

# INTRODUCTION

## 1.1 Background

Papua New Guinea (PNG) is declared among the countries in the Asia-Pacific Region with a generalized HIV/AIDS epidemic. The socio-economic realities and behaviours moulded by cultural and sexual practices as well as the gender dimensions in PNG present ideal conditions for the rapid spread of HIV and other sexually transmitted infections (STI).

The socio-economic threats of the spread of the HIV/AIDS epidemic within specific communities and societies are widely acknowledged. These have led to various global and regional responses. Consistent with these, the National PNG Government has taken a lead role in adopting a range of legislative and other policy responses. Some of the key policy initiatives include the approval of: (i) the *National AIDS Council Bill* in 1997; (ii) the *HIV/AIDS Management and Prevention Act 2003*; (iii) the *National Strategic Plan on HIV/AIDS 2004 -2008*; and (iv) the inclusion of *HIV/AIDS prevention* program among the important multi-sectoral development priorities in the *Medium Development Strategy 2005 – 2010*.

As part of the national response, the Ministry of Education is amongst the key stakeholders in the fight against the HIV/AIDS epidemic. It is not only the largest employer organization in PNG, but also has the potential to influence more than 1 million school-aged children throughout the country. The recent launching of *the Department of Education HIV/AIDS Policy for the National Education System of PNG 2005* and the adoption of a set of unified *Resolutions for the Higher Education Institution's Response to HIV/AIDS* epidemic are the landmarks for the Ministry's overall commitments.

Consistent with these, this HIV/AIDS Policy Response outlines the University of Goroka's (UOG) response to the HIV/AIDS epidemic. It provides strategies needed to prevent and contain the spread of HIV and other sexually transmitted infections (STI) within the university community.

## 1.2 Goals of the Policy

The response to the HIV/AIDS epidemic by the UOG is consistent with its mission as a leading teacher education institution, its responsibilities to the university community, and its services to the local and PNG communities.

In line with these, the University adopts *a Mandatory University-Wide Approach* to engage all faculties, departments and sections in implementing a range of HIV/AIDS related programs and activities.

More specifically, the main aims of the University's HIV/AIDS Response are:

1. to acknowledge and outline the University's response to the HIV/AIDS epidemic consistent with various international and National PNG Government's regulations, policies, plans and guiding principles;
2. to develop and implement a Mandatory University-Wide Approach to '*the teaching, research, prevention and awareness, and community outreach programs and activities*' in efforts to prevent, contain, and reduce the prevalence of HIV and other sexually transmitted diseases (STD) within the university community; and
3. to formally institute a range of "*teaching and administrative mechanisms and arrangements*" that are essential in providing a more systematic approach in implementing the University's HIV/AIDS Policy Response.

### **1.3 Scope of the Policy**

Greater social mobility, economic activities, and personal attitudes and sexual behaviours provide conditions for the spread of HIV and other sexually transmitted infections (STIs). The scope of the University's HIV/AIDS Policy Response therefore targets the following related aspects. These are:

1. the University community is comprised of diverse individuals and groups. They include staff and their families and students from all over PNG. It is especially more vulnerable to the spread of HIV and other STIs due to new student intakes each year, their conditions of living, and staff mobility and economic status.
2. the University's mission is '*Creating the Future*' through producing highly trained professional teachers for the PNG school system and its standing as an institution of higher learning. As such, its graduates are among the highly trained professionals who are expected to serve as good role models, especially in the schools and communities that they live and work.
3. the University is strategically located in the most densely populated highlands region. The five highlands provinces are all connected by the Highlands Highway and are further linked to the coastal provinces of Morobe and Madang. The greater social mobility and economic activities within the region not only exposes the university community to a more vulnerable situation, but also broadly extends its scope of HIV/AIDS response and focus.
4. the University can provide leadership in aspects of curriculum, teaching, research, and community engagement, as well as, in promoting a human rights based approach to addressing the HIV/AIDS pandemic and its impact in PNG.

## 1.4 Views of Affected Individuals and Groups

This HIV/AIDS Policy Response has been developed as a result of collaborative efforts and data obtained from wide-ranging views from individuals and groups within the university community.

The analyses of the views obtained were overwhelmingly supportive of the University Administration in its response to the HIV/AIDS epidemic. In particular, to formally establish appropriate mechanisms and arrangements to prevent, contain, and reduce the spread of the disease within the university community.

A synopsis of the key comments obtained which significantly shaped the final draft of this policy submission is summarized below.

- *the need to design and develop “a Compulsory HIV/AIDS Course Program” under the University’s current Health Education Program. This thus will ensure quality and consistency in programming and teaching of HIV/AIDS and as well avoid repetition, especially if decisions are left open to different faculties, departments and sections.*
- *the need to clearly define the working relationships between the curriculum and teaching aspects of HIV/AIDS from the usual logistics or administrative aspects.*
- *the University also has health workers, pastors, school administrators and senior teachers amongst its student groups and they need to be appropriately utilized and also prepared for their respective roles upon their return to work.*
- *the need to include the World HIV/AIDS Day within the University’s Annual Calendar.*

## **GUIDING PRINCIPLES**

The principles that guide the University's HIV/AIDS Policy Response are in accordance with international conventions and National PNG Government's regulations, policies, plans, and guidelines as are set out in Appendix ().

### **2.1 Rights and Responsibilities of Staff and Students**

#### **Principle 1: Right to Equal Treatment**

No student or staff member living with HIV/AIDS maybe unfairly discriminated against, either directly or indirectly, but must be treated in a just, humane manner that respect their status as human beings and citizens of Papua New Guinea.

#### **Principle 2: Respect Others**

All students and staff must respect the rights of each other.

#### **Principle 3: Institutional Responsibility**

Institutions must endeavour to prevent the transmission of HIV, and protect students and staff who are living with HIV/AIDS as well as those who are not. To assist the protection of all student and staff, universal precautions must be applied and carried out regardless of the known or unknown HIV status of individuals concerned.

#### **Principle 4: Personal Responsibility**

Every person is responsible for his/her own social and sexual behaviours and choices. This also includes a moral responsibility to protect themselves and others from HIV/AIDS infection. Intentional transmission of HIV to another person is a serious criminal offence under Section 23 of the HAMP Act of 2003.

### **2.2 Integrating AIDS into the Culture, Teaching, Research and Outreach of Higher Education Institutions**

#### **Principle 5: Leadership**

Institutions leaders must take responsibility for ensuring that the institution integrates HIV/AIDS strategies into its core functions and must also foster and support student leadership in response to HIV/AIDS.

#### **Principle 6: Teaching for Life within the Culture of Higher Education Institutions**

Institutions must ensure that students are provided with the opportunity and the guidance to act responsibly in all aspects of their lives, not just their sexual lives. In addition to formal course offerings, this requires the provision of other educational activities and services within the broader culture of the institution.

#### **Principle 7: Teaching HIV/AIDS within Formal Curriculum**

Institutions must aim to include an HIV/AIDS component across all curriculum and develop curriculum suitable for all levels of education and training, including further

learning opportunities, in order to build the capacity of practitioners, in health and other professions, to respond to and manage HIV/AIDS.

**Principle 8: Research**

Those institutions which see it as a priority, will engage in internally initiated research and cooperate with NACS in its research initiatives.

### **2.3 Preventive Care and Support Services**

**Principle 9: Approach**

Institutions agree to implement ongoing holistic and multi-dimensional measures that foster an environment of trust, and which respect human rights, spiritually, gender issues and the principles of student participation and greater involvement for people living with HIV/AIDS.

**Principle 10: Unique Approach for Each Institution**

There is no one formula for all institutions. Each institution must take into account of its vision, mission, needs, and values and formulate a plan that addresses its community.

**Principle 11: Care and Support**

While higher educations must prioritise measures in the cause of prevention, within their institutional limitations, they will offer support and care to students and staff living with HIV.

**Principle 12: Collaboration Within Higher Education**

Institutions agree to foster cooperation and partnerships among themselves in response to HIV/AIDS. This may include the formation of an educator support network to share information and encourage each other regularly in promoting AIDS awareness.

**Principle 13: Collaboration With Other Organisations**

Institutions agree to cooperate and partner with government, National Aids Council Secretariat (NACS), non-governmental organizations (NGOs), churches and other organizations in research, counseling, and education programmes in response to HIV/AIDS.

### **2.4 Policy Implementation, Monitoring and Review**

**Principle 14:**

Each institution will endeavour to establish the means to monitor the effectiveness of HIV/AIDS activities and the HIV status of its community in order to review its policies and improve its response.

## **UNIVERSITY'S HIV/AIDS POLICY RESPONSE**

### **3.1 Preamble**

The University of Goroka, as a leading teacher education institution, and its strategic location within the socially mobile and economically rich highlands region, has a social and educational commitment to be part of the national response to the HIV/AIDS epidemic.

The University's HIV/AIDS Policy response is further demonstrated by:

- acknowledging the relevant provisions of the Constitution of the PNG, the HIV/AIDS policy, the National Gender Policy, the National Policy on Population and Sustainable Development and the requirements of *the HIV/AIDS Management and Prevention Act 2003*; and
- accepting the importance of addressing the stigma often associated with HIV/AIDS infection and the need to promote a human rights based approach to HIV/AIDS; and
- recognizing that many students entering the University are sexually active and that the rate of students' sexual activity increases over the course of their University career; and
- recognizing the seriousness of the HIV/AIDS epidemic and its significant impact on the workplace.

In addressing the mitigation impacts of HIV/AIDS therefore requires the full participation and commitments of all individuals and groups both within and outside of the university community. Through this approach, the University hopes to build a caring and socially-engaged community based on the integrity of, and respect for, the human person.

### **3.2 HIV/AIDS in Workplace**

This HIV/AIDS Policy is built around the mitigation impacts of HIV/AIDS and other international and the National PNG Government's legislative and policy responses. The following are some of the key workplace behaviours and attitudes that are to be observed within the university community. These are:

- an awareness among the University community must be created by giving health information on the prevention of HIV/AIDS as a killer disease;
- people living with HIV/AIDS will not be discriminated against in obtaining access to education, scholarships, accommodation, employment and accompanying employment benefit at the University;

- people living with HIV/AIDS are guaranteed equal protection under the law;
- people living with HIV/AIDS have the right to dignity, respect, and privacy concerning their HIV/AIDS status;
- voluntary and confidential rapid testing and counseling for persons with HIV/AIDS should be encouraged and facilitated;
- HIV/AIDS has to be understood and addressed in its social context including gender power relations, sexual violence against women and children and changing values and meanings around “sexuality”;
- the University has an obligation to provide access to information, prevention, care and support services for students, staff, and their dependents infected and affected by HIV/AIDS. Staff and students are encouraged to seek this information and these services;
- the University must create learning and working environment that is supportive, sensitive, and responsive to employees, students, and their dependents with HIV/AIDS. The University, however, does not have an obligation to accommodate employees and students who refuse to work with, study with, or be housed with other employees or students living with HIV/AIDS.

### **3.3 Rights and Responsibilities of Staff and Students Including Those Affected by HIV/AIDS**

#### **3.3.1 Rights of Staff**

1. No employee or applicant for employment at the University shall be required to undergo an HIV test, or disclose his or her HIV/AIDS status. However, staff and their family members are encouraged to undergo voluntary confidential HIV/AIDS tests in their own best interests.
2. The University acknowledges that HIV status is not on its own an indication of fitness for employment. The University shall not use the HIV/AIDS status to deny an employment contract or refuse to renew a contract.
3. HIV/AIDS status shall not be used as a criterion in human resource development, including promotion, training or scholarship support.
4. Employment shall not be terminated on the grounds of HIV/AIDS status. HIV/AIDS status shall not be used to influence retrenchment or retirement decisions on grounds of ill health, unless a member of staff is no longer physically or mentally fit to continue his/her work.
5. HIV/AIDS status shall not be reflected in the personal files of employees.
6. The HIV/AIDS status of employees shall not be disclosed without the informed consent of the employee concerned.
7. While the University practices non-discrimination with respect to its employees’ HIV/AIDS status, it recognises that the practices of parties external to the University (e.g. some foreign visa applications, medical or insurance schemes) are not entirely within its control. The University, however, shall endeavour to negotiate with benefit providers for equal and non-discriminatory benefits.
8. Employees have a right to a supportive and safe working environment in which persons with HIV/AIDS are accepted and not stigmatized.

9. Employees have a right to know of possible risks of occupational exposure to HIV in their working environments.
10. The University endeavours to provide a working environment in which the occupational exposure to HIV is minimised, and will provide the necessary personal protective equipment. In addition to providing the necessary protective equipment, staff will be taught how to use it and be educated in general on the risks of exposure and the use of universal precautions. (See Appendices)
11. Post Exposure Prevention (PEP) Treatment – PEP Treatment will be available to staff members:
  - Who have accidentally become exposed to HIV in the course of their work (e.g. by needle-stick);
  - Who have been sexually assaulted.
 It is expected that staff should be responsible for their own sexual behaviour.
12. No staff should receive blood or blood products that have not been screened for HIV by a reliable source, except in a life or death emergency; similarly no staff should be given any injection with non-disposable needles or syringes.
13. No staff should use human blood in experiments or practical classes except where it is certified as HIV free.
14. Collection of blood samples for research or other purposes will not be subject to HIV screening without the prior informed consent of the donor.

### **3.3.2 Rights of Students**

1. No prospective student at the University shall be required to undergo an HIV test, or disclose his or her HIV/AIDS status. However, students are encouraged to undergo voluntary confidential HIV/AIDS tests in their own best interests.
2. No student at the University shall be required to undergo an HIV test, or disclose his/her HIV/AIDS status without prior informed consent.
3. The University shall not use HIV/AIDS status in considering the granting of loans, grants and scholarships. The University shall actively promote the GIPA (Greater Involvement of People Living with AIDS) principles as enunciated by UNAIDS.
4. The University shall not use HIV/AIDS status in determining admission to residence on campus.
5. HIV/AIDS status shall not be reflected in the personal files of students.
6. The HIV/AIDS status of student shall not be disclosed without the prior informed consent of the persons concerned.
7. Students' registration shall not be terminated on the grounds of their HIV/AIDS status, unless the student is no longer physically or mentally fit to continue his/her studies.
8. The results of HIV tests conducted at University Student Services will remain confidential between the student and the person authorized to give the result and blood samples collected for other purposes will not be screened for HIV status without the prior informed consent of the donor.
9. While the University practices non-discrimination with respect to its students' HIV/AIDS status, it recognises that the practices of parties external to the University (e.g. some foreign visa applications, medical or insurance schemes) are not entirely

within its control. The University, however, shall endeavour to negotiate with benefit providers for equal and non-discriminatory benefits.

10. Students have a right to a supportive and safe learning and working environment in which persons with HIV/AIDS are accepted and not stigmatized.
11. Students have a right to know of possible risks of occupational exposure to HIV in their working environments.
12. The University endeavours to provide a working environment in which the occupational exposure to HIV is minimised, and will provide the necessary personal protective equipment. In addition to providing the necessary protective equipment, students (HRCN) will be taught how to use it and be educated in general on the risks of exposure and the use of universal precautions. (See Appendices)
13. Post Exposure Prevention (PEP) Treatment – PEP Treatment will be available to students:
  - Who have accidentally become exposed to HIV in the course of their work (e.g. by needle-stick),
  - Who have been sexually assaulted.It is expected that students should be responsible for their own sexual behaviour.
14. No student should receive blood or blood products that have not been screened for HIV by a reliable source, except in a life or death emergency; similarly no student should be given any injection with non-disposable needles or syringes.
15. No student should use human blood in experiments or practical classes except where it is certified as HIV free.
16. Collection of blood samples for research or other purposes will not be subject to HIV screening without the prior informed consent of the donor.

### **3.3.3 Responsibilities of Staff and Students**

1. All staff and students must be ‘AIDS literate’ at the very least and think seriously about the most effective ways to bring about behavioural change for themselves and in the wider community. We must recognise that our leadership role in combating and managing the impact of HIV/AIDS is an integral part of our responsibilities, and a core value in the ethos of the University.
2. Everyone has an individual responsibility to protect herself/himself against infection. Students and staff living with HIV/AIDS have a special obligation to ensure that they behave in such a way as to pose no threat of infection to any other person.
3. Health sciences and science staff and students who are living with HIV/AIDS have an obligation to choose professional paths that eliminate the risk of transmission to their students and colleagues.
4. Staff and students have a responsibility not to discriminate against and stigmatize members of the University community living with HIV/AIDS.
5. No staff and students may use HIV/AIDS as a reason for failing to perform work, complete assignments, attend lectures or field trips or write examination unless justified by a Counselor or Medical Officer.

## **KEY HIV/AIDS STRATEGIES**

The UOG's mission is '*Creating the Future*' through preparing and producing highly trained professionals both for the PNG school system and as well for the general workforce in the country. Consistent with this, the University is fully committed to provide "*a Mandatory University-Wide HIV/AIDS Approach*" in its efforts to prevent, contain, and promote relevant knowledge and information on HIV/AIDS.

The key strategies that underpin the Mandatory University-Wide HIV/AIDS Approach include:

1. the HIV/AIDS Prevention, Counseling, Care and Support Services
2. the HIV/AIDS Curriculum and Teaching Program;
3. the HIV/AIDS Research and Evaluation Program
4. the HIV/AIDS Community Outreach Program
5. the HIV/AIDS Information and Awareness Program

### **4.1 HIV/AIDS Prevention, Counseling, Care and Support Services**

The first important strategy contained in the Mandatory University-Wide HIV/AIDS Approach concerns *the HIV/AIDS Prevention, Counseling, Care and Support Services*, especially within the immediate University community.

The University as a large co-educational institution has an overall responsibility for the care, safety, welfare and learning of its students and the employment and welfare conditions of its staff. This Strategy is employed consistent with the *Rights and Responsibilities of Staff and Students* as are outlined above in Sub-Sections 3.3.1 to 3.3.3.

The University is fully committed to ensuring that all necessary measures and mechanisms including social, administrative, and medical services will be taken to prevent, contain, and reduce the prevalence of HIV and other STIs within the University community.

#### ***Specific Objectives***

The specific objectives of the HIV/AIDS Prevention, Counseling, Care and Support Services are to address the following key aspects of HIV/AIDS within the University community. These include the provision of:

1. HIV/AIDS prevention and awareness
2. HIV/AIDS counseling services
3. HIV/AIDS care and support
4. HIV/AIDS treatment and care

#### **4.1.1 HIV/AIDS Prevention and Awareness**

The University has a duty to educate and inform its members about HIV/AIDS. On the other hand, the foremost amongst the preventative measures is that all staff and students also have a responsibility not only to be “*HIV/AIDS literate*”, but at the very least, to make behavioural changes in themselves and in the wider community.

In addition, the University is also mindful of the need to provide an environment of mutual trust, and with respect for human rights, gender issues and moral and spiritual beliefs and practices. These need to be done with greater participation of all staff and students and involvement of people living with HIV/AIDS.

##### ***Specific Objective***

The University will implement a range of HIV/AIDS Prevention and Awareness strategies in order to prevent, contain, and reduce the prevalence of HIV and other STIs within the university community.

##### ***Strategies for HIV/AIDS Prevention and Awareness***

The University will employ the following strategies to prevent, contain and reduce the prevalence of HIV and other STIs within the university community. These are:

- all staff and students will have access to appropriate and sensitive information on aspects of preventing and coping with HIV/AIDS;
- opportunities for education and training will be made available to all staff and students which focus on the relevance of HIV/AIDS to their own lives and to develop social attitudes toward caring and tolerance for non-discriminatory approaches to HIV/AIDS;
- encourage the use of condoms as a way of promoting safe-sex and in preventing the contraction of HIV and other STI;
- the supply of condoms to be made available and distributed widely through the University Health Centre, the office of the HIV/AIDS Counselor, and Student Services;
- encourage staff and students to voluntarily seek free and confidential counseling to be provided by the HIV/AIDS Counselor;
- as a safe and preventative measure, encourage staff and students to voluntarily seek free and confidential testing to be provided through the University Clinic;
- encourage and promote the use of free STI care provided through the University Clinic;
- develop and implement HIV/AIDS peer education programs on campus and in student residences;
- sponsor public forums, such as seminar presentations, discussions, dramas, and debates on issues related to HIV/AIDS and other sexually transmitted diseases (STD);
- encourage responsible sexual behaviour including abstinence;

- campaign against sexual harassment of women, child abuse and social violence and other discriminatory practices;
- particular attention will be paid to addressing issues of loss, grief and bereavement;
- institute adequate measures to prevent the spread of HIV in contact sports;
- universal precautions will be implemented whenever the potential for exposure to blood or other high risk body fluids exists;
- promote an overall environmental health awareness in relation to good health and well-being.

#### **4.1.2 HIV/AIDS Counseling Services**

The University will employ a full-time specialist HIV/AIDS Counsellor with appropriate office space, facilities and equipment necessary to provide provision of HIV/AIDS counselling and support services at the University campus.

##### ***Specific Objectives***

The University will formally employ a full-time specialist HIV/AIDS Counsellor who will provide HIV/AIDS related counselling and other services free-of-charge to all staff and students.

##### ***Strategies for HIV/AIDS Counselling Services***

Consistent with the World Health Organisation (WHO) Guidelines on Counselling, the University will provide the following services. These are:

- all staff and students will have access to appropriate HIV/AIDS counseling and support services to be provided free-of-charge by a specialist HIV/AIDS Counselor;
- the University will ensure that anyone seeking counseling and all records connected with HIV/AIDS counseling, testing and support services are kept confidential;
- the University, upon advise from the HIV/AIDS Counsellor and with strict confidence, will encourage and facilitate avenues for support groups for staff and students infected and/or affected by HIV/AIDS;
- the HIV/AIDS Counselor and the University Clinic will identify and make appropriate referrals for other forms of social support for those infected and/or affected by HIV/AIDS.

#### **4.1.3 HIV/AIDS Care and Support**

The University has an important duty to prevent and protect the spread of HIV/AIDS and other STDs within the university community. It also recognises the need for greater care and support for those infected or affected by HIV/AIDS, which are extremely costly and also involve other related risks.

In view of these, it needs to be strongly emphasized that **the battle against the escalating spread of HIV and other STDs is first and foremost a personal**

**responsibility** for every individual person. The University's response is largely in the form of **social prevention, facilitation, coordination, monitoring, and support services** involving the whole university community.

For example, the University is not a mandated HIV/AIDS Care Centre or a hospital. It also does not have the financial capacity, nor the medical facilities, equipment, and expertise to provide medical treatment and care for those affected or infected with HIV/AIDS. Because of these, all medical related cases which are found to be beyond the capacity of the University's Health Clinic, will be appropriately referred to the recognized hospitals and HIV/AIDS care centres.

### ***Specific Objective***

The University's HIV/AIDS counseling, health clinic, and student services will generally monitor and provide all forms of prevention, facilitation, coordination, and support services for initial HIV/AIDS cases within the University campus. Other relevant and appropriate care and referrals will also be arranged for those infected with HIV/AIDS to hospitals and HIV/AIDS care centres.

### ***Strategies for HIV/AIDS Support for Students***

Consistent with the Rights and Responsibilities of Students outlined above in Sub-Sections 3.3.1 to 3.3.3, the University will ensure that the following measures are adhered to in order to protect both the interests and needs of those unaffected and those infected or affected by HIV/AIDS within the university campus. These are:

- all students living with HIV/AIDS will be treated in a just, humane and life-affirming way;
- no student may refuse to study with, or to be housed with, student(s) living with HIV or AIDS;
- any unfair discrimination or prejudice will be dealt with and appropriate disciplinary steps taken by the University;
- should a student become too ill to continue to study, he/she will be treated in the same way as students with other comparable illnesses;
- no student may use his/her HIV status as a reason for failing to perform work, complete assignments, attend lectures or write examinations. Exceptions shall be considered only on professional medical and legal advice;
- the HIV/AIDS status may not be used to evade UOG rules and regulations. Standard disciplinary procedures will apply for infringement of university rules, regardless of HIV/AIDS status;
- the University will ensure that its planned HIV/AIDS activities are innovative, address strategic priorities, and are inter-disciplinary.

### ***Strategies for HIV/AIDS Support for Staff***

Consistent with the Rights and Responsibilities of Staff outlined above in Sub-Sections 3.3.1 to 3.3.3, the University will ensure that the following measures are adhered to for the general good or interests of all staff within the university campus. These are:

- all staff living with HIV/AIDS will be treated in a just, humane and life-affirming way;
- no staff may refuse to work with, or to be in the same office with, a member of staff living with HIV or AIDS;
- any unfair discrimination or prejudice will be dealt with and appropriate disciplinary steps taken by the University;
- should a staff member become too ill to continue to work, he/she will be treated in the same way as other staff members with other comparable illnesses;
- no staff may use his/her HIV/AIDS status as a reason for failing to perform work, attend lectures or other related professional duties and responsibilities. Exceptions shall be considered only on professional medical and legal advice;
- the HIV/AIDS status may not be used to evade UOG rules and regulations. Standard disciplinary procedures will apply for infringement of university rules, regardless of HIV/AIDS status;
- the University will ensure that its planned HIV/AIDS activities are innovative, non-discriminatory, address strategic priorities, and are inter-disciplinary.

#### **4.1.4 HIV/AIDS Treatment and Care**

The University provides and supports a small but an adequate Health Clinic for the university community. It employs a specialist doctor and support nursing staff to provide appropriate regular health clinics and services for all staff and students. However, as is indicated above in Sub-Section 4.1.3, the Clinic is not fully equipped and does not have the capacity to provide fulltime treatment and care for those affected or infected with HIV/AIDS and other STDs.

Because of these, all medical related cases which are beyond the capacity of the University Clinic will be appropriately referred to the recognized hospitals and HIV/AIDS care centres.

#### ***Specific Objective***

The University Clinic will provide initial diagnoses, treatment, care and support services to staff and students who seek free and confidential HIV/AIDS testing and other initial treatment. Appropriate arrangements and referrals will also be made for those seeking specialist medical treatment and care in recognized hospitals.

### ***Strategies for HIV/AIDS Treatment and Care***

The following strategies will ensure that the University Clinic adequately provides provisions of regular health services as well as assistance toward care and treatment of HIV/AIDS. These are:

- all staff of the UOG Health Services will be trained in the comprehensive care and management of HIV/AIDS;
- the University will investigate the possibility of providing cheap, affordable anti-retroviral treatment;
- an affordable ambulatory HIV/AIDS wellness programme will be developed and provided for students with HIV/AIDS. This will include provision of inexpensive prophylactic therapies, blood tests, contraception, nutritional interventions and early treatment of opportunistic infections;
- referral networks with health services will be developed and maintained;
- information on services in and around campus will be made available to all staff and students;
- the University believes that it is not appropriate for students with any terminal illness, including end-stage AIDS, to be in residence. The necessary palliative care and support cannot be provided in such an environment. Every attempt will be made to relocate the student to an appropriate environment, such as the hospital, hospice, and home.

### **4.2 Mandatory HIV/AIDS Curriculum and Teaching Program**

The second important strategy in the Mandatory University-Wide HIV/AIDS Approach relates to *the Mandatory Teaching of HIV/AIDS Education Program*. This Program is consistent with the UOG's mission in 'Creating the Future' through producing highly trained professionals for the PNG school system and the country's workforce.

The Program, which has been endorsed by the University Board Studies, will commence in 2007. The Program will be offered as an enrichment course for all first-year students. It will be coordinated by the Faculty of Science through the Health Education Section and will involve all faculties, departments and sections through the teaching of various course modules.

The mandatory teaching of the HIV/AIDS Education Program involves two major components which are specifically designed:

1. to institutionalize the mandatory teaching of a university-wide HIV/AIDS Education Program as an enrichment course for all first-year students to be offered and coordinated under the Health Education Program; and
2. to incorporate relevant and related aspects of HIV/AIDS in all academic programs and activities across all faculties, departments and sections within the University.

### 5.2.1 Mandatory Teaching of HIV/AIDS Education Program

The University will commence the mandatory university-wide teaching of *a HIV/AIDS Education Program* in 2007. The Program, which will comprise 5 teaching modules within a semester, will be offered as an enrichment course for all first-year students. The course will involve 3 hours of lectures and tutorial times with an equivalent 3 Credit Points.

#### *Specific Objectives*

The HIV/AIDS Education Program is specifically designed:

- to address contemporary issues related to HIV/AIDS and provide students with the ability to integrate this knowledge and awareness into practice; and
- to enhance personal and professional development of students through its emphasis on important knowledge about HIV/AIDS, health and prevention measures, social, cultural, economic, and ethical values, issues and impacts, and the aspects of personal and institutional management, monitoring and communication aspects of HIV/AIDS.

#### *Strategies for HIV/AIDS Education Program*

The mandatory teaching of the HIV/AIDS Education Program will involve the following strategies. These are:

- the program will be offered as an enrichment course for all first-year students at UOG during a semester of approximately 14 weeks;
- the course will involve 3 hours of lectures and tutorial times each week with an equivalent 3 Credit Points;
- the course is divided into 5 interrelated modules covering relevant and related knowledge and information about HIV/AIDS;
- all faculties, departments and sections collectively have been engaged in the design and development of the HIV/AIDS Curriculum and the related course modules. They will also be required to teach the various course modules;
- the main components of the Course Modules include the following HIV/AIDS related areas, which include:

<b>Course Module Components</b>	<b>Time</b>
1. Knowing HIV/AIDS and Reproductive Health	3 weeks
2. Social and Cultural Values	3 weeks
3. Development Impacts and Issues	3 weeks
4. HIV/AIDS Policy, Ethics and Administration	2 weeks
5. HIV/AIDS Curriculum and Teaching in Schools	2 weeks

### 5.2.2 Aspects of HIV/AIDS in All Academic Programs

The mandatory university-wide approach to the HIV/AIDS Curriculum and Teaching further involves all faculties, departments and sections within UOG to review and

incorporate relevant and related aspects of HIV/AIDS within their current course programs and activities.

### ***Specific Objective***

The strategy will provide students with an in-depth knowledge and understanding about HIV/AIDS which are more specifically related to the normal course programs offered in all faculties, departments and sections within UOG.

### ***Strategies for Incorporating Aspects HIV/AIDS in All Academic Programs***

:

- all deans, heads of departments and strands will be responsible for the incorporation and supervision of all HIV/AIDS curriculum related programs and activities within the existing course programs.
- all lecturers will be encouraged to incorporate relevant aspects of HIV/AIDS in their course programs and lectures and tutorial sessions.

## **5.2 HIV/AIDS Research and Evaluation Program**

Research and evaluation are significant part of tertiary level teaching and learning at the University. The University through its academic programs and expertise can provide leadership in aspects of applied social research including problems related to the HIV/AIDS epidemic.

### ***Specific Objective***

This strategy is specifically designed to engage and fully utilize the University's professional staff and research expertise in all aspects of educational research and evaluation including aspects of HIV/AIDS.

### ***Strategies for HIV/AIDS Research and Evaluation***

The conduct of relevant and related research and evaluation activities on aspects of HIV/AIDS will involve the following strategies. These are:

- the University's *Research and Ethics Committee* will have overall responsibility for determining, among others, the conduct of relevant and related research and evaluation activities on aspects of HIV/AIDS;
- the University's *Health Education and HIV/AIDS Education Programs* will provide special emphasis on aspects of HIV/AIDS research and evaluation;
- the University's current and expanding *postgraduate academic programs* also strongly emphasize research thesis and dissertation work and efforts will be made to encourage research on HIV/AIDS; and
- any large scale commercial research project related to HIV/AIDS will be appropriately handled by University's business arm, *UNIGOR Consulting Ltd.*

### **5.3 HIV/AIDS Community Outreach Program**

The University, as a teacher education institution, has broad and well established network of local, regional, country-wide, and international linkages and relationships. Further, its strategic location within Goroka township and the highlands region provides strong and well established network of business houses, government institutions, schools and local villages. These linkages and relationships provide important avenues in reaching out and promoting more broadly the mitigating impacts of HIV/AIDS.

#### ***Specific Objective***

This strategy is designed to promote HIV/AIDS Networks and Community Outreach Activities within and amongst the network of business houses, government institutions, schools and local villages.

#### ***Strategies for Community Outreach and Networks***

- *Business Community:* the University as the largest educational institution in the highlands region provides attractive business networks and opportunities and will seek their active support especially to sponsor certain aspects of the HIV/AIDS programs and activities.
- *Eastern Highlands Provincial Government:* the University maintains close relationships with the Eastern Highlands political and administrative machinery and the active participation especially of the Eastern Highlands Province HIV/AIDS Secretariat is provided for through the University's HIV/AIDS Advisory Committee.
- *Eastern Highlands Schools:* the University through its *micro-teaching* and *practice teaching programs* within local educational institutions will make efforts to promote and share important HIV/AIDS related materials and information to schools and institutions in EHP.
- *PNG Schools:* the University trains and produces professional teachers for the PNG school system. Its graduates, through the mandatory teaching of HIV/AIDS Curriculum and other activities, will be fully proficient with knowledge about HIV/AIDS. Also, through its *Annual Teaching Practice Program*, the University will make efforts to provide HIV/AIDS Outreach materials to provinces and secondary institutions throughout the country.
- *Higher Education Institutions:* the University's HIV/AIDS Policy is in accord with the *Unified Resolutions for the Higher Education Institution's Response to HIV/AIDS* and will maintain partnerships with all higher education institutions in the fight against the HIV/AIDS pandemic.
- *National Department of Education:* the University's teacher education program, and its HIV/AIDS Policy response, are consistent with the NDOE National Plan for Education 2005 – 2014 and the HIV/AIDS Policy for the National Education System. These provide mutual avenues for close networks and relationships with NDOE.

## **5.4 HIV/AIDS Awareness Program**

Human knowledge and information are powerful sources for fostering social interaction, compliance, and participation. It is widely acknowledged that education, training, and communication awareness are among the most effective sources, especially used in the battle against the spread of HIV and other STIs.

The University's *HIV/AIDS Awareness Program* will involve a range of information sources and awareness materials and activities.

### ***Specific Objectives***

This HIV/AIDS Awareness Program is specifically designed to provide information and awareness about HIV/AIDS both within and outside of the university community. More specifically, the program includes:

- HIV/AIDS short training workshops
- HIV/AIDS awareness materials and activities

### ***Strategies for the HIV/AIDS Workshops***

The University will develop and implement a university-wide program for short HIV/AIDS Training Workshops. These include:

- the training initially will target all UOG staff and students and later reach out to the local communities and schools. Some of the planned workshops will include:
  - *HIV/AIDS Curriculum Writing Workshops*
  - *HIV/AIDS Counseling and Trainer of Trainers Workshops*

### ***Strategies for HIV/AIDS Awareness Materials***

The University will also develop and implement a range of HIV/AIDS awareness materials and activities. These include:

- *HIV/AIDS Policy Awareness*: this awareness is among the important events that should be conducted during the orientation week each year. It should involve displays and presentations on the status of HIV/AIDS as well as the University's HIV/AIDS Policy response and expectations.
- *HIV/AIDS Display Boards*: a set of HIV/AIDS display boards will be located at strategically designated places including the UOG Library to display relevant HIV/AIDS posters, pamphlets, and printed materials.
- *World HIV/AIDS Day*: this important Day will be appropriately observed and celebrated at the University.
- *HIV/AIDS Booklet for Teachers*: this planned project will be developed and produced in line with the University's conducted workshops on HIV/AIDS curriculum, teaching, training and counseling work. The booklet would provide enriching source of knowledge and information for public use.

## **MANAGING THE HIV/AIDS POLICY RESPONSE**

### **6.1 Application of the HIV/AIDS Policy at University of Goroka**

The University's HIV/AIDS Policy Response applies to and will directly involve all UOG administrative authorities, staff and their families, students, and others who either reside or have direct dealings with the University community.

### **6.2 HIV/AIDS Organisation and Administration**

The scope and range of strategies contained in UOG's Mandatory University-Wide HIV/AIDS Approach are complex and wide-ranging. These essentially need to be systematically organized and managed, especially within the University's existing organizational systems and structures.

The administrative systems and arrangements needed to effectively manage all aspects of HIV/AIDS within the university community include the following aspects. These are:

1. the University's HIV/AIDS Advisory Committee
2. the HIV/AIDS Teaching and Coordinating Unit
3. the HIV/AIDS Office Space and Equipment
4. the University Health Centre and Support Services

#### **6.2.1 The University HIV/AIDS Advisory Committee**

The work and administration of HIV/AIDS is highly sensitive and spreads across the entire University community. The implementation of the University's Policy response therefore need to be administered through a reasonably independent and a higher level body.

The University HIV/AIDS Advisory Committee therefore need to be established as a sub-committee of the University Council and administered under the direction of the Vice Chancellor. The Committee should oversee and provide leadership on all aspects of HIV/AIDS policies and programs within the University community.

#### ***Membership of the University HIV/AIDS Advisory Committee***

The Vice Chancellor or his nominee will be the Chairman of the University HIV/AIDS Advisory Committee. The membership and functions of this Committee will be subject to approval by the University Council.

The membership of the committee will be drawn from representatives of key groups or bodies within and outside of the University community and persons with special passion and expertise in the work of HIV/AIDS.

The following is the proposed membership of the University's HIV/AIDS Advisory Committee. They are:

- the Vice Chancellor, or his nominee Pro-Vice Chancellor, as Chairperson
- a Senior Academic Staff Representative;
- a Senior Non-Academic Staff Representative;
- the Coordinator, HIV/AIDS (as Executive Officer);
- the Director, Student Administrative Services or his/her nominee;
- the Medical Specialist, University Clinic;
- the HIV/AIDS Counselor
- the Student Representative Council x 2 (male & female);
- the University Chaplain's representative;
- the Community Representatives x 2 (including a representative from the EHP, HIV/AIDS Secretariat and a representative from the business community); and
- co-opted members with special passion and expertise as required from time to time by the Committee.

### ***Functions of the HIV/AIDS Advisory Committee***

The University HIV/AIDS Advisory Committee will generally oversee, monitor, and make relevant and appropriate decisions on HIV/AIDS. It also will advise and recommend to the University Council on important matters related to HIV/AIDS policies and programs.

Some of the more specific functions of the University HIV/AIDS Advisory Committee include include:

- to oversee and advise the University Council on important matters related to HIV/AIDS policies and programs within the university community;
- to advise and recommend emerging HIV/AIDS policy changes and improvements to the University Council in accordance with international and national HIV/AIDS trends, changes and improvements;
- to meet regularly and deliberate on and monitor progress in implementing the University's HIV/AIDS Policy Response and its related programs and activities;
- to oversee the progress of the University's HIV/AIDS management, research, community outreach, and prevention and awareness programs and activities in accordance with international and National PNG Government guiding principles, legislations, and policies and plans; and
- to facilitate and provide a network of contacts and collaborations with other tertiary institutions, national and provincial governments, business enterprises, and HIV/AIDS stakeholders.

### **6.2.2 The HIV/AIDS Teaching and Coordinating Unit**

The technical operations of the HIV/AIDS Advisory Committee and the routine implementation of the University's HIV/AIDS Policy Response essentially require a small, but a highly specialized *HIV/AIDS Teaching and Coordinating Unit*. The Unit

should be supported by a small group of fulltime technically specialized staff, office space, facilities and equipment.

In addition, the Unit as the words – ‘teaching’ and ‘coordinating’ suggest, will perform dual roles. These roles are:

1. the Mandatory Teaching of the HIV/AIDS Education Program, as described above in Sub-Sections 4.2 to 4.2.2; and
2. the Management of the University HIV/AIDS Policy Response, as described above in Sub-Sections 4.1 to 4.1.4, 4.3 to 4.5, and 6.2.1 to 6.2.2.

### ***Main Functions of HIV/AIDS Teaching and Coordinating Unit***

#### ***Teaching of the HIV/AIDS Education Program:***

The main functions of the HIV/AIDS Teaching and Coordinating Unit especially on matters relating to the mandatory teaching of the HIV/AIDS Education Program include the following aspects. These are:

- to be responsible to the UOG Board of Studies through the Faculty of Science in the mandatory teaching of the HIV/AIDS Education Program;
- to design and develop, with in-puts from all faculties, departments, and sections across the University, the relevant and related HIV/AIDS course aims, contents, delivery and assessment methods, and materials;
- to monitor and supervise the mandatory teaching of the various HIV/AIDS Course Modules as a key component of the Health Education Program within the Science Faculty; and
- to advise and report on the progress of the teaching of the HIV/AIDS Education Program and related student’s assessments at various levels such as section, department, faculty and UOG Board of Studies and University HIV/AIDS Advisory Committee.

#### ***Managing the University’s HIV/AIDS Policy Response:***

The main functions of the HIV/AIDS Teaching and Coordinating Unit especially on matters relating to the management of the University’s HIV/AIDS Policy Response include the following aspects. These are:

- to be responsible to the Vice Chancellor and the University HIV/AIDS Advisory Committee in implementing the University HIV/AIDS Policy Response and all technical matters related to HIV/AIDS;
- to develop and implement a range of university-wide HIV/AIDS Research, Awareness, Prevention, Care, and Outreach programs and activities in accordance with international guiding principles and various National PNG Government’s legislative and policy responses;
- to facilitate and work in collaboration with all academic faculties, departments, and sections in providing regular reviews, reports, information and awareness materials related to HIV/AIDS;
- to advise and report on the progress in implementing the key aspects of the University’s HIV/AIDS Policy Response as required from time to time by the Vice Chancellor, the HIV/AIDS Advisory Committee, and the University Council;

- to coordinate and establish a network of contacts and collaborations with other tertiary institutions, national and provincial governments, business enterprises, and other HIV/AIDS stakeholders consistent with international and national laws, conventions, guiding principles, and policies and plans.

### ***HIV/AIDS Teaching and Administrative Staff***

The current work on HIV/AIDS has been shared on an ad-hoc basis between the Director, Student Administrative Services, the Student Counselor, and the Doctor in-charge of the University Health Centre. The Health Education Section within the Science Faculty has been engaged in some HIV/AIDS teaching and awareness work.

Their collective experiences indicate that with increasing prevalence, sensitivity, and expertise required in the work of HIV/AIDS essentially require fulltime and highly specialized personnel. Some of the specialist HIV/AIDS teaching and administrative positions include:

1. *Lecturer/Coordinator, HIV/AIDS* - the position requires a HIV/AIDS Medical specialist which should be at an appropriate lecturer level and needs to be established within the Health Education Section. The Lecturer/Coordinator will be directly responsible for the overall teaching and coordination of University HIV/AIDS Policy Response and will also be an ex-officio to the University's HIV/AIDS Advisory Committee.
2. *HIV/AIDS Counselor*: the position also requires a specialist HIV/AIDS Counselor. It should be established within the Health Education Section, but with close working relationships with Student Administrative Services and the University Clinic. The HIV/AIDS Counselor will be responsible for providing HIV/AIDS related counseling and other services within university community.
3. *Permanent Full-Time Tutors (x 2)* – these positions also be established within the Health Education Section to support the mandatory university-wide teaching of the HIV/AIDS Education Program.
4. *Office Secretary/Clerk* - the services of an office secretary/clerk will be needed by the Unit for the day to day administrative, secretarial, and clerical roles and responsibilities.

The terms and conditions of these positions will be appropriately determined by the Personnel Management Division of the University.

### ***HIV/AIDS Office Space and Equipment***

The HIV/AIDS Teaching and Coordinating Unit will be adequately accommodated within the current Health Education Unit. However, some office equipment such as tables, chairs, computers, printer, and telephone and internet services will be required for its normal operations.

### 6.2.3 University Health Centre and Support Services

In addition to its required medical and health services, the University Health Centre has done a tremendous work in the prevention, care, and support for HIV/AIDS. However, the Health Centre currently is housed and operates alongside the offices of the Student Administrative Services.

As it is, the Health Centre is too public and not conducive to HIV/AIDS related medical treatment, care, and counseling services. The University has approved plans to renovate and expand the Student's Administrative Services Building in order to make available a more secured, quiet, and respectable HIV/AIDS space.

### FINANCING THE HIV/AIDS POLICY RESPONSE

The University's HIV/AIDS Policy Response is strategically built around and maximizes the effective and efficient use of its existing systems, structures, and expertise. For example, its mandatory university-wide teaching of the HIV/AIDS Curriculum and Teaching Program will involve pooling of lecturers and tutors from all faculties, departments and sections at very minimal cost. However, what the UOG needs, at the very least, is a HIV/AIDS Medical specialist and a HIV/AIDS Counselor.

The UOG therefore will seek initial funding sources from the National PNG Government and donor agencies to formally launch its HIV/AIDS Policy Response in late 2006 in order to commence implementation in 2007.

The following are the indicative cost estimates for the period 2006 to 2008. This planned timeframe has been adopted to take account of 2006 as the initial start-up time, while all other programs and activities will commence in 2007 and will end by 2008.

**Table 1: Indicative Cost Estimates for the Planned HIV/AIDS Programs and Activities 2006 - 2008**

<b>Proposed HIV/AIDS Activities</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>Est. Total</b>
1. HIV/AIDS Prevention, Care & Support				
2. HIV/AIDS Curriculum and Teaching				
3. HIV/AIDS Research/Evaluation				
4. HIV/AIDS Community Outreach				
5. HIV/AIDS Training and Awareness				
6. HIV/AIDS Administration (x 5 staff)		125,760.00		
6. HIV/AIDS Office Equipment		23,031.23		
7. HIV/AIDS clinic and medical supplies				
<b>Sub-Total</b>				
<b>Grand Total</b>				

The details of the individual item cost estimates are provided in Appendix ().

## **IMPLEMENTING THE HIV/AIDS POLICY RESPONSE**

The management and implementation of the University's HIV/AIDS Policy Response and to its overall success are dependent upon both personal and institutional choices and changes in culture, attitudes, and practices. It also requires adherence to international and National PNG Government's HIV/AIDS guiding principles, laws, policies and plans.

In line with these, the Mandatory University-Wide HIV/AIDS Approach is adopted underpinned by a range of objectives and key strategies. These will be implemented through a *phased implementation schedule* which commences with the initial launching of this HIV/AIDS Policy Response in late 2006 and end in 2008. By then, the HIV/AIDS policy and programs will have been fully institutionalized and sustained within the University community.

The Phased HIV/AIDS Implementation Schedule, which is provided in Appendix (), indicates more clearly the logical sequence in which the various planned key HIV/AIDS programs and activities are expected to be implemented, who is to be responsible, and the expected timeframe when the planned activities should be accomplished.

## **HIV/AIDS MONITORING AND EVALUATION**

### **9.1 HIV/AIDS Monitoring and Evaluation**

The process of *monitoring* involves routine checking, collecting and processing data, and communicating information needed to identify problems and devise solutions. Also, to *evaluate* something is to determine its worth or quality.

Among the key strategies in implementing the University's HIV/AIDS Policy Response and to its overall success is the capacity to regularly monitor and evaluate the progress being made.

Consistent with these, the establishment of the University HIV/AIDS Advisory Committee and its technical Teaching and Coordinating Unit, supported by a team of fulltime specialist staff essentially will ensure that the University HIV/AIDS Policy Response is effectively monitored and evaluated on a regular basis.

In addition, the Mandatory University-Wide HIV/AIDS Approach adopted by UOG ensures that there is full participation of the university administration and all its faculties, departments, and sections in the teaching and shared collaboration on knowledge and issues about HIV/AIDS. This approach further provides an effective means by which to detect problems, issues, and trends about HIV and other STDs, and devise appropriate solutions. They shall also regularly report to the University Administration and the HIV/AIDS Advisory Committee on the progress and performance in implementing various aspects of the HIV/AIDS programs and activities.

The main purposes of monitoring and evaluation under this HIV/AIDS Policy Response are:

- for the University to monitor the status and performance in implementing the various aspects of the University's HIV/AIDS Policy Framework and to appropriately inform the government and other international agencies;
- for the University Management to assess the ongoing HIV/AIDS related problems and take corrective measures when and where necessary;
- for the University Management to measure progress against established goals and objectives and related outcomes;
- for the knowledge and information of various stakeholders in relation to the progress made in implementing various aspects of the HIV/AIDS Policy Framework.

In addition, the work and data related to HIV/AIDS is both highly sensitive and confidential. It is therefore planned that the HIV/AIDS Teaching and Administrative Unit will be equipped with *computer software* for confidential HIV/AIDS data processing and storage. It will also be connected to the University's *internet network* in order to access relevant and current information on HIV/AIDS especially for teaching purposes.

## 10. CONCLUSION

## 11. RECOMMENDATIONS

On the basis of the information presented above the following key recommendations are submitted for formal endorsement by the University Council. These are as follows:

**RECOMMENDATION 1:** *It is recommended that a mandatory university-wide approach to the teaching of HIV/AIDS Curriculum and Teaching Program be endorsed. The endorsement of this Program includes the implementation of the following key aspects. These are:*

- (i) *the teaching of the HIV/AIDS Curriculum and Teaching Program be developed and implemented under the responsibilities of the UOG Board of Studies similar to all other academic programs and activities; and*
- (ii) *the Science Faculty through the Health Education Section be responsible for coordinating the mandatory university-wide teaching of the HIV/AIDS Curriculum and Teaching Program. These arrangements should include:*
  - *the mandatory teaching of aspects of HIV/AIDS in all academic programs by all faculties, departments and sections; and*
  - *the mandatory teaching of a HIV/AIDS Course Program as an enrichment course within the Health Education Program for all first year students.*

**Recommendation 2:** *It is recommended that the University of Goroka develops and implements a HIV/AIDS Research and Evaluation Program amongst the important activities to be funded and conducted within the University's recurrent activities.*

**Recommendation 3:** *It is recommended that a Program of HIV/AIDS Community Outreach be developed and implemented effectively utilizing the University's established linkages and relationships. This Program is to implemented under the auspicious of the proposed HIV/AIDS Advisory Committee and Administrative Unit.*

**Recommendation 4:** *It is recommended that a Program of HIV/AIDS Community Outreach be developed and implemented effectively utilizing the University's established linkages and relationships. This Program is to implemented under the auspicious of the proposed HIV/AIDS Advisory Committee and Administrative Unit.*

**Recommendation 5:** *It is recommended that a Program of HIV/AIDS Awareness be developed and implemented under the responsibilities of the proposed University's HIV/AIDS Advisory Committee and the HIV/AIDS Administrative Unit. The Program should include a range of short HIV/AIDS Training Workshops and Awareness Materials and Activities which should be targeted at all university staff and students and the community.*

**Recommendations 6:** *It is recommended that a university-wide Program of HIV/AIDS Prevention, Care and Support Services be developed and implemented by the University. This Program be implemented under the responsibilities of the proposed University's HIV/AIDS Advisory Committee and technically supported by the HIV/AIDS Administrative Unit and the University Clinic. The Program be targeted to involve the participation of all University staff and students as well as reach out to the communities, especially in terms of awareness, prevention, care and support services.*

**Recommendations 7:** *It is recommended that UOG establishes its own University HIV/AIDS Advisory Committee as a sub-committee of the University Council to provide leadership on all matters related to HIV/AIDS within the University community. This recommendation further includes the endorsement of the proposed Membership and Functions of the HIV/AIDS Advisory Committee as are outlined above in Sub-Sections 6.2.1.1 and 6.2.1.2.*

**Recommendation 8:** *It is recommended that the University Administration through the Personnel Management Division assess and institute all relevant and related HIV/AIDS administrative staffing, office space, facilities and equipment needs in order to commence formal implementation of HIV/AIDS within the university campus.*

**Recommendation 9:** *It is recommended that the University Administration through the Personnel Management Division and the Finance Division assess and institute all relevant and related HIV/AIDS funding needs in order to commence formal implementation of HIV/AIDS within the university campus.*

**Recommendation 10:** *It is recommended that the proposed HIV/AIDS Implementation Schedule for the years 2006 to 2008 be endorsed by the Universal Council. This recommendation includes the following Stages of HIV/AIDS implementation. These are:*

- *the continuation and improvements to the current ongoing HIV/AIDS related programs and activities by the Student Services and the University Clinic until such time that the formal HIV/AIDS administrative systems, structures, and personnel are instituted with UOG;*
- *the immediate incorporation of the related range of HIV/AIDS programs and activities within the current UOG academic programs and activities;*
- *the medium to long term monitoring and sustainability of HIV/AIDS programs and activities.*

## REFERENCES

### APPENDIX 1

#### ABBREVIATIONS

ABC	Abstain from sex, Be faithful and use Condoms
AIDS	Acquired Immune Deficiency Syndrom
HAMP	HIV/AIDS Management and Prevention Act
HIV	Human Immunodeficiency Virus
HRD	Human Resource Development
NACS	National AIDS Council Secretariat
NDOE	National Department of Education
NGO	Non-Government Organisations
PNG	Papua New Guinea
PLWHA	People Living with HIV/AIDS
PEP	Post-Exposure Prophylaxis
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infections
TB	Tuberculosis
UN	United Nations
UOG	University of Goroka
VCT	Voluntary Counseling and Testing
WHO	World Health Organisation

## APPENDIX 2

### GLOSSARY

<b>Acquired Immune Deficiency Syndrom (AIDS)</b>	AIDS is a cluster of medical conditions, often referred as opportunistic infections and illnesses, and for which, todote, there is no cure.
<b>Affected person</b>	A person whose life is changed in any way by HIV/AIDS.
<b>Antiretroviral therapy</b>	A treatment consisting of drugs that work against HIV infection by slowing down the reproduction of HIV in the body.
<b>A person living with HIV/AIDS</b>	Refers to a person who is infected with HIV. In general terms, it also refers to those affected by HIV/AIDS like spouses, children and close relatives.
<b>Behavioral surveillance</b>	Survey of behavior that puts at risk of HIV transmission. This involves asking a sample of people about their sexual attitudes, drug injecting and other risk behaviors. The sample may be restricted to a certain age group and to men or women.
<b>ELISA</b>	Acronym for Enzyme-linked immuno-Sorbent Assay. It is a type of Enzyme Immunoassay (EIA) to detect the presence of HIV antibodies in the blood or saliva.
<b>Epidemic</b>	A disease that spreads rapidly through a demographic segment of the human population in a geographic area. Epidemics can be spread from person to person or from a contaminated source such as food or water.
<b>Epidemiology</b>	The branch of medical science that deals with the study of incidence, distribution and control of a disease in a population.
<b>Gender and Sex</b>	The term 'sex' refers to biologically determined differences, whereas the term 'gender' refers to differences in social roles and relations between men and women. Gender roles are learned through socialization and vary widely within and between cultures. Gender roles are also affected by age, class, race, ethnicity and religion, as well as by geographical, economic and political environments.
<b>Guiding principles</b>	Guiding principles are the cultural, moral and ethical values that form the basis of the National Strategic Plan, including the principles embodied in the National Constitution.
<b>High Risk Groups/ Groups with high-risk behavior</b>	These terms should be used with caution as they can increase stigma and discrimination. They may also lull people who don't identify with such groups into a false sense of security. High – risk 'group' also implies that the risk is contained within the group whereas, in fact all social groups are interrelated. It is often more accurate to refer directly to 'sex without a condom', unprotected sex, needle sharing, or sharing injecting equipment, rather to generalize by saying ' high-risk group'.
<b>HIV</b>	Human immuno-deficiency Virus is the virus that weakens the immune system, ultimately leading to AIDS.
<b>HIV Infection</b>	Entry of HIV into the body and infects susceptible immune cells. This leads to massive reproduction of the virus leading to the progressive destruction of the immune system.
<b>HIV incidence</b>	HIV incidence (sometimes referred to as cumulative incidence) is the proportion of people who have become newly infected with HIV during a specified period of time. UNAIDS normally refers to the number pf people (of all ages) or children (0-4) who have become infected during the past year.
<b>HIV Prevalence</b>	Cumulative HIV infections within a given period and is usually given as a percentage

<b>Multisectoral Responses</b>	A multisectoral response is a concerted effort by all concerned agencies, organizations and key stakeholders (such as politicians, Non-Governmental organizations, churches, private sector organizations, union groups, and donor agencies, vulnerable groups, PLWHAs and other stakeholders), in the fight against the HIV/AIDS epidemic.
<b>Opportunistic Infections (OI)</b>	Infections that invade the body when the immune system is weakened by the HIV virus such as TB, pneumonia and cancers like Kaposi sarcoma.
<b>Orphans</b>	Children/child without parental support. When used in the context of HIV/AIDS, it relates to children whose parents have died of AIDS
<b>Palliative Care</b>	Palliative care combines active and compassionate therapies to comfort and support patients and their families who are living with life-threatening illness. Palliative care strives to meet physical needs through pain relief and maintaining quality of life while emphasizing the patient's and family's rights to participate in informed discussion and to make choices. This patient- and family-centered approach uses the skills of interdisciplinary team members to provide a comprehensive continuum of care including spiritual and emotional needs.
<b>Pandemic</b>	A disease prevalent throughout an entire country, continent, or the whole world.
<b>Peer Education</b>	Providing factual/vital information to people of a certain age, same sex, has the same interest, of the same organization or social group, status or position on matters governing their existence. Peer education can motivate peers to achieve behavior change which as to be generated from within the individuals and the whole group.
<b>People Living With HIV/AIDS (PLWHA)</b>	Refers to people who are infected with HIV. However, in general terms it also refers to people affected by HIV/AIDS like spouses, children and close relatives.
<b>Prophylaxis</b>	Preventive therapy given to at-risk individuals to prevent a first infection such as OI, post-exposure prophylaxis such as needle stick injury and rape.
<b>Sentinel Sero-Surveillance</b>	Monitoring system through blood testing to track HIV infection levels in certain populations through certain institutions because they provide access to populations that are either of particular interest in the epidemic or representative of a larger population. For example, antenatal and STI clinics.
<b>Sentinel Surveillance</b>	This form of surveillance relates to a particular group (such as men who have sex with men) or activity (such as sex work) that acts as an indicator of the presence of a disease.
<b>Sexually Transmitted Infection (STI)</b>	Also called venereal disease (VD), an older public term, or sexually transmitted diseases (STDs). Sexually Transmitted Infections are spread by the transfer of organisms from person to person during sexual contact.
<b>Sex Worker</b>	The term 'sex worker' in non-judgmental and recognizes the fact that people sell their bodies as a means of survival, or to earn a living. This term is preferable to 'prostitute', 'whore' and 'commercial sex worker', which have negative connotations.
<b>Surveillance</b>	The ongoing and systematic collection, analysis, and interpretation of data about a disease or health condition. Collecting blood samples for the purpose of surveillance is called serosurveillance.
<b>Syndrome</b>	A group of signs and symptoms that together are characteristic of a specific condition.
<b>Targeted Interventions</b>	Appropriate strategies, program activities or course of actions aimed to reduce or prevent the spread of HIV amongst certain population groups identified to be at risk.
<b>Youth</b>	Young people cover both adolescents (10-24). In PNG context, young unmarried adults up to 35 years also fall in this category, which make up more than 50% of population.
<b>Voluntary Counseling and Testing (VCT)</b>	A confidential dialogue between a client and a care provider aimed at enabling the client to cope with stress and take personal decisions related to HIV/AIDS including blood testing for HIV.

## APPENDIX 3

### METHODS FOR TAKING CLINICAL SAMPLES

The following preventative and care methods will be applied when taking clinic samples by all staff (including nursing college) and students, whose activities involve contact with **patients** or **with blood** or **other body fluids**.

1. To diagnose a disease, it is often necessary to obtain a sample of material that may contain the pathogenic microorganism.
2. Samples must be taken aseptically. The sample container should be labeled with the patient's/student's name, date and time.
3. Samples must be transported to base hospital (laboratory) immediately. Delay in transport may result in the growth of some organisms, and their toxic products may kill other organisms.

The following procedures should be used by all staff (including nursing college) and students, whose activities involve contact with **patients** or **with blood** or **other body fluids**.

These procedures were developed to *minimize the risk of transmitting HIV/AIDS* within the University premises and nursing college. Adherence to these guidelines will minimise the transmission of all infections.

1. Gloves should be worn when touching blood and body fluids, mucous membranes or surfaces soiled with blood or body fluids. Gloves should be changed after contact with each patient.
2. Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands should be washed immediately after gloves are removed.
3. Masks and protective eyewear or face shields (JIKA donated to the Faculty) should be worn during procedures that are likely to generate droplets of blood or other body fluids.
4. Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or other body fluids.
5. Nursing college staff/students who have lesions or dermatitis should refrain from all direct patient care and from handling patient-care equipment.
6. Although saliva has not been implicated in HIV transmission, mouthpieces, resuscitation bags, and other ventilation devices should be available for staff and students.
7. Emergency mouth –to-mouth resuscitation should be minimised.

## **APPENDIX 4**

### **UNIFIED TOWARD ACTION**

#### **A RESOLUTION OF HIGHER EDUCATION INSTITUTIONS IN PNG IN RESPONSE TO HIV/AIDS**

##### **RESOLUTION**

This resolution by representative of institutions of higher education gathered at Divine Word University, Madang 24<sup>th</sup> August 2005, COMMITS institutions of higher education to:

- A unified and proactive response to HIV/AIDS;
- The development of their own HIV/AIDS policies through the application of the Guiding Principles below:
- Ongoing cooperation with the Vice Chancellor's Committee and the Commission of Higher Education on the response of higher education institutions to the epidemic.

##### **PREAMBLE**

This resolution RECOGNISES that:

- The epidemic poses a massive challenge to the nation and calls on all citizens, institutions and sectors to take individual and collective action;
- Institutions of higher education contain populations at risk of infection, while HIV/AIDS can negate the work of institutions of higher education through the toll it exacts on students after they graduate;
- Yet institutions of higher education have human resource, expertise and leadership that can be mobilized against HIV/AIDS both within the higher education sector and in the wider community;
- Institutions of higher education can make a unique and crucial contribution to the national response.

This resolution is GUIDED by:

- The principles enshrined in Papua New Guinea's National Constitution, including Papua New Guinea's status as a Christian nation, which respects Papua New Guinea cultures and traditions and the human rights and equality of all peoples;
- The Papua New Guinean Midterm Development Strategy;
- The goals and framework of the Papua New Guinea HIV/AIDS Strategic Plan 2004-2008

The Resolution RESPECTS

- The responsibility of the Government of Papua New Guinea, Department of Education, and Ministry of Higher Education, Research, Science and Technology to develop and support the education systems, students, educators and institutions that fall under its oversight; to enable institutions of higher education to provide a safe educational environment; and to provide leadership in the AIDS epidemic;
- The diversity of institutions of higher education, which requires a broad framework for the response to HIV/AIDS that supports each institution in developing policies and programmes that apply to its particular situation.

## APPENDIX 5

### The HIV/AIDS Management and Prevention Act 2003

The HIV/AIDS Management and Prevention Act 2003 was passed by the PNG Parliament in July 2003. It contains a broad range of measures to respond to the HIV/AIDS epidemic, to protect people infected or affected by HIV/AIDS, and to protect public health by minimizing the further spread of the disease.

The law contains a number of important provisions regulating employment situations:

- It is against the law for an employer to discriminate against a person infected or affected by HIV/AIDS:
  - by refusing to employ them or offer them a contract;
  - by denying promotion, transfer or training or access to any benefits, services or facilities;
  - by dismissing from employment or terminating a contract.
- It is against the law for a union or professional association to discriminate against a person infected or affected by HIV/AIDS.
- It is against the law to discriminate in relation to insurance, or membership of a superannuation or provident fund, except by reference to actuarial or statistical data, or where the discrimination is otherwise reasonable having regard to relevant factors.
- It is against the law for an employer to require a worker or job applicant to undergo an HIV test, to produce a certificate of HIV status, or to answer questions about HIV status. The law spells out that if a person consents to a general health check-up, or to medical treatment, this does not mean that the person has consented to an HIV test.
- It is against the law to stigmatize a person on the grounds that the person is infected or affected by HIV/AIDS. This means to vilify or incite hatred, ridicule or contempt, which may be done by spoken or written words, actions or gesture that is threatening, abusive, degrading, demeaning, defamatory, disrespectful, embarrassing, critical, provocative, or offensive. This law applies to everyone, including co-workers.
- It is against the law to deny a person access to means of protection from HIV infection, without a reasonable excuse. Depending on the industry, the type of employment and the circumstances, employers may be in breach of this law if they fail to provide access to:
  - HIV information such as leaflets and posters,
  - Condoms and lubricant,
  - Rubber gloves, disinfectant etc.

Breach of the above provisions may lead to criminal prosecution, or civil action for damages, reinstatement etc.

- The right to privacy and confidentiality is entrenched at Section 49 of the PNG Constitution. This strengthens the common law principle that requires an employer, a union or a co-worker to maintain confidentiality about a person's HIV status, except with the consent of that person.

and

- *The 12 Principles of Workplace Policy for HIV/AIDS*, PNG National AIDS Council, 2004;
- The United Nations's HIV/AIDS and Human Rights: International Guidelines (1996);
- ILO Code of Practice on HIV/AIDS and the World of Work (2001).

## APPENDIX 6

### The Anticipated Cost Estimates for the Proposed HIV/AIDS Activities 2006 - 2008

Proposed HIV/AIDS Activities	2006	2007	2008	Est. Total
1. HIV/AIDS Curriculum and Teaching				
1.1 Printing materials				
1.2 Temporary Tutors				
2. HIV/AIDS Research/Evaluation				
3. HIV/AIDS Community Outreach				
4. HIV/AIDS Training and Awareness				
4.1 HIV/AIDS Policy Awareness				
4.2 HIV/AIDS Curri. Writing W/shop				
4.3 HIV/AIDS Counseling W/shop				
4.4 HIV/AIDS Trainers W/shop				
4.5 HIV/AIDS Booklet for Teachers				
4.6 World HIV/AIDS Day				
5. HIV/AIDS Prevention, Care & Support				
5.1 HIV/AIDS Prevention				
5.2 HIV/AIDS Counseling				
5.3 HIV/AIDS Care				
5.4 HIV/AIDS Treatment				
6. HIV/AIDS Administration				
6.1 HIV/AIDS Advisory Committee				
6.2 HIV/AIDS Administrative Unit				
6.3 HIV/AIDS Administrative Staff				
7. HIV/AIDS Infrastructure				
7.1 HIV/AIDS Office Space				
7.2 HIV/AIDS Office Equipment				
7.3 HIV/AIDS Clinic				
<b>Sub-Total</b>				
<b>Grand Total</b>				

## APPENDIX 7

### The Proposed HIV/AIDS Implementation Schedule 2006 – 2008

Policy Components	Policy Actions	Responsibility	Timeframe		
			2006	2007	2008
<b>1. Draft HIV/AIDS Policy</b>	<ul style="list-style-type: none"> <li>Approval of completed Draft HIV/AIDS Policy Response by UOG Board of Studies</li> </ul>	Acting VC & PVC (Acad.)	11.06		
<b>2. HIV/AIDS Policy</b>	<ul style="list-style-type: none"> <li>Launch of HIV/AIDS Policy Response by University Council and Management</li> </ul>	Acting VC. & PVCs Chancellor	11.06		
<b>3. HIV/AIDS Education Program</b>	<ul style="list-style-type: none"> <li>Complete HIV/AIDS Education Program course modules.</li> <li>Launch of HIV/AIDS Education Program by University Council and Management</li> <li>Commence teaching HIV/AIDS Education Program</li> <li>All faculties, departments and sections incorporate aspects of HIV/AIDS in ongoing programs and activities.</li> </ul>	Dean Science Health Education Acting VC. & PVC (Acad.), Chancellor  All deans, HODs, lecturers & tutors.	11.06  12.06	  02.07  02.07	
<b>4. HIV/AIDS Counseling</b>	<ul style="list-style-type: none"> <li>Continue on-going counseling services currently provided by student's counselor</li> </ul>	Student Counselor	ongoing		
<b>5. HIV/AIDS Voluntary Testing</b>	<ul style="list-style-type: none"> <li>Continue on-going HIV/AIDS voluntary testing by the UOG Clinic.</li> </ul>	UOG Doctor/Nurse.	ongoing		
<b>6. HIV/AIDS Support</b>	<ul style="list-style-type: none"> <li>Continue on-going prevention and support services by the Student Admin. &amp; UOG Clinic</li> </ul>	Director, St. Admin. UOG Doctor/Nurse	ongoing		
<b>7. HIV/AIDS Unit</b>	<ul style="list-style-type: none"> <li>Establish HIV/AIDS Teaching &amp; Coord. Unit within Health Education Section</li> <li>Create, advertise, and appoint HIV/AIDS lecturer, tutors, counselor, &amp; secretary/KBO</li> <li>Arrange office furniture &amp; equipment</li> </ul>	Dean Science Acting VC. & PVCs Director Personnel	12.06	01.07	
<b>8. HIV/AIDS Lec./Coord.</b>	<ul style="list-style-type: none"> <li>HIV/AIDS Lecturer/Coordinator commence formal duties and take following actions:                             <ul style="list-style-type: none"> <li>Begin coordinating and teaching HIV/AIDS Education Program</li> <li>Begin process for HIV/AIDS Advisory Committee membership and meetings</li> <li>Begin action plans and schedules needed to operationalise the HIV/AIDS Policy Response.</li> </ul> </li> </ul>	Dean Science HIV/AIDS L.C. Acting VC. & PVCs		01.07	
<b>9. HIV/AIDS Counselor</b>	<ul style="list-style-type: none"> <li>HIV/AIDS Counselor commence formal duties and take following actions:                             <ul style="list-style-type: none"> <li>Begin institutional processes for HIV/AIDS counseling, awareness, and outreach programs.</li> <li>Step-up work on HIV/AIDS counseling services through greater awareness</li> </ul> </li> </ul>	Dean Science HIV/AIDS L.C. HIV/AIDS Counselor		02.07  ongoing	
<b>10. HIV/AIDS Advisory Committee</b>	<ul style="list-style-type: none"> <li>Conduct first meeting of the University HIV/AIDS Advisory Committee.                             <ul style="list-style-type: none"> <li>Roles and functions</li> <li>University HIV/AIDS Policy Response</li> <li>Progress reports and updates</li> </ul> </li> </ul>	Acting VC. & PVCs HIV/AIDS L.C. HIV/AIDS Counselor HIV/AIDS Advisory Committee members		02.07	
<b>11. HIV/AIDS Prevention/Awareness</b>	<ul style="list-style-type: none"> <li></li> </ul>				
<b>12. HIV/AIDS Treatment</b>	<ul style="list-style-type: none"> <li></li> </ul>				

<b>and Care</b>					
<b>13. HIV/AIDS Outreach Program</b>	•				