



## HIV AND AIDS, STIs and TB POLICY

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### Related documents

<p style="text-align: center;"><b>UJ documents</b></p> <p>(e.g. Policies, Regulations, Guidelines, Contracts)</p> <p style="text-align: center;"><b>Access to Information Policy;</b></p> <ul style="list-style-type: none"> <li>• <b>Code of Academic and Research Ethics;</b></li> <li>• <b>Conditions of Employment</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Other</b></li> <li>• (e.g. Legislation, DoE and HEQC directives and guidelines)</li> <li>• <b>Constitution of South Africa Act (No.108 of 1996);</b></li> <li>• <b>Basic Conditions of Employment Act (No.75 of 1997);</b></li> <li>• <b>Compensation for Occupational Injuries and Diseases Act (No.130 of 1993);</b></li> <li>• <b>Department of Health: HIV and</b></li> </ul>
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	<p><b>AIDS,STIs and TB Strategic Plan for South Africa 2012 – 2016;</b></p> <ul style="list-style-type: none"> <li>• <b>Employment Equity Act 1998;</b></li> <li>• <b>Labour Relations Act (No. 66 of 1996);</b></li> <li>• <b>Occupational Health and Safety Act (No. 85 of 1993);</b></li> <li>• <b>Policy and Strategic Framework on HIV &amp; AIDS, STIs and TB for Higher Education in South Africa (2012-2016);</b></li> <li>• <b>South African National Strategic Plan for HIV and AIDS, STIs and TB (2011-2016);</b></li> <li>• <b>The Human Tissue Act (No. 65 of 1983);</b></li> <li>• <b>UJ Strategic plan for HIV and AIDS, STIs and TB (2012-2016);</b></li> <li>• <b>The Universal Declaration of Human Rights, (1948);</b></li> <li>• <b>The African Charter of Human and People’s rights, (1986);</b></li> <li>• <b>Presidency. South African Policy Framework for Women Empowerment and Gender Equality, (2000);</b></li> <li>• <b>The Higher Education Act (No. 18207 of 1997);</b></li> <li>• <b>CDC/ATSDR: Protocol for Handling Occupational Exposures to Human Immunodeficiency Virus (HIV) (1992);</b></li> <li>• <b>Promotion of Equality and Prevention of Unfair Discrimination Act (No. 4 of 2000);</b></li> <li>• <b>Department of Health: Management of Occupational Exposure to the Human Immunodeficiency Virus (HIV), (1999);</b></li> <li>• <b>Department of Labour: HIV &amp; AIDS Technical Assistance guidelines (2012);</b></li> <li>• <b>Department of Public Service and Administration: Managing HIV &amp; AIDS in the Workplace: A guide for Government Department (1999);</b></li> <li>• <b>ILO. Code of Practice on HIV &amp; AIDS and the World of Work (2002);</b></li> <li>• <b>The Medical Schemes Act (No. 131</b></li> </ul>
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	<p>of 1998);</p> <ul style="list-style-type: none"> <li>• The Promotion of Equality and Prevention of Unfair Discrimination Act (No. 4 of 2000);</li> <li>• The Mine Health and Safety Act (No. 29 of 1996).</li> </ul>
Stakeholders affected by this document (units and divisions who should be familiar with it):	<ul style="list-style-type: none"> <li>• All employees and prospective employees of the University;</li> <li>• All registered and prospective students of the University</li> </ul>
Website address of this document:	INTRANET

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## **ABBREVIATIONS AND ACRONYMS**

<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>ART</b>	Antiretroviral Treatment
<b>ARV</b>	Antiretroviral
<b>CD4</b>	Immune Helper T cells that have CD4 on their membranes
<b>CHE</b>	Council for Higher Education
<b>DHET</b>	Department of Higher Education and Training
<b>DOH</b>	Department of Health
<b>EAP</b>	Employee Assistance Programme
<b>HAART</b>	Highly Active Antiretroviral Therapy
<b>HCT</b>	HIV Counselling and Testing
<b>HE</b>	Higher Education
<b>HEAIDS</b>	Higher Education HIV/AIDS Programme
<b>HEIs</b>	Higher Education Institutions
<b>HESA</b>	Higher Education South Africa
<b>HIV</b>	Human Immunodeficiency Virus
<b>HR</b>	Human Resources
<b>ILO</b>	International Labour Organization
<b>IOHA</b>	Institutional office for HIV & AIDS
<b>LRA</b>	Labour Relations Act
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MEC</b>	Management Executive Committee
<b>NGO</b>	Non-governmental organisation
<b>NSP</b>	National Strategic Plan
<b>OIs</b>	Opportunistic Infections
<b>PEP</b>	Post-Exposure Prophylaxis
<b>PLHIV</b>	Person(s) living with HIV
<b>PSYCAD</b>	Psychological Services and Career Development
<b>SABCOHA</b>	South African Business Coalition on HIV/AIDS
<b>SADC</b>	Southern African Development Community
<b>STDs</b>	Sexually Transmitted Diseases
<b>STIs</b>	Sexually Transmitted Infections
<b>TB</b>	Tuberculosis
<b>UJ</b>	University of Johannesburg

# HIV AND AIDS POLICY

## 1. PREAMBLE

The University of Johannesburg acknowledges the seriousness of the Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) epidemic and its implications for employees, students and patients attending the UJ clinics as well as for the broader community. The University is classified as a comprehensive university and offers both academic and vocational programmes. The University of Johannesburg has four campuses, namely: the Auckland Park Kingsway campus (APK), the SOWETO campus (SWC), the Bunting Campus (APB) and the Doornfontein campus (DFC). All four campuses are located in the Gauteng Province and more specifically in the urban surroundings of Johannesburg.

The University's profile poses specific challenges to its HIV and AIDS, STI and TB programme and therefore the University's commitment to pro-actively formulate and implement strategies that maintain a work, learning and clinic environment that contain the spread and impact of the disease and contribute towards minimizing the social, economic and human consequences of the epidemic. Furthermore, in keeping with its vision of putting intellectual capital to work, the University recognizes its role in developing students and academic employees who, through their respective disciplines and research, can make meaningful contributions to addressing the issues pertaining to HIV and AIDS at all levels of society.

## 2. DEFINITIONS OF KEY CONCEPTS

- 2.1 HIV stands for the human immunodeficiency virus that causes the immune system (the body's defense against infections and diseases) to weaken and leads to AIDS related infections.
- 2.2 AIDS refers to the acquired immunodeficiency syndrome. HIV severely damages a person's immune system so that the body can no longer fight off infections and diseases. This result in a group of particular medical conditions called "AIDS defining conditions or illnesses" and Acquired Immune Deficiency Syndrome (AIDS) has developed.
- 2.3 HIV is only passed on by the following body fluids: blood, semen, vaginal and cervical fluids and breast milk. HIV is usually transmitted from the infected person to another when one or more of these fluids enter into another person's body.
- 2.4 The main types of HIV transmission in South Africa is through unprotected sexual intercourse, from an infected mother to her child during birth, breast-feeding, through contaminated (infected) needles shared by drug users or through contaminated blood products (now rare because of blood screening).
- 2.5 In some settings there is a minimal risk of being infected with HIV-infected blood, like in a hospital, laboratory, dangerous work environment etc. These risks can be eliminated by using universal precautions like: everyone should wear rubber gloves when dealing with blood and all blood spills should be cleaned up immediately.
- 2.6 Tuberculosis, or TB, is an infectious bacterial disease caused by Mycobacterium tuberculosis, which most commonly affects the lungs. It is transmitted from person to person via droplets from the throat and lungs of people with the active respiratory disease. In healthy people, infection with

Mycobacterium tuberculosis often causes no symptoms, since the person's immune system acts to "wall off" the bacteria. The symptoms of active TB of the lung are coughing, sometimes with sputum or blood, chest pains, weakness, weight loss, fever and night sweats. Tuberculosis is treatable with a six-month course of antibiotics.

- 2.7 Comprehensive response to HIV and AIDS, STIs and TB refers to the recognition that HIV and AIDS and TB are biological, social, psychological, developmental and economic epidemics that require a comprehensive approach. Furthermore, this response must take cognizance of global developments on HIV and AIDS, STIs and TB and align interventions to these "best practices" in measurable terms. Thus the importance of an effective monitoring and evaluation system to support such a response.

### **3. PURPOSE OF THE POLICY**

The purpose of this policy is to:

- 3.1 Establish a clear set of directives, guidelines, processes and procedures that ensure all members of the University community have a broad understanding of:
- 3.1.1 The comprehensive response that will reduce the negative impact of HIV and AIDS, STIs and TB.
  - 3.1.2 The comprehensive monitoring of UJ leadership response within the institution, including staff and student structures.
  - 3.1.3 The curriculum response in terms of teaching and learning, research and community engagement, as well as an integrated approach to curriculum within and among departments and/or faculties.
  - 3.1.4 The HIV and AIDS Prevention, Prophylactic and Control Programme to ensure the occupational risks of transmitting or contracting the disease is held in check and as a result minimize long- and short-term risk for the University.
- 3.2 Make provision for programmes and services which incorporate:
- 3.2.1 Sustained programmes and services for the prevention of HIV and AIDS, sexually transmitted infections and other related opportunistic infections such as Tuberculosis;
  - 3.2.2 Management of and support services for employees and students who are living with HIV or AIDS, STIs and TB;
  - 3.2.3 Engagement with external organizations at regional, and national levels and participation in community outreach projects where appropriate;
  - 3.2.4 Strategies to deal with the direct and indirect costs of HIV and AIDS and TB at the University with due regards to affordability.
  - 3.2.5 Human rights by promoting the constitutional rights of every person at UJ. In this regard, the UJ will not allow discrimination against students or staff, as well as vulnerable and marginalized groups.
- 3.3 Establish an HIV and Aids Committee with a clearly defined charter.
- 3.4 Make provision for subcommittees/working groups, as and when necessary, to engage representatives from all sectors (employees and students) within the University as full partners in the development and implementation of comprehensive academic, research, prevention and care strategies.

### **4. INSTITUTIONAL POLICY OBJECTIVES**

- 4.1 To provide strong, committed, institutional and societal leadership through the institution's role of producing graduates, stimulating academic discourse and disseminating new knowledge through:
  - 4.1.1 Ensuring the use of corporate governance by reporting to institutional corporate governance structures including executive management, Senate and Council;
  - 4.1.2 Ensuring active involvement by student leadership-through participation of the SRC and House Committees;
  - 4.1.3 Developing relevant personal and professional skills on HIV and AIDS and TB within an integrated comprehensive curricula within all faculties;
  - 4.1.4 Identifying and appropriately supporting strong and relevant institutional research entities and individual researchers and
  - 4.1.5 Providing open debate on HIV and AIDS issues to add to and influence discussions in relevant structures in society.
- 4.2 To create a healthy and safe environment within the university that is based on ethical principles, legal norms and human rights through:
  - 4.2.1 Addressing the issues of stigma and discrimination through institutional policies;
  - 4.2.2 Providing comprehensive support services to staff and students through a combination of in-house and referral systems;
  - 4.2.3 Developing an effective workplace programme for UJ employees;
  - 4.2.4 Prioritizing prevention interventions and programmes, including peer education, HCT, programmes to address gender-based violence and promote gender equity, alcohol and substance abuse prevention training, education and behaviour change programmes informed by research and good practice.
- 4.3 To establish an institutional response to the impact of HIV and AIDS, STIs and TB that is co-ordinated, comprehensive and integrated through:
  - 4.3.1 Establishing platforms that allow for collaboration and the exchange and dissemination of innovative ideas and findings between institutions and other communities at local, national and international levels;
  - 4.3.2 Establishing clear strategies referring explicitly to responding to HIV and AIDS, STIs and TB through research, teaching and learning and community engagement;
  - 4.3.3 Developing proposals for promoting active involvement and participation of students and student leadership organizations in HIV and AIDS related activities and
  - 4.3.4 Benchmarking good practices around interventions for staff, students and community engagement among institutions and against other national and international HIV and AIDS, STIs and TB policies, programmes and protocols on a continuous basis.

## **5. SCOPE OF POLICY**

This policy applies to all University employees whether on medical aid or not and includes: academic, administrative and support staff and contract workers on all campuses in all occupational categories and persons being considered for employment as well as prospective and registered students (undergraduate, postgraduate and part-time students) of the University. Referrals to the external EAP services are available to immediate family members of permanent and contract UJ employees.

## **6. PROGRAMME OF ACTIVITIES TO ACHIEVE POLICY OBJECTIVES**

## **6.1 Point of Departure**

The University's Policy on HIV and AIDS, STIs and TB has been formulated within the context of the Constitution of South Africa and Bill of Human Rights, the Labour Relations Act, Basic Conditions of Employment Act, Promotion of Equality and Prevention of Unfair Discrimination Act, Compensation for Occupational Injuries and Diseases Act, Occupational Health and Safety Act, Policy and Strategic Framework for HIV and AIDS, STIs and TB for Higher Education in South Africa, the South African National Strategic Plan for HIV and AIDS, STIs and TB, the Department of Health's HIV/AIDS, Sexually Transmitted Infections (STIs) and TB Strategic Plan and the UJ Strategic plan for HIV and AIDS, STIs and TB.

- 6.1.1 By establishing partnerships with relevant external agencies and between employees and students internally, the University commits itself to engaging actively with comprehensive HIV and AIDS, STIs and TB programmes in efforts to combat the disease.
- 6.1.2 All members of the University community are responsible for their own health, for avoiding harming the health of others, where at all possible, and for contributing to the eradication of the disease.
- 6.1.3 The principle of sound corporate management with regard to financial management is applied.

## **6.2 Principles**

The fundamental principle is that HIV and AIDS compromised persons are treated in all relevant respects like other persons with comparable life-threatening conditions in accordance with the section outlined under the HR conditions of employment (D 35, p. 114) as contained in Annexure A.

### **6.2.1 Human Dignity**

All persons have the right to have their dignity respected and protected.

### **6.2.2 Equity, Rights and Responsibilities**

- 6.2.2.1 All employees and/or students have a right to a safe working/learning environment and to be protected from HIV, STIs and TB, but also have the coexisting responsibility for maintaining this environment.
- 6.2.2.2 Employees/students living with HIV or Aids or TB have the same rights as all employees/students to lead as full a professional and/or educational life as possible and carry the obligation not to deliberately spread the infection.

### **6.2.3 Non-discrimination**

- 6.2.3.1 Employees/students are protected against discrimination, stigmatization and victimization.
- 6.2.3.2 A supportive and non-discriminatory environment should be created for members of the University Community infected with or affected by HIV or AIDS or TB in order to counteract prejudice and discrimination.

### **6.2.4 Informed Consent**

- 6.2.4.1 No staff member/student/patient at the clinic shall be required to undergo HIV and TB testing without informed consent.
- 6.2.4.2 Testing is accompanied by appropriate counselling.
- 6.2.4.3 Disclosure to third parties may only be made if informed written consent is obtained from the person concerned.

### **6.2.5 Confidentiality**

- 6.2.5.1 The University respects the right of individuals to confidentiality about their HIV or AIDS or TB status unless legally otherwise indicated.

6.2.5.2 Testing and counselling on the campus is confidential. This includes testing by external service providers.

6.2.5.3 Any person to whom information about an individual's status is disclosed is legally required to keep this information confidential. Any breach of confidentiality may justify legal liability or disciplinary action against the discloser of such information.

### **6.2.6 Openness, Acceptance and Support**

6.2.6.1 Openness, acceptance and support for employees and students who voluntarily disclose their HIV status is promoted by:

6.2.6.2 Encouraging persons openly living with HIV or AIDS to conduct or participate in education, prevention and awareness programmes;

6.2.6.3 Encouraging the development of support groups for employees and students living with HIV or AIDS or TB

6.2.6.4 Ensuring that persons who are open about their HIV status are not unfairly discriminated against or victimised/stigmatised.

## **6.3 Management of HIV and AIDS, STIs and TB**

### **6.3.1 The University HIV and AIDS Committee**

The University HIV and AIDS Committee operates in accordance with the Charter as stipulated in Annexure B.

### **6.3.2 HIV and AIDS, STI and TB Strategic Plan**

6.3.2.1 A University HIV and AIDS, STI and TB Strategic Plan is based on a comprehensive approach to the management of the HIV and AIDS epidemic and is developed in accordance with the provisions of this policy, the Policy framework on HIV and AIDS for Higher Education in South Africa and the South African National AIDS Strategic plan.

6.3.2.2 The strategic plan is monitored and updated on an ongoing basis and reviewed annually. See Annexure C.

### **6.3.3 General Programmes and Services**

All HIV and AIDS, STIs and TB education, research, prevention, counselling, care and support programmes and services are viewed within the broader social context. In this regard, the University commits itself to forming partnerships with governmental and non-governmental organisations and the private sector for the implementation of practicable, cost-effective and sustainable HIV and AIDS, STIs and TB Programmes.

#### **6.3.3.1 Education Programmes**

(a) All education programmes related to HIV and AIDS, STIs and TB are addressed in an integrated manner and are all aligned with national standards.

(b) All employees and students have access to HIV and AIDS, STI and TB education and awareness programmes. Such programmes provide information and teach the skills necessary for the University community to prevent themselves and others from becoming infected and to combat discrimination as well as providing guidance to employees and students on how to live, work and interact with people living with HIV or AIDS or TB. Information about universal safety precautions in the work and learning environment are also provided.

(c) Where appropriate, education about HIV and AIDS, STIs and TB forms part of the University's outreach programme.

(d) Attention is paid to related issues such as gender sensitivity as well as rape, sexual abuse and violence.

### **6.3.3.2 Research**

- (a) The University encourages postgraduate research founded on HIV and AIDS, where appropriate.
- (b) The University encourages research collaboration with internal, external and international partners for the purpose of:
  - (i) Sharing expertise concerning best practice in the management of HIV and AIDS, STIs and TB;
  - (ii) Joint and/or disciplinary projects;
  - (iii) Funding opportunities.
- (c) All activities pertaining to the gathering, collation and distribution of information concerning HIV and AIDS, STIs and TB are conducted in accordance with the provisions of the University's Code of Academic and Research Ethics.

### **6.3.3.3 Care and Support Services**

- (a) HIV counselling and testing, STI and TB screening for employees and students;
- (b) Confidential pre- and post-test HIV counselling;
- (c) Support and counselling to infected and/or affected employees and students;
- (d) Where necessary, referral of employees and students for further management to appropriate divisions within the University and/or appropriate professionals, institutions and/or organisations in the community;
- (e) The establishment of support groups for employees and students infected and/or affected by HIV or AIDS, where feasible;
- (f) Wellness programmes;
- (g) Condoms are available in easily accessible locations;
- (h) TB screening and testing for employees and students;
- (i) Monitoring the health status of the infected individuals;
- (j) Managing the disease within the scope of resources available.

## **7. INSTITUTIONAL APPROACH TO MAINTAIN AN HIV AND AIDS SAFE ENVIRONMENT THROUGH RISK REDUCTION**

7.1 In terms of the Compensation for Occupational Injuries and Diseases Act (130 of 1993), HIV may be regarded as an accident if such infection is acquired as a result of an incident that arises out of, and in the course of a person's employment, provided that the time, date, place and circumstances of the incident are ascertainable and reported as prescribed by the law.

7.2 In respect of employees, students and patients, the University shall, as far as is reasonably practicable, provide a safe working, learning and clinic environment.

- (a) Approved universal infection control measures are in place and implemented in clinics, laboratories, on the sports fields and at first aid stations;
- (b) Provision is made for appropriate equipment, materials/barrier clothing (e.g. gloves) and disposal measures for potentially contaminated by-products in clinics, laboratories emergency medical care locations and first aid stations/boxes;

- (c) Approved protocols pertaining to universal precautions in respect of infection control and dealing with bodily fluids/by-products are prominently displayed in all relevant working areas;
- (d) Education and training of relevant employees and students concerning universal infection control measures, protective clothing, disposal measures for potentially contaminated by-products and the needle-stick policy.

7.3 An approved Needle-stick Policy is in place and implemented at all official locations (e.g. clinics and laboratories) and in all officially recognised University situations (e.g. sport and emergency medical care locations and life-support vehicles).

7.4 Occupationally acquired HIV and TB exposure is managed in accordance with the COID Act and protocols and approved by the Executive Management Operational Committee.

7.4.1 All HIV related incidents are reported to the Occupational Health and Occupational Safety Divisions in accordance with official procedures and the prerequisite form completed as soon as possible.

7.4.2 All TB related incidences are immediately reported to the Primary and Occupational Health Care services in accordance with protocol and procedures.

7.4.3 Employees, students or patients who have been exposed to infection in the course of their official duties, their studies or as a patient will receive the appropriate assistance from the University in accordance with the relevant protocols. This may include anti-retroviral medication (and associated counselling), under medical advice, in an emergency situation at a public or private hospital dependent on health insurance cover.

7.4.4 If necessary post-exposure care and support is available in accordance with the provisions of this Policy.

## 8. **ADVOCACY, COMMUNICATION AND MARKETING**

8.1 The UJ HIV & AIDS Committee, will ensure that communication and awareness of the HIV policy to the wider UJ Community takes place:

<b>DEPARTMENT/FACULTY/CONSTITUENCY/ COMMITTEE</b>	<b>RESPONSIBLE PERSON</b>
1. MEC/MECA/MECO/ELG	MEC Representative
2. ACADEMIC FACULTY BOARD MEETINGS	Academic representatives
3. UNIONS	Union Representatives
4. SRC AND HOUSE COMMITTEES	Executive Director: Student Affairs
5. UJ STAFF	HR Representative(s)
6. MARKETING AND ADVOCACY	Corporate Marketing, Student Media, IOHA, HIV Committee Chairperson

### 8.2 **Dealing with Stigma, Discrimination and Vulnerable Groups**

Stigma, discrimination and vulnerable groups will form part of all education and awareness programmes at the UJ. Special attention will be given to

women and young adults to reduce the impact of the HIV ~~HI~~ virus at the institution.

## **9. MONITORING AND EVALUATION**

The UJ realizes the importance of a monitoring and evaluation process to measure impact and progress. In support of this it has established clear reporting guidelines through the Corporate Governance Department of the University. Specific indicators per key area has been developed and relevant faculties, departments and divisions submit quarterly reports to the Chairperson of the HIV and AIDS Committee. This report serves at the MEC, Council and other relevant UJ Management Forums.

## **10. PROCESS OF REVIEWING THE POLICY**

- 10.1 Regular review of the Policy is conducted in accordance with the approved University Policy on Policy Development. The process takes place in consultation with the relevant quality assurance structures at faculty and institutional level and under the auspices of the official custodian of this policy namely the Registrar.
- 10.2 Protocols are reviewed on an annual basis in accordance with the latest scientific findings, amendments to national legislation and/or national and regional strategic plans.

## **11. POLICY AUTHORITY**

### **11.1 The University HIV and AIDS Committee**

The University HIV and AIDS Committee operates in accordance with the Charter as stipulated in Annexure B.

Revised: 25 April 2013

## Life-Threatening Diseases Policy

### Introduction

- (a) The University recognises its responsibility towards the health of employees by providing a safe working environment.
- (b) The University also recognises that employees may wish to work as long as possible after contracting a life-threatening disease such as cancer, heart disease, TB, HIV infection or other vital organ disease.
- (c) Life-threatening diseases or illnesses may require that employees need special assistance to enable them to continue employment for as long as the needs of the University and the competence of employees allow.

### Definitions and interpretation

- (a) In this Policy, unless the context indicates otherwise-

**"effective date"** means the date of coming into operation of the harmonised conditions of service of the University of Johannesburg;

**"Policy"** means this Life-threatening Diseases Policy.

**"life-threatening disease"** means any disease/illness that reduces the life expectancy of the employee such as cancer, heart disease, TB, HIV infection or other vital organ disease.

- (b) If any provision confers any right or imposes any obligation on any party, then notwithstanding that it is only in the interpretation paragraph, effect must be given to it as if it were a substantive provision.

### Application

This Life-Threatening Diseases Policy applies to all employees of the University.

### Policy

- (a) In keeping with the spirit of the provisions of the Constitution of the Republic of South Africa (Chapter 2: Bill of Rights, Section 14: Privacy), and in terms of the specific

provisions of the Employment Equity Act (55 of 1998: Section5(4)), no (prospective) employee is compelled to disclose a life-threatening disease that the (prospective) employee may have.

- (b) The University undertakes to deal with all cases of life-threatening disease in terms of the law and in terms of fair practice.
- (c) The University considers it desirable that employees or prospective employees who are HIV positive or have other life-threatening diseases should notify the Executive Director: Human Resources of this.
- (d) If notified by employees, the University will deal with the information in the strictest confidence, and will only disclose it to other persons who are directly involved if it is in the interests of the employees concerned or the University, and then only with the prior written consent of the employees who made the disclosure.
- (e) Any employee who reveals the HIV/AIDS or life-threatening disease status of a fellow employee without prior written consent of the respective employee will expose him/herself to severe disciplinary action.
- (f) The University will take all reasonable precautionary measures to ensure the occupational health and safety of all employees.
- (g) The University will provide continuous education to all employees on the prevention, symptoms and treatment of life-threatening diseases such as HIV/AIDS, TB or cancer.
- (h) The University will arrange for regular screening for TB and voluntary testing for HIV/AIDS.
- (i) If employees as individuals or as a group refuse to work with an infected employee, normal remedial measures are taken in accordance with the University's procedures, which may include:
  - (i) education about the medical condition;
  - (ii) counseling and advice;
  - (iii) transfer of the affected employee.

- (j) At the written request of employees, the University will arrange statutorily recognised counseling services for employees and/or their family members, and employees will be responsible for the costs of these services if these services cannot be sourced internally.
- (k) If employees are unable to meet the required standard of performance as a result of HIV/AIDS or any other life-threatening disease, the University will act in terms of the provisions of the LRA, Annexure 8, Sections 10 and 11.
- (l) If necessary and feasible, transfer of employees to a more suitable position will be considered.
- (m) If transfer to another position is required as a result of employees' medical status, they will not receive remuneration or benefits that are less than those normally applicable to the position being vacated by the employees, except if mutually agreed otherwise.
- (n) Should employees refuse a transfer, or should no suitable alternative position be available, the employees' services may be terminated on grounds of incapacity after all their sick and accumulative leave has been exhausted.
- (o) The procedures, provisions and regulations of the LRA, the University's retirement funding dispensation and the Group Life Assurance Scheme (as applicable) apply to permanent and fixed-term contract employees who are found to be medically unfit to work on the basis of HIV/AIDS or other life-threatening diseases.
- (p) The University will assist employees in applying for benefits to which they may be entitled.

### **Effect of non-compliance**

Any non-compliance with this policy will be dealt with in terms of the normal institutional governance and management processes.



## CHARTER FOR THE HIV and AIDS COMMITTEE

### 1. NAME

The Committee is known as the HIV and AIDS Committee.

### 2. STATUS

The HIV and AIDS Committee is appointed by the Management Executive Committee (MEC) and reports to the MEC and University Council.

### 3. MISSION AND GOALS

- 3.1 The HIV and AIDS Committee fulfills a coordinating role in accordance with the National Strategic Plan for HIV and AIDS, STIs and TB, the Policy Framework and Strategy on HIV and AIDS, STIs and TB for Higher Education in South Africa (referred to as HEPF) and functions within the legal and management framework of the University of Johannesburg.
- 3.2 The overall goal is therefore to facilitate the HEPF overall goal within the University community by:
- 3.2.1 reducing the threat of the spread of HIV and AIDS, STIs and TB ;
  - 3.2.2 mitigating its impact through planning and capacity development ; and
  - 3.2.3 managing the impact of the epidemic in a way that reflects the ethical, social, knowledge transmission and production that is the mission of higher education institutions in society.

### 4. COMPOSITION

- 4.1 Leadership representative(s) designated by the MEC;
- 4.2 Head: Institutional Office for HIV and AIDS (IOHA);
- 4.3 Senior Representatives from Academic Faculties;
- 4.4 Head: Student Governance;
- 4.5 Head: Student Life
- 4.6 Manager: Health Training Centre;
- 4.7 Head: Campus Health;
- 4.8 Stream Leader: PSYCAD Therapeutic Services (or representative);
- 4.9 Stream Leader: PSYCAD Psycho-educational services (or representative)
- 4.10 Wellness Specialist (HR);
- 4.11 Wellness Coordinator (HR);
- 4.12 One representative selected amongst the approved unions to represent the union-fraternity;
- 4.13 Central Student Council Representative responsible for Transformation, Gender and Policy (with specific reference to the HIV and AIDS);

- 4.14 Coordinator: Corporate Marketing and Communication;
- 4.15 Coordinator: Student Media;
- 4.16 Coordinators: IOHA;
- 4.17 Co-opted persons relevant to specific projects (i.e. Protection Services, Occupational Safety, Occupational Health, HR Training and Development, Corporate Governance)
- 4.18 Co-opted persons relevant to specific activity reporting (i.e. Community Engagement, Research and Innovation, Library and Information Services);
- 4.19 Invited persons for a particular meeting in accordance with the agenda items;
- 4.20 The Convener of the Committee is elected by the Committee members and is appointed by the MEC;
- 4.21 Relevant sub-committees or task teams may be established, according to the project needs.

## **5. FUNCTIONS**

### **The Committee:**

- 5.1 Functions within the current professional-ethical, legal, higher education and policy framework of the Republic of South Africa (including the HESA/HEAIDS programme and related projects) with specific reference to HIV and AIDS;
- 5.2 Compiles the University's HIV and AIDS strategy, in accordance with the Policy Framework and Strategy on HIV and AIDS, STIs and TB for Higher Education in South Africa, for approval by the Management Executive Committee, with specific reference to at least the following:
  - 5.2.1 Leadership Commitment and Reporting;
  - 5.2.2 Prevention, Care and Support;
  - 5.2.3 Workplace Programme;
  - 5.2.4 Curriculum integration, Community Engagement and Research;
  - 5.2.5 Communication;
  - 5.2.6 Monitoring, Evaluation and Reporting;
- 5.3 Facilitates the implementation of the University's HIV and AIDS strategy;
- 5.4 Co-ordinates appropriate HIV and AIDS-related 'fundraising', partnerships and projects, in consultation with Public Relations;
- 5.5 The activation and maintenance of a University-wide data-basis with reference to HIV and AIDS-related activities/projects/research on campus;
- 5.6 Compiles the annual budget for submission, recommendation and approval by the Management Executive Committee;
- 5.7 Supports the relevant Faculties/Departments/Divisions/Units at the University in the execution of the Policy Framework and strategy on HIV and AIDS, STIs and TB for Higher Education in South Africa;
- 5.8 Advises the Management Executive Committee on HIV and AIDS issues.

## **6. SCOPE OF AUTHORITY**

- 6.1 All HIV and AIDS-related activities are considered by the Committee with specific reference to relevance, timing and costing, in accordance with approved funding proposals;
- 6.2 All recommended activities are submitted to the Management Executive Committee (preferably via the MEC representative on the committee) for consideration and approval;

- 6.3 Tender proposals for funding in accordance with the HESA HEAIDS Programme are submitted to the task team/committee designated by the Management Executive Committee for consideration and approval.

## **7. FINANCIAL MANAGEMENT**

### **The Committee:**

- 7.1 Functions within the University's financial management policies and procedures;
- 7.2 Executes and complies with the HESA HEAIDS funding and financial administration requirements;
- 7.3 Applies the principles of corporate governance with regard to financial management.

## **8. MEETING PROCEDURE AND REPORTING**

- 8.1 The HIV and AIDS Committee has at least four (quarterly) meetings per academic year (meeting dates set in advance and reflected in the University's year programme);
- 8.2 The Secretary administers meetings in accordance with the Guide to Effective meetings;
- 8.3 The Chairperson of the Committee may call an extraordinary or emergency meeting in accordance with the University's Rules;
- 8.4 A quorum of a meeting consists of no less than 50 per cent plus 1 of the total members of the HIV and AIDS Committee. Attendance by SRC members is not taken in consideration when determining whether the committee is quorate;
- 8.5 Minutes of the meeting are circulated to members of the Committee and approved at the next HIV and AIDS Committee meeting;
- 8.6 Representatives on the Committee and co-opted members submit written reports to the Chairperson on a quarterly basis;
- 8.7 A summarised written report (or the minutes) of each meeting is submitted to the Management Executive Committee on a continuous basis;
- 8.8 An annual report is submitted to the MEC by the end of February of the following year;
- 8.9 The annual report is submitted to Council and Senate (by the Registrar) for noting;
- 8.10 The term of office of the members of the HIV and AIDS Committee coincides with the term of office of the MEC;
- 8.11 If the membership of a member of the Committee terminates for any reason before the expiry of the period for which the member was appointed, a successor for the remaining period is appointed.

## **9. LIFESPAN AND DISSOLUTION**

The term of office of members is as follows:

- 9.1 The executive managers serve by virtue of their office;
- 9.2 Elected members serve for a term as determined by the relevant constituency;
- 9.3 The Committee can be dissolved by the Management Executive Committee.

Approved by the Registrar: 14 November 2012

## **ANNEXURE C**

### **UJ HIV and AIDS, STI and TB Strategic Plan 2012-2016**

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## **1. INTRODUCTION AND BACKGROUND**

The overall purpose of the strategic breakaway workshop was to align the UJ strategic HIV and AIDS plan with the new National Strategic Plan for HIV and AIDS, Sexually transmitted infections (STIs) and Tuberculosis (2012-2016), hereon referred to as the NSP, the Higher Education HEAIDS Policy and Strategic Framework on HIV and AIDS for Higher Education (2012-2016), hereon referred to as the HEPF, and the strategic thrusts of the University of Johannesburg (2011-2020). Specific objectives were to review current strategies and plans of various task teams of the HIV and AIDS Committee and develop a strategic plan for the next five years. Detailed work plans (for 2012/2013) were to be completed by the various task teams in collaboration with stakeholder groups/faculties/departments/divisions after the strategic breakaway session.

### **1.1 Context of Hiv and Aids and Higher Education**

In 2010, findings from South Africa's first national HIV prevalence survey of higher education institutions and an associated study on knowledge, attitudes, perceptions and behaviour (KAPB) relevant to HIV and AIDS (HEAIDS 2010)<sup>i</sup> were released. The results of this study provided an opportunity for HEIs to not only understand the HIV and AIDS epidemic on their own campus but also that of the overall sector, as well as understand the specific needs of students and staff. Responses can therefore be tailored to address the main drivers of the epidemic on each campus, in keeping with the UNAIDS call for know your epidemic (KYE).

The most striking finding from HEAIDS 2010 study is that the measured prevalence in students, academics and administrative staff was found to be substantially lower than expected in comparison to national prevalence levels (as can be seen in table 1). However, the HIV prevalence among service staff was similar to estimates from other studies. Academic staff had the lowest overall HIV prevalence at 1.5% followed by students at 3.4%, administrative staff at 4.4% and service staff at 12.2%. The service staff category was significantly more likely to be HIV positive in comparison to other institutional categories.

The mean HIV prevalence found among those aged 18–49 years (2.9%) was significantly lower than all other studies whether conducted in the general population (HSRC study), in working populations or among antenatal clinic attendees. Prevalence was higher amongst older students: 0.7% for 18-19 year olds; 2.3% for 20-25 year olds; and 8.3% for those over 25 years. While the prevalence is lower than in the general population, it has to be noted that qualitative data in the National Sero-prevalence and related factors study emphasised how students, both male and female, engage in risky sexual behaviours. Especially for first year students who are residing away from home for the first time. The first months at university requires them to manage new freedoms, at a time they lack the experience to make good, risk-aware decisions (as widely reported in the study), especially regarding sexual liaisons and the use of alcohol. The study revealed for example, that on many campuses there is an established culture of risk-taking that includes casual sex with different partners, transactional sex and the abuse of alcohol and drugs, which are known behavioural and structural risk factors for HIV.

**Table 1: Comparison of HIV Prevalence for the Combined Higher Education population with other surveys**

HIV Prevalence	Age Group	Study Date	Data Source
2.9%	18 – 49 years	2008/09	Higher Education Institution study (HEAIDS 2010)
16.9%	15 – 49 years	2008.09	HSRC Study (Shisana 2009)
12.7%	> 18 years	2004/05	Educators Study (Colvin 2007)
15.7%	> 18 years	2002	Health Workers Study (Shisana 2002)
10.9%	> 18 Years	1999 – 2005	Colvin et al (Colvin 2007)
28.0%	15 – 49 years	2007	Antenatal Data (Department of Health 2008)

When looking at youth only, the table below shows that the prevalence of HIV is substantially lower than has been reported from other studies of youth in the same or similar age group.

**Table 2: Comparison of HIV Prevalence among Youth with other recent surveys**

HIV Prevalence	Age Group	Study Date	Data Source
0.7%	18 – 24 years	2008/09	Higher Education Institution study(HEAIDS 2010)
8.7%	15 – 24 years	2008/09	HSRC Study (Shisana 2009)
10.2%	15 – 24 years	2003	RHRU
6.5%	18 – 24 years	2004/05	Educators Study (Colvin 2007)
26.8%	15 – 24 years	2007	Antenatal data (Department of Health 2008)

In summary it can be said that the impact of HIV and AIDS on the sector as a whole affects the capacity of higher education institutions to deliver their core business functions – teaching, research and innovation, learning and community engagement. Ill health, absenteeism or any other increased stress or vulnerability on the part of youth, educators, support staff and officials constitutes a threat to the attainment of teaching and learning education outcomes. It is therefore imperative for higher education institutions to respond to HIV and AIDS for their own benefit and that of their broader stakeholders. In response to the sero-prevalence and related factors study conducted in 2010, the UJ rolled-out a three year plan (2010-2012) in accordance with the Policy framework for HIV and AIDS in HE (2008) to address HIV and AIDS in the following key result areas:

- Curriculum integration, research and community engagement
- Leadership Commitment and Reporting
- Prevention, Care and Support
- Workplace
- Communication
- Monitoring and Evaluation

Six task teams were established from the various faculties/departments/divisions to compile and rollout an operational plan, with the purpose thereof ultimately being the mainstreaming of HIV and AIDS within the core functions of the University, as well as ensuring a comprehensive response to addressing HIV and AIDS within the institution-as stipulated in the Policy Framework for HIV and AIDS in HE (2008).

The HE Sector is one of the sectors that serve on the South African National HIV and AIDS Committee (SANAC). On 1 December 2011 the new NSP was launched. As part of its mandate the Higher Education Sector, through its HEAIDS Programme (a programme that functions under the auspices of HESA), reviewed and re-aligned the Policy Framework for HIV and AIDS in HE (2008) in accordance with the NSP directives for 2012-2016. This new framework is referred to as the Policy and Strategic Framework on HIV and AIDS for Higher Education (2012-2016). In view of the many updates that happened in 2012, the HIV Committee was tasked to synergise the different processes and reflect a Strategic Plan for the next five years in line with the NSP and HEPF (2012-2016), including the UJ Strategic Thrusts for HIV and AIDS (2011-2020).

To further strengthen its response in addressing the risky student behaviour, as outlined in the KAPB and sero-prevalence study (2010), the MEC of the UJ constituted the Risky Student Behaviour Committee (RSB), under the auspices of the Executive Director: Student Affairs-to specifically address the risky student behaviours that fuels HIV and AIDS within the University.

## **2. STRATEGIC PLANNING PROCESS**

The strategic workshop was held on 14-15 June 2012 and was planned to be participatory, with formal presentations or formal inputs done at the beginning of the workshop only. A combination of group work and plenary feedback and discussion thus constituted the main workshop methodology, with participants having been given relevant reading material to read prior to the workshop- as outlined below in in the section on the strategic planning model used for the workshop.

### **2.1 Strategic Planning Model**

In choosing the strategic planning model for the workshop, the fact that the planning was happening within the context of a university was considered, as well as the fact that the plan needed to be developed within careful considerations of cost. Effectiveness, and the need to “achieve more with less”, were important factors that informed the development of the new strategic plan. It was agreed that the strategic plan would include a mission statement, objectives/focus areas, goals, and an action (or implementation) plan.

#### **2.1.1 Hiv Committee Charter**

This is the agreed-upon document of the HIV Committee and explains the reason for its existence. It is necessarily broad to encompass the diversity of activities within the Committee. The current charter of the HIV and AIDS Committee was reviewed in accordance with the NSP and HEPF (2012-2016) and subsequently approved by the MEC on 14 November 2012.

The Charter will be periodically reviewed by the Committee to see whether it still encompasses all of the relevant activities of the Committee and its task teams.

### **2.1.2 Objectives/Focus Areas**

The objectives are the broad areas of emphasis/focus areas that the Committee plans to continue to do quality work in. These areas of emphasis were reviewed in preparing for the workshop and the current areas of focus were kept (along the lines of existing task teams). These focus areas were further discussed and reviewed during the workshop. This included reviewing the Organization's/ Committee's broad focus areas and its current activities, as well as future activities in which each task team would like to participate. This was done as part of the SWOT analysis.

### **2.1.3 Goals**

These are both long-term and short-term goals; six months, one-year, three to five years. Five year goals were set so that the strategy for reaching these goals could be outlined in the plan. For this workshop, it was agreed to set the long-term goals first (five years), and then short-term goals (those goals which can be reached as steps to attaining the long-term goal). The overall goal of the HIV and AIDS Committee is to facilitate the HEPF within the University community by:

- reducing the threat of the spread of HIV and AIDS
- mitigating its impact through planning and capacity development ; and
- managing the impact of the epidemic in a way that reflects the ethical, social, knowledge transmission and production that is the mission of Higher Education institutions in society.

### **2.1.4 Action Plan**

The five year Action Plan was then designed after the main goals and objectives have been reviewed and set, in order to operationalise the mission in a straightforward and measurable way. Without the action plan, and the measures it entails, it would be impossible to implement the strategic plan and measure its success. As stated before, the action plan developed, covered a five year period in line with the NSP, so that clear and measurable inputs by UJ and the Higher Education Sector as a whole, to achieving country goals (through SANAC), can be more easily captured.

## **2.2 Planning for the Strategy Workshop**

### **2.2.1 Gathering of Background Information/Preparation for Workshop**

Following three planning meetings between the Chairperson of the HIV Committee and the workshop facilitator, background information was prepared and circulated to the Strategic Planning/HIV Committee members (by the Chairperson of the HIV Committee) for review in preparation for the workshop. This included the NSP (2012-2016), the operational rollout plan for the Policy Framework for HIV and AIDS in HE (2010-2012) and the UJ Strategic Thrusts for HIV and AIDS (2011-2020). It was thought that by working through this information, the Committee as a whole and individual task teams and task team members would be better able to develop a sound basis to continue their work, and that it would also ensure maximum participation in the workshop. Part of the background work on the part of task team representatives involved consulting members for their viewpoints on the directions the task teams or divisions should take at the workshop. The information gathered from constituencies or divisions was synthesized by task team representatives, and brought to the workshop.

### **2.2.2 Planning Workbook/Template**

A planning template was designed before the workshop to bring together all of the information gathered during the planning workshop, sift through the ideas put forward, and organize them into a meaningful way for feedback by the planning workshop attendees (and for standardization).

### **2.2.3 The Committee Structure and Workshop Participation**

It was agreed that participants for the workshop or the Strategic Planning Committee should comprise of people who understand the HIV and AIDS Committee and its work, but also who have a constant feel for the Committee and the work of the task teams in general, and where it is moving. Thus the task teams comprising the HIV and AIDS Committee, and a few co-opted members were invited to participate in the workshop, comprising 18 participants, representing the key stakeholder groups and/or task teams (participant list attached as Appendix 1).

## **2.3 The Strategic Breakaway Workshop**

The workshop was designed to start with task teams or participants discussing and/or exploring information around five basic questions:

- Where are we now? (*The Situation*)
- How did we get there? (*Our Momentum*)
- Where are we going? (*The Direction*)
- Where should we be going? (*Desired Direction*)
- How will we get there? (*The Strategic Plan*)

In the first half-day of the workshop the charter and committee membership was reviewed for relevance. The charter included what the Committee stands for; what it hopes to contribute to the university and country at-large. Participants set goals for the Committee and then, having set the goals, translated each goal into a specific objective. This approach was used to help ensure the mission statement would be carried forth into the strategic plan. Specifically, the first major activity of the first session of group work assessed the current situation and how groups arrived at that present situation, using a SWOT analysis. The second activity of group work at the workshop was then to try to figure out where groups are going and where they want to be. This is outlined in more detail below (see day 1 and day 2).

### **2.3.1 Day 1**

The workshop was opened by the Chairperson of the HIV and AIDS Committee, Ms Teolene Foster, who welcomed everybody and then facilitated the introduction of facilitator to participants.

The facilitator did a presentation on: *The importance of strategic planning* and outlined the steps in the strategic planning process (see presentation attached as Appendix 2). This was followed by a presentation by Ms Foster which analysed the higher Education Landscape within the context of the new NSP goals (Zero new HIV/STI/ TB infections, Zero deaths associated with HIV and TB, Zero discrimination and the HEPF framework, and UJ thrusts and other relevant research data). The presentation entitled *HIV&AIDS Scan and Strategic Direction* is attached as Appendix 3.

The rest of day one was spent in small groups. Before breaking into groups, a planning template, to guide group work and for reporting back to plenary, was shared with the group (which was designed before the workshop as indicated earlier).

The first part of group work comprised doing a SWOT analysis, with the NSP and UJ strategic thrusts forming the backdrop to the analysis. The respective task teams (listed below) then started to draft their strategies to address needs of groups they serve, as well as challenges and threats, and to build on strengths and maximise opportunities that exist (e.g strategic partnerships). Task teams and members included the following:

**Curriculum integration, research and community engagement**

- Faculty of Art, Design and Architecture (FADA)- Absent with apology
- Faculty of Science
- Faculty of Health sciences
- Faculty of Management
- Faculty of Humanities- Absent with apology
- Faculty of Education- Absent
- Community Engagement (co-opted)- Absent

**Workplace**

- HR Wellness
- Occupational Health Practice (Co-Opted)
- Occupational Safety (Co-Opted)
- HR Training And Development (Co-Opted)

**Prevention, Care and Support**

- Primary Health Care
- Institutional Office For HIV & AIDS (IOHA)
- PSYCAD
- Health Training Centre

**Communication**

- Corporate Marketing And Communication
- UJ FM
- IOHA

**Leadership Commitment and Reporting**

- MEC Member Serving On The Committee
- Chairperson of Committee
- SRC Representative of The Committee- Absent
- Head Of Student Governance- Absent
- Head Of Student Life
- Unions
- Student Groupings included: LIBERATI and the LINK

**2.3.2 Day 2**

The participants finalised and presented the work plans. Inputs were made by the facilitator, Chairperson of the HIV and AIDS Committee and the participants. Debate and discussion allowed for participants to defend and/ or strengthen their plans.

### **3. The Strategic Plan**

The Strategic Plan is organised along the five focus areas and aligned with the five task teams. Monitoring and Evaluation has been integrated into the respective areas. This is also congruent with the focus areas of the HEPF and constitutes a comprehensive and co-ordinated university response.

#### **3.1 Swot Analysis**

The HIV and AIDS Committee identified the strengths, weaknesses, opportunities and threats facing it in determining its future direction. Overarching strengths, weaknesses, opportunities and threats identified are as follows:

##### **3.1.1 Strengths/Opportunities**

- The HIV Committee is well- structured with a clear mandate and procedures for operation, and is well positioned to deliver and co-ordinate a comprehensive university HIV and AIDS response. It comprises eighteen full time members from different faculties/departments/divisions representing the key result areas outlined in the HEPF. Co-opted members comprise nine departments, while the Chairperson/Secretary coordinates meetings in line with their roles and responsibilities as stipulated in the Charter;
- The Committee is allocated a budget for administrative support of committee activities and has clear financial procedures (see Financial Management below);
- The rollout operational plan for implementation of the policy framework for HIV and AIDS in HE (2010-2012) was supported by MEC and a budget of 2.5 million over a three year period was provided to the Committee for programme implementation. The objective was mainly mainstreaming, which included budgeting by the various faculties/departments/divisions from 2013 and beyond;
- Top Management support for the programme is commendable in terms of reporting, and budget; FADA embraced curriculum integration initiative which serves as a flagship for UJ;
- Excellent research databases in place to track research conducted in relation to HIV and AIDS, making it easy for this Committee to track research done on HIV and AIDS within the University;
- The Committee meets on a quarterly basis and review its strategic plans annually thus ensuring that the University as a whole is on track in terms of meeting its strategic objectives to ensure it reach its goals related to HIV & AIDS;
- IOHA resources like equipment, printing, telephone etc. utilised for Committee activities thus minimising cost and enhancing efficiencies;
- The HIV and AIDS Committee has a defined program operationalized through its roll -out plan (2010-2012) – thus a clear set of activities are combined into some structure and are carried out to achieve previously stated objectives of the Committee. Furthermore:

- All HIV and AIDS-related activities are considered by the Committee with specific reference to relevance, timing and costing, in accordance with approved funding proposals;
- All recommended activities are submitted to the Management Executive Committee (preferably via the MEC representative on the committee) for consideration and approval;
- Proposals for funding in accordance with the HESA/ HEAIDS Programme are submitted to the task team/committee designated by the Management Executive Committee for consideration and approval.
- Evaluation of the program is a strength since the Committee meets regularly and minutes are kept- which helps to track activities at various levels of accountability, detect weaknesses and take appropriate action:
  - Minutes of the meeting are circulated to members of the committee and approved at the next HIV and AIDS Committee meeting;
  - A summarised written report (or the minutes) of each meeting is submitted to the Management Executive Committee on a continuous basis;
  - An annual report is submitted to the MEC by the end of February of the following year;
  - The annual report is submitted to Council and Senate (by the Registrar) for noting;
  - Quarterly reports are submitted to HEAIDS.
- Clear procedures for financial management
  - Committee functions within the University's financial management policies and procedures;
  - Applies the principles of corporate governance with regard to financial management.

### **3.1.2 Constraints/Weaknesses or Threats**

- Some members of the Committee perceive HIV work as additional to their current work load, which limits their level of commitment and contribution;
- Some members are often confronted with additional work load resulting from Committee responsibilities and tasks;
- High turnover of academic members of committee impacts negatively on Committee activities;
- While Prevention, Care and Support; Communications task teams have embraced mainstreaming, Workplace programmes (relevant departments) have followed suit, but are not working in synergy. However progress has been achieved in HR taking ownership of the workplace programme;
- Faculty of Science: Community engagement initiative and TB research can be built upon; Health Sciences and Humanities Faculties have opportunities for Nursing, Psychology, Social Work students to become more involved in the HIV Counseling and Testing (HCT) programme as part of their in-service training;
- While reporting on research and data collection is overall very good, obtaining data from Community Engagement remains a struggle and limits the ability of the Committee to report on and respond timeously to queries;

- Inconsistent commitment by Student Affairs was identified as a threat in achieving zero new infections among students, including the SRC and House Committees in residences;
- The level of authority of committee members impacts on decision making processes: it is recommended that Senior/HOD level representation is considered as a possible means to enhance or speed up decision making in the Committee. Alternatively, representatives of the Committee should have a mandate in taking decisions on behalf of their respective faculties/departments/divisions;
- Funding for HIV/TB research was expressed as a great need by Academics; Without such funding HIV/TB is unlikely to become a niche area within the University;
- Current program priorities are not well defined or necessarily based on the most recent and best available evidence and efforts should be made to strengthen this.

### 3.2 Key Result Areas

#### 3.2.1 Prevention Care and Support

#### TASK TEAM MEMBERS

Primary Health Care  
 PSYCAD  
 IOHA  
 Health Training Centre  
 Occupational Safety (co-opted)

Faculty/ Department	NSP Pillars/enablers and NSP objectives	HEPF and UJ HIV Strategic Thrusts relevant to KRA	Key activities description	Target population	Reporting	Responsibility: expenditure
IOHA PHC PSYCAD	Prevent new HIV, STI & TB infections	<b>8:</b> Promote & implement combination prevention strategies to improve health, wellness and safety related to HIV & AIDS	<b>Skill building sessions monthly</b> Sex & Sexuality Substance use/abuse STI prevention Pregnancy prevention PHC-champions to assist in PHC run programmes Gender inequality First Year Orientation/ Residences	Students	Quarterly	IOHA/PSYCAD/PHC
PHC IOHA Operations Occupational Safety			<b>Condom distribution</b> Campus Health Facilities (male and female condoms) IOHA and Operations: UJ Toilets and Cafeterias (male) <b>Condom monitoring</b> Occupational Safety	Students and Staff	Quarterly	Condoms provided by the NDOH



IOHA			<b>LINK Student Peer Education Programme</b> Community Engagement initiatives Residence programmes	Students	Quarterly	IOHA
PSYCAD			<b>PSYCAD Buddy Programme</b> Community Engagement initiatives and Residence programme related to Social drivers of HIV	Students	Quarterly	PSYCAD
PHC IOHA PSYCAD			<b>Continuous Professional Development</b> Ethics and HIV (All Divisions) Interdisciplinary forum Debriefing sessions with HCT Lay Counsellors  Positive Health, Dignity and Prevention Training offered by CDC (All Divisions, including HR Wellness and Occupational Health)  PICT training NIMART training TB training  Couples Counselling and Testing (All Divisions)	IOHA/PHC/PSYCAD Staff	Quarterly	PHC IOHA PSYCAD External Partners
Academic Task Team HIV Committee			Research conducted to inform interventions/practice	Staff and Students	Quarterly	Academic Faculties
PHC IOHA	Sustain health and wellness		<b>Provide access to comprehensive services related to HIV and AIDS</b>	Students	Quarterly	In partnership with External Service Providers:

PSYCAD			<b>through an internal and external referral and service delivery system in accordance with the UJ Wellness Programme for HIV infected students and staff</b>			Centres for Disease Control (CDC)/Positive Convention/Thembaletu Clinic/Crosby Clinic
		PHC	Support of infected individuals by offering treatment for opportunistic infections			
			ARV Referral TB Treatment: IPT STI Treatment Providing vitamin supplements and other nutritional supplements			PHC
		IOHA	Group/Individual Psychosocial support to students			IOHA
		PSYCAD	Group/Individual Psychotherapy to UJ students affected by HIV			PSYCAD
		IOHA, PHC, PSYCAD	Positive Health, Dignity and Prevention Programme for students infected with HIV			ALL
Student Life SRC PSYCAD: PWD Office LIBERATI IOHA UJ FM UJ Observer	Ensure protection of human rights: Address stigma, discrimination against marginalised groupings		<b>Stigma knockout Month in August</b> Residence programme in partnership with Student Life/IOHA and External Partners  Stigma Knockout Communication Programme in partnership with UJ FM/PSYCAD/LIBERATI/SRC/UJ Observer		August	UJ FM Student Life IOHA External Partners: Sonke Gender Justice/Themba Interactive

### **RECOMMENDATIONS**

- Risk reduction strategies to reduce the high pregnancy, STI, HIV rate needs to be stipulated in the plan;

- Provider-initiated Counselling and Testing (PICT) related to family planning (highlighting dual protection), STI management, TOPs, Pregnancy etc to be clearly outlined in the plan;
- Target population and type of interventions needed for the particular group should be clearly outlined, for example: residence students, LGBTI, first year students, day students, House Committees, SRC, students with disabilities etc;
- Indicators need to be aligned with National targets;
- It was recommended that the Chairperson submit a formal letter to Student Affairs regarding access into APK residences;
- PEP as prevention strategy to be outlined in more detail by Primary Health Care.

### **3.2.2 Curriculum Integration, Research and Community Engagement**

#### **TASK TEAM MEMBERS**

Faculty of Science  
 Faculty of Health Sciences  
 Faculty of Humanities  
 Faculty of Management  
 Faculty of Art, Design and Architecture (FADA)  
 Faculty of Education  
 Faculty of Engineering (vacant)  
 Faculty of Finance and Economic Sciences (vacant)  
 Community Engagement (co-opted)  
 Research and Innovation (co-opted)  
 Library and Information Services (co-opted)

Faculty/ Department	NSP Pillars/enablers and NSP objectives	HEPF and UJ HIV Strategic Thrusts relevant to KRA	Key activities description	Target population	Reporting	Responsibility: expenditure
All faculties HR Training and Development HR Wellness	Changing Societal Norms and Values	1: Sustained excellence of academic programmes, research and community engagement achieved through: Teaching and learning, research and strategic engagement with communities that is mutually beneficial and promotes social, economic and educational development related to HIV & AIDS.	<p><b>To promote capacity building on HIV and AIDS among all Academic staff at UJ for effective curriculum integration</b></p> <ul style="list-style-type: none"> <li>Identify needs</li> <li>Communicate HIV training Opportunities</li> <li>Representation of Faculties on Task Team (researchers)</li> <li>Liaise with Communication and HR</li> <li>Workplace Task Team – integration of HIV in curriculum (class room)</li> </ul>	Academic staff	Quarterly reporting by Task Team members on behalf of Faculties	All Faculties HR
All faculties Community Engagement(CE)	Changing Societal Norms and Values	1: Sustained excellence of academic programmes, research and community engagement achieved through:  Teaching and learning, research and strategic engagement with communities that is mutually beneficial and promotes social, economic and educational development related to HIV & AIDS.	<p><b>To empower UJ students with engagement strategies with their immediate communities on HIV and AIDS matters through engagement at inter-faculty- community- and classroom level</b></p> <ul style="list-style-type: none"> <li>Promote community engagement</li> <li>Promote dissemination of information – HIV related community engagement projects</li> </ul>	Academic staff Students	Quarterly CE data submitted by Community Engagement;	CE All Faculties Internal Sponsorships
			<p><b>To promote inter-faculty collaboration</b></p> <ul style="list-style-type: none"> <li>Annual Colloquium and poster competition</li> </ul>		Quarterly reporting by Task Team members on behalf of Faculties	All Faculties Internal Sponsorships

			<b>To promote knowledge on HIV and AIDS among all students at UJ</b> <ul style="list-style-type: none"> <li>• Discipline specific</li> <li>• Citizenship module</li> </ul>			
All faculties Research and Innovation Library and Information Services	Strategic Enabler: Research and Innovation	1: Sustained excellence of academic programmes, research and community engagement achieved through: Teaching and learning, research and strategic engagement with communities that is mutually beneficial and promotes social, economic and educational development related to HIV & AIDS.	<b>Research</b> <ul style="list-style-type: none"> <li>• Communication with other Task Teams to identify research opportunities</li> </ul>	Academic staff Students	Quarterly reporting by Task Team members on Behalf of Faculties	All Faculties Internal/External Sponsorships
			<ul style="list-style-type: none"> <li>• Data Collection of Faculty accredited research related to HIV and AIDS</li> </ul>		Quarterly research data submitted by Research and Innovation;	Research and Innovation
			Data Collection of UJ Masters and Doctoral studies related to HIV and AIDS		Quarterly research data submitted by Library and Information	Library and Information Services

## RECOMMENDATIONS

- It was suggested that a National Champion (whom has implemented HIV in the curricula at other HEIs) be invited to present to academics during annual inter-faculty symposium/seminar. This invite should be extended to academic staff at UJ that has an interest to contribute to the process;
- A research agenda needs to be identified by the HIV Committee for the academics to pursue. Funding opportunities need to be sought for this activity;
- SAPTU to play an important role in lobbying for academics to become champions in the classroom. SAPTU indicated that it will mobilise Academics to play a more active role in preparing their graduates to effectively address HIV in the workplace. Active participation should be encouraged by Heads of Various Academic departments;
- Curricula to address cross-cutting issues and contribute to changing social norms and values;

- Establish an HIV and AIDS Research Centre as seen at UCT, UP, UKZN and Stellenbosch;
- Promote publications in the area of HIV and graduating students with workplace ready qualifications.

### 3.2.3 Workplace Programme

#### TASK TEAM MEMBERS

HR Wellness

Occupational Safety (Co-opted)

Occupational Health (Co-opted)

HR Training and Development (Co-opted)

Unions

Faculty/ Department	NSP Pillars/enablers and NSP objectives	HEPF and UJ HIV Strategic Thrusts relevant to KRA	Key activities description	Target population	Reporting	Responsibility: expenditure
HR Wellness HR Training and Development	Prevent new HIV, STI & TB infections	8: Promote & implement combination prevention strategies to improve health, wellness and safety related to HIV & AIDS	Staff HIV and AIDS, TB and STI Awareness, Education and Training Programmes	All staff	Quarterly	HR Wellness
			<i>Reabua</i> talk sessions for Service staff	Service Staff		
			Line Managers Training	Line Managers		
			Staff Peer Education Recruitment and Training	All Staff		
HR Wellness			HIV Counselling and Testing (HCT) offered as part of Wellness Campaigns	All staff	Quarterly	HR Wellness in Collaboration with Medical AID schemes
Occupational Health			Provider Initiated Counselling and Testing (PICT) offered to staff by Occupational Health			Occupational Health
Unions			Mobilise constituencies to participate in SPE Programme, HCT/Wellness	All Staff	Quarterly	No Cost

			Campaigns; Advocate for policies that address stigma and discrimination in the workplace			
Departments involved with Workplace Programmes in consultation with Corporate Communications			Collaborate with Communications to assist with all marketing initiatives	All staff	Quarterly	Corporate Communications  Departments involved with Workplace Programmes
Occupational Safety			First Aid Training Programmes and referrals related to Injuries on duty, Needle prick injuries, Blood spills	All staff	Quarterly	Occupational Safety
Occupational Health			<b>Needle Prick Injuries:</b> System provided by Occupational Health to provide PEP, blood tests and ART to those exposed	Staff exposed to needle prick injuries	Quarterly	Occupational Health
HR Wellness HR Training and Development			Communicating relevant UJ HIV and Wellness related policies to staff	All Staff	Quarterly	HR Wellness HR Training and Development ER
HR Wellness Occupational Health Primary Health EAP Service Provider UJ Medical AID Broker	Sustain health and wellness		Referral of staff (insured and uninsured) to internal and/or external services w.r.t TB, STIs, ARVs, Nutritional support, Clinical Management of HIV, Psychosocial Support and Counselling in accordance with UJ Wellness Programme for infected students and staff	Staff at risk	Quarterly	HR Wellness Occupational Health Primary Health EAP Service Provider Medical AID Schemes External Providers (free service for uninsured staff)
HR Wellness PSYCAD			Support Groups for staff in accordance with UJ Wellness programme for infected students and staff	Staff at risk	Quarterly	Staff financially liable for service at PSYCAD

HR Wellness Occupational Health HR Business Partners (HRBP) Line Managers Employee Relations			<p><b>Absenteeism Management:</b></p> <p>Develop an absenteeism management procedure</p> <p>Conduct absence awareness sessions</p> <p><b>Case management:</b> Comprehensive case management on-going with Occupational Health, Employee Wellness, HRBP, line management and Employee Relations.</p>	Line Managers  All Staff  Staff at risk	Quarterly	HR     HR Occupational Health
HR Wellness Employee Relations Unions	Ensure protection of human rights: Address stigma, discrimination		<p>Educate line managers on how to deal with stigma &amp; discrimination in the workplace</p> <p>Ensure staff are aware of policies in place to protect against Stigma and Discrimination</p>	Line Managers  Unions All Staff	Quarterly	HR Wellness ER

## RECOMMENDATIONS:

- It was agreed that HIV needed to be addressed in the broader context of Wellness. For instance: HIV testing should be offered as part of the annual wellness campaigns, which include BMI, cholesterol testing, diabetes etc and Staff Peer Educators (SPEs) could have a broader role to play and possibly be renamed wellness officers;
- Prioritise training for the following groups within the University:
  - Line Managers: Offer training in absenteeism and incapacity management (including referral procedures and the role and functions of the EAP service provider). Policies on these issues need to be in place, as well as clear procedures. Unions highlighted that the new ER Director is busy reviewing all HR policies. The Committee recommended that the Unions, HR wellness, Occupational Health, Occupational Safety raise the importance of policies related to absenteeism and incapacity, as there are no clear policies and procedures for line managers pertaining to these mentioned areas;

- Wellness Management of staff should be part of Line Managers' KPIs (this will include HIV management). It was recommended that the Chairperson of the HIV Committee submits a letter to MEC in this regard;
  - Union members should be trained to better perform their function regarding their Wellness role.
- Addressing social drivers of HIV, STIs and TB need to be included in all workplace key result areas and activities-targeting high risk behaviours;
- Reduce vulnerabilities in key population groupings not explicitly stated and previously overlooked: people with disabilities, LGBTI, women;
- Introduce Positive Health Dignity and Prevention (formerly PwP) programme and establish support groups for positive staff members with assistance from PSYCAD;
- The issue of reasonable accommodation (as per the Occupational Health and Safety Act) needs to be addressed at Structural level, as it is not clearly stated in the UJ policy. Need to be addressed by Unions, Occupational Health (OH), HR Wellness, and Occupational Safety (OS);
- Occupational Safety indicated that education and awareness could be enhanced through information posters in high risk areas like clinics where occupational exposure can occur. Furthermore:
  - Occupational Safety needs to include universal precautions as part of the first aid training offered to staff;
  - Occupational Safety needs to include accident and hazard prevention strategies, work practice control, personal protective equipment, environmental control measures to minimize risk of contracting HIV and TB;

### **3.2.4 Communications**

#### **TASK TEAM MEMBERS**

Corporate Communications

Student Media

Faculty/ Department	NSP Pillars/enablers and NSP objectives	HEPF and UJ HIV Strategic Thrusts relevant to KRA	Key activities description	Target population	Reporting	Responsibility: expenditure
Internal Communications External Communications UJ FM Faculties/Departments/Divisions UJ Observer	Strategic Enabler: Communications  Changing Societal Norms and Values	<p><b>5:</b> A brand that identifies UJ with relevant, accessible and excellent higher education achieved through:</p> <p>Transforming the UJ brand strategy which incorporates an internal brand campaign that highlights annual themes related to HIV &amp; AIDS</p> <p>Targeted marketing messages related to HIV &amp; AIDS that ensures internal brand alignment with external messaging in the staff and student population.</p>	<p><b>Prioritise key messages around prevention, testing, care and support of HIV and AIDS</b></p> <p>Utilise mixed communications media and strategies to distribute and manage information about HIV and AIDS and create an educational platform</p> <p>Facilitate access to information on HIV and AIDS to staff, students and communities to raise awareness and facilitate behaviour change</p> <p><b>Engage with local and national media to promote the institutional HIV and AIDS response</b></p> <p>Enhance prominence and visibility of the institutional HIV and AIDS-related activities by publishing policies and communication about good practice research findings, models and other findings that mitigate the negative</p>	Staff Students   Staff Students	Quarterly	Relevant Faculty/Department/Division Corporate Communications UJ FM UJ Observer

			<p>impact of HIV and AIDS.</p> <p>Facilitate media opportunities around HIV and AIDS with internal and external stakeholders;          Coordinate joint media advocacy campaigns to promote the institutional response to HIV and AIDS</p>			
			<p><b>Promote external and institutional publications on HIV and AIDS</b></p> <p>Development of regular and recognisable publications about institutional activities related to HIV and AIDS</p>	<p>Staff          Students</p>		<p>Corporate Communications          Relevant          Faculty/Department/Division</p>

**RECOMMENDATIONS**

- Student media and their role (UJ FM and UJ Observer) to be reflected in the plan: addressing risky behaviours that fuel HIV infection: transactional sex, trans-generational sex, substance abuse (including alcohol abuse);
- Stigma towards key population groupings and women need to be addressed through media (both students and staff).

**3.2.5 Leadership**

**TASK TEAM MEMBERS**

MEC Representative on the HIV Committee  
 Chairperson of the HIV Committee  
 Head: Student Governance  
 Head: Student Life

SRC Representative on the HIV Committee  
HIV Committee members

Faculty/ Department	NSP Pillars/enablers and NSP objectives	HEPF and UJ HIV Strategic Thrusts relevant to KRA	Key activities description	Target population	Reporting	Responsibility: expenditure
Student Life  Student Governance  Risky Student Behaviour Committee (RSB)	Increase Safety and Reduce Vulnerability	<p><b>6:</b> Leadership that matters, in the institution and in civil society achieved through:</p> <p>Leadership roles and responsibilities</p> <p>Efficiency and Effectiveness.</p> <p>Student leadership development and mentoring.</p> <p>Institutional culture</p>	<p><b>HIV and AIDS related activities form part of student leadership annual programmes and reporting:</b></p> <p>Fifth pillar added in Student Life Structure to address Risky Behaviour i.t.o. contextual risks that drives the HIV epidemic</p>	<p>Residence Students</p> <p>Day House Students</p>	<p>Head: Student Life reports on Residence activities on Quarterly basis to Committee</p>	Student Life
			<p>BF4F Communications campaign to address risky student behaviour launched by Student Affairs in collaboration with Corporate Communications</p>	<p>All students</p>	<p>Corporate Communications</p>	<p>Student Affairs Corporate Communications</p>
			<p>Feeding Scheme established by Student Governance</p>	<p>Vulnerable students</p>	<p>Head: Student Governance reports on Governance activities on Quarterly basis to Committee</p>	



MEC Representative Chairperson HIV Committee	Strategic Enabler: Leadership Commitment	<p><b>6:</b> Leadership that matters, in the institution and in civil society achieved through:</p> <p>Leadership roles and responsibilities</p> <p>Efficiency and Effectiveness.</p> <p>Student leadership development and mentoring.</p> <p>Institutional culture</p>	<p><b>Governing and reporting</b></p> <p>Chairperson submits Quarterly reports to MEC representative, HIV and Wellness Committees; MEC representative submits quarterly and annual reports to Council, Senate, and MEC and place report on the intranet</p>	Council MEC Senate HIV Committee Wellness Committee	Quarterly  Annually	HIV Committee budget
			<p><b>Coordinate, facilitate and report on the impact of HIV and AIDS on core business areas</b></p> <p>KAPB and Sero-prevalence study to be repeated by HEAIDS in 2013/14</p>	UJ students and Staff	HEAIDS submit report to Vice Chancellor and HICC Chairperson	HEAIDS Budget
			<p><b>Monitoring and Evaluation</b></p> <p>Develop a monitoring and evaluation plan for implementation of institutional HIV and AIDS programme</p>	MEC Representative HIV Committee	M & E Plan approved by MEC in accordance with Charter	HIV Committee
			<p><b>Develop an impact strategic framework and strategy on internal and external sustainable development</b></p> <p>Provide Strategic Direction for the Institutional HIV and AIDS programme</p>	MEC Representative HIV Committee	Strategic Plan approved by MEC in accordance with Charter	HIV Committee

### Recommendations

- Encourage new ways of addressing HIV & AIDS-more dialogue focused; Approach needs to be diversified;
- Programmes need to include day students;
- Use social media to communicate to students;

- It was recommended that Dr Elna Mackintosh be invited to address students on sexuality and healthy relationships in general (not only HIV and condoms);
- LGBTI group re-committed to working in partnership with the LINK (student peer education group);
- LGBTI group requested that Medical Male Circumcision (MMC) needs to be promoted within residences;
- Feedback from Residences (Head: Student Life):
  - Residence structures are currently being reviewed i.t.o house committee portfolios;
  - It was recommended that the Health & Welfare House Committee Portfolio should be responsible for health & wellness in the broader sense (including HIV & AIDS)-to be reflected in the plan;
  - It was recommended that the Head: Student Life submits quarterly reports to the HIV Committee on projects/programmes initiated in residences. It was agreed that one HIV-related project needs to be conducted by each residence-this target to form part of the Health & Welfare Portfolio;
  - It needs to be noted that the SRC was absent at this meeting. However, the SRC Transformational Officer serves on the Committee and hence will report o.b.o the SRC (strongly recommended that the Head: Student Governance needs to coordinate this process);
  - The role and functions of the RSB Committee should also be reflected in the plan
  - Clear indicators and targets need to be stipulated in the plan

### **3.2.6 Monitoring and Evaluation**

This task team did not constitute a separate task team as Monitoring and Evaluation is integrated into all programme activities. However, it has to be acknowledged that the task team fulfilled its role during the implementation of the Policy Framework. Among other this involved: collecting and reviewing reports and ensuring that the monitoring obligations have been adequately met.

## **4. Final Remarks and Conclusion**

Overall it can be stated that the workshop objectives were achieved. The mission of the Committee was re-affirmed and key areas as well as the goals of the Committee were deemed to be still relevant. Based on these strategic key areas and goals, a five year strategic plan was developed at the workshop. Within the plan specific key areas of the various task teams were outlined and key activities

stipulated accordingly as per the key areas. While targets were set, the groups seemed to have struggled with target setting and alignment with National Norms and Standards for HIV & AIDS in HE (2010). Most groups have also omitted addressing the social and structural drivers of the epidemic, even though this NSP objective is relevant to all key result areas. The Academic task team was closest to setting of clear targets. A key recommendation thus is that a one day Monitoring and Evaluation (M & E) workshop is planned and held to both build capacity as well as better align the M & E section of the Strategic Plan. The M & E section of the Strategic Plan will be incorporated once clear targets have been developed at the M & E workshop planned for March 2013.

## 5. Appendices (available on request)

- i. Appendix 1: Participant list
- ii. Appendix 2: Presentation entitled: *Importance of Strategic Planning*
- iii. Appendix 3: Presentation entitled: *HIV & AIDS Scan and Strategic Direction*

## 6. References

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- i. <sup>i</sup>HIV prevalence and Related factors Higher Education Sector Study South Africa 2008–2009. Published by Higher Education HIV and AIDS Programme (HEAIDS)
  - ii. Shisana, O., Rehle, T., Simbayi, L.C., Zuma, K., Jooste, S., Pillay-van Wyk, V., Mbelle, N., Van Zyl, J., Parker, W., Zungu, N.P., Pezi, S., et al. (2009). South African national HIV prevalence, incidence, behaviour and communication survey 2008: A turning tide among teenagers? Cape Town: HSRC Press.
  - iii. Colvin, M., Connolly, C., & Madurai, L. (2007). The epidemiology of HIV in South African Workplaces. *AIDS* 21(S3), S13–19.
  - iv. Shisana, O., & Simbayi, L. (2002). Nelson Mandela/ HSRC study of HIV/ AIDS: South African national HIV prevalence, behavioural risks and mass media household survey. Cape Town: HSRC Press.
  - v. Department of Health (2008). The national HIV and syphilis prevalence study: South Africa. Pretoria: Department of Health.
  - vi. South African National AIDS Council (SANAC) 2011. National Strategic Plan for HIV and AIDS, STI's and TB (2012-2016). Pretoria: SANAC
  - vii. Department of Higher Education and Training (2012). Policy and Strategic Framework on HIV and AIDS, STI's and TB for Higher Education (2012-2016). Pretoria:DHET
  - viii. University of Johannesburg (2011). UJ's Strategic Thrusts: 2011-2020. Johannesburg: UJ
  - ix. Department of Higher Education and Training (2010). National Norms and Standards for HIV and AIDS in Higher Education. Pretoria: DHET