



**POLICY on HIV, TB and STIs**

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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>PrEP</b>	Pre-Exposure Prophylaxis
<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>STIs</b>	Sexually Transmitted Infections
<b>TB</b>	Tuberculosis
<b>UJ</b>	University of Johannesburg

# POLICY ON HIV, TB AND STIs

## 1. PREAMBLE

Attitudes and practices in universities about sexuality, gender inequalities and violence against women, youth pregnancy, HIV / AIDS and social justice remain critical aspects which could impact on student success. Gender inequalities, reducing women as subordinates in societies, is perhaps one of the fundamental reasons for the sexual abuse of young women at universities and require urgent attention. Additional, risky behaviours and attitudes by university students will continue unless investments in prevention programmes not only focus on education and awareness, but also aim to improve the overall student wellbeing and maintain social justice. Hence, to be effective, HIV, TB and STIs education and prevention programmes must address widespread forms of societal, gender inequalities and the persistence of sexual violence.

## 2. PURPOSE

The purpose of this policy is to provide the policy framework for the implementation of strategies and projects to create and maintain a work, learning and clinical environment that curb the spread and impact of the disease and to minimise the social, economic and human consequences of the HIV, TB and STIs.

## 3. SCOPE

This policy applies to all University employees as well as registered students of the University. Referrals to the external EAP services are available to immediate family members of permanent and contract UJ employees.

## 4. KEY CONCEPTS

- 4.1. **AIDS:** 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 the development of Acquired Immune Deficiency Syndrome (AIDS).
- 4.2. **A comprehensive response to HIV, TB and STIs:** Refers to the recognition that HIV, TB and STIs are biological, social, psychological, developmental and economic epidemics that require a comprehensive approach. Furthermore, this response must take cognizance of global developments on HIV, TB and STIs align interventions to these "best practices" in measurable terms. Thus the importance of an effective monitoring and evaluation system to support such a response. The comprehensive response can never be achieved without addressing the social and structural determinants that increase risk and vulnerability to HV, TB and HIV.

- 4.3. **HIV:** Human Immunodeficiency Virus that causes the immune system (the body's defence against infections and diseases) to weaken and leads to AIDS-related infections.
- 4.4. **HIV Transmission:** 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.
- 4.5. **HIV Transmission Routes:** 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).
- 4.6. **Key and Vulnerable communities:** Even though South Africa has generalised HIV and TB epidemics and high rates of STIs, it is acknowledged that some groups are more heavily affected than the general population and need targeted interventions programmes.
  - 4.6.1. According to NSP (2017), it classifies them as follows:
    - 4.6.1.1. Key populations for HIV and STI's are Sex Workers, Transgender people, Men who have sex with men, People who use drugs, inmates.
    - 4.6.1.2. Key populations for TB are People living with HIV, Household contacts of TB index patients, Health care workers, Inmates, Pregnant women, Children < 5 years old, Diabetics, People living in informal settlements, Mineworkers and peri-mining communities.
    - 4.6.1.3. Vulnerable populations for HIV, TB and STI's are Adolescent girls, and young women, Children including orphans and vulnerable children, People living in informal settlements, Mobile populations, migrants and undocumented foreigners, People with disabilities and Lesbian, Gay, Bisexual, Transgender and Intersex, (LGBTI+) populations.
- 4.7. **Sexually Transmitted Infections (STIs):** STI is an infection passed from one person to another person through sexual contact. An infection is when a bacteria, virus, or parasite enters and grows in a body.
- 4.8. **Social drivers:** According to the NSP, these are complex and multi-dimensional social drivers such as poverty, inequality, inadequate access to education, poor nutrition, migration, gender inequality and gender-based violence, and alcohol and substance abuse. These social drivers increase vulnerability to HIV, TB and STIs, deter individuals from seeking needed services early, and interfere with the ability of individuals to receive services and to adhere to prescribed regimens.
- 4.9. **Tuberculosis (TB):** 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.

- 4.10. **Universal Precautions:** 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.
- 4.11. **Universal Test and Treat (UTT):** This is the WHO strategy, in which all HIV infected individuals receive treatment whether in need or not. It is aimed at eliminating HIV as it reduces the rate of spreading the virus to other people.
- 4.12. **Vulnerable communities:** Groups of people that are susceptible to HIV, TB and STIs infection under certain circumstances. These include young women and girls, orphaned and vulnerable children, people in prisons and detention centres, people with disabilities, migrant and mobile workers and seronegative partners in serodiscordant couples.

## 5. POLICY PRINCIPLES

The University of Johannesburg acknowledges the seriousness of the HIV, TB and STIs epidemic and its implications for employees, students and the broader community. 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, TB and STIs programme and therefore the University's commitment to pro-actively formulate and implement strategies that maintain a work, learning and living environment that contains the spread and impact of the disease and contributes towards minimizing the social, economic and human consequences of the epidemic. Furthermore, in keeping with its goal 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 about HIV / AIDS, TB and STIs at all levels of society.

The fundamental principle is that HIV, TB and STIs infected persons are treated in all relevant aspects like other persons with comparable life-threatening conditions following the section outlined in the South African constitution:

### 5.1 Human Dignity

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

### 5.2. Equity, Rights and Responsibilities

- (a) All employees and/or students have a right to a safe working/learning environment and to be protected from HIV, TB and STIs but also have the coexisting responsibility for maintaining this environment.
- (b) Employees/students living with HIV, TB or STIs 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.

### 5.3. Non-discrimination

- (a) Employees/students are protected against discrimination, stigmatization and victimization.
- (b) A supportive and non-discriminatory environment should be created for

members of the University Community infected with or affected by HIV, TB or STIs to counteract prejudice and discrimination.

#### **5.4. Informed Consent**

- (a) No staff member/student/patient shall be required to undergo HIV, TB and STIs screening without informed consent.
- (b) Testing is accompanied by appropriate counselling.
- (c) Disclosure to third parties may only be made if informed written consent is obtained from the person concerned.

#### **5.5 Confidentiality**

- (a) The University respects the right of individuals to confidentiality about their HIV, TB or STI status unless legally otherwise indicated.
- (b) Testing and counselling on the campus are confidential. This includes testing by external service providers.
- (c) 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.

#### **5.6 Openness, Acceptance and Support**

- (a) Openness, acceptance and support for employees and students who voluntarily disclose their HIV, TB and/or STI diagnosis is promoted by:
  - (i) Encouraging persons openly living with HIV or diagnosed with TB or STIs to conduct or participate in education, prevention and awareness programmes;
  - (ii) Encouraging the development of support programme for employees and students living with HIV, TB or STIs;
  - (iii) Ensuring that persons who are open about their HIV status or TB or STI diagnosis are not unfairly discriminated against or victimised/stigmatised.

### **6. INSTITUTIONAL POLICY OBJECTIVES**

- 6.1. Recently, the South African National Aids Council (SANAC) has formulated the 2017-2022 National Strategic Plan (NSP), a master plan outlining the country's key interventions on responding to the prevention and treatment of HIV and AIDS, TB and STIs. Aligned with the guidelines of the World Health Organization's (WHO's) on evidence-based Universal Test and Treat (UTT), the NSP includes universal coverage for all people, especially key and vulnerable populations.
- 6.2. The University of Johannesburg (UJ), aims to fulfil an integrated coordination role where broader issues affecting students' gender equality, HIV / AIDS, social justice and sexuality will be addressed through strategic partnerships with various academic departments to encourage curriculum integration, primary health care (PHC) and student counselling services (SCS). The coordinating office (IOHA), seeks to promote UJ's strategic intent by pro-actively formulating and implementing strategies that maintain a work, learning and clinical environment that recognises the spread and impact of the disease and for contributing towards minimising the social, economic and human consequences of the HIV / AIDS epidemic.
- 6.3. To provide strong, committed, institutional and societal leadership through the institution's role of producing graduates, stimulating academic discourse and disseminating new knowledge, the following objectives are applicable:

### **6.3.1. Prevention of HIV, TB and STIs**

- (a) The comprehensive response that will reduce the negative impact of HIV, TB and STIs;
- (b) The curriculum response in terms of teaching and learning, research and community engagement, as well as an integrated approach to the curriculum within and among departments and/or faculties;
- (c) The HIV, TB and STIs 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;
- (d) Sustained programmes and services for the prevention of HIV, TB, and STIs.

### **6.3.2. HIV, TB and STIs Care and Support**

- (a) Management of and support services for employees and students who are living with HIV, TB and STIs;

### **6.3.3. Sexual and Human Rights**

- (a) 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 key and vulnerable groups.

### **6.3.4. Social Mobilization**

- (a) Promotion and facilitation of Behaviour Change and Communication (BCC) through:
  - (i) Integrated approaches to influence behaviour change amongst students and staff community such as campaigns, events and digital media technology;
  - (ii) Edutainment, which is one of the multi-prolonged approaches utilized to preventing HIV, TB and STIs infections and has been recommended as an effective tool that can be used for behaviour change.

### **6.3.5. Leadership**

- (a) Leadership and shared accountability for a sustainable response to HIV, TB and STIs through the Wellness committees (with oversight being provided by the MEC Transformation Committee) with a clearly defined charter;
- (b) Support the office to coordinate the role of the HIV / AIDS, TB and STIs response programme in accordance with the White Paper for PSET (2013), Transformation Framework for HE (2015), NSP for HIV, TB and STIs (2017), Adolescent and Youth Policy (2017) and Social Inclusion Policy Framework of PSET (2016), currently known as IOHA;
- (c) Make provision for subcommittees/working groups to engage representatives from all sectors (employees and students), as full partners in the development and implementation of a comprehensive academic, research, prevention and care strategies.

### **6.3.6. Partnerships**

- (a) Engagement with external organizations at regional, and national levels and participation in community outreach projects where appropriate.

### **6.3.7. Resource Mobilization**

- (a) Strategies to deal with the direct and indirect costs of HIV and AIDS, TB and STIs at the University with due regards to affordability.

## **7. MONITORING AND EVALUATION**

- 7.1. The UJ realizes the importance of a monitoring and evaluation process to measure impact and progress;



- 7.2. The comprehensive monitoring of UJ response within UJ, including staff and student structures through submission of quarterly reports to the Chairperson of the Student and Staff Wellness Committees. The report serves at relevant UJ Forums.

## **8. ACCESS TO INFORMATION**

- 8.1. The UJ Staff and Student Wellness Committees will ensure that communication and awareness of the HIV, TB and STIs policy to the wider UJ Community take place.

## **9. POLICY GOVERNANCE**

- 9.1. The University Wellness Committees monitors UJ's response on HIV, TB and STIs matters and reports to the MEC Transformation Committee quarterly.

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

- 10.1. Regular review of the Policy is conducted under the University Policy on Policy Development and Policy Amendment. Protocols are reviewed on an annual basis per the latest scientific findings, amendments to national legislation and/or national and regional strategic plans.