms of which SU can do the following:

- Fulfil its leadership role with regard to HIV/Aids
- Empower the student body with the relevant personal and professional skills for mitigating the impact of HIV/Aids on their present and future communities
- Make a positive contribution to the production and dissemination of quality research relating to HIV/Aids
- Help to protect human rights and ensure human justice for all those based at SU through the formulation and implementation of HIV/Aids-related policies and practices

- Contribute to holistic HIV prevention by reducing the levels of stigma attached to HIV/Aids as well as the rate of HIV transmission

5. Scope of the policy

The policy is applicable to the following entities:

- All employees, including temporary, permanent and contractual staff
- All undergraduate and postgraduate students enrolled at SU
- All campuses (everyone with a student/staff number are included in the policy)

6. Activity programme directed at achieving institutional HIV/Aids policy objectives

See Appendix 2 for the comprehensive implementation plan

7. Institutional approach to maintaining an HIV/Aids-safe environment

SU has an obligation to provide a safe working and study environment, in which people living with HIV and Aids (PLWHAs) are free from stigma and discrimination. In such an environment, exposure to HIV is minimised, and ongoing awareness and prevention activities for students and staff are organised.

SU commits itself to the following:

- The promotion of equality and non-discrimination among all those infected or affected by HIV/Aids
- The creation of a supportive environment in which HIV-infected students and staff are able to continue their studies and to work under normal conditions in the SU environment for as long as they are medically fit to do so
- The protection of human rights and the dignity of PLWHAs as an inherent requirement for the prevention of transmission and control of HIV

HIV/Aids-related potential discrimination shall be addressed through measures such as the following:

- Information, education and communication programmes aimed at addressing the rights of all people with regard to HIV/Aids

- The provision of clear referral and support routes for all students and staff infected or affected by HIV/Aids with regard to counselling, medical treatment and psychosocial support
- Grievance procedures and disciplinary measures directed towards dealing with HIV/Aids-related complaints

7.1 Promoting a safe environment

SU shall provide and maintain, as far as it is reasonably practical, an environment that is safe and without risk and discrimination to the health of its students and staff.

All faculties and/or departments should ensure that they apply universal precautions and comply with the provisions of the Occupational Health and Safety Act, including the Regulations on Hazardous Biological Agents.

The above provisions include the following:

- The implementation of appropriate information, education and communication programmes promoting control measures aimed at identifying, dealing with and reducing the risk of HIV transmission in the academic environment
- The supplying of appropriate equipment and materials to protect students and staff from the risk of exposure to HIV (e.g. gloves)
- The communication of a clear protocol to which to adhere following an accident, including the facilitation of the appropriate access to post-exposure prophylaxis (PEP)
- The reporting of all related incidents.
- The adequate monitoring of student and staff exposed to HIV

7.2 Student admissions

SU is opposed to HIV testing of prospective or returning students as a means of determining whether such students can be admitted, readmitted or found suitable for any programmes offered by the University. The HIV status of students shall not be deemed relevant for the purposes of selection in the above regard.

Known HIV status shall not be a consideration in the awarding of financial aid to students. Testing for HIV status shall also not serve as a prerequisite in respect of the awarding of student loans.

A student who has failed to successfully fulfil his/her previous academic requirements as a direct result of being HIV positive, and who has accordingly been academically excluded from admission to SU, shall have the same rights as all other students who have been excluded on such academic grounds.

A student who has failed to fulfil his/her academic or financial requirements as a direct result of being HIV positive and who has consequently been denied financial assistance by SU shall have the same rights as all other students who have been denied such financial assistance.

Students living with HIV/Aids are expected to attend classes in accordance with SU's rules and requirements for as long as they are able to do so effectively. The stage of HIV/Aids-related illness should be considered under medical advisement if a student is unable to fulfil the requirements of his/her learning obligations.

An HIV-positive status shall not be a valid ground for the exclusion of students from SU.

7.3 Promoting a non-discriminatory SU work environment

7.3.1 No PLWHAs shall be unfairly discriminated against in terms of the employment relationship or any employment policies or practices, specifically with regard to

- recruitment procedures, advertising and selection criteria;
- appointments, and the appointment process, including job placement;
- job classification or grading;
- remuneration, employment benefits and terms and conditions of employment;
- employee-assistance programmes;
- job assignments;
- the workplace and facilities;
- occupational health and safety;
- training and development;
- performance-evaluation systems;
- promotion, transfer and demotion;
- disciplinary measures short of dismissal; and
- termination of service.

7.3.2 Reasonable accommodation

SU may reasonably accommodate the special needs of staff living with, or directly affected by, HIV/AIDS on a case-by-case basis, subject to the overall requirements of the institution.

Reasonable accommodation may include flexible working hours and time off for counselling and medical appointments, extended sick leave, transfer to lighter duties, part-time work, and return-to-work arrangements.

7.4 HIV testing, confidentiality and disclosure

7.4.1 HIV testing

SU shall not require any staff member, student or applicant for enrolment to undertake an HIV test in order to ascertain that individual's HIV status.

Permissible testing

SU may offer HIV testing to a student or staff member who has requested a test in the following circumstances:

- As part of SU's general health care service provision or voluntary counselling and testing (VCT) campaigns
- In the event of an incident carrying a risk of exposure to blood or other body fluids

Furthermore, such testing shall take place in terms of the following conditions:

- With the informed consent and pre- and post-test counselling of the student or staff member concerned
- In terms of strict procedures relating to the confidentiality of the individual's HIV status (as described in 7.4.2)

All testing shall be conducted in accordance with the Department of Health's National Policy on Testing for HIV, which was issued in terms of the National Policy for Health Act, No. 116 of 1990.

Anonymous, unlinked surveillance or epidemiological HIV testing may take place in the SU environment, provided it is undertaken in accordance with the relevant ethical and legal principles regarding such research. Where such research is undertaken, the information

obtained may not be used to discriminate unfairly against individuals or groups of people. Testing shall not be considered anonymous if there is a reasonable possibility that a person's identity and HIV status can be deduced from the results.

7.4.2 Confidentiality and disclosure

Should a person undergo an HIV test, the result of the test is to remain confidential between the individual and the person authorised to supply the test result.

All PLWHAs have the legal right to privacy. Therefore, no student or staff member is legally required to disclose his/her HIV status, either to the SU or to fellow students or colleagues.

Where a breach of confidentiality occurs, disciplinary steps must be taken against the person in breach of such confidentiality.

Should an individual choose to voluntarily disclose his/her HIV status to the SU or to others, such information may not be disclosed without the person's written consent. Should written consent not be possible, steps must be taken to confirm that the person wishes to disclose his/her status.

Openness, acceptance and support for individuals who voluntarily disclose their HIV status shall be promoted by

- encouraging those students and staff living openly with HIV or Aids to conduct, or participate in, information, education and communication programmes;
- encouraging the development of a comprehensive referral system for students and staff living with HIV or Aids; and
- ensuring that individuals who are open about their HIV status are not unfairly discriminated against or stigmatised.

7.5 Related issues

7.5.1 Most-at-risk populations

The particularly vulnerable position of most-at-risk populations (MARPs) must be recognised. In the latest South African National HIV Survey, the definition of MARPs was expanded to include the following categories of people:

- African women between the ages of 20 and 34 years
- African men between the ages of 25 and 49 years

- Men older than 50 years
- Men who have sex with men (MSM)
- People who are high-risk drinkers
- People who use drugs for recreational purposes
- People with disabilities (South African National HIV survey, 2008).²

In addition, recognition is given the fact that women in general are more vulnerable to HIV infection due to physical, social and economic reasons. The growing number of injecting drug users (IDU) should also be considered in this discussion of MARPs. In recognising such at-risk populations, SU also acknowledges the role of discrimination, marginalisation and inequality as key contributors to the vulnerability of such populations.

SU is therefore committed to creating an environment in which the principles of equality and human dignity are prioritised, in which all forms of discrimination are condemned, and in which proactive attention is given to sensitise support services to the specific needs of vulnerable students and staff. The importance of maintaining equitable relations within a diverse campus community is emphasised as a key requisite for ensuring an HIV-safe campus.

7.5.2 Rape, sexual abuse and gender-based violence

Incidents of rape, sexual abuse and gender-based violence (GBV) can all increase the risk of HIV transmission and of HIV/Aids-related discrimination and prejudice. Although such issues have been prioritised in awareness and education campaigns, SU urges its students and staff to educate themselves on the risk of transmission in these circumstances by using the link on SU's homepage to visit the HIV/Aids awareness site at www.sun.ac.za/hiv.

SU has safety and health officials who are equipped to provide counselling and emergency PEP treatment, according to the protocol, to any student or staff member who is raped or who becomes subject to the possible transmission of the virus by means of an injury caused by a sharp object,. ***See appendices 3 and 4 for a complete outline of the protocol followed and the services available.***

² Shisana O, Rehle T, Simbayi LC, Zuma K, Jooste S, Pillay van Wyk V, Mbelle N, Van Zyl J, Parker W, Zungu NP, Pezi S & The SABSSM III Implementation Team. (2009). *South African national HIV prevalence, incidence, behaviour and communication survey 2008: A turning tide among teenagers?* Cape Town: HSRC Press.

7.6 Education and awareness

SU shall continue to prioritise prevention interventions as key to mitigating the impact of the pandemic through initiatives and activities that inform its students and staff of HIV/Aids-related issues. Such interventions shall include the presentation of workplace programmes to staff, the provision and promotion of VCT among its students and staff, the increasing accessibility of condoms and the treatment of sexually transmitted infections (STIs). (See the Implementation Plan.)

HIV/Aids-related information, education and communication material shall be made available to SU students and staff through the Office for Institutional HIV Coordination (OIHC).

Students and staff members shall be encouraged to become involved in HIV/Aids-related initiatives and activities, both on campus and in their wider communities.

All new students and employees shall be encouraged to complete the e-learning module for students or staff and SU shall maintain, as part of its website, information on HIV/Aids-related activities and links to local and international organisations.

Important international and national public holidays and other relevant commemorative days shall be used to raise HIV/Aids awareness and to provide education.

7.7 Obligations and responsibilities of SU students and staff

Members of the SU community are responsible for protecting themselves and others from HIV infection. They should also all learn about all aspects of HIV/Aids-related prevention, care and support, as well as about how to alleviate the impact of HIV/Aids.

Those students and employees living with HIV/Aids are ethically, morally and legally obliged to behave in such a way as to pose no threat of infection to others. They are urged to seek medical advice to ensure that they are capable of living as healthy and productive a life as possible.

All members of the SU community, including those with HIV/Aids, are expected to perform the duties assigned to them. Unless medically justified, no student may use his/her HIV/Aids status as an excuse for absence from scheduled classes, assignments, tests and examinations or non-compliance with study/course requirements or any other academic activities. Likewise, no member of staff may use his/her HIV/Aids status as an excuse for failing to come to work or to complete his/her duties, unless medically justified.

7.8 Grievance procedures

Any HIV-positive student or staff member shall have recourse to the existing grievance procedures in the event of a breach of any of their HIV- and Aids-related rights by fellow students or SU personnel.

Students can contact the Centre for Student Affairs for any enquiries regarding the grievance procedures. Staff members can contact the Wellness Coordinator at Human Resources in regard to such procedures.

SU shall, as far as reasonably possible, ensure the confidentiality of the complainant during such proceedings. As part of the conditions relating to such confidentiality, the related proceedings shall be held in private.

8. Advocacy communication and marketing

As policy development and implementation is a dynamic process, SU's HIV/Aids policy should conform to the following criteria. The policy should

- be communicated to all existing students and staff, as well as to all new students and staff on admission to SU;
- be routinely reviewed in the light of emerging epidemiological and scientific information;
- be monitored on an ongoing basis in order to ensure its successful implementation; and
- be regularly evaluated for its effectiveness.

9. Implementation, monitoring and evaluation

9.1 Governance, management roles and accountabilities

In respect of the HIV/Aids policy, the following governance bodies have the management roles and responsibilities described below.

- **Council**

Council is responsible for the existence and monitoring of the implementation of the HIV/Aids policy.

- **Institutional Management**

Institutional Management is responsible for the coordination, implementation and realisation of the HIV/Aids policy throughout SU with regard to the process systems, procedures, budget and resources required.

- **Line managers**

The line managers are directly responsible for ensuring adherence to the policy procedures and guidelines.

- **HIV Institutional Coordinating Committee**

The HIV Institutional Coordinating Committee (HICC) is responsible for

- supporting the execution of the strategic and operational plans of the policy;
- advising HIV programme implementers;
- identifying areas of concern that are related to the institutional HIV plan and that require future intervention;
- monitoring HIV programmes and service delivery;
- assuring the strategic and operational integration of the HIV plan on an institutional level;
- establishing advocates to strengthen the programme's role; and
- promoting internal and external cooperation regarding HIV/Aids-related issues.

- **The Office for Institutional HIV Coordination**

The OIHC shall

- act as the secretariat for the execution of the policy and report staff and community interaction to the Vice-Rector;
- be responsible for producing an annual report that describes all initiatives undertaken by SU in relation to HIV/Aids-related prevention, care and support, research and impact mitigation;
- be responsible for providing leadership in the development, implementation, monitoring and evaluation of the HIV/Aids policy and plan;
- collaborate with the Centre for Student Affairs and the divisions of Human Resources and Communication and Liaison to ensure that all current and future students and staff are provided with online access to the policy, as well as to access to training regarding HIV/Aids-related prevention, care, support and impact mitigation; and
- evaluate and review policy of relevance to national and international developments in the field of HIV/Aids.

Appendix 1: Definitions of abbreviations, acronyms and key concepts

Affected person	A person who is affected in any way by HIV/Aids, for example because he/she has a partner or a family member who is HIV positive.
Aids	Aids is the acronym for “acquired immune deficiency syndrome”. Aids is the clinical definition given to the onset of certain life-threatening infections in people whose immune systems have ceased to function properly as a result of being infected with HIV.
Comprehensive institutional HIV/Aids response	The response of higher education institutions to HIV/Aids is entrenched in their mandate to undertake advanced teaching and to prepare their graduates for the assumption of responsible roles in the world of work. Such a response embraces the performance of research, the sharing of knowledge and the provision of intellectual leadership. Through their response, campus communities provide nurturing and enlightened environments for both students and staff.

DRD	DRD is the abbreviation for the “Division of Research Development”.
Epidemiological	The term “epidemiological” refers to that which relates to the scientific study of disease patterns, the causes of such diseases, their distribution and the mechanisms of disease control employed within a society.
GBV	GBV is the abbreviation for “gender-based violence”. GBV is any act of violence that is perpetrated against an individual due to his/her gender. Gender identity and biological sex are not always identical. Most often, the term is used to describe violence against women and girls, including rape, sexual assault, sexual coercion and domestic or community violence. Such violence is a major public health problem and an important risk factor in the transmission of HIV.
HICC	HICC is the abbreviation for the “HIV Institutional Coordinating Committee”. The HICC plays an advisory role regarding the strategic implementation of a comprehensive HIV/Aids plan at SU. Furthermore, the HICC serves as SU’s interest group forum for consultation on issues relating to HIV/Aids prevention of transmission, education and service delivery to students and staff. The HICC also acts as the institutional contact point for the Higher Education HIV and Aids Programme (HEAIDS). The HICC therefore offers strategic and operational guidance to the role players responsible for the implementation of a comprehensive institutional HIV/Aids plan and fills a leadership function in the assurance of a shared responsibility for the successful implementation of the plan.
HIV	HIV is the abbreviation for the “human immunodeficiency virus”. HIV is a virus that attacks, and that might ultimately destroy, the human body’s natural immune system.
HIV testing	HIV testing consists of taking a medical test to determine a person’s HIV status.
HIV positive	Someone who is HIV positive has tested positive for the presence of HIV in his/her body.

IDU	IDU is the abbreviation for “injection drug user/use”. Individuals, who take drugs intravenously, using needles or syringes, are called IDUs. They are at high risk of contracting HIV, and might be the source of localised epidemics. Such drug use is also a leading risk factor in so-called second-wave countries, such as Vietnam or China, where the transmission of HIV is spreading rapidly.
Informed consent	Such consent means that an individual has been provided with, and understands, all the relevant HIV/Aids-related information, based on which he/she has agreed to undertake the HIV test. Such consent implies that the individual understands what the test is, why it is necessary, and what the benefits, risks and possible social implications as well as the alternatives to the outcome are.
MARP	MARP is the abbreviation for “most-at-risk population”. Such a population can be found in an environment that is characterised by a concentration of risk behaviours that facilitate the transmission of HIV and that may drive the majority of new infections. Risky behaviours that put people at greater risk of HIV infection include high rates of the following practices: having unprotected sexual partnerships, having unprotected anal sex with multiple partners and injecting drugs using shared equipment and preparations.
MSM	MSM is the abbreviation for “men who have sex with men”. Anal sexual intercourse is one mode of HIV transmission.
OIHC	OIHC is the abbreviation for the “Office for Institutional HIV Co-ordination”.
PLWHAs	PLWHAs is the abbreviation for “people living with HIV and Aids”.
Pre- and post-test counselling	Such counselling facilitates an understanding of the nature and purpose of the HIV test. During such counselling, both the advantages and the disadvantages of knowing the results of the test are explained to the person who intends to undergo the testing. By such means, they become aware of the influence that knowing result of whether they are HIV positive or

	negative is likely to have on them. Such influence includes the effect of the result on the individual and his/her intimate partners and family. Counselling may include referral for treatment, if necessary.
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PEP	PEP is the acronym for “post-exposure prophylaxis”, which is a short-term antiretroviral treatment aimed at reducing the likelihood of HIV infection after potential exposure, whether occupationally or through sexual intercourse.
Reasonable accommodation	Reasonable accommodation means any modification of or adjustment to a job or workplace that is practicable and financially sound, and which will enable the employee living with HIV or Aids to have access to, or to participate or advance in, employment.
STI	STI is the abbreviation for “sexually transmitted infection”. Examples of such an infection, which is passed from one person to another during sexual intercourse, include syphilis, gonorrhoea and HIV.
Student	<p>A student is any person who is formally admitted to enrol for academic programmes offered by a university, such as SU.</p> <p>By ‘student’, the University means any person:</p> <ul style="list-style-type: none"> who is registered as a student at the University;* who has already taken his place in University accommodation or has taken part in any activities that are related to the welcoming and integration of newcomer students before his registration as a student at SU, but with the intention to register; who has started or participated in any academic activities before his registration as a student at SU, but with the intention to register; who was previously registered as a student at SU, returns to any campus of SU, and plans to register as a student again that year; who represents the University on or away from campus in academic, sport, cultural or other official activities after registration at SU; or has already completed his studies at SU but has committed some misconduct before obtaining his degree. <p>* SU students who study within the context of a partnership agreement (for example at the Military Academy at Saldanha, the Cape Institute for Agricultural Training: Elsenburg, or the Huguenot College in Wellington) are subject to the University’s disciplinary code for students, unless alternative arrangements have been made with regard to those students</p>

	<p>in the official agreements between SU and the partner institution concerned.</p> <p>In signing the application form of the University, a student agrees to acquaint himself with all the rules, regulations, policy and other provisions of the University, and ignorance of any such provision cannot be offered as defence against a charge of contravening such provision.</p>
Universal precautions	<p>Universal precautions are a set of precautions designed to prevent the transmission of HIV, the hepatitis B virus (HBV) and other blood-borne pathogens when providing first aid or health care. In terms of such precautions, blood and certain other body fluids of all patients are considered potentially infectious for such pathogens.</p>
VCT	<p>VCT is the abbreviation for “voluntary counselling and testing”.</p> <p>Many physicians and community-based health care workers screen people for HIV in this way. They talk to people about the risk behaviours that they might be practising, assess individual levels of risk, discuss ways in which to protect oneself and others from the transmission of HIV and provide related testing and counselling. (See also the explanation of “pre- and post-test counselling” above.)</p>

Appendix 2

Activity programme directed at achieving institutional HIV/Aids policy objectives

The following framework details the objectives, expected results, indicators, activities and resources needed to achieve the policy objectives.

6.1 Leadership

	Intervention logic	Verifiable indicators of achievement	Responsible structure/committee/unit	Available resources/budget
Overall objective	To provide strong, committed internal leadership to strategically drive the institutional response to HIV/Aids			
Specific objectives	To ensure the appropriate level of strategic internal leadership to manage and guide the comprehensive institutional response to HIV/Aids through the HICC and the OIHC	Approval of the HIV/Aids policy, including a strategic plan aligned to the HEAIDS Higher Education Policy Framework Design of an organogram detailing structures and responsibilities in respect of established leadership, management and coordination		
Expected results	Institutionalised structure(s) for leading, managing, coordinating and monitoring the implementation of the comprehensive institutional response Improved and formalised internal collaborative structures for managing the institutional HIV/Aids plan Visual branding of the institutional HIV/Aids-related response to communicate the commitment and	Granting of mandate to the OIHC to coordinate/manage the institutional HIV/Aids-related strategy Approval of HICC's terms of reference document Taking of minutes at collaborative HIV/Aids-related meetings Ongoing media coverage of institutional		

	involvement of the current leadership	HIV/Aids-related response and leadership		
Activities	<p>Definition and institutionalisation of the reporting and management responsibilities of the HICC and the OIHC</p> <p>Allocation of sufficient funding for the coordination of the institutional HIV/Aids-related response</p> <p>Representative participation in the HICC and coordinating forums to sustain the active involvement of student and staff leaders</p> <p>Holding of bimonthly collaborative meetings to ensure optimal coordination of HIV/Aids-related services between Campus Health, the Centre for Student Counselling and Development (CSCD) and the Wellness Programme</p> <p>Implementation of the institutional HIV/Aids-related media and marketing plan</p> <p>Public commemoration of scheduled HIV/Aids days, with strong leadership representation</p>	<p>Establishment of the organogram detailing the required structures and responsibilities for leadership, management and coordination</p> <p>Submission of annual report(s) on policy implementation to Institutional Management</p> <p>Approval of HICC's terms of reference document</p> <p>Approval of institutional HIV/Aids policy plans, including budget allocation</p> <p>Increase of cooperation and communication between Campus Health, the CSCD, the Wellness Programme and the OIHC</p> <p>Documentation of the HIV/Aids-related media plan</p> <p>Management representation at World Aids Day and Grow Up and Get Tested events</p>		

	Intervention logic	Verifiable indicators of achievement	Responsible structure/committee/unit	Available b
Overall objective	To provide strong, committed external leadership to contribute to the national and international response to HIV/Aids			
Specific objectives	To ensure strategic external leadership by means of participating and sharing in national and international HIV/Aids-related initiatives	Monitoring of participation in national and international forums by submission of reports to the HICC		
Expected results	Representation by SU experts on national and international HIV/Aids-related forums Increased partnerships with international and national role players	Ongoing representation of SU on national and international HIV/Aids-related forums Conducting of correspondence and meetings to explore new partnerships		
Activities	Popularisation of institutional HIV/Aids-related brand identity on national and international forums Active participation on forums, such as those of Africomnet, HEAIDS and ACTIW Identification of new opportunities to establish national and international partnerships Enablement of the OIHC to represent SU on national and international forums	Encouragement of SU representatives to use institutional HIV/Aids-related brand identity on international forums Ongoing representation of SU at forum meetings Conducting of correspondence and meetings to explore new partnerships Allocation of sufficient funding to enable conference and forum attendance		

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6.2 Curriculum integration and training

	Intervention logic	Verifiable indicators of achievement	Responsible structure/committee/unit	Available resources /budget
Overall objective	Empower the student body with the relevant personal and professional skills for mitigating the impact of HIV/Aids on their present and future communities			
Specific objectives	<p>To contribute to the establishment of a comprehensive learning approach regarding behaviour modification and HIV/Aids-related knowledge competencies through curriculum integration</p> <p>To expand the reach of HIV/Aids-related knowledge by means of teaching/training initiatives with national and African universities</p>	<p>Integration of curriculum strategy in institutional HIV/Aids policy</p> <p>Increase in national and international collaborative initiatives regarding HIV/Aids-related teaching and training</p> <p>Formalisation of HIV/Aids-related curriculum development portfolio at the OIHC</p>		
Expected results	<p>Linking of HIV/Aids-related knowledge to personal risks as part of a comprehensive learning approach</p> <p>Addressing of HIV/Aids-related competencies and applicability to prospective careers and fields of study through targeted curricular activities.</p> <p>Capacitation of academic staff to integrate HIV/Aids-related studies in curricula</p> <p>Participation of national and international participants in specialised HIV/Aids-related short courses at SU</p>	<p>Addressing of personal risks in various training initiatives</p> <p>Creation of updatable database for academics to identify HIV/Aids-related competencies addressed in curricula</p> <p>Compilation of feedback reports by participants, indicating benefits derived from focused HIV/Aids-related courses</p>		
Activities	Development of HIV/Aids-related curriculum	Submission of curriculum planning		

<p>integration plan, including co-curricular activities</p> <p>Utilisation and expansion of e-learning to improve HIV baseline knowledge</p> <p>Development and maintenance of database on curriculum integration in faculties and communication of data findings to faculties</p> <p>Gradual increase and maintenance of institution-wide curriculum integration</p> <p>Exploration of HIV/Aids-related curriculum development capacity-building initiatives</p> <p>Presentation and development of specialised courses on HIV/Aids in collaboration with African and South African partners</p>	<p>document to the HICC</p> <p>Increase in uptake of e-learning course</p> <p>Maintenance of accessible HIV/Aids-related curriculum database</p> <p>Reporting of increased curriculum integration</p> <p>Receipt of positive feedback from staff who have attended capacity-building initiatives</p> <p>Increased uptake of collaborative HIV/Aids-related training by African and South African partners</p>		
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6.3 HIV- and Aids-related research

	Intervention logic	Verifiable indicators achievement	Responsible structure/committee/unit	Available resour /budget
Overall objective	Make a positive contribution to the production and dissemination of quality research relating to HIV/Aids			
Specific objective	To contribute to an institutional environment in which researchers increase the quantity, quality and relevance of HIV/Aids-related research by means of external and internal collaboration, networking and partnerships	Use of SU's HIV/Aids-related research findings to plan national HIV/Aids-directed response		
Expected results	Establishment of HIV/Aids-related research as a core	Formal prioritisation of HIV/Aids-related		

	<p>priority area at SU</p> <p>Increased collaboration through research forums and the HIV/Aids-related research database</p> <p>Increased communication to encourage relevant and practice-based HIV/Aids-related research</p> <p>Capacitation of young/upcoming researchers to actively participate in HIV/Aids-related research.</p>	<p>studies formally declared as core research priority by Division of Research Development (DRD)</p> <p>Granting of access to HIV/Aids-directed research database to all SU staff</p> <p>Provision of examples of DRD's communication to all researchers</p> <p>Establishment of networking forum for academics and researchers</p> <p>Hosting of annual meetings</p> <p>Provision of capacity-building opportunities for young and upcoming researchers</p> <p>Provision of opportunities for feedback from participants</p>		
Activities	<p>Sustenance and promotion of the use of a central research database</p> <p>Monitoring and promotion of</p>	<p>Compilation of annual database summary report by the DRD</p> <p>Provision of feedback</p>		

	HIV/Aids-related research participation on national and international forums	from SU participants at conferences / on forums		
	Creation of communication opportunities between researchers and external role-players (such as government, funders and non-governmental organisations)	Hosting of meetings to increase communication between researchers and external role players		
	Provision of opportunities for postgraduate students to develop as future HIV/Aids researchers	Planning/Listing of opportunities available for postgraduate students / upcoming researchers by the DRD		

6.4 Ethics and human rights

	Intervention logic	Verifiable indicator achievement	Responsible structure/committee/unit	Available resource /budget
Overall objective	Help to protect human rights and ensure human justice for all those based at SU through the formulation and implementation of HIV/Aids-related policies and practices			
Specific objective	To establish and enforce non-discriminatory practices with respect to HIV/Aids at SU	Implementation of policies that protect the rights of students and staff		
Expected results	Addressing of HIV/Aids-related issues through SU policies	Recording and making available		

	<p>Popularisation and implementation of non-discriminatory policies</p> <p>Coverage of human rights aspects in basic HIV/Aids-related training offered at SU</p>	<p>of complaints, grievances and feedback on SU policies by the HICC</p> <p>Awareness-raising of staff about HIV/Aids policy and non-discrimination clauses</p> <p>Inclusion of materials on non-discrimination in training programmes</p>		
Activities	<p>Approval of revised HIV/Aids policy</p> <p>Development of communication strategy to popularise HIV/Aids policy</p> <p>Marketing of HIV/Aids policy available on SU website</p> <p>Marketing of HIV/Aids e-learning course for staff</p> <p>Capacitation of the Division of Human Resources and the Centre for Students Affairs to effectively deal with grievances relating to the HIV/Aids policy</p>	<p>Provision of official approval documents</p> <p>Coverage in media and marketing releases</p> <p>Creation of visible links to HIV/Aids policy</p> <p>Presentation of capacity-building workshop for teams from the Division of Human Resources and the Centre for</p>		

		Students Affairs		
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6.5 Prevention and wellness

	Intervention logic	Verifiable indicators of achievement	Responsible structure/committee/unit	Available resources /budget
Overall objectives	Contribute to holistic HIV prevention, by reducing the levels of stigma attached to HIV/Aids as well as the rate of HIV transmission			
Specific objectives	<p>To promote responsible sexual behaviour among students and staff</p> <p>To provide access to a comprehensive service-delivery system for HIV/Aids-related prevention of transmission, care and support</p> <p>To promote acceptance of shared and personal responsibility for the prevention and management of HIV/Aids among students</p>	<p>Implementation of service delivery and referral organogram for students and staff</p> <p>Clear communication of shared vision in media articles, training materials and other printed communiqués</p>		
Expected results	<p>Increased participation in HIV/Aids-related prevention of transmission, education and treatment services</p> <p>Improved services for PLWHAs</p> <p>Expansion and sustaining of activities aimed at prevention of HIV transmission by means of community interaction</p> <p>Reduction of stigma associated with services related to reproductive health and sexuality</p>	<p>Provision of data on student and staff participation in workplace programme</p> <p>Compilation of prevention project reports</p> <p>Provision of feedback documentation or of opportunities for discussion by service providers (e.g. Campus Health, the CSCD and the OIHC)</p>		

		<p>Compilation of feedback reports on community interaction</p> <p>Compilation of monthly statistics indicating student and staff uptake of sexual health services</p>		
Activities	<p>Provision of comprehensive support services to students and staff by means of a combination of in-house and referral systems</p> <p>Development of an effective HIV/Aids and wellness workplace programme for SU employees</p> <p>Marketing of the service-delivery system</p> <p>Training and support of peer educators and mentors to educate and refer students on sexual health matters</p> <p>Training and support of wellness mentors to educate and refer staff on sexual health matters</p> <p>Targeting of communication campaigns on prevention of HIV transmission, e.g. HIV testing, mass media, residence-based projects</p> <p>Maintenance of sustainable condom-distribution systems</p> <p>Partnering with community-based organisations to implement initiatives for the prevention of HIV transmission</p>	<p>Provision of internet-based and media communiqués to students and staff regarding support services and referral system</p> <p>Documentation of HIV/Aids-related workplace programme and reports</p> <p>Provision of internet-based links to, and marketing of, referral systems</p> <p>Compilation of peer education training reports</p> <p>Compilation of staff training reports</p> <p>Provision of material on prevention of HIV transmission in the form of printed media and web-based communiqués and campaign reports</p> <p>Compilation of data obtained from Campus Health reflecting distribution reach per month</p> <p>Compilation of community-based project reports</p>		

Appendix 3

PROTOCOL FOR INFECTION CONTROL WITH REGARD TO WORK- AND ACADEMIC-RELATED EXPOSURE TO BLOOD-BORNE DISEASES

STELLENBOSCH UNIVERSITY PROTOCOL: Stellenbosch campus

Although the risk of HIV infection after work-related exposure is very low (0.3%), everything possible should be done to protect students and staff against possible infection. The risk for HIV infection is higher when the exposure includes large quantities of blood, or if the source individual is HIV positive and has a high viral load.

The following body fluids could potentially contain the virus and are relevant to the implementation of this protocol:

- Blood
- Semen
- Vaginal secretions
- Any body fluids in which there is visible blood or any of the abovementioned fluids

All environment heads within the University must ensure that their staff are informed in full about infection risks and preventative measures. These measures include the following:

- 1) The provision and use of protective equipment (such as gloves) when body fluids are handled
- 2) The covering of sores, cuts and wounds
- 3) The disinfection of equipment that has been in contact with body fluids.

If any student or member of staff is exposed to the abovementioned body fluids by way of a needle or a sharp object

or

if infected blood or body fluids came into contact with the mouth, eye, open wounds or cuts, the following preventative measures need to be taken:

1. Immediately wash off the blood and splashes of body fluids from the skin, eye and mouth with water or, preferably, with an antimicrobial agent.
2. In the case of penetrative injuries, allow the wound to bleed freely and wash the area thoroughly with an antimicrobial agent, or with soap and water if the alternative is not available.
3. **Students:** Report all incidents to the doctor on duty at Campus Health Services (tel.no. 808 3496).
4. **Staff:** Report all incidents to Ms E September (tel.no. 808 4552) and to the doctor on duty at Campus Health Services (tel.no. 808 3694). Staff may also make use of a private doctor of their choice.
5. The following circumstances relating to the exposure should be documented: the nature of the activity in which the student or staff member was involved at the time of exposure, a detailed description of the injured area, the extent to which appropriate work practices were followed and protective equipment was used, and a description of the source of exposure.

6. A blood sample should be taken from the exposed person after exposure. A blood sample may only be taken from the source patient and tested if the circumstances permit such a request. *At present, the legal requirement is that the source individual must give his/ her informed consent for an HIV test.* An evaluation of the necessity for medication should be done by the medical practitioner based on the risk (with due observance of the window period).
7. Both the exposed person and the source individual should undergo complete pre- and post-test counselling together with the testing, and the person who has been exposed should be informed in full about the possible side-effects and the effect of the medication. The following people can be contacted to do this counselling/briefing:
OIHC: Tel.no. 808 3136
Students: Psychologist on duty at the CSCD: Tel.no. 808 4994 or the 24-hour crisis service: Tel.no. 082 557 0880.
Staff: Maureen Kennedy (Wellness Coordinator, Human Resources)
8. If the nature of the exposure has been evaluated and there is a risk of transmission, the following emergency medication should be made available immediately (preferably within the first two hours after exposure and after a maximum permissible period of 72 hours).
9. The following medication is indicated for emergency treatment:
Combivir 1t bd (each tablet contains 150 mg lamivudine and 300 mg zidovudine).
Additional indinavir (crixivan) 800 mg every 12 hours is only indicated when the source might have a potentially resistant virus or when the nature of the exposure holds a particularly high risk.
10. Regardless of whether or not the source individual has been tested sero-negative, the exposed person must be given the option to be tested at 6 weeks, 12 weeks and 6 months to address the possibility of the window period in the source individual.
11. If emergency medication is given, the follow-up test dates and the monitoring of possible side-effects should be discussed with the doctor in charge.
The necessity for tests for exposure to other contagious diseases should be evaluated by the medical practitioner.
12. During all the phases of testing, counselling and treatment, **the confidentiality** of the information relating to the incident, the exposed person and the source individual should be protected at all times.

Campus Health Services of Stellenbosch University will provide the initial emergency treatment (three days of antiretroviral treatment), counselling and testing free of charge to students and staff. If more extensive testing or a longer treatment regime is indicated, the individual will be responsible for the associated costs.

Appendix 4

GUIDELINES FOR DEALING WITH THE RAPE OR SEXUAL ASSAULT OF STUDENTS AND STAFF OF STELLENBOSCH UNIVERSITY

1. In the case of serious physical injuries, the person should get to a hospital or medical facility as soon as possible.
2. The person is requested not to bath, shower or wash or to put on clean clothes. (It is also important to keep any clothing/objects that could possibly serve as evidence.)

Students: Phone the 24-hour crisis service to request that the counsellor on duty help with reporting the incident and provide further support.

CRISIS SERVICE (only registered students)

The emergency number is: 082 557 0880 (all campuses)

1. **Staff:** Phone the nearest police station to report the rape.

STELLENBOSCH POLICE, Tel.no. 809 5000

A victim volunteer is on duty at this number on a 24-hour basis and has received training to assist you. Individuals aged 18 years and older may choose whether or not to institute legal proceedings.

Rape Crisis can also be contacted directly at 083 484 9409

2. If a decision is taken to institute legal proceedings, a statement must be made at the police. The police will then take the person to the district surgeon or to the attending doctor for a medical examination.
3. If it is decided not to institute legal proceedings, any medical service may be consulted to provide a service at medical aid rates.
4. It is important that the investigation is carried out as soon as possible, since certain treatments are no longer effective after 72 hours. Treatment against HIV is optimal if it is given as soon as possible after the incident. Treatment should include emergency contraception, preventative antiretroviral medication and antibiotics.
5. The aim of the statement and the medical examination is to collect evidence for the court should the offender be arrested.
6. It is important that the person receives further medical assistance after the rape (including further testing for HIV after 42 days and possible follow-up treatment).

Follow-up HIV tests can be done free of charge at Campus Health Services (Tel.no. 808 3496).

7. Furthermore it is important for the person to receive psychological counselling. The following organisations can be contacted for help and further support.

OIHC: Tel.no. 808 3136

Registered students: CSCD: Tel.no. 808 4994 or Crisis Service: Tel.no. 082 557 0880

Staff: Maureen Kennedy (Human Resources Wellness Programme): Tel.no. 808 4824

Rape Crisis: Tel.no. 083 484 9409

Life Line: Tel.no. 0800 05 55 55 / 021 461 1111