

**UNIVERSITY OF DAR ES SALAAM**



**UNIVERSITY OF DAR ES SALAAM HIV/AIDS POLICY**

**June, 2006**

## Foreword

In December 1999 the Government of United Republic of Tanzania declared HIV/AIDS a national threat and is in the forefront in the national response to the pandemic. The University of Dar es Salaam's response to HIV/AIDS started way back in 1992 by establishing a work-site Female Volunteer Peer Educators' Programme. In 1994, a Health Education Unit was established with the aim of providing preventive health education on non-infectious and infectious diseases, including HIV/AIDS to the University Community. In addition, Student Peer Educators were trained in youth reproductive health issues, including HIV/AIDS. Currently there are a range of different responses or interventions that the University of Dar es Salaam has undertaken to address HIV/AIDS in varying depth and scope. The development of UDSM HIV/AIDS policy constitutes a systematic and comprehensive framework of action to guide the various responses that address prevention, treatment, care and social support specifically at the University of Dar es Salaam.

The policy locates the UDSM's HIV/AIDS response to the threat of HIV/AIDS as part of its mission and core business, confirms the rights, roles and responsibilities of all UDSM's stakeholders, demonstrates the University of Dar-es-Salaam's commitment and concern in taking positive steps in planning for the response through prevention, treatment, care, support and management, enjoins the University of Dar es Salaam to make capacity and resources available to support the response to HIV/AIDS and provide partner organizations and agencies with a framework within which to engage with the University of Dar es Salaam. While outlining our objectives, rights and responsibilities, this policy is also action oriented because we need to act in order to bring about positive change.

The objectives and components of this policy are a starting point for a new direction for the University of Dar es Salaam. They build upon our strengths and upon the common desires of our community. They are a good guide in the forces of refining our strategies and implementing them in the response to HIV/AIDS.

The implementation of a policy like this one requires dedicated and tireless leadership and management. The task of management is to create an environment necessary for effective implementation; ensuring availability of resources, supporting initiatives from both students and staff, maintaining focus on the objectives, building capacity at all levels, sustaining commitment and measuring progress towards our goals.

The University of Dar es Salaam, through its Technical AIDS Sub-Committee and various actors is committed to work with all members of the University, surrounding communities and the nation at large in the response to the threat of HIV/AIDS.

Commitment to HIV/AIDS response is a noble commitment to save lives. Let us join hands to save our lives and in the process save the custodians of knowledge.

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Dar es Salaam  
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## LIST OF ABBREVIATIONS

AAU	Association of African Universities
AIDS	Acquired Immune Deficiency Syndrome
ARV	Antiretroviral
BCC	Behavior Change Communication
CBO	Community Based Organization
DUCE	Dar es Salaam University College of Education
FBOs	Faith Based Organizations
GDPC	Gender Dimension Programme Committee
HBC	Home Based Care
HEU	Health Education Unit
HIV	Human Immunodeficiency Virus
IEC	Information Education Communication
IJMC	Institute of Journalism and Mass Communication
MHEST	Ministry of Higher Education, Science and Technology
MUCE	Mkwawa University College of Education
MUCHS	Muhimbili University College of Health Sciences
NACP	National AIDS Control Programme
NGO	Non Governmental Organization
OTTU	Tanzania Trade Unions
PLHIV	People Living with HIV and AIDS
RAAWU	Researchers, Academicians and Allied Workers Union
SSA	Sub Saharan Africa
STI	Sexually Transmitted Infections
SWAAT	Society for Women and AIDS in Africa, Tanzania
TAC	Technical AIDS Committee
TACAIDS	Tanzania Commission for AIDS
TASC	Technical AIDS Sub-Committee
TFTU	Tanzania Federation of Free Trade Unions
THIS	Tanzania Health Indicator Study
UCLAS	University Collage of Lands and Architectural Studies
UDSM	University of Dar es Salaam
UN	United Nations
UNAIDS	Joint United Nation Programme on HIV/AIDS
VCT	Voluntary Counseling and Testing

“We know from experience that the spread of AIDS can be turned back. Some African countries have indeed done so. But this cannot be done piecemeal. It requires a coordinated response from all sectors of society. It requires leadership in governance, in schools, on the streets, in places of worship, in families, among people living with HIV/AIDS, and in the most affected communities”, Koffi Anan, (UN Secretary General July 6<sup>th</sup>, 2003).

## **1.0 BACKGROUND**

### **1.1 Introduction**

The HIV/AIDS pandemic is now a global crisis and it constitutes one of the most formidable challenges to development and social progress. Out of the 40 million people around the world who are infected with HIV, 26 million are workers and students aged 15-49, who are in the prime of their working and studying lives. Presently, Sub-Saharan Africa (SSA) is the most severely affected region in the world. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS) pandemic update, at the end of 2005 the infection rate for adults in the productive years, i.e. those aged between 15 and 49, was 7.5% -8.5% for SSA as a whole, and 0.9-1.3% for the whole world. Although they accounted for only 10% of the world's population, Sub Sahara Africa countries experienced almost three times as many AIDS deaths in 2005 as the rest of the world combined and are home to more than three-quarters of the children orphaned by the disease. An estimated 23.8-28.9 million adults and children were living with AIDS in the Sub-Saharan region. In 2005 there were 2.8-3.9 million new HIV infections and 2.1-2.7 million deaths due to AIDS in SSA alone. Furthermore, of the 13 million AIDS orphans worldwide, 10 million of them live in SSA.

With a population of about 34.6 million people and HIV prevalence of about 7%, Tanzania is one of the countries facing a serious HIV/AIDS pandemic. Reported data on HIV /AIDS in Tanzania mainland in 2004 indicate that the cumulative number of AIDS cases in the country since the first cases were reported in Tanzania in 1983 is about 192,532. It is estimated that 1,840,100 individuals aged 15 years and above were living with HIV in Tanzania during the year 2004 (NACP, 2004). During the same reporting year the overall HIV prevalence among blood donors in Tanzania mainland was 7.7%. Evidence from studies shows that the pandemic in Tanzania, like elsewhere, has progressed differently in various population groups, with large geographical and gender differences. The Tanzania Health Indicator Study (THIS), for example, showed a higher

prevalence rate in the urban (10.9%) than rural areas (5.3%), and a higher prevalence among women (7.7%) than men (6.3%) (THIS 2003-2004).

In Tanzania, like in other most affected countries, the pandemic is eroding decades of development gains, undermining the economy, threatening security and destabilizing the society. Beyond the suffering it imposes on individuals and their families, the pandemic is profoundly affecting the social and economic fabric of the society. HIV/AIDS is a major threat to the world of work. It is affecting the most productive segment of the labour force and reducing earnings. It is imposing huge costs on enterprises in all sectors through declining productivity, increasing labour costs and loss of skills and experience. In addition, HIV/AIDS is affecting fundamental rights at work, particularly with respect to discrimination and stigmatization aimed at workers and people living with and affected by HIV/AIDS.

The widespread abuse of human rights and fundamental freedoms associated with HIV/AIDS has also emerged in all parts of the world in the wake of the pandemic. Human rights that relate critically to reducing vulnerability to HIV/AIDS and mitigating the impact of the pandemic are found in existing human rights instruments. More specifically, the most relevant human rights principles for protecting the dignity of people infected and affected by HIV/AIDS, as well as preventing the spread of infection, include: non-discrimination; the right to health; the right to equality between men and women; the right to privacy; the right to education and information; the right to work; the right to marry and found a family; the right to social security, assistance and welfare; the right to liberty; and the right to freedom of movement. In terms of employment, HIV/AIDS is threatening fundamental rights in the world of work. It jeopardizes fundamental principles of social justice and equality, as well as decent and productive work in conditions of freedom, equity, security and human dignity.

## **1.2 National Overview**

As a response to the pandemic, in 1985 the Government established the NACP under the Ministry of Health and Social Welfare. NACP formulated a short-term plan and three 5-

year medium term plans, the last of which expired in 2002. Initially, HIV/AIDS was perceived purely as a health problem and the response was left to the health sector alone. This was a major weakness in the approach to respond to the pandemic. Subsequently, in 2001 the Government established the Tanzania Commission for AIDS (TACAIDS) as a statutory organ. TACAIDS is entrusted with the overall task to coordinate the multi-sectoral approach in the response to HIV/AIDS. The Government through TACAIDS and other stakeholders developed the National Policy on HIV/AIDS in November 2001. The overall goal of the National Policy “is to provide for a framework for leadership and coordination of the national multi-sectoral response to the HIV/AIDS epidemic. This includes formulation, by all sectors, of appropriate interventions that will be effective in preventing transmission of HIV and other sexually transmitted infections, protecting and supporting vulnerable groups, mitigating the social and economic impact of HIV/AIDS. It also provides for the framework for strengthening the capacity of institutions, communities and individuals in all sectors to arrest the spread of the epidemic”. In 2003, TACAIDS developed the National Multi-Sectoral Strategic Framework on HIV/AIDS 2003-2007. The mission of the Strategic Framework is to guide and safeguard the intensification and expansion of HIV/AIDS prevention, care and support, impact mitigation programmes and interventions within a framework of a well coordinated national multi-sectoral response programme led by the National Government, anchored at the Local Government Councils, rooted in communities and actively supported by partnerships with all concerned stakeholders.

### **1.3 Sectoral Overview**

Sectoral response to the challenges of the HIV/AIDS pandemic began in 1997 when the Ministry of Higher Education, Science and Technology (MHEST) was involved in the planning and implementation of the Medium Term Plan III (1998-2002). This was followed in May 2000, with the establishment of the Technical AIDS Committee (TAC) within the Ministry. In its endeavors to respond to the pandemic at sectoral level, the MHEST -TAC prepared a Strategic Framework on HIV/AIDS for 2003-2007. The Strategic Framework seeks to translate the National Policy and the National Multi-Sectoral Strategic Framework on HIV/AIDS by providing strategic guidance to the



planning of programmes, projects and interventions by various stakeholders in the response to HIV/ AIDS. While grappling with the pandemic at sectoral level, the MHEST-TAC, through its Chairperson, directed all institutions under the Ministry to establish technical AIDS sub-committees to coordinate, plan and implement HIV/AIDS interventions at institutional levels.

#### **1.4 Institutional Overview**

Given the impact of HIV/AIDS on the lives of individuals, countries, the education sector, particularly the institutions of tertiary education, has a major role in responding to the spread of the pandemic. The sector has a further responsibility of helping the orphans and those who are already infected to live positively. This latter responsibility is all the more grave and delicate in relation to school-going children or orphans who are HIV infected, including those aspiring for higher education.

Measures by the University of Dar es Salaam (UDSM) to the response to HIV/AIDS pandemic within the University community began in 1992 when the UDSM, in collaboration with Organization of Tanzania Trade Unions (OTTU), established a Work-site Female Volunteer Peer Educators' Programme. A total of 13 official seminars, consisting of UDSM community male and female groups, were conducted at the main campus during that year. In 1994, a Health Education Unit (HEU), under the University Health Centre was established. The primary objective of HEU was to provide preventive health education on non-infectious diseases and infectious diseases, including HIV/AIDS, to the university community. In addition, through the University Based Youth Reproductive Health Project, Student Peer Educators have been trained in youth reproductive health issues, including HIV/AIDS.

Following the establishment of the MHEST-TAC at ministerial level which directed institutions under the ministry to establish their own sub-committees on HIV/AIDS, the UDSM Technical AIDS Sub-Committees (UDSM-TASCs) were established in the campuses of the University in August 2000. Activities and programmes implemented to date are appended (Appendix 1).

Currently there are a range of different responses or interventions that the University has undertaken to address HIV/AIDS in varying depth and scope. However, a systematic and comprehensive framework of action to guide the various responses that address prevention, treatment, care and social support specifically at the UDSM is yet to be developed. This UDSM HIV/AIDS Policy is one of the means to guide such responses.

## **2.0 SOCIO- DEMOGRAPHIC CHARACTERISTICS AND HIV/AIDS SITUATION AT THE UDSM**

### **2.1 Socio-demographic Characteristics of the UDSM Community**

During the academic year 2003/04<sup>?</sup>, the UDSM had overall student population of 14,389 and 2,008 staff. These figures include students and staff from three campuses, namely the Main Campus (Mlimani), the University College of Lands and Architectural Studies (UCLAS) and Muhimbili University College of Health Sciences (MUCHS). The majority of students (95%) joining the university are between 19 and 29 years of age. There are 903 teaching staff members. About 83.2% are between 41 and 60 years of age while about 13.3% are in the age group of between 31 and 40 years of age. The total number of administrative staff is 615, of whom, about 64% are between 41 and 60 years of age. There are 495 technical staff members, 60% of them ranging between 41 and 60 years of age.

### **2.2 Nature and Magnitude of HIV/AIDS**

The University community, like the other communities in the country, is also affected by the HIV/AIDS pandemic. The commonest mode of HIV transmission in Tanzania, as is the case elsewhere in SSA, is heterosexual intercourse, followed by mother to child transmission. Other uncommon modes include sharing of contaminated skin piercing instruments in medical and non-medical settings and transfusion of blood and blood products.

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<sup>?</sup> At the time of formulation of this document, these were the latest data published in the Facts & Figures 2003/2004 published by the Directorate of Planning and Development.

The UDSM colleges are located in Dar es Salaam and Iringa regions. These regions rank second (Iringa 13%) and third (Dar es Salaam 10.9%) in overall HIV prevalence (THIS, 2003-4). In Dar es Salaam the UDSM colleges are scattered in three districts, Ilala, Temeke and Kinondoni. The prevalence of infection among blood donors was 6.9% in 2004, 16.3% in 2003, and 18.8% in 2004 for Ilala, Temeke and Kinondoni districts, respectively (NACP, 2003; NACP, 2004). There is also an Institute of Marine Sciences which is situated in Zanzibar. Like elsewhere in African universities, there is scanty, unreliable and incomplete information on the magnitude of HIV and AIDS at the UDSM. For example, between 2000/2004 there were only 14 cases of HIV documented at UDSM Health Centre. Over the same period of time 207 cases of tuberculosis (TB) were reported at the facility. Given the strong association between TB and HIV in developing countries, it is likely that a significant proportion of individuals presenting themselves at the University Health Centre with TB had underlying HIV infection. It is important to recognize that members of the UDSM community also sometimes seek treatment at health facilities other than the University Health Centre. Therefore cases of HIV infection or HIV related diseases treated in such facilities cannot be captured by the UDSM reporting system, leading to underreporting of cases.

### **2.3 Prevention of HIV Transmission**

In order to reduce the spread of HIV/AIDS and mitigate the impact of the pandemic on the UDSM community, various HIV/AIDS intervention programmes were introduced. Examples include: HIV/AIDS awareness creation and sensitization on safer sex options, advocating abstinence, advocating condom use, diagnosis and treatment of STIs, voluntary counselling and testing, and antiretroviral (ARV) treatment. Kline (2002) indicates that the level of HIV/AIDS awareness among University of Dar es Salaam community is generally high and that most students and staff are sexually active. Slightly over two-thirds (69%) of the students had sex for the first time before the age of 22 years (before they were enrolled in the University). While a significant proportion of students (3.2%) reported recent sexual intercourse with sex workers, slightly over a tenth (12.4%) of the students reported to have had sex with casual partners. About half of the students (55.7%) reported to have sex with regular partners. Furthermore, evidence indicates that

most students are not always faithful to their partners. As a result, multiple partnerships is fairly common among students. Nearly a third (31.6%) of the respondents had two or more partners within the last 6 months. Taken together these data reflect low level of sexual abstinence among students at the University of Dar es Salaam.

The above observations indicate that young people could be susceptible to unplanned pregnancies, sexually transmitted infections (STIs) including HIV infection. On condom use, almost a third of the students (32.8%) and a quarter (25%) of the staff never asked their new sexual partners how they felt about using condoms before having sex (Kline, 2002). Nevertheless, the majority of the students respondents (61.6%) reported to have used a condom the last time they had sex. Students were more likely to use condoms during casual and commercial sex/outside relationship. Students who are in stable relationship do not use condoms. The majority of the staff (68.7%) reported not to have used a condom the last time they had sex. Moreover, there was evidence that condoms were not used consistently. The use of female condoms is uncommon as only 4 out of 95 females reported to have used a female condom the last time they had sex. Reasons given by students for not using condoms in descending order were: I always have sex with my regular partner (63.3%); condoms were uncomfortable (36.1%); it is embarrassing to use condoms (18.4%); no access to condoms (17.5%); I want a child (9.5%). More or less similar reasons for not using condoms during sexual intercourse were given by staff respondents. With regard to the use of condoms, female students seem to be powerless or having less sexual negotiation skills as more males than females suggested both condom use and not using condoms. Inconsistent and situational condom use during premarital sex as well as with regular sexual partners places members of the University community at a high risk of HIV/AIDS infection. Currently male condoms are available free of charge at the UDSM Health Centre and from the UDSM Youth Based Reproductive Health Project.

A significant proportion of students and staff at the UDSM reported to have not tested for HIV. Reasons given by both students and staff for not going for an HIV test in descending order were: I am afraid of the results (90.5%); I do not have time to go for

testing (39.3%); it costs too much (12.2%); I do not know where to go for testing (12.2%); I trust myself to be ok (10.8%) and no need to (9.4%).

## **2.4 Treatment, care and support for HIV/AIDS patients**

The Ministry of Health and Social Welfare (MoH&SW) has developed a National Treatment Plan for guiding the treatment, care and support of patients with HIV/AIDS in Tanzania. In this plan, ARVdrug treatment is offered freely in accredited health facilities. The UDSM Health Centre is one of the health facilities accredited to carry out antiretroviral therapy services. The different campuses have different accessibility to HIV/AIDS treatment, care and support. While services are adequate in some like MUCHS and Main Campus, they are inadequate in others e.g. DUCE, MUCE, UCLAS, IMS and IJMC.

There are limited facilities for diagnosis and monitoring HIV/AIDS. Except for the main campus and MUCHS, other campuses have no designated health facilities specifically for the management of HIV/AIDS. This situation needs to be addressed. Currently there is limited linkage to support organizations (such as Non-governmental Organizations (NGOs) which provide counseling, psychosocial support and other general support in care and treatment for opportunistic infections. Home-based care and support services for community members with AIDS disease have been established but are inadequate especially in peripherally situated campuses. Stigma and discrimination of PLHIV need to be addressed adequately for a successful implementation of treatment, care and support of HIV/AIDS patients.

## **2.5 Gender and HIV/AIDS**

Few studies have addressed the issue of gender and HIV/AIDS at the UDSM. Among them are the studies by the Gender Dimension Programme Committee (GDPC, 2003) and Kline (2002). GDPC (2003) revealed that young women fear seeking information on sex or condoms because by doing so they will be labeled as sexually active regardless of their level of sexual activity. Findings from this research also revealed that more men than women suggest to use or not to use a condom. This indicates that men have more

influence over the use of condoms during sexual intercourse. It is more socially acceptable for men than women to cheat and to have more sexual partners in their lifetime. There is a disparity in the promotion of condoms at the University. Female condoms are not adequately distributed or promoted at the campuses, while male condoms are regularly available and constantly promoted. Such a situation makes women vulnerable to HIV infection

Episodes of harassment as a risk factor of HIV transmission have been documented to occur at the University of Dar es Salaam. However, the nature of harassment and the extent to which it has been occurring is unknown. Overall, there are few gender specific HIV/AIDS intervention programmes at the University of DSM. On the other hand, a favourable atmosphere has been created to address gender and HIV/AIDS at the UDSM, including having the University Gender Centre(UGC) in place, UDSM Community Youth Anti-AIDS Club as well as the Society for Women and AIDS in Africa, Tanzania Chapter (SWAAT) which is involved in counseling and advocacy. In addition, services for prevention of mother to child transmission of HIV and treatment of HIV infected women have been established at the University Health Centre.

## **2.6 Rights of Persons Living With or Affected by HIV/AIDS**

International human rights norms provide a coherent, normative framework for analysis of the HIV and AIDS problem. They also provide a legally binding foundation with procedural, institutional and other accountability mechanism to address the pandemic. Member states of the international community, Tanzania inclusive, are, thus, obliged to promote and encourage respect for human rights at national level through enactment of an enabling legislation.

In Tanzania the Constitution of the United Republic of Tanzania, 1977, as amended from time to time constitutes the basic legal framework for promotion and protection of human rights. Although the Constitution provides for these rights, todate only a few pieces of legislation have been enacted to deal with the multi-facet dimensions of HIV and AIDS. In criminal law the Sexual Offences Special Provision Act 1998 protects generally

women from rape and sexual harassment without necessarily making reference to HIV/AIDS. On the other hand, family and inheritance/ succession law currently in force is grossly ill-equipped to address the new challenges brought about by HIV and AIDS.

AIDS is threatening fundamental rights in the world of work. Discrimination on the basis of HIV and AIDS worsens existing inequalities in society, such as those based on gender and race. It also creates a climate of blame and denial that cripples efforts to address the epidemic in the workplace and community. Examples of AIDS-related discrimination include screening for purposes of exclusion from work or promotion, breaches of confidentiality, or a refusal to adapt jobs and workplaces to the needs of workers with HIV and AIDS. However, the problem of discrimination in the world of work is known to be addressed by the two pieces of legislation passed in 2004, namely, the Employment and Labours Relations Act 2004 and the Labours institution Act 2004. The Employment and Labours Relation Act 2004 prohibits discrimination in any employment policy or practice on, among others, HIV/AIDS. And, for this purpose, Employment policy or practice includes any policy or practice relating to recruitment procedures, advertising and selection criteria, appointments and the appointment process, job classification and grading, remuneration, employment benefits and terms and conditions of employment, job assignments, the working environment and facilities, training and development, performance evaluation systems, promotion, transfer, termination of employment and disciplinary measures. Besides, employers now are required to prepare and register with the Labour Commissioner in the ministry responsible for labour to eliminate discrimination in places of work.

UDSM, as an employer and trainer guided by the National HIV/AIDS Policy and the employment law does not allow for compulsory HIV infection screening prior to enrollment and employment of students and staff, respectively. UDSM Council has never had any plans to impose compulsory screening amongst its students and staff. Further, the UDSM human resource management policies do not discriminate persons living with HIV/AIDS in terms of promotion or dismissal from employment for good cause.

## **2.7 HIV/AIDS Curriculum**

According to Mbilima *at el* (2004), HIV/AIDS has not been mainstreamed and integrated into formal university curricula. There are, of course, teaching aspects of HIV/AIDS in some courses for example, human nutrition, gender and politics, disease, health, medical sociology, development studies, poverty, epidemiology, urban planning, microbiology and biochemistry. In other courses students and members of staff report that HIV/AIDS issues are brought in as example. The general observation in the latter case is that where teaching of HIV/AIDS is done, the coverage is superficial and unsystematic. The available knowledge of HIV/AIDS among staff and students has largely been acquired through informal sources such as seminars, workshops and the mass media. Given the foregoing and the seriousness of HIV/AIDS pandemic, it is pertinent that HIV be systematically mainstreamed and integrated into the UDSM curricula so that knowledge on HIV is impacted to both students and staff. Already some steps have been taken towards this regard. A team of University academic staff has already participated in AAU organized Training Program for Trainers for mainstreaming HIV into universities' curricula. The university has already received financial support from AAU for the initial training of trainers in mainstreaming of HIV in University Curricula at the UDSM.

## **2.8 Research on HIV/AIDS**

UDSM staff have been involved in various studies on the biomedical, socio-behavioral and social service delivery aspects of HIV/AIDS in the country, often with national, regional and international institutions, groupings and associations. However, a few studies have been done specifically on the UDSM community. These include behavioral aspects of HIV/AIDS. To date, no studies on epidemiological (prevalence, incidence, mortality, morbidity, and risk factors) and clinical aspects of HIV/AIDS have been conducted. In view of this, there is need to emphasize the need to carry out HIV/AIDS related research at the various UDSM campuses and Colleges so that the University can objectively establish the magnitude and impact of the pandemic at its institution and lead the way in generating new knowledge that can be utilized in responding to the impact of HIV/AIDS as well as in preventing and controlling the pandemic. Currently, UDSM has inadequate research infrastructure, especially with regard to research equipment and



modern laboratory facilities. The available financial support is limited and in addition, there is limited coordination of research activities related to HIV/AIDS at the UDSM. In order to facilitate the conduct of good quality research, efforts should be directed towards establishing appropriate and adequate research facilities and soliciting financial resources to initiate, implement and sustain research programmes. Additionally, there is need to strengthen effective research coordination and collaboration.

### **3.0 RATIONALE FOR A UDSM HIV/AIDS POLICY**

The HIV/AIDS pandemic is a national threat, and the prevention of its spread is among the top priorities of the government. Given the situation analysis above the basic mission of the UDSM which is unrelenting pursuit of scholarly and strategic research, education, teaching and public service directed at attainment of equitable and sustainable socio-economic development of Tanzania and the rest of Africa will not be in place in the absence of a systematic and coordinated response from the University in a form of a policy. Similarly, the vision of the University of Dar es Salaam, which is to become a high performance, reputable and vibrant University that sets a national, regional and international example of excellence in higher education, research and public service would be compromised. Therefore, the rationale for the UDSM HIV/AIDS Policy is among others, to:

- ?? locate the UDSM's response to the threat of HIV/AIDS as part of its mission and core business,
- ?? provide a framework within which actions can be taken,
- ?? confirm the rights, roles and responsibilities of all UDSM's stakeholders,
- ?? demonstrate the UDSM's commitment and concern in taking positive steps in planning for the response through prevention, treatment, care, support and management,
- ?? enjoin the UDSM to make capacity and resources available to support the response to HIV/AIDS and
- ?? provide partner organizations and agencies with a framework within which to engage with the UDSM.

## **4.0 GOAL AND OBJECTIVES**

### **4.1 GOAL**

The UDSM HIV/AIDS Policy aims at preventing the spread of HIV infection, providing equal access to treatment, care and support services to people living with or affected by HIV/AIDS, generating and disseminating HIV/AIDS knowledge, and providing a strong and committed leadership in response to the pandemic at the UDSM and the wider society.

### **4.2 OBJECTIVES**

- 4.2.1 To promote a sustained programme on HIV/AIDS and other STIs that provides current and accurate information to the UDSM community and its neighborhood.
- 4.2.2 To coordinate the implementation of HIV/AIDS activities by all registered associations and organizations at UDSM.
- 4.2.3 To promote behaviors that reduce/minimize the risk of acquiring HIV infection and generally create a safe environment for the UDSM community and its neighborhood.
- 4.2.4 To promote confidential and voluntary counseling and testing for HIV to members of the UDSM community and its neighborhood.
- 4.2.5 To provide care, antiretroviral treatment and psychosocial support to UDSM community members living with HIV/AIDS.
- 4.2.6 To establish referral networks with other national health services and non-governmental organizations.
- 4.2.7 To provide and support palliative services for terminally ill members of the UDSM community.
- 4.2.8 To combat discrimination and stigma against those who are or thought to be HIV positive within the UDSM community and the wider society.
- 4.2.9 To promote multi-disciplinary research on biomedical, social-behavioral, legal, ethical and social service delivery aspects of HIV/AIDS.

- 4.2.10 To mainstream HIV/AIDS into the UDSM curricula in order to produce graduates who are adequately qualified to address HIV/AIDS issues in the society.
- 4.2.11 To promote and support an information programme for UDSM staff and students.
- 4.2.12 To strengthen the Documentation Centre for dissemination of HIV/AIDS and related information.
- 4.2.13 To promote and encourage initiatives to publish books, newsletters and other forms of educational materials on HIV/AIDS.
- 4.2.14 To promote dynamic and committed leadership on HIV/AIDS issues at all levels of the UDSM.

## **5.0 POLICY ISSUES AND STATEMENTS**

### **5.1 Policy issue: Prevention of HIV Transmission**

Members of the UDSM community are drawn from the wider society where the prevalence of HIV/AIDS is significantly high. Available evidence indicates that high-risk sexual behavior exists among members of the university community, like elsewhere in Tanzania. The perceived impact of HIV/AIDS on the UDSM community could be significant.

#### **Policy statements**

- ?? The UDSM shall ensure the provision of a comprehensive and coordinated HIV/AIDS/STIs programme that provides current and accurate information on all aspects of transmission and prevention to the UDSM community and its neighborhood.
- ?? The UDSM shall strengthen treatment services for other STIs to the UDSM community and its neighborhood.
- ?? The UDSM shall provide to UDSM community an environment in which accidental exposure to HIV is minimized. It shall also provide the necessary protective gear and post exposure prophylaxis.

### **5.2 Policy issue: Treatment, Care and Support**

Currently, a significant number of UDSM community members are not aware of their HIV sero status and UDSM has inadequate staff with specific skills for the management of HIV/AIDS. The existing management of HIV/AIDS is limited to the treatment of opportunistic infections and ARV drugs are available for routine treatment to UDSM community members living with HIV/AIDS. Palliative care for people with AIDS at the UDSM is largely hospital-based and there are limited home-based care services in place. Linkages with support organizations involved in the fight against HIV/AIDS are limited. Currently, there are limited efforts to address discrimination and stigma associated with HIV/AIDS at UDSM.

## **Policy statements**

- ?? The University shall promote and encourage informed consent for individual testing, accompanied by confidential and voluntary counseling so that members of UDSM community become aware of their HIV sero status to enable them make informed decisions.
- ?? The University shall strengthen provision of treatment for HIV/AIDS associated opportunistic diseases and provide ARV drugs to members of UDSM community living with HIV/AIDS according to existing national treatment guidelines.
- ?? The University shall establish referral systems and linkages with appropriate health care institutions, NGOs and community-based organizations (CBOs) dealing with HIV/AIDS to facilitate further care of People Living with HIV (PLHIV), orphans and widows.
- ?? The University shall strengthen palliative care at its health facilities and also strengthen a home-based care programme for the UDSM community with HIV/AIDS.
- ?? UDSM shall take measures to ensure that there is no stigma and discrimination in the provision of treatment, care and support for people living with HIV/AIDS.

### **5.3 Policy issue: Rights of Persons Living With or Affected by HIV/AIDS**

The rights of persons living with or affected by HIV/AIDS are generally provided for in the Constitution of the United Republic of Tanzania, 1977 and as amended from time to time. However, sectoral laws, such as, those relating to marriage, succession and the health sector are still ill-equipped to address the human rights' abuse brought about by the HIV/AIDS pandemic.

## Policy statements

- ?? The UDSM shall provide learning and working environment in which students and employees living with or affected by HIV/AIDS are free from any prejudice, discrimination and stigma.
- ?? The University shall not require applicants for University admission to undergo HIV testing or reveal their HIV status before admission. During the course of study and unless medically indicated, HIV/AIDS is not a reason to terminate student registration.
- ?? UDSM shall ensure that confidentiality is maintained where UDSM community member has undergone an HIV testing and disclosure to a third person may be made upon written informed consent of the respective member.
- ?? The University shall ensure that member of UDSM community who are living with HIV/AIDS have an obligation to ensure that they behave and act in such a way as to pose no threat of infection to other persons.
- ?? UDSM shall ensure that unless medically justified, no student shall use his/her HIV/AIDS status as a reason for failing to fulfill his/her academic obligations.
- ?? UDSM shall ensure that no UDSM employee or applicant for employment shall be required by the University to undergo an HIV test or disclose his/her HIV sero status.
- ?? UDSM shall ensure that HIV/AIDS status shall not be used as criteria in human resource management including training, promotion, benefits, termination, retrenchment, retirement, and renewal of employment contract.
- ?? UDSM shall ensure that in terms of sick leave and continued employment, an employee with HIV/AIDS associated diseases shall not be treated differently from other comparable chronic or life threatening conditions. Where an employee is unable to continue with employment the usual conditions pertaining to disability or ill health will apply.
- ?? UDSM shall ensure that UDSM community have a right to know of possible risks of occupational exposure to HIV in their working environments.

#### **5.4 Policy issue: HIV/AIDS Integration into the Curricula**

HIV/AIDS has not been mainstreamed into the curricula of many faculties and schools at the UDSM. Where teaching is done, it is often unsystematic and the subject coverage is limited. The available knowledge of HIV/AIDS among UDSM community member has been largely acquired through informal education such as seminars, workshops and the mass media. During training, community engagement of students on HIV/AIDS issues is remarkably limited.

##### **Policy statements**

- ?? The UDSM shall develop relevant HIV/AIDS curricula, programmes or courses geared at integrating themes addressing various dimensions of HIV/AIDS into existing subjects and, where appropriate, add HIV/AIDS as an examinable subject.
- ?? The UDSM shall offer courses and continuing education programmes on HIV/AIDS to UDSM community and the wider society.
- ?? The UDSM shall encourage Colleges, Schools, Faculties, Centers, Institutes and Departments to involve students in HIV/AIDS community outreach programmes.

#### **5.5 Policy issue: Research on HIV/AIDS**

The UDSM is expected by the society to be on the forefront in HIV/AIDS research. While several studies on HIV/AIDS have been conducted by UDSM staff and students in different communities in Tanzania, few have specifically targeted UDSM community. However, there is limited coordination of HIV/AIDS research activities carried out by the UDSM. Currently, there are limited state of the art research facilities at the UDSM for carrying out sophisticated and specialized research on HIV/AIDS. Available research funding is limited and cannot sustain research programmes.

## **Policy statements**

- ?? The UDSM shall promote, support and coordinate innovative and multi-disciplinary research on HIV/AIDS.
- ?? The UDSM shall provide leadership on HIV/AIDS issues through research and it shall use the research findings to inform its policy and teaching. The University shall further influence developments related to the cure of HIV/AIDS.
- ?? The UDSM shall encourage research on HIV/AIDS focused on the UDSM community and the wider society.
- ?? UDSM shall encourage all Colleges, Schools, Faculties, Institutes, Centres and Departments to publish books, newsletters and other educational materials on HIV/AIDS.
- ?? UDSM shall through the Research and Publication Directorate maintain an inventory of all on-going and completed research on HIV/AIDS, compile and disseminate them to members of the UDSM community and the wider society.
- ?? UDSM shall strengthen and develop HIV/AIDS research facilities and capacity, and continue to look for funding to support HIV/AIDS research at the University from national sources and partners involved in the response to HIV/AIDS.



## **6.0 IMPLEMENTATION**

### **6.1 Implementation Structure**

The overall responsibility for implementing this HIV/AIDS Policy lies with a University-wide Committee comprising the Vice-Chancellor and the Principals of the Constituent and campuses Colleges of the UDSM, with the Vice-Chancellor as the Chairperson of the Committee. Each of the Campuses of the UDSM shall establish a Technical AIDS Sub-Committee (TASC) in line with the MHEST Strategic Framework on HIV/AIDS Guidelines for the composition of TASCs in the higher education institutions.

The TASC will be composed of the Head of Institution (Chairperson), Deputies of Heads of Institutions, a medical director, a legal advisor, Director of Human Resource Management, Director of student services/Dean of Students, a representative of the Researchers, Academicians and Allied Workers Union, a Workers Council representative, a Students Government representative, an academic staff representative, an administrative staff representative and any other members appointed by the Head of Institution, where need arises.

TASCs will establish structures that will facilitate efficient implementation of HIV/AIDS activities in Schools, Colleges, Faculties, Institutes, Centres, Bureaus and Departments. Furthermore, the UDSM, through the UDSM-TASCs, will continue to encourage and support partners involved in the response to HIV/AIDS as well as initiatives by organized groups to develop and implement their own responses to HIV/AIDS.

HIV/AIDS shall be a standing item at the meetings of all University governance structures.

### **6.2 Stakeholders: Roles and Responsibilities**

The major stakeholders of this policy include MHEST, students, staff, NGOs, CBOs, FBOs, Communities and partners in the response to HIV/AIDS.

### **6.2.1 MHEST**

- ?? To provide strategic guidance to the planning of programmes, projects and interventions by various stakeholders in the response to HIV/AIDS;
- ?? Monitoring and supervision of activities of TASCs;
- ?? Fund raising and mobilization of material and human resources for HIV/AIDS prevention and control activities.

### **6.2.2 Students**

- ?? In collaboration with UDSM- TASCs, to identify the priority needs of students with regard to HIV/AIDS prevention and control.
- ?? In collaboration with UDSM- TASCs, to participate in awareness creation and sensitization on HIV/AIDS issues in target groups within the respective student communities.
- ?? In collaboration with UDSM- TASCs, to implement proven interventions and best practices in the student communities.
- ?? In collaboration with UDSM- TASCs, to identify and use influential individuals and groups in the student communities, build their capacity and mobilize them to develop and implement HIV/AIDS responses.

### **6.2.3 Staff**

- ?? To contribute to the national HIV/AIDS response through active participation in educational activities, innovative research, advocacy, training and service provision.

### **6.2.4 NGOs/CBOs/FBOs/ Partners in the Response to HIV/AIDS**

- ?? Complement efforts by the UDSM in the response to HIV/AIDS pandemic in the University community and its neighborhood.
- ?? In collaboration with UDSM- TASCs, to participate in awareness creation and sensitization on HIV/AIDS issues in target groups within the respective communities.

?? In collaboration with UDSM- TASCs, to implement proven interventions and best practices in the communities.

### **6.2.5 Communities**

?? In collaboration with UDSM- TASCs, to identify the priority needs of the community with regard to HIV/AIDS prevention and control.

?? In collaboration with UDSM- TASCs, to participate in awareness creation and sensitization on HIV/AIDS issues in target groups within the respective communities.

?? In collaboration with UDSM- TASCs, to implement proven interventions and best practices in the communities.

?? In collaboration with UDSM- TASCs, to identify and use influential individuals and groups in the communities, build their capacity and mobilize them to implement HIV/AIDS interventions.

## **7.0 MONITORING AND EVALUATION**

The TASCs will develop Annual Action Plans containing activities to be implemented as well as processes and monitoring indicators. In order to track the impact of HIV/AIDS as well as the impact of interventions, each respective Implementing Unit shall submit quarterly HIV/AIDS progress reports of implementation to the Campus TASC.

## **8.0 REVIEW OF POLICY**

The UDSM HIV/AIDS Policy will be reviewed after every three years to evaluate its effectiveness, take cognizance of fresh initiatives around HIV/AIDS, and consider appropriate amendments.

## 9.0 APPENDIX 1

### Activities and Programmes implemented by UDSM-TASC

- ?? Developing the UDSM community based Comprehensive Action Plan through a participatory approach;
- ?? launching a campaign on UDSM Community HIV/AIDS Behaviour Change Communication (BCC). The campaign aims at achieving behaviour change towards HIV/AIDS among students and other community members;
- ?? conducting a workshop on Leadership Commitment on HIV/AIDS prevention and control, tailored for the UDSM top management;
- ?? training HIV/AIDS Counsellors for higher education institutions in Tanzania, between May and June 2002;
- ?? developing and disseminating HIV/AIDS Information, Education and Communication (IEC) messages and materials, in the form of drama, posters, booklets, fliers and brochures;
- ?? conducting a short term impact Monitoring and Evaluation (M&E) of the UDSM HIV/AIDS intervention activities,;
- ?? conducting in collaboration with the MHEST a study on, “Situational and response analysis on HIV/ AIDS spread within the Higher Education Institutions in Tanzania”, commissioned by Tanzania Commission for AIDS (TACAIDS);
- ?? conducting in collaboration with MHEST, a workshop to develop Institutional Action Plans and Strategic Framework on HIV/AIDS for MHEST;
- ?? updating the UDSM HIV/AIDS Action Plan, 2003-2005;
- ?? conducting in house training of UDSM health workers on current and best practice on HIV/AIDS care and support;
- ?? training of UDSM medical laboratory technicians in HIV/AIDS screening, good laboratory practice and quality assurance;
- ?? facilitating the establishment of the UDSM Community Youth anti-AIDS club;
- ?? conducting a study titled, “ African Universities’ Response to the Threat of HIV/AIDS in 12 Global HIV/AIDS Initiative Countries”, commissioned by

- AAU. A synthesis of country reports was presented at the 11<sup>th</sup> General Conference of the AAU held in Cape Town, South Africa, February 2005;
- ?? training of faculty level HIV/AIDS competent focal point persons;
  - ?? training of UDSM Health Centre medical doctors on medical management of HIV infection;
  - ?? organizing and conducting UDSM community sensitization workshop on HIV/AIDS stigma and discrimination;
  - ?? establishing on campus voluntary testing, counseling, including treatment with antiretroviral (ARV) therapy to individuals with HIV/AIDS;
  - ?? developing and disseminating an information sensitization print material in the form of a booklet, titled, “HIV and AIDS, Voluntary Testing, Counseling, Care and Treatment”;
  - ?? facilitating UDSM youth anti-AIDS club to organize and conduct a community sensitization workshop on HIV/AIDS voluntary Testing, counseling, care and treatment;
  - ?? representing the AAU at the 14<sup>th</sup> International Conference on AIDS and STI in Africa (ICASA) held in Abuja, Nigeria, December 2005,;
  - ?? facilitating the training and establishment of UDSM community Home Based Care (HBC) and support for individuals with HIV/AIDS; and
  - ?? organizing the Eastern African Universities training of trainers on the use of the AAU HIV/AIDS Toolkit, jointly with Kenyatta University HIV/AIDS unit.