



MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES



HIV AND AIDS POLICY GUIDELINES

March 2008



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FOREWORD

The HIV and AIDS pandemic in Tanzania, as elsewhere in sub-Saharan Africa, is among the leading causes of morbidity and mortality in all communities. This has led to diverse consequences, including loss of productive human resource; increased health costs to care for the sick; increase in the number of orphans and widows; decreased life expectancy; macro and microeconomic impact; psychosocial and socio-cultural impacts. Because of these devastating impacts, all national and international development agenda consider HIV and AIDS as a cross cutting issue that needs to be addressed in order to be able to achieve desired development goals. Higher learning institutions are expected to play a leading role in innovating workable interventions for this pandemic as well as serving as role models in implementing good practices for HIV and AIDS management and prevention.

Institutions of Higher Learning in Tanzania have made efforts to develop strategies for prevention of HIV and AIDS including having in place committees dedicated to dealing with HIV and AIDS issues. MUHAS has in place a Technical AIDS Committee which is responsible for coordinating the various activities for HIV and AIDS control and prevention. However, these various efforts that are being pursued are hampered by lack of comprehensive guidelines to facilitate their implementation. Accordingly, it has been felt appropriate to develop institutional policy guidelines on HIV and AIDS which aim at preventing the spread of HIV infection, providing equal access to treatment, care and support services to people living with or affected by HIV and AIDS, generating and disseminating HIV and AIDS knowledge, and providing a strong and committed leadership in response to the pandemic at the MUHAS and the wider society.

These guidelines provide a framework for implementing HIV and AIDS interventions at MUHAS and the surrounding community. It is therefore my sincere hope that both students and staff will find it useful in guiding the University's response to the pandemic and contribute to the overall response by all sectors in the country.

Prof. K. Pallangyo
Vice Chancellor

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LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ARV	Antiretroviral
CBO	Community Based Organization
FBOs	Faith Based Organizations
GDPC	Gender Dimension Programme Committee
HBC	Home Based Care
HIV	Human Immunodeficiency Virus
IEC	Information Education Communication
IJMC	Institute of Journalism and Mass Communication
MUHAS	Muhimbili University of Health and Allied Sciences
MNH	Muhimbili National Hospital
MUCHS	Muhimbili University College of Health Sciences
NACP	National AIDS Control Programme
NGO	Non Government Organization
PLHA	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
THIS	Tanzania Health Indicator Study
UDSM	University of Dar es Salaam
UN	United Nations
UNAIDS	Joint United Nation Programme on HIV and AIDS
VCT	Voluntary Counseling and Testing

1.0 BACKGROUND

1.1 Introduction

The HIV and AIDS pandemic is now a global crisis and constitutes one of the most formidable challenges to development and social progress. Out of the estimated 33.2 million people around the world who were living with the HIV during 2007, 26 million (65%) 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 and AIDS (UNAIDS) pandemic update, at the end of 2007 an estimated 22.5 million adults and children were living with HIV in SSA accounting for two thirds (67%) of the global total of adults and children living with HIV (UNAIDS 2007). In the same year there were 1.7 (1.4-2.4) million new HIV infections in SSA alone. Furthermore, although the population in SSA accounted for only 10% of the world's population, Sub Sahara African countries experienced almost three times as many AIDS deaths in 2006 as the rest of the world combined.

Tanzania is one of the countries in SSA which is seriously affected by HIV and AIDS. According to a population based survey conducted in 2003/2004 the overall HIV prevalence in this country was 7% (Tanzania HIV and AIDS Indicator Survey – THIS, 2003/2004). It is also estimated that about 2 million individuals aged 15 years and above were living with HIV in Tanzania during the year 2005 (HIV/AIDS/STI Surveillance Report, National AIDS Control Programme, Ministry responsible for Health in Tanzania, 2005). Evidence from studies shows that the HIV and AIDS epidemic in Tanzania, like elsewhere, has progressed differently in various population groups, with large geographical and gender differences. The population based study cited above, 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). These data are concordant with those reported from antenatal clinic sentinel surveillance sites in Tanzania in 2005 (National AIDS Control Programme, Tanzania: Surveillance of HIV and Syphilis infections among antenatal clinic attendees, 2005/06)

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 and 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 and AIDS is affecting fundamental rights at work and elsewhere, particularly with respect to discrimination and stigmatization aimed at workers and people living with and affected by HIV and AIDS.

The widespread abuse of human rights and fundamental freedoms associated with HIV and 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 and 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 and AIDS, as well as preventing the spread of infection, include: non-discrimination; the right to health care; 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 and 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 National AIDS Task Force (NATF) under the Ministry responsible for health. NATF formulated a short-term plan for AIDS (1987/88). In 1988 the National AIDS Control Programme (NACP) was established also under the Ministry responsible for health. Subsequently three 5-year medium term plans for AIDS, the last of which was completed in 2002 were developed and implemented. Initially, HIV and AIDS was perceived purely as a health problem and the campaign to deal

with it was left to the health sector alone. This was a major weakness in the approach to combating the pandemic. In realizing this drawback, the Government established the Tanzania Commission for AIDS (TACAIDS) in the Prime Minister's office and therefore cutting across all sectors in 2001 as a statutory organ. TACAIDS was entrusted with the overall task to coordinate the multi-sectoral approach in response to HIV and AIDS. The Government through TACAIDS and other stakeholders developed the National Policy on HIV and 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 and 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 and 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 (NMSF) on HIV and AIDS 2003-2007. The mission of the Strategic Framework is to guide and safeguard the intensification and expansion of HIV and 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. NMSF is currently under review in order to formulate a framework for the period 2008-2012.

1.3 Sectoral Overview

In response to the challenges of the HIV and AIDS pandemic, in 1997 the Ministry responsible for Higher Education 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 tackle the pandemic at sectoral level, the Ministry responsible for Higher Education -TAC prepared a Strategic Framework on HIV and AIDS for 2003-2007. The Strategic Framework seeks to translate the National Policy and the NMSF on HIV and AIDS by providing strategic guidance to the planning of programmes, projects and interventions by various

stakeholders in the fight against HIV and AIDS. In order to effectively respond to the pandemic at sectoral level, the Ministry responsible for Higher Education - TAC, through its Chairperson, directed all institutions under the Ministry to establish technical AIDS sub-committees to coordinate, plan and implement HIV and AIDS interventions at institutional levels.

1.4 Institutional Overview

Given the impact of HIV and AIDS on the lives of individuals and 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 MUCHS (predecessor of MUHAS established in 2007) to the response to HIV and AIDS pandemic within the UDSM community began in 1992 when the UDSM in which MUCHS was incorporated, in collaboration with Organization of Tanzania Trade Unions (OTTU), established a Work-site Female Volunteer Peer Educators' Programme which conducted information, education and communication (IEC) seminars for university community members. Subsequently, in 1994, a Health Education Unit was established under the University Health Centre whose primary objective was to provide preventive health education 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 and AIDS.

Following the establishment of the Ministry responsible for Higher Education - TAC at ministerial level which directed institutions under the ministry to establish their own sub-committees on HIV and AIDS, the MUCHS Technical AIDS Sub-Committees (MUCHS-TASC) was established in the year 2000. MUCHS-TASC and currently MUHAS-TASC has been conducting HIV and AIDS prevention activities largely through IEC strategy directed to both students and other university staff members. Students have also established several initiatives for HIV prevention such as Save-Life Society. However, a systematic and

comprehensive framework of action to guide the various responses that address prevention, treatment, care and social support specifically at MUHAS is yet to be developed. This MUHAS HIV and AIDS policy guideline is therefore one of the means to main stream HIV and AIDS in the University and guide such responses in line with the National AIDS Policy and NMSF.

2.0 SOCIO- DEMOGRAPHIC PROFILE AND HIV AND AIDS SITUATION

2.1 Socio-demographic Profile of the MUHAS Community

During the academic year 2006/07, MUHAS had overall student population of 1,807 (1,779 undergraduates and 128 postgraduates) and 531 staff. The majority of students (95%) joining the university are between 19 and 29 years of age. There are 222 teaching staff members of whom 29.0% are in the age group of between 20-40 years of age while 65% are between 41 and 60 years of age. The total number of administrative staff is 163, of whom, 30.0% are in the age group of between 20-40 years of age while about 70% are between 41 and 60 years of age. There are 145 technical staff members, 19.3% are in the age group of between 20-40 years of age and 80.7% of them ranging between 41 and 60 years of age. The student population is significantly higher than that of staff. It is evident from these data that a significant proportion of the MUHAS community is in the age group that is at high risk of HIV infection. MUHAS is currently the only public University for Health Sciences and is expected to have a special role in providing guidance and leadership in matters concerning health.

2.2 Nature and Magnitude of HIV and AIDS

MUHAS is located in a region that ranks third among the top three regions with highest HIV prevalence in Tanzania. According to the findings of THIS 2003/2004, Dar es Salaam has a prevalence of HIV of 10.9%. In Dar es Salaam MUHAS is situated in Ilala district but is also in close proximity to Kinondoni district. The prevalence of infection among blood donors was 6.9%, and 18.8% in 2004 for Ilala and Kinondoni districts, respectively (NACP, 2004).

Like elsewhere in African universities, there is scanty, unreliable and incomplete information on the magnitude of HIV and AIDS at MUHAS. Data is lacking regarding the magnitude of HIV infection and AIDS among members of the University community. However, general observations on the morbidity and mortality experiences among some members of the university community suggest that the MUHAS community, like the other communities in the country, is also affected by the HIV and 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. Since a significant proportion of the staff and students at MUHAS are in the sexually active age group, and since they live in a community with high prevalence of HIV infection, it is logical to assume that they are potentially exposed to a high risk of infection if appropriate preventive measures are not observed.

Accidental exposure to HIV following injuries while attending patients in clinical and laboratory service and research settings is also a potential source of acquisition of HIV infection to some of the staff and students at MUHAS. Incidents of needle stick injuries to clinical and laboratory staff and students in the course of attending HIV infected patients have been reported.

2.3 Prevention of HIV Transmission

In order to reduce the spread of HIV and AIDS and mitigate the socio-economic impact of the pandemic on the MUHAS community, HIV and AIDS intervention strategies were introduced, including HIV and AIDS awareness creation and sensitization on safer sex options, advocating abstinence, promoting condom use, and advocating voluntary counseling and testing. Being in close proximity to the Dar es Salaam City Sexually Transmitted Diseases Clinics, the MUHAS community can also access services for care, treatment and prevention of sexually transmitted infections (STIs) as one of the strategies for the prevention of HIV infection.

2.4 Treatment, care and support for HIV and AIDS patients

The Ministry responsible for Health has developed a National Treatment Plan for guiding the care, treatment and support of patients with HIV and AIDS in Tanzania. The National HIV and AIDS Care Plan was launched in the second half of 2004 aiming at scaling up access to treatment to reach 400,000 patients by the year 2008. In this plan, ARV drug treatment is offered freely in accredited health facilities. MUHAS staff are involved in running ARV treatment clinics at MNH and the Municipal hospitals in Dar es Salaam. The MUHAS community can easily access HIV and AIDS treatment, care and support preferably at the MNH or in any of the accredited facilities in Dar es Salaam.

There are limited facilities for diagnosis, immunological and virological monitoring

of HIV and AIDS in Dar es Salaam although the situation has gradually been improving as part of scaling up the national access to HIV and AIDS care, treatment and support plan. MUHAS campus being in close proximity to the MNH HIV and AIDS clinic can have her staff and students accessing HIV and AIDS care and treatment services from the hospital and or from the other accredited clinics in the city of Dar es Salaam. Currently there is limited linkage between the MUHAS Community for socio-economic support to HIV and AIDS affected staff and students to organizations (such as Non-governmental Organizations (NGOs) which provide counseling, psychosocial support and other general support in care and treatment. Home-based care and support services for community members with HIV and AIDS have been established but are inadequate and have not been involved on the MUHAS campuses. Stigma and discrimination of PLHAs need to be addressed adequately for a successful implementation of treatment, care and support for HIV and AIDS patients among MUHAS staff and students.

2.5 Gender, HIV and AIDS

Few studies have addressed the issue of gender, HIV and AIDS at the MUHAS, but most of HIV and AIDS studies conducted by MUHAS researchers disaggregate data by gender. Among them are the studies by the Gender Dimension Programme Committee (GDPC, 2003). GDPC (2003) revealed that young women fear seeking information on sex or condoms because by doing so they will be labeled as promiscuous regardless of their level of sexual activity. Findings from this study 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. There is a disparity in the promotion of condoms at the University. Female condoms are not readily available or promoted at MUHAS, while male condoms are regularly available and constantly promoted. Such a situation fails to empower women to protect themselves against HIV infection.

Episodes of sexual harassment as a risk factor of HIV transmission have been documented to occur at MUHAS. Results from a recent survey on sexual harassment at MUHAS have revealed that overall 13% students, 19% of academic staff and 16% of administrative, technical and support staff have ever been sexually harassed within the University environment (Massawe et al, 2007

Research report). Whereas both males and females in all categories reported to have been sexually harassed, females were proportionately more harassed than males. Multiple episodes of harassment were also reported by half of the students, more than two thirds of the academic staff and three quarters of the administrative, technical and support staff who were sexually harassed.

Sexual harassment at MUHAS occurs in various forms including seductive behaviour, physical advances and sexual bribery. These incidents were reported to take place within the University campus, halls of residence and field trip sites. The findings also revealed that sexually harassed students never disclosed these incidents to colleagues or the University Management but most (90%) disclosed such events to parents, guardians or friends. On the other hand, few academic, administrative, technical or support staff disclosed being sexually harassed, and those who did, disclosed to the University management.

Overall, there are few gender specific HIV and AIDS intervention programmes at MUHAS. On the other hand, a favourable atmosphere has been created to address gender and HIV and AIDS at the University, including having the University Gender Centre and a Gender Club in place, 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 MNH and are accessible to the MUHAS community.

2.6 Rights of Persons Living With or Affected by HIV and 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, to date 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 and 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 and 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.

MUHAS, as an employer and trainer guided by the National HIV and AIDS Policy and the employment law does not allow for compulsory HIV infection screening prior to enrollment and employment of students and staff, respectively. The Charter that established MUHAS has no provision for compulsory HIV screening as part of the required medical examination amongst its students and staff before enrollment and employment, respectively. Further, the MUHAS human resource management policies do not discriminate persons living with HIV and AIDS in terms of promotion or dismissal from employment for good cause.

2.7 HIV and AIDS Curriculum

According to Mbilima et al (2004), HIV and AIDS has not been mainstreamed and integrated into formal university curricula in Tanzania. At MUHAS aspects of HIV and AIDS are taught in different courses of some of the undergraduate and postgraduate programmes. However a comprehensive curriculum for HIV and AIDS is not yet in place. The available knowledge of HIV and AIDS among several members of 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 and AIDS pandemic it is pertinent that HIV be systematically mainstreamed and integrated into the MUHAS curricula so that knowledge on HIV is impacted to both students and staff.

2.8 Research on HIV and AIDS

MUHAS staff have been involved in various studies on the biomedical, socio-behavioral and social service delivery aspects of HIV and AIDS in the country, often in collaboration with national, regional and international institutions, groupings and associations. However, a few studies have been done specifically on the MUHAS community. To date, no studies on epidemiological (prevalence, incidence, mortality, morbidity, and risk factors) and clinical aspects of HIV and AIDS have been conducted among members of the University community. In view of this, there is need to emphasize the need to carry out HIV and AIDS related research at MUHAS 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 and AIDS as well as in preventing and controlling the pandemic. Currently, MUHAS 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 HIV and AIDS research activities conducted by different groups in Tanzania in collaboration with researchers at MUHAS. 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 MUHAS HIV AND AIDS POLICY GUIDELINES

The HIV and AIDS epidemic is a national disaster, and the prevention of its spread is among the top priorities of the government in collaboration with her development partners. Given the situation analysis above the basic mission of the MUHAS 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 MUHAS with regards to its quest for excellence in higher education, research and public service would be compromised if HIV and AIDS crisis is not controlled. Therefore, the rationale for the MUHAS HIV and AIDS Policy is among others, to:

- locate the MUHAS's response to the threat of HIV and 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 MUHAS's stakeholders,
- demonstrate MUHAS's commitment and concern in taking positive steps in planning for the response through prevention and management,
- enjoin MUHAS to make capacity and resources available to support a response to HIV and AIDS and
- provide partner organizations and agencies with a framework within which to engage with the MUHAS.

4.0 GOAL AND OBJECTIVES

4.1 GOAL

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

4.2 OBJECTIVES

- 4.2.1 To promote a sustained programme on HIV and AIDS and other STIs that provides current and accurate information to the MUHAS community which is defined as students and staff (including their spouses and children who are legally bound to get benefits from the University).
- 4.2.2 To coordinate the implementation of HIV and AIDS activities by all registered associations and organizations at MUHAS.
- 4.2.3 To promote behaviors that reduce/minimize the risk of acquiring HIV infection and generally create a safe environment for the MUHAS community and its neighborhood.
- 4.2.4 To promote confidential and voluntary counseling and testing for HIV to members of the MUHAS community and its neighborhood.
- 4.2.5 To provide care, antiretroviral treatment and psychosocial support to MUHAS community members living with HIV and 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 MUHAS community.

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- 4.2.8 To combat discrimination and stigma against those who are or thought to be HIV positive within the MUHAS community and the wider society.
 - 4.2.9 To promote multi-disciplinary research on biomedical, social-behavioral, and social service delivery aspects of HIV and AIDS.
 - 4.2.10 To mainstream HIV AND AIDS into the MUHAS curricula in order to produce graduates who are adequately qualified to address HIV and AIDS issues in the society.
 - 4.2.11 To promote and support an information programme for MUHAS staff and students.
 - 4.2.12 To strengthen the Documentation Centre for dissemination of HIV and AIDS and related information.
 - 4.2.13 To promote and encourage initiatives to publish books, newsletters and other forms of educational materials on HIV and AIDS.
 - 4.2.14 To promote dynamic and committed leadership on HIV and AIDS issues at all levels of the MUHAS.

5.0 POLICY ISSUES AND STATEMENTS

5.1 Policy issue: Prevention of HIV Transmission

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

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- The MUHAS shall ensure the provision of a comprehensive and coordinated HIV and AIDS/STIs programme that provides current and accurate information on all aspects of transmission and prevention to the MUHAS community and its neighborhood.
- The MUHAS shall strengthen treatment and prevention services for other STIs to the MUHAS community and its neighborhood.
- The MUHAS shall provide to its 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

Although no study has been conducted to determine the HIV sero status of MUHAS members, it is assumed that a significant number of them are not aware of their HIV sero status. MUHAS has inadequate staff with specific skills for the management of HIV and AIDS. The existing management of HIV and AIDS is limited to the treatment of opportunistic infections and ARV drugs are available for routine treatment to MUHAS community members living with HIV and AIDS. Palliative care for people with AIDS at MUHAS is largely hospital-based and there are limited home-based care services in place. Linkages with support organizations involved in the fight against HIV and AIDS are limited. Currently, there are limited efforts to address discrimination and stigma associated with HIV and AIDS at MUHAS

Policy statements

- The University shall promote and encourage informed consent for individual testing, accompanied by confidential and voluntary counseling so that members of MUHAS community become aware of their HIV sero status to enable them make informed decisions.
- The University shall strengthen provision of treatment for HIV and AIDS associated opportunistic diseases and promote access to ARV drugs to members of MUHAS community living with HIV and 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 and AIDS to facilitate further care of People Living with HIV (PLHIV), orphans and widows.
- The University shall strengthen palliative care and home-based care programme for the MUHAS community with HIV and AIDS.
- MUHAS 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 and AIDS.

5.3 Policy issue: Rights of Persons Living With or Affected by HIV and AIDS

The rights of persons living with or affected by HIV and 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 and AIDS pandemic.

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- The MUHAS shall provide learning and working environment in which students and employees living with or affected by HIV and 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 and AIDS is not a reason to terminate student registration.
- MUHAS shall ensure that confidentiality is maintained where MUHAS 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 MUHAS community who are living with HIV and 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.
- MUHAS shall ensure that unless medically justified, no student shall use his/her HIV and AIDS status as a reason for failing to fulfill his/her academic obligations.
- MUHAS shall ensure that no MUHAS employee or applicant for employment shall be required by the University to undergo an HIV test or disclose his/her HIV sero status.
- MUHAS shall ensure that unless medically indicated HIV and AIDS status shall not be used as criteria in human resource management including training, promotion, benefits, termination, retrenchment, retirement, and renewal of employment contract.
- MUHAS shall ensure that in terms of sick leave and continued employment, an employee with HIV and 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.

- MUHAS shall ensure that its community knows the possible risks of occupational exposure to HIV in their working environments.

5.4 Policy issue: HIV and AIDS Integration into the Curricula

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

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

5.5 Policy issue: Research on HIV and AIDS

The MUHAS is expected by the society to be on the forefront in HIV and AIDS research. While several studies on HIV and AIDS have been conducted by MUHAS staff and students in different communities in Tanzania, few have specifically targeted MUHAS community. In addition, there is limited coordination

of HIV and AIDS research activities carried out by the MUHAS. Currently, there are limited state of the art laboratory research facilities at the MUHAS for carrying out sophisticated and specialized research on HIV and AIDS. Available research funding is limited and cannot sustain research programmes (MUCHS Research Policy, 2004).

Policy statements

- The MUHAS shall promote, support and coordinate innovative and multi disciplinary research on HIV and AIDS.
- The MUHAS shall provide leadership on HIV and 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 and AIDS.
- The MUHAS shall encourage research on HIV and AIDS focused on the MUHAS community and the wider society.
- MUHAS shall encourage all Schools, Institutes, Directorates and Departments to publish books, newsletters and other educational materials on HIV and AIDS.
- MUHAS shall through the Research and Publication Directorate maintain an inventory of all on-going and completed research on HIV and AIDS, compile and disseminate them to members of the MUHAS community and the wider society.
- MUHAS shall strengthen and develop HIV and AIDS research facilities and capacity, and continue to look for funding from national sources and partners involved in the response to HIV and AIDS.

6.0 IMPLEMENTATION

6.1 Implementation Structure

The overall responsibility for implementing this HIV and AIDS Policy lies with a University- wide Committee comprising the Vice-Chancellor as the Chairperson of the Committee. The MUHAS TASC will also be composed of the two Deputy Vice Chancellors, a medical specialist, a legal advisor, Director of Human Resource Management (DHRM), Director of student services/Dean of Students, a representative of the Researchers, Academicians and Allied Workers Union (RAAWU), a Workers Council representative, Student's counselor, a Students Government representative, an academic staff representative, an administrative staff representative and any other members appointed by the Vice Chancellor, where need arises.

MUHAS TASC will strengthen structures that will facilitate efficient implementation of HIV and AIDS activities in Schools, Institutes, Directorates and Departments. Furthermore, MUHAS, through the MUHAS-TASCs, will continue to encourage and support partners involved in the fight against HIV and AIDS as well as initiatives by organized groups to develop and implement their own responses to HIV and AIDS.

HIV and 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 Ministry responsible for higher Education, students, staff, NGOs, CBOs and partners in the fight against HIV and AIDS.

6.2.1 Ministry responsible for Higher Education

- To provide strategic guidance to the planning of programmes, projects and interventions by various stakeholders in the fight against HIV and AIDS;

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- Monitoring and supervision of activities of TASCs;
 - Fund raising and mobilization of material and human resources for HIV and AIDS prevention and control activities.

6.2.2 Students

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

6.2.3 Staff

- To contribute to the national HIV and AIDS response through active participation in educational activities, innovative research, advocacy, training and service provision.
- In collaboration with MUHAS - TASCs, to identify the priority needs of staff with regard to HIV and AIDS prevention and control.
- In collaboration with MUHAS - TASCs, to participate in awareness creation and sensitization on HIV and AIDS issues among staff members.
- In collaboration with MUHAS - TASCs, to implement proven interventions and best practices in the staff community.

6.2.4 NGOs/CBOs/FBOs/ Partners in the Fight against HIV and AIDS

- Complement efforts by MUHAS in the fight against HIV and AIDS pandemic in the University community and its neighborhood.
- In collaboration with MUHAS - TASC, to participate in awareness creation and sensitization on HIV and AIDS issues in target groups within the respective communities.
- In collaboration with MUHAS - TASC, to implement proven interventions and best practices in the communities.

6.2.5 Communities

- MUHAS-TASC in collaboration with community, to identify the priority needs of the community with regard to HIV and AIDS prevention and control.
- MUHAS-TASC in collaboration with community, to participate in awareness creation and sensitization on HIV and AIDS issues in target groups within the respective communities.
- MUHAS-TASC in collaboration with community, to implement proven interventions and best practices.
- MUHAS-TASC in collaboration with community, to identify and use influential individuals and groups in the communities, build their capacity and mobilize them to implement HIV and AIDS interventions.

7.0 MONITORING AND EVALUATION

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

8.0 REVIEW OF POLICY

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

9.0 REFERENCES

1. University of Dar es Salaam Gender Dimension Programme Committee, 2003 Research Report
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