

UNIVERSITY OF DAR ES SALAAM



HIV/AIDS AND NON-COMMUNICABLE DISEASES POLICY

JULY 2020

FOREWORD

This Policy provides a framework for HIV/AIDS and Non communicable diseases' (NCDs) interventions at the University of Dar es Salaam focusing on protecting the UDSM community members from HIV infection, promoting healthy life style to prevent NCDs and mitigate the impact of AIDS and NCDs.

The first UDSM HIV/ and AIDS Policy was formulated in June 2006, over fourteen years ago. The Policy effectively committed the UDSM management and community in general to the fight against the AIDS pandemic. However, there have been many developments in the AIDS pandemic since the UDSM HIV and AIDS Policy was first formulated. Furthermore, in recent years, cases of NCDs have been increasing at an alarming rate and the government has directed that they should also be addressed alongside HIV and AIDS. The review of the UDSM HIV and AIDS policy is, therefore, to include NCDs.

Against this background, the University management appointed a team to review the UDSM HIV and AIDS policy. The process entailed review of key documents and engaging consultations with a broad range of stakeholders within UDSM, including the University management, staff and students.

On behalf of the University, I wish to thank all stakeholders for their valuable contributions during the revision of the policy. Furthermore, I would like to take this opportunity to request the University Council, management, staff and students as well as the Government, development partners and all well-wishers to generously extend their material and moral support during the implementation of the policy.

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July 2020

ACKNOWLEDGEMENTS

The process of reviewing the University of Dar es Salaam HIV/AIDS policy entailed consultations with a wide range of stakeholders ranging from UDSM management, and staff as well as students. I wish to thank all these stakeholders for their contribution to the revision of the Policy.

My sincere and particular appreciation goes to the team which revised this policy for the effort they have put into it. It is my hope that this policy will make a significant contribution towards achieving the 90-90-90 target (i.e. 90 percent of UDSM community to be tested for HIV, 90 percent of those who test HIV positive to access ARVs and 90 percent of those on ARVs to be virally suppressed) as well as reducing the burden of NCDs among the University community.

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Dar es Salaam
July, 2020

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LIST OF ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AMREF	African Medical Research Foundation
ART	Ant-Retroviral Therapy
BMI	Body Mass Index
CoET	College of Engineering and Technology
CoHU	College of Humanities
CoICT	College of Information Communication Technology
CoNAS	College of Natural and Applied Sciences
CoSS	College of Arts and Social Sciences
DHRA	Director of Human Resource and Administration
DoSO	Dean of Students' Office
DUCE	Dar es Salaam University College of Education
DSM	Dar es Salaam
EAC	East African Community
ESSP-HA	Education Sector Strategic Plan on HIV and AIDS
HIV	Human Immunodeficiency Virus
HLIs	Higher Learning Institutions
IDS	Institute of Development Studies
IKS	Institute of Kiswahili Studies
IRA	Institute of Resource Assessment
IUCEA	Inter University Council for East Africa
LMICs	Low and Middle Income Countries
MDH	Management and Development for Health
MJKNMC	Mwalimu Julius Kambarage Nyerere Mlimani Campus
MoEVT	Ministry of Education and Vocational Training
MoHSW	Ministry of Health and Social Welfare
MUCE	Mkwawa University College of Education
MTEF	Medium Term Expenditure Framework
OIs	Opportunistic Infections

MTP	Medium Term Plan
NACP	National AIDS Control Programme
NCDs	Non Communicable Diseases
NMSF	National Multi-sectoral Strategic Framework
PMTCT	Prevention of Mother to Child Transmission
PO-PSM	President's Office - Public Service Management
PLHIV	People Living with HIV
SJMC	School of Journalism and Mass Communication
SoED	School of Education
STP	Short Term Plan
TAC	Technical AIDS Committee
TACAIDS	Tanzania Commission for AIDS
TASC	Technical AIDS Sub-Committee
THMIS	Tanzania HIV/AIDS and Malaria Indicator Survey
UBYRP	University Based Youth Reproductive Health Project
TAYOA	Tanzania Youth Alliance
UDBS	University of Dar es Salaam Business School
UDSoL	University of Dar es Salaam School of Law
UDSM	University of Dar es Salaam
UDSM-TASC	University of Dar es Salaam Technical AIDS Sub-Committee
UHC	University Health Centre
UNAIDS	United Nations Programme on HIV/AIDS
VCT	Voluntary Counselling and Testing
WAD	World AIDS Day
WHO	World Health Organization

CHAPTER ONE: BACKGROUND

1.1. INTRODUCTION

Human Immunodeficiency Virus (HIV) / Acquired Immune Deficiency Syndrome (AIDS) and Non-Communicable Diseases (NCDs) are among the major public health problems worldwide. Similar to HIV/AIDS, NCDs are most prevalent in low- and middle-income countries (LMICs), and the age-adjusted death rates from NCDs are nearly twice as high in LMICs as in high-income countries. People infected with HIV are able to live long, though also at the risk of contracting NCDs as a direct result of their HIV status. This double-disease burden is threatening to overwhelm the already over-taxed health systems. The recent World Health Organization (WHO) report shows that despite contributing to over half of all deaths worldwide and becoming a major challenge in LMICs, NCDs received only 1.7% of total development assistance for health (DAH) in 2016 (WHO, 2018).

While significant attention has been paid to prevention, treatment and care of HIV/AIDS, NCDs have received less attention despite their high morbidity and mortality rates. This Policy addresses issues of HIV/AIDS and NCDs at the University of Dar es Salaam.

1.2. HIV AND AIDS

The report by the United Nations Programme on HIV/AIDS (UNAIDS) on the global AIDS pandemic indicated that 74.9 million people have become infected with HIV since the start of the pandemic and 37.9 million people globally were living with HIV at the end of 2018 (UNAIDS, 2019). However, globally, gains continue to be made against HIV, especially in testing and treatment. Nearly four in five people living with HIV globally knew their sero status in 2018 and almost two thirds of all people living with HIV in 2018 were receiving life-saving antiretroviral therapy. It is estimated that some 23.3 million of the 37.9 million people living with HIV were on treatment, more than three times as many as in 2010 (UNAIDS, 2019a).

East and South Africa is the hardest HIV-affected region since, while the region is home to around 6.2% of the world's population, over half (54%) of the people living with HIV in the world (20.6 million people) live in the Eastern and Southern Africa (UNAIDS, 2019a). In 2018, there were 800,000 new HIV infections, which is just under half of the global total (UNAIDS, 2019a). South Africa alone accounted for more than a quarter (240,000) of the region's new infections in 2018. Seven other countries accounted for more than 50% of new infections. These are Mozambique (150,000), Tanzania (72,000), Uganda (53,000), Zambia (48,000), Kenya (46,000), Malawi (38,000) and Zimbabwe (38,000) (UNAIDS, 2019a).

With the continuing severity of the pandemic, there have been huge strides made towards meeting the UNAIDS 90-90-90 targets. In 2018, about 85% of people living with HIV were aware of their status, 79% of them were on treatment and 87% of those on treatment had achieved viral suppression (UNAIDS, 2019a).

Although the HIV pandemic in the East and Southern Africa affects the population as a whole, certain groups have significantly higher HIV prevalence rates. For example, in 2018, HIV prevalence among young women (15-24 years) in the region was more than double that of young men such that some 1.6 million young women were living with HIV, compared to 660,000 young men. In some countries, this gender-based disparity is even greater (UNAIDS, 2019a). Although knowledge among young people is improving, it remains low in some countries, with young women less aware of the pandemic than young men. The UNAIDS report suggests 80% of sexually active adolescent boys and young men as well as 30% of their female counterparts reported to have sex with a non-married, non-cohabiting partner in 1918 alone. In most countries, very few young people reported using condoms during sexual encounters, with young women less likely than young men to report using condoms (UNAIDS, 2019b).

In Tanzania, 1.6 million people were living with HIV in 2018 and the national HIV prevalence is 4.7 % (TACAIDS, 2018). In the same year, 72,000 people were newly infected with HIV and 24,000 died from an AIDS-related illness. The severity of the pandemic varies across regions in the country. Statistics show that HIV prevalence was around 1.9% in Arusha while the prevalence is as high as 14.1% in Njombe

(TACAIDS, 2018). Overall, the pandemic has remained steady because of reduced new infections, population growth and increased access to treatment. In general, women are more heavily burdened by HIV in Tanzania since in 2018, HIV prevalence was 6.2% for women when compared to 3.8% for men. The prevalence is also higher in urban areas (7.2%) compared to rural areas (4.5%) and it decreases with increasing education status such that the prevalence stands at 6.9% for less educated while for those with higher education the prevalence is 1.2% (THIS 2016/17).

More recent report shows that 40% of new HIV infection occurred in young people aged 15-24 years in 2016 (TACAIDS, 2018). Risky sexual behaviours among young people such as inadequate comprehensive knowledge about HIV and low use of condom remain the key challenge for HIV prevention efforts. This calls for deliberate efforts and strategies to reach out for many young men and women providing them with HIV and AIDS services, including education.

Given that almost 80 percent of students at the University of Dar es Salaam are aged between 19 and 24 years, University students constitute a significant group that is susceptible and vulnerable to HIV infection. Furthermore, since urban residence and education levels are positively correlated with HIV prevalence, in the absence of an effective response system, the University context is generally a risk factor for HIV infection. This being the case, there is a need for an effective HIV and AIDS response strategy at the University of Dar es Salaam and in other higher educational institutions in Tanzania.

1.3. NON COMMUNICABLE DISEASES

According to the WHO NCD Working Group Report, NCDs are now the leading cause of deaths in all regions of the world except the sub-Saharan Africa. The greatest burden of NCDs has been said to be from four major diseases, namely; cardiovascular diseases, diabetes, cancer and chronic respiratory illnesses (WHO, 2018). These diseases share a set of four risk factors that subsume tobacco use, unhealthy diets, harmful alcohol consumption and physical inactivity. The same report notes that nearly three quarters of the NCD-related deaths in 2016 occurred in LMICs. Most of these

deaths could be prevented by effective health system responses and by influencing multi-sectoral policies to address NCD prevention, treatment and care.

In the MLICs, NCD-related deaths as a share of total deaths are projected to rise by over 50% by 2030. For Sub-Saharan Africa, it is projected that NCDs will be responsible for 46% of all deaths by 2030, up from 28% in 2008, thereby resulting in a “double burden” of disease and further complicating health and development challenges (WHO, 2018).

In Tanzania, NCDs are estimated to account for 33% of total deaths among adult populations (WHO, 2016). The diseases have exerted a significant effect, including loss of manpower, unsatisfactory duty performance and increased costs of treatments. The increase in the burden of NCDs is being fuelled by a series of risk factors – main ones being unhealthy nutrition, tobacco use, physical inactivity, salt intake, ambient air pollution and excessive use of alcohol (WHO, 2016).

The University of Dar es salaam has not been spared from cases of NCDs. The University Health Centre (UHC) report (2019) shows that hypertension and diabetes were ranked number five and seven, respectively, in the list of the top ten killer diseases. In the same year, there were 140 (8.9%) new cases of hypertension and 114 (7.3%) new cases of diabetes. During the same period also, a total of 1,514 women were screened for cervical cancer, 8 (0.5%) among whom were referred for further investigation after testing positive.

1.4. NATIONAL AND SECTOR RESPONSE TO HIV/AIDS AND NCDS INTANZANIA

1.4.1 National Response to HIV and AIDS

In response to the pandemic, there was a call for a National coordinated multi-sectoral response. To date, the country has developed four different National Multi-sectoral frameworks to provide a common understanding for all HIV and AIDS stakeholders. The implementation of the third Multi-sectoral framework (2013-2017) aimed at achieving the three zeros’ goal: Zero New HIV Infections, Zero AIDS-related Deaths,

and Zero Stigma and Discrimination (URT- PMO, 2013). The fourth National Multi-sectoral Strategic Frameworks (2018/2019 to 2022/2023) aims at achieving the 90-90-90 target (90 percent of people tested, 90 percent of those tested accessing ARVs and 90 percent of those on ARV virally suppressed (URT- PMO, 2018).

1.4.2. UDSM Response to HIV and AIDS

The UDSM efforts to combat HIV and AIDS can be traced back to 1992 when the University established a work-site female volunteer peer educators' programme for creation of awareness on HIV/AIDS through sensitisation seminars. In 1994, a Health Education Unit for providing preventive education to the University community was established. Around the same period, the University also established a youth based reproductive health project, dubbed the 'University Based Youth Reproductive Health Project (UBYRP)', which was responsible for, among other activities, training peer educators who would in turn provide reproductive health and HIV & AIDS education to their fellow students.

Furthermore, as part of the Government's multi-sectoral response to HIV and AIDS, the then Ministry of Science, Technology and Higher Education established a ministerial committee for HIV and AIDS. Each institution under the Ministry was required to establish a technical subcommittee on HIV and AIDS. In response to the Ministry's directive, UDSM established a technical AIDS sub-committee named UDSM Technical AIDS Sub-Committee (UDSM-TASC) in August 2000. This committee has been responsible for coordinating HIV and AIDS programmes and activities at the UDSM. The committee has pioneered the provision of HIV and AIDS education programmes on campus, as well as the establishment of Voluntary Counselling and Testing (VCT) services at the UHC, which provides HIV and AIDS related services to staff, students and community members around the UDSM Main campus. The HIV and AIDS interventions at UDSM have been guided by the HIV and AIDS Policy promulgated in 2006.

1.4.3. National Response to NCDs

The response to NCDs in Tanzania is summarized in the National NCD Strategic Plan II (2016-2020) for the Prevention and Control of NCDs. The Plan was introduced after

the expiry of the 2009-2015 Strategic Plan. The Plan sets a course for the Ministry of Health, Community Development, Gender, Elderly and Children, in collaboration with Ministries, other relevant Governmental and Non-Governmental Agencies, all interested partners and the public at large, to help achieve national goals for the prevention and control of NCDs in Tanzania. The plan is aligned with the 2016-2020 Global Action Plan for the Prevention and Control of NCDs and has a total of 4 objectives. The first objective is to advocate for NCDs prevention and control as a National Priority by 2020 and the second objective seeks to strengthen leadership, governance, multi-sectoral collaboration and accountability for prevention and control of NCDs by 2020. The third objective is to strengthen and reorient health systems to NCDs through promotive, preventive, curative and rehabilitative services by 2020. The fourth objective is to strengthen national capacity for NCDs surveillance, research for evidence based planning, monitoring and evaluation by 2020.

Given the reality that the socio-demographic and economic transition has a big role in the current rise of NCDs in Tanzania, there is need to focus more on primary prevention at population level, targeting interventions at reducing risk factors. To that end, effective policies and guidelines are needed for primary, secondary and tertiary prevention and control of NCDs from the community to the national level. UDSM will adopt the national framework as well as best international practices in the prevention and management of NCDs. This Policy thus provides a framework for UDSM's response to the NCDs.

1.4.4 UDSM Response to NCDs

Despite the lack of Policy on NCDs, UDSM provides NCDs prevention, health education, screening, care and treatment to its community through the UHC. There is also screening for hypertension, diabetes and various types of cancer including breast, cervical and prostate cancer. As from 2018/2019, the screening for cervical cancer is conducted under the support of the Management and Development for Health (MDH), which is a non- governmental organization.

During the marking of the World AIDS day (WAD), the UDSM-TASC in collaboration with the UHC has been organizing services for counselling and testing of HIV. There

are also other services like health education, assessment and testing of various risk factors for NCDs. The same services are also provided in different units through outreach services.

The University, through its sports and game unit, has been organising a University sports day where the community participates in physical exercises and testing for NCDs risk factors. In addition, the University also established a gymnastic facility which staff, students and the community around utilises for physical exercises and Students' Counselling Unit has also been established under the Dean of Students Office (DoSO). The University has established a comprehensive counselling unit for staff and family members.

CHAPTER TWO: UDSM PROFILE AND THE HIV/AIDS AND NCDs SITUATION

2.1 UDSM PROFILE

The University of Dar es Salaam (UDSM) is the oldest public university in Tanzania. It is situated on the western side of the City of Dar es Salaam, occupying a land 1,625 acres on the Observation Hill, and 13 kilometers from the city center.

It was established in 1961 as a University College of the University of London. By then, it had only one Faculty; the Faculty of Law, with only 14 students. In 1963, it became a constituent college of the University of East Africa together with Makerere University College in Uganda and Nairobi University College in Kenya. Since 1961, the University of Dar es Salaam has grown in terms of the physical infrastructures, student intakes, academic units, and academic programmes. In 1970, the University of Dar es Salaam became a full-fledged and independent University through the enactment of the University of Dar es Salaam Act, Act No.12 of 1970, which was later repealed and replaced by the Universities Act, Cap. 346 of the Laws of Tanzania. Currently, the University is established and operating in accordance with the University of Dar es Salaam Charter of 2007 which is a legal instrument made under the Universities Act and other enabling legal instruments of the constituent colleges.

The principal activities of the University of Dar es Salaam are provided under Article 4 of the University of Dar es Salaam Charter, 2007. These are generally described as: "to advance learning and knowledge by teaching, research, consultancy and service to the Society particularly in industry, agriculture, commerce, business, management, education, health, law, science, engineering, lands, architecture, planning, information and communication technology, informatics, technology and environment, arts, social sciences and in close association with the Government of the United Republic of Tanzania and the Revolutionary Government of Zanzibar and other public and private stakeholder interests."

2.2 UDSM HIV/AIDS AND NDC'S SITUATION

The HIV and AIDS situation is assessed at two levels; the first level focuses on the risk pattern of the population with respect to three aspects, namely; knowledge, attitudes and behaviours related to HIV and AIDS. The second level pertains to the prevalence of HIV and AIDS and HIV infection rates, which is usually determined epidemiologically. In this section, we highlight some of the key issues characterising HIV and AIDS situation at the University of Dar es Salaam.

Two studies inform the HIV and AIDS situation at the University of Dar es Salaam. The first one is the students and staffs' HIV and AIDS related knowledge, attitudes and behaviour survey conducted in 2010, covering both students and staff members (UDSM-TASC, 2010). This survey assessed the HIV and AIDS related knowledge, attitudes and behaviours, as well as HIV testing pattern. The second study is the sero-HIV behavioural study conducted in six Universities in Tanzania in 2010 involving students, in which the UDSM was one of the participating universities (EAC & AMREF, 2011). This study was commissioned by the East African Community (EAC) under its sister institution, the Interuniversity Council for East Africa (IUCEA), and the African Medical Research Foundation (AMREF). The findings of the two studies are highlighted below.

The situation analysis of HIV and AIDS at the University is quite revealing. Although HIV prevalence is relatively lower than the national average and indeed far below the prevalence rate for the Dar es Salaam Region where the UDSM is situated, the UDSM population is quite at risk for HIV infection because there are many risk indicators that need attention in terms of intervention. Comprehensive knowledge about HIV and AIDS is very low, which is surprising given the high education level of the UDSM community members. Although the attitudes towards HIV and AIDS are relatively positive, the HIV risk perception is quite low, which makes the majority of the members susceptible to HIV infection. It is also noted that sexual behaviours of students and staff are characteristically risky, as evidenced by high level of multiple sexual partnerships, low condom use and low HIV testing uptake. These risk situations potentially expose members of the UDSM community to HIV infection.

The prevalence of hypertension and diabetes is significantly higher, generally, in which the main modifiable risk factors for NCDs are behavioural- unhealthy diet, low levels of physical activity, smoking and excessive alcohol intake, and subsequent biological risk factors such as raised blood pressure, raised blood glucose, obesity and raised cholesterol. There is need for interventions geared towards stepping up the UDSM responsiveness to HIV and AIDS and NCDs. The planned responses aim at enabling the UDSM community members know their status, receive sustainable treatment and eventually reduce mortality and morbidity.

2.2.1 HIV and AIDS Related Knowledge, Attitudes and Behaviors

The knowledge level about HIV and AIDS at the UDSM is generally high when compared to the knowledge level of the general Tanzanian population. For example, more than 90 percent of the students reported having heard about HIV and AIDS (UDSM-TASC, 2010). Furthermore, more than 80 percent of the students correctly identified the modes of HIV transmission and prevention. Nevertheless, knowledge about some specific HIV and AIDS issues was low. For example, only 48.1 percent of respondents knew that it could take more than five years before a person infected with HIV could develop AIDS. Again, a surprisingly high proportion of respondents believed that saliva can transmit the AIDS virus. Specifically, 60.3 percent of male respondents and 53.3 percent of female respondents believed that saliva can transmit HIV, while this is actually not the case. Generally, 40 percent of young women aged 15-24 and 47 percent of young men aged 15-24 had, during the time the study, comprehensive knowledge of HIV/AIDS (THIMS 2015/16).

Attitudes towards various issues related to HIV and AIDS are generally positive among the majority of students. For example, according to the findings of the UDSM-TASC (2010), 92.9 percent of students reported that they could live with people living with HIV and AIDS without discriminating against them. More than 90 percent of the involved students reported that they discussed with their fellow students about HIV and AIDS, and more than 90 percent of the students reported having asked their new partners about their HIV status. Furthermore, less than a third (30%) of the students reported that HIV infection was caused by 'immorality' or it was a 'punishment from God'.

Regarding sexual behaviours, both studies (UDSM-TASC 2010 & EAC & AMREF, 2011) showed that the sexual behaviours of the majority of students were characteristically risky. For instance, more than 80 percent of the students reported to have a boyfriend or a girlfriend. Moreover, almost all students involved reported having had sexual intercourse in their life, as well as in the past six months. Less than half (47.4%) of the students who indicated to have had sexual intercourse in the past six months reported having used a condom. The mean age at first sex was 19.2 years for males and 20.7 for females.

Regarding the number of sexual partners, on average, 58.2 percent of male students and 53.6 percent of female students reported that they had had two or more sexual partners in the past 12 months. Again, this figure is quite higher than the national average in which 16 percent of women and 29 percent of men reported having had more than two sexual partners during the Tanzania HIV/AIDS and Malaria Indicator Survey (THMIS 2007-2008). This implies that students' sexual behaviours with respect to non-marital relationships are generally riskier than the general Tanzanian population.

2.2.2 HIV Testing Pattern

HIV testing uptake was generally low, with only 36 percent of the male respondents and 45.5 percent of the female respondents reporting to have tested for HIV in the past six months. However, more than half (50.3%) of the respondents reported that they intended to go for HIV test in the next six months. In the EAC and AMREF (2011) study, of the 950 sampled students at UDSM, only 42.6 percent volunteered for HIV testing. Again, in a recent HIV testing campaign conducted at the Mwalimu Julius Kambarage Nyerere Mlimani Campus (MJKNMC) during the commemoration of 2019 World AIDS day, a total of 978 (342 male and 636 female) were counselled, tested and received HIV test results, three (1 male and 2 female) out of whom tested HIV positive.

Available report from the UHC shows that from June 2018 to July 2019, some 3,996 people were counselled and tested for HIV, 43 (1.1%) of whom tested HIV Positive.

Among those who tested HIV positive, 12 (27.9%) were aged 15-24 years, 23 (53.5%) were 25-49 years and 8 (18.6%) were aged above 50.

2.2.3. Non Communicable Diseases Testing Pattern

The available report from the UHC shows that from June 2018 to July 2019, some 1,578 clients were on treatment for Hypertension and out of them, 140 (8.9%) were new cases. Similarly, 1,557 clients were on treatment for diabetes and 114 (7.3%) were new cases. In the same period, 1,514 clients were screened for cervical cancer, 8 (0.5%) out of whom were diagnosed with the plague.

CHAPTER THREE: RATIONALE, VISION AND MISSION

3.1 RATIONALE FOR A REVISED UDSM HIV AND AIDS POLICY

The current version of the UDSM HIV and AIDS Policy was formulated in June 2006, almost fourteen years ago. This Policy effectively committed the UDSM management and community in general to the fight against the AIDS pandemic. As part of the monitoring and evaluation framework, the Policy was envisaged to be reviewed after every three years. It is, therefore, long overdue and thus the Policy should be reviewed to address contemporary issues in HIV and AIDS interventions. Additionally, there have been many developments in the AIDS pandemic since the UDSM HIV and AIDS Policy was first issued. Furthermore, in recent years, cases of NCDs have been increasing at an alarming rate and the government has directed that they should also be addressed alongside HIV and AIDS. The review of this policy is, therefore to include NCDs as part of the Policy.

3.2 VISION

To reduce new HIV infections, prevalence of NCD's and mitigates their impact.

3.3 MISSION

A healthy UDSM community and enabling environment for members to have adequate access to HIV/AIDS and NCDs services through appropriate support systems using qualified health service providers and state of art techniques and technologies.

3.4 GOALS AND OBJECTIVES OF THE UDSM POLICY ON HIV/AIDS AND NCDs

This Policy provides a framework for HIV/AIDS and NCDs interventions at the University of Dar es Salaam focusing on protecting the UDSM community members from HIV infection, promoting a healthy life style to prevent NCDs and mitigate the impact of AIDS and NCDs. More specifically, the objectives of the Policy are to:

3.4.1 Protect students, staff and other UDSM community members against HIV infection and NCDs.

3.4.2 Provide access to appropriate treatment, care and support for students, staff and other UDSM community members living with and affected by HIV/AIDS and NCDs.

3.4.3 Offer safe, secure and peaceful environment for students, staff and other UDSM community members living with and affected by HIV/AIDS and NCDs.

3.4.4 Enable mitigation of the impact of HIV/AIDS and NCDs among the University community.

The above four objectives have three ultimate goals, namely:

- i. To combat mortality from HIV/AIDS and NCDs among UDSM members;
- ii. To accelerate action against HIV/AIDS and NCDs risk factors; and
- iii. To strengthen the UDSM health system responses to HIV/AIDS and NCDs.

CHAPTER FOUR: POLICY ISSUES, OBJECTIVES AND STATEMENTS

4.1. INTRODUCTION

The policy issues and statements are guided by the fourth National Multi-sectoral Strategic Framework for HIV and AIDS (2018/2019-2022/2023) and Tanzania NCD Strategic Plan 2016-2020. Policy issues include combined prevention of HIV and NCDs, treatment, care and support services, enabling environment, impact mitigation, employment of staff and students' admission. It also entails confidentiality and disclosure, research, obligations and responsibility of staff and students and mobilization of resources.

4.2 POLICY ISSUE NO. 1: COMBINED HIV/AIDS AND NCD PREVENTION

Evidence shows that members of the UDSM community are susceptible to risky sexual behaviours that potentially make them vulnerable to HIV infection and other sexual health problems. This is attested in low HIV and AIDS comprehensive knowledge, high level of sexual partners, poor condom use and low HIV testing uptake. Additionally, in recent years, the rate of NCDs has been increasing at an alarming rate in Tanzania, as well as at UDSM. The UDSM shall continue to set up appropriate prevention education programmes and activities aimed at protecting its community members against HIV infection and NCDs.

4.2.1. Policy Objective

To scale up combined HIV/AIDS and NCDs prevention

4.2.2. Policy Statement

To realise the policy objective, UDSM shall:

- 4.2.2.1 Enhance HIV/AIDS and NCDs prevention and early detection through provision of current and accurate information to staff, students and neighbouring community;
- 4.2.2.2 Reduce or eliminate misconceptions and misinformation about HIV/AIDS and NCDs;

- 4.2.2.3 Integrate HIV/AIDS and NCDs services into the UDSM health care system and make them accessible, available and affordable;
- 4.2.2.4. Eliminate Mother to Child Transmission of HIV (PMTCT) services through the UHC by integrating counselling and testing in the antenatal care services;
- 4.2.2.5 Enhance early detection of NCD risk factors by carrying out regular assessment of risk factors related to NCDs, including screening for body mass index (BMI), blood sugar, lipids, blood pressure, hormonal profile for cancer screening;
- 4.2.2.6 Strengthen laboratory services for HIV/AIDS and NCDs testing and diagnosis (through HIV blood screening for HIV anti-bodies, hepatitis and syphilis for people donating blood and cardiovascular disease (CVD) screening), and
- 4.2.2.7 Enhance the capacity of the UDSM health workers for HIV/AIDS and NCDs management.

4.2.3 Strategies

The University endeavours to:

- 4.2.3.1 Provide access to essential and necessary HIV preventive measures such as condoms and post exposure prophylaxis services;
- 4.2.3.2. Create UDSM community awareness, advocacy and communication on HIV/AIDS and NCDs risk factors;
- 4.2.3.3. Increase UDSM staff and students' participation in HIV/AIDS and NCDs awareness campaigns;
- 4.2.3.4. Improve UDSM participation in international and national calendar days and other relevant commemoration days for the purpose of raising awareness on HIV/ AIDS and NCDs;
- 4.2.3.5. Promote healthy life style to the UDSM community members through physical exercises and healthy dieting, and
- 4.2.3.6. Provide appropriate post-exposure prophylaxis to staff and students in need after being exposed to risky environment.

4.3 POLICY ISSUE NO. 2: TREATMENT, CARE AND SUPPORT SERVICES

Treatment, care and support services are essential in promoting the wellbeing for staff and students living with and affected by HIV/AIDS and NCDs so as to ensure they continue to productively contribute to the 2061 University mission.

4.3.1. Policy Objective

To provide quality treatment, care and support services to staff and students living and affected by HIV/AIDS and NCDs.

4.3.2. Policy Statement

To realise the policy objective, UDSM shall:

- 4.3.2.1 Undertake vigorous HIV and NCDs testing campaigns so that all members become aware of their status and start receiving appropriate treatment;
- 4.3.2.2 Ensure that the UHC is adequately equipped to provide treatment, care and other supportive services for staff and students affected by HIV and NCDs;
- 4.3.2.3 Ensure that there is an adequate referral and linkage system with other appropriate health care facilities and institutions; and
- 4.3.2.4 Facilitate the setting up of support groups for staff and students living with and affected by HIV /AIDS and NCDs.

4.3.3. Strategies

The University endeavours to:

- 4.3.3.1. Provide, via the UHC, a wide range of clinical and psychosocial services related to HIV/ AIDS and NCDs, including, but not limited to, counselling, testing, treatment and care services, and
- 4.3.3.2. Allocate a budget for treatment care and support for staff, students and people living with HIV /AIDS and NCDs.

4.4. POLICY ISSUE NO. 3: ENABLING ENVIRONMENT

For sustainability purposes, HIV/AIDS and NCDs programmes and activities need to be mainstreamed within the institutional strategic framework.

4.4.1. Policy Objective

To mainstream HIV/AIDS and NCDs issues in the UDSM institutional strategic frameworks.

4.4.2. Policy Statement

To realise the policy objective, UDSM shall:

- 4.4.2.1 Ensure safe, secure and peaceful learning and working environment for people living with and affected by HIV/AIDS and NCDs that is free from prejudice, discrimination and stigma;
- 4.4.2.2 Ensure that HIV/AIDS and NCDs programmes and activities are mainstreamed in the core business of the University;
- 4.4.2.3 Provide appropriate support to academic departments to mainstream and integrate HIV and AIDS and NCDs issues in the curricula, and
- 4.4.2.4 Strengthen a sustainable coordination system to address HIV/AIDS and NCDs prevention and control at all levels.

4.4.3. Strategies

The University shall:

- i. Continue to demonstrate leadership and commitment in preventing and mitigating the impact of HIV/AIDS and NCDs;
- ii. Mainstream HIV/AIDS and NCDs programmes and activities in the core business of the University;
- iii. Integrate HIV and AIDS and NCDs issue in the curricula, and
- iv. Sustain a coordination system to address HIV/AIDS and NCDs prevention and control at all levels.

4.5 POLICY ISSUE NO. 4: IMPACT MITIGATION

People living with and affected by HIV/AIDS and NCDs can and should continue to serve their families and employers and thus deserve adequate support and care. It is, therefore, important that the UDSM develops an effective support system that is capable of continually and sustainably developing and monitoring the UDSM capacity in responding to the needs of staff and students living with and affected by HIV and AIDS and NCDs.

4.5.1. Policy Objective

To develop an effective support systems for staff and students living with and affected by HIV/AIDS and NCDs.

4.5.2. Policy Statement

To realise the policy objective, UDSM shall:

- 4.5.2.1 Ensure adequate allocation of funds within its budget to HIV/AIDS and NCDs interventions programmes and activities as per Medium-Term Expenditure Framework (MTEF);
- 4.5.2.2 Ensure adequate human and infrastructural resources for the management of HIV/AIDS and NCDs programmes and activities;
- 4.5.2.3 Ensure that the affected University community members with HIV and NCDs participate in mitigating the impact of HIV and NCDs, and
- 4.5.2.4 Ensure that People living with HIV and other stakeholders are empowered to respond effectively to People living with HIV needs and rights, taking into account the different situations and needs of women and men.

4.5.3. Strategies

The University shall:

- 4.5.3.1. Continue implementing National guidelines and circulars on prevention of HIV/AIDS and NCDs at workplaces;
- 4.5.3.2. Allocate funds within its budget to HIV/AIDS and NCDs interventions programmes, and

- 4.5.3.3. Deploy human and infrastructural resources for the management of HIV/AIDS and NCDs programmes.

4.6 POLICY ISSUE NO 5: EMPLOYMENT OF STAFF

People living with and affected by HIV and AIDS have the right to employment without prejudice, discrimination and stigma on the basis of their HIV status.

4.6.1. Policy Objective

To ensure equal treatment in dealing with all staff, including job applicants living with or affected by HIV/AIDS and NCDs.

4.6.2. Policy Statement

To realise the policy objective, the UDSM shall:

- 4.6.2.1 Not consider the HIV or NCDs status of a prospective employee as an adverse consideration for selection into an employment position at the University of Dar es Salaam;
- 4.6.2.2. Not dismiss, deny benefits or discontinue the employment of any member of staff on the basis of their HIV or NCDs status;
- 4.6.2.3. Encourage students, staff and their families to undergo voluntary confidential counselling and testing for the purpose of providing evidence-based information for monitoring and assessing the impact of university and national wide HIV/AIDS and NCDs interventions, and
- 4.6.2.4. Not consider the HIV or NCDs status of staff when offering opportunities for staff training, development, handling of promotions and awarding other employment benefits.

4.6.3. Strategies

The University shall:

- 4.6.3.1. Continue implementing appropriate Standing Orders and employment regulations and legal frameworks for members of staff living with HIV and AIDS for all who become medically unfit to continue serving in their positions, and

- 4.6.3.2. Provide guidance to students, staff and their families to undergo voluntary confidential counselling and testing.

4.7 POLICY ISSUE NO 6: STUDENTS ADMISSION

The University of Dar es Salaam promotes equal access to university education to all qualified candidates seeking admission into various academic programmes.

4.7.1. Policy Objective

To promote equal access to academic programmes for all students seeking admission, including applicants living with or affected by HIV/AIDS and NCDs.

4.7.2. Policy Statement

To realise the policy objective, UDSM shall:

- 4.7.2.1 Not consider HIV/AIDS for determination of admission or readmission into academic programmes, nor shall the status be a ground for discontinuation from studies;
- 4.7.2.2 Not consider HIV/AIDS status for the award of financial aid or other benefits to students;
- 4.7.2.3 Enforce appropriate regulations for students living with HIV/AIDS who fail to continue with their studies on medical grounds, and
- 4.7.2.4 Encourage students living with and affected by HIV/AIDS to attend classes and other academic and social programmes and abide by all university regulations and rules. AIDS-related illnesses shall be considered under the procedures and regulations guiding medical conditions for students at the University of Dar es Salaam.

4.7.3. Strategies

The university shall:

- 4.7.3.1. Enrol students regardless of their HIV/ AIDS status and provide equal academic opportunities to prospective candidates regardless of his/her HIV status in accordance to the law of land , and

- 4.7.3.2. Adhere to the procedures and regulations guiding medical conditions for students at the University of Dar es Salaam for AIDS related illnesses.

4.8 POLICY ISSUE NO 7: CONFIDENTIALITY AND DISCLOSURE

The University of Dar es Salaam values and promotes confidentiality in dealing with issues related to HIV/AIDS and NCDs.

4.8.1. Policy Objective

To strengthen measures against breaches of confidentiality and promote the right to privacy for all students, staff and their families.

4.8.2. Policy Statement

To realise the policy objective, UDSM shall:

- 4.8.2.1 Avoid requiring staff and students to disclose their HIV/AIDS or NCDs status unless required by law, but shall treat any disclosure in strict confidence while maintaining zero tolerance to prejudice, discrimination and stigma for members volunteering to disclose their HIV/AIDS or NCDs status;#;
- 4.8.2.2 Ensure confidentiality if and when a student or member of staff decides to disclose his or her HIV and NCDs status; such information shall not be disclosed to a third party, including management or supervisors, without the written consent of the individual disclosing such information;
- 4.8.2.3 Promote and encourage shared confidentiality for the purpose of facilitating necessary assistance for staff and students living with HIV/AIDS and NCDs, and
- 4.8.2.4 Deal effectively with any breach of confidentiality in HIV and NCDs status in accordance with the UDSM appropriate disciplinary regulations and the country's appropriate legal remedies.

4.8.3 Strategies

The University shall:

- 4.8.3.1. Observe confidentially in the handling of all medical information and documents, particularly the identity and status of a staff or student living with HIV and AIDS, and
- 4.8.3.2. Take appropriate UDSM and countries disciplinary measures in case of breach of confidentiality in HIV and NCDs status.

4.9 POLICY ISSUE NO 8: RESEARCH

The University believes in evidence-based information as a tool necessary in planning for effective HIV/AIDS and NCDs interventions.

4.9.1. Policy Objective

To strengthen the UDSM capacity for HIV/AIDS and NCDs behavioural and biomedical research, survey and surveillance system with a view of providing strategic information for evidence-based planning, monitoring and evaluation.

4.9.2 Policy Statement

To realise the policy objective, UDSM shall:

- 4.9.2.1 Promote and facilitate empirical and operation research on HIV/AIDS and NCDs for all its academic units;
- 4.9.2.2 Apply and/or develop appropriate policy guidelines to guide research on HIV/AIDS and NCDs research by members of staff and students at the University of Dar es Salaam;
- 4.9.2.3 Examine the current HIV/AIDS and NCDs institutional framework with a view to institutionalising it more effectively into the UDSM organisational framework, and
- 4.9.2.4 Undertake both behavioural and biomedical research for the purpose of planning, monitoring and evaluating HIV/AIDS and NCD interventions.

4.9.3. Strategy

The university shall:

- 4.9.3.1. Plan, monitor and evaluate all research and interventions related to HIV/AIDS and NCDs conducted at UDSM campuses after being cleared by the respective government organs.

4.10 POLICY ISSUE NO 9: OBLIGATIONS AND RESPONSIBILITIES OF STAFF AND STUDENTS

Students, staff and other members of the UDSM community have the responsibility to protect themselves and others against HIV infection.

4.10.1. Policy Objective

To strengthen and support strategies by students, staff and their families that aim at protecting themselves against HIV/AIDS and NCD risks.

4.10.2. Policy Statement

To realise the policy objective, UDSM shall:

- 4.10.2.1. Require all members of the UDSM community to be informed about and equipped with important aspects of HIV/AIDS and NCDs, including prevention, care and support and impact mitigation, and
- 4.10.2.2. Require all staff and students to perform their assigned duties normally, unless justified for exemption on medical grounds by competent authority. The HIV positive status shall not be an excuse for absence from scheduled duties, unless exempted from such duties on medical grounds by competent authority.

4.10.3. Strategy

The university shall:

- 4.10.3.1 Ensure that all members of the UDSM community living with or affected by HIV and AIDS behave in a manner that does not pose any risk of infection to others. Such members are obliged to seek appropriate support that will ensure they remain healthy and productive as far as possible.

4.11 POLICY ISSUE NO.10: RESOURCE MOBILIZATION

Effective prevention and management of HIV/AIDS and NCDs requires adequate funding.

4.11.1 Policy Objective

To develop long-term financial sustainability strategy that will expand the scope of sources of financial support for HIV/AIDS and NCDs preventive, curative, rehabilitative and palliative services.

4.11.2 Policy Statement

To realise the policy objective, the UDSM shall:

- 4.11.2.1 Expand the scope of sources of financial support for HIV/AIDS and NCD services;
- 4.11.2.2 Diversify sources of financial resources for HIV/AIDS and NCD services;
- 4.11.2.3 Locate specific funding line for HIV/AIDS and NCDs in its budget according to MTEF, and
- 4.11.2.4 Actively mobilize financial resources from internal and external sources for HIV/AIDS and NCDs interventions programmes and activities.

4.11.3 Strategy

The University shall:

- 4.11.3.1 Develop and diversify long-term financial sustainability strategy for implementation of HIV /AIDS and NCD intervention activities.

CHAPTER FIVE: IMPLEMENTATION, MONITORING AND EVALUATION

5.1. IMPLEMENTATION

The overall responsibility of implementing this Policy lies with a University-wide Committee comprising the Vice-Chancellor, Deputy Vice-Chancellors, Principals, Deans and Directors. However, each of the constituent colleges of the UDSM shall establish a Technical AIDS & Sub-Committee (TASC) in line with the National Strategic Framework on HIV/AIDS & NCDs Prevention Guidelines. The TASC shall comprise the Head of the Institution (Chairperson), Deputy Heads of Institution, a legal advisor, Director of Human Resource and Administration (DHRA), Dean of Students, a Trade Union representative, a Workers' Council representative, a Students' Government representative, an academic staff representative, an administrative staff representative and any other members appointed by the Head of the Institution, where need arises.

The Chairperson shall appoint a person who will coordinate HIV/AIDS & NCDs intervention activities, who will also serve as a secretary to the committee. TASCs shall establish structures that will facilitate efficient implementation of HIV/AIDS & NCDs activities in the Colleges, Schools, Institutes, Centres and major departments by appointing a focal person who will be responsible for coordination of HIV/AIDS and NCDs intervention activities in their respective units in collaboration with UDSM-TASC.

5.2 MONITORING AND EVALUATION

Monitoring and evaluation of HIV/AIDS and NCDs provides the basis for assessing results against desired levels of performance. The TASC shall develop short and long term strategic implementation plan to guide HIV/AIDS and NCDs interventions programmes and activities at each campus. In order to track the impact of HIV/AIDS and NCDs as well as the impact of interventions, each respective implementing unit shall produce quarterly and annual reports to the Campus TASC.

5.3 REVIEW OF THE POLICY

This Policy will be reviewed by the University of Dar es Salaam every five years or as soon as deemed necessary, for changes and improvements, which may be needed as a result of new medical developments, new policies relating to HIV/AIDS and NCDs and new legislation.

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