RESPONSES TO HIV/AIDS AT UCT

Report to Council, March 2006

Prof Martin Hall, Deputy Vice-Chancellor
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Executive Summary

The annual survey around HIV/AIDS initiatives on UCT campus in 2005, has demonstrated that UCT continues to respond at a significant level to one of the biggest challenges facing Africa in the areas of management, teaching, research, consulting and outreach.

Prevalence

In South Africa, 29.5% [range 28.5–30.5%] of women attending antenatal clinics were HIV-positive in 2004\(^1\) (Department of Health South Africa, 2005). A demographic model for HIV infection rates in 2002/03 estimated that 4.5% of UCT staff qualifying for membership of the DAI medical aid programme were living with HIV Infection.\(^2\) It is estimated that prevalence for students in 2005 was 9.5 %, and that this may rise to between 10.83% and 12.08 % in 2010.\(^3\)

Since March 2005, 426 UCT staff have had an HIV test i.e. 15.7% of the total population of 2,700 qualifying staff. Of this number, 17 employees have tested positive and 15 employees have self-registered on the programme. At UCT Student Health Service, a total of 1,166 students were tested from January to December 2005 (647 female and 519 male); of this number, 10 tested positive.

Curriculum Responsiveness

All first-year Commerce undergraduates take a 2-week course around HIV/AIDS and Business as part of their Thinking About Business course. All first-year Health Sciences students take the course Becoming a Professional, which includes a significant component around HIV/AIDS from a bio-social perspective. The Commerce and Health Science faculties must be commended on these courses that contribute towards graduating AIDS competent students.

In the Humanities faculty there are several subject specific courses that teach around HIV and AIDS e.g. in the Departments of Education; Psychology; AGI; Social Anthropology; Social Work; and Sociology. In the Science faculty, there are a few courses where HIV and AIDS is a focus. In the Department of Commercial Law, within the Law faculty, there is one course addressing HIV/AIDS in the workplace.

At postgraduate level, in the Commerce faculty, a new Master's course was introduced in 2005 on the Economics of AIDS in Sub-Saharan Africa. There are postgraduate courses addressing HIV and AIDS in Health Sciences; for example, the Postgraduate Diploma in Palliative Medicine and the MPhil in Palliative Medicine - both have various teaching topics

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\(^1\)UNAIDS/WHO AIDS epidemic update: December 2005:
file:///C:/Documents%20and%20Settings/User1/My%20Documents/Articles%20of%20interest/December%202000
5%20Sub-Saharan%20Africa.htm


related to HIV and AIDS. The Masters in Public Health focuses largely on disease epidemiology, including HIV and TB.

In the faculty of Humanities there is a specialised Masters in Philosophy in *HIV/AIDS and Society*, with collaboration from a wide range of departments across the faculties. A component may be taken in the department of Religion at Masters level, entitled Religion, Faith and Health and the HIV/AIDS Pandemic. In the faculty of Law, the school for advanced legal studies offers 1 higher postgraduate course entitled Human Rights Law, which investigates the state provision of ARVs.

*Research and Consulting*

A significant number of relevant and groundbreaking research projects have been conducted in 2005, making innovative contributions to the way in which HIV is addressed in South Africa and in some cases the global community.

In the Commerce faculty, the CSSR’s AIDS and Society Research Unit has produced a diverse range of research and working papers, focusing on issues such as impact of HIV, stigma and treatment. Research of the Democracy in Africa Research Unit as tackled the impact of HIV/AIDS, and the Centre for Actuarial Research has also looked at impact; it has developed the ASSA2003 model that predicts HIV-impact, and has modelled the impact of HIV vaccines.

Cell-life, based in the faculty of Engineering and the Built Environment, supports HIV/AIDS treatment in communities, and a number of research projects are underway. The Adolescent Health Research Unit of the Health Sciences faculty has conducted a number of surveys concerning risk behaviour amongst school-based adolescents. The Children’s Institute has advocated for children’s rights through involvement on various working groups, analysed media reporting of how the pandemic affects children, and analysed the school as a ‘node’ of care and support.

The Paediatric Infectious Diseases unit, Red Cross Children’s Hospital, and the School of Child and Adolescent Health have conducted child and adult-centred research around treatment regimens, including ARV effectiveness, adherence and resistance. Additionally, a number of papers have been published.

The Institute of Infectious Diseases and Molecular Medicine (IIDMM) has researched the development and testing of HIV vaccines and microbicides, opportunistic infections and risk factors for women. The IIDMM’s Desmond Tutu HIV Centre focuses on various aspects of vaccine trials, and has (in partnership) provided public sector patients with antiretroviral therapy and appropriate care and support; the locations of these projects serve as trial and treatment impact research sites.

The Division of Family Medicine provides consultant support to the Provincial Department of Health, in establishing and running palliative care facilities for persons living with AIDS. The Health Economics Unit has focused on the burden of HIV/AIDS and has conducted a randomised trial concerning ARV provision. The Infectious Disease Epidemiology Group is
conducting two HIV prevention trials and working with the provincial government to monitor the Prevention of Mother to Child Transmission, and to assess ARV impact and adherence. The Women’s Health Research Unit has looked at the psycho-social needs of caregivers, reproductive choice among HIV positive persons and VCT services for adolescents. Research at the Division of Clinical Pharmacology includes ART adherence and the cost-effectiveness of an ART public-private partnership.

The Centre for Conflict Resolution, within the Humanities faculty, researches the relationship between HIV/AIDS and human and national security, and particularly the impact of HIV/AIDS on military forces and peacekeeping. A Social Anthropology department and STEPS for the Future collaboration has resulted in the publication of conference papers. The African Religious Health Assets Programme (ARHAP) of Religious Studies at UCT has produced literature directly concerned with HIV, and is researching religious health assets in Africa that can support ARV rollout. The Politics department has investigated public opinion and AIDS; Psychology, the care of children living with HIV and AIDS; and the Education department, HIV/AIDS and how it impacts upon the classroom.

The faculty of Commerce has researched the development of microbicides for HIV infection prevention. Within the School of Economics, a seminar was organised with SALDRU on the relationship between poverty and HIV/AIDS. In the Law faculty there has been research around HIV/AIDS and the Law. In the Science faculty, there has been research in Chemistry, in particular the synthesis of organic compounds with anti-HIV activity.

A number of other research projects have been undertaken by academics in various departments.

Community Outreach / Social Responsiveness

There are a few outreach initiatives related to curriculum and research projects, as well as co-curricula responses, which include: AIDS Community Educators (ACEs), a project situated in the office of the Vice-Chancellor, that trains UCT students as peer educators and mentors for school pupils and higher education institutions; workshops for people on ARVs, offered by the AIDS Society Research Unit (ASRU) in the CSSR; the work of the Cell-Life project in the faculty of Engineering and the Built Environment, which uses a combination of mobile phone technology and the internet to improve ARV adherence; The Women’s Health Research Unit in the Department of Public Health, which works with Zanempilo in the area of reproductive and sexual health, including HIV and AIDS.

A future challenge is to increase service-learning opportunities that increase curriculum and research responsiveness.

Introduction

Mapping Exercise
From October to December 2005, the HIV/AIDS Unit conducted a comprehensive exercise mapping HIV/AIDS-related teaching, research, management and outreach activities at UCT. Requests for summaries of relevant teaching and research work relating to HIV and AIDS were sent to heads of departments and research institutes. Making extensive use of the report prepared before February 2005 for Prof Thandabantu Nhlapo, this document serves to summarise the findings from the mapping exercise, thereby creating an impression of UCT’s response to HIV/AIDS. It also attempts to benchmark HIV/AIDS initiatives against national and regional criteria. An effort has been made to provide a comprehensive report, although a response was not forthcoming from every department and research institute. Mapping of activities is, however, an ongoing process.

Responses at UCT to HIV and AIDS are summarised as follows: A) Policy, Leadership and Management; B) Prevention and Care; C) Curriculum Responses; D) Research Development/Knowledge Generation; E) Community Outreach/Development of Social Capital. These areas correspond with areas identified for action in the updated UCT Policy on HIV Infection and AIDS: A Co-ordinated Response to HIV and AIDS⁴, approved by UCT Council in August 2004 (see appendix).

Background

Update on the Epidemic

According to the UNAIDS/WHO Update on AIDS Epidemic of December 2005⁵, an astounding 25.8 million [23.8 million–28.9 million] people are living with HIV in Sub-Saharan Africa. An estimated 3.2 million [2.8 million–3.9 million] people in the region became newly infected in 2005, while 2.4 million [2.1 million–2.7 million] adults and children died of AIDS. Among young people aged 15–24 years, an estimated 4.6% [4.2–5.5%] of women and 1.7% [1.3–2.2%] of men were living with HIV in 2005.

The epidemic has evolved at an astonishing speed in South Africa in particular: adult HIV prevalence of 1% in 1990 rose to nearly 25% within 10 years. New data show HIV prevalence among pregnant women has reached its highest levels to date: 29.5% [range 28.5–30.5%] of women attending antenatal clinics were HIV-positive in 2004 (Department of Health South Africa, 2005)⁶. Prevalence was highest among women aged 25–34 years - more than one in

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⁴ The UCT Policy on HIV Infection and AIDS can be located at: http://www.uct.ac.za/uct/policies/hiv_aids.pdf
three of whom was estimated to be living with HIV. Among women aged 20–24 years, almost one in three was infected. In the country’s worst-affected province, KwaZulu Natal, prevalence has reached 40%, while it has remained extremely high at between 27% and 31% in the Eastern Cape, Free State, Gauteng, Mpumalanga and North West province.

A recent study of death registration data has shown that deaths among people 15 years of age and older increased by 62% from 1997 to 2002, and deaths among people aged 25–44 years more than doubled. Based on information from nearly 2.9 million death notification certificates, the study showed that more than one third of all deaths were among people in that age group (Statistics SA, 2005).

**Update on Higher Education Initiatives**

Considering the enormity of the problem, there are concerns that NEPAD’s focus on economic and political issues does not adequately address the need for a response to HIV and AIDS. Higher education leaders within NEPAD and similar forums are therefore influencing their national agendas and international discourse towards a more comprehensive response within education, by ensuring that prevention, treatment, care and support are adequately provided for thousands of students and employees through sustainable and effective programmes.

The response of the *Southern African Regional Universities Association (SARUA)* has been to identify and encourage initiatives that seek to build on the lessons learned, and to develop new linkages and opportunities accessible for all institutions. It provides an organised mechanism for reaching key decision makers in South African higher education and to engage with 45 universities in 13 countries. The association will aim to maximise this leverage in new partnership agreements.

The main objectives of the HIV and AIDS project of SARUA are:

- To strengthen and expand comprehensive responses to HIV and AIDS in higher education and the education sector more generally;
- To ensure that HIV and AIDS is mainstreamed into teaching, research and the outreach roles of universities;
- To increase the range and quality of programmes providing prevention (education/information, condom distribution, contraception), treatment (OI’s, STIs, ARV access), care and support (wellness programmes, nutrition support, psycho-social support, family support etc) to students and staff;
- To ensure that HIV and AIDS continues to be treated as a long term institutional priority by institutional managers;
- To prevent new infections and to ensure that affected and infected people are supported in institutional environments free of stigma and discrimination.

A SARUA working group for HIV and AIDS – of which UCT, through the HIV/AIDS Unit, is a member – has been established to assist with the development of the following:

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Mapping out the key issues, activities and indicators that will inform the HIV and AIDS programme rollout plan from 2005-2008;

- Develop a comprehensive project proposal outlining each activity, outcomes, deliverables and evaluation process;
- Identify potential strategic partners (resource and funding) and existing networks that will assist in the rollout of project activities;
- Compile a detailed budget for the various project activities including the costs of resource and operational requirements;
- Act as an expert reference group for ongoing monitoring and evaluation of the HIV and AIDS programme.

In March 2005, South African Universities Vice-Chancellors Association (SAUVCA) ceased to exist and was replaced by Higher Education South Africa (HESA). HESA marks the coming together of the representative organisations for universities and universities of technology, the South African Universities Vice-Chancellors Association (SAUVCA) and the Committee of Technikon Principals (CTP). HESA and Higher Education Against AIDS (HEAIDS), which remains a key project, will be funded by the European Union over a period of four years. Its role is to strengthen higher education’s ground-breaking work in HIV and AIDS, which is being undertaken in the South African Higher Education Sector, and to increase the achievements to date. The funding is built around existing capacity in institutions; strengthening, supporting and enhancing where necessary. UCT is also a member of HESA, and Prof Njabulo Ndebele, Vice-Chancellor at UCT, sits on its Executive Committee 2005-2006.

HEAIDS have identified 6 priority areas that institutions of higher education should be addressing in developing an institutional response to HIV and AIDS.

- Effective policy, leadership and management
- Effective prevention
- Effective care and support
- Teaching appropriate to the HIV/AIDS era
- Appropriate research/knowledge creation
- Community outreach

A.  **Leadership, Management and Policy**

The policy on HIV Infection and AIDS outlines UCT’s response as it pertains to staff and student support services, incorporation of HIV/AIDS teaching into the academic curricula at UCT and support of ongoing and innovative research related to HIV and AIDS. The Vice-Chancellor is accountable for UCT’s coordinated HIV/AIDS policy. The overall responsibility for policy implementation has rested with the DVC with the HIV/AIDS portfolio at UCT, Professor Martin Hall, since October 2005. This portfolio was held by Prof Thandabantu Nhlapo from July 2004 until October 2005. The UCT HIV/AIDS Unit is responsible for co-ordinating aspects of the institutional response.

Different sections at UCT including the HIV/AIDS Unit; SRC; Student Health; HR; Health and Safety; Communications and Development; Research and Innovation are responsible for
specific aspects of policy implementation. Section representatives met together as the AIDS Management group (AMAG) on a monthly basis in 2005. The purpose of these meetings was to report back on policy implementation and to ensure a co-ordinated response to HIV and AIDS.

A demographic model for HIV infection rates in 2002/03 estimated that 4.5% of UCT staff qualifying for membership of the DAI medical aid programme were living with HIV. Similarly, a mid-2003 demographic model estimated the HIV infection rate for the UCT students in 2005 to be 9.5%, and predicated that this may rise to between 10.83% and 12.08% in 2010.

**Benchmark**

HEAIDS programme report, Turning the Tide: A Strategic Response to HIV and AIDS in South African Higher Education (Programme Report 2002-2004) indicates that there has been “significant progress over three years in the provision of prevention services, treatment, care and support and the establishment of institutional capacity to manage HIV and AIDS programmatically across each institution” (D Chetty & B Michel, 2005).

As stated above, the Vice-Chancellor at UCT is responsible for HIV and AIDS interventions, and the Deputy Vice-Chancellor has designated responsibilities, routinely reporting to Council. Many aspects of the institutional response are co-ordinated by the HIV/AIDS Unit, which was relocated from Student Development Services Department (SDSD) into the Office of the Vice-Chancellor in October 2005. This repositioning has served to change its core function: a shift has been made from a key emphasis on prevention and support to a substantial focus on development and transformation, concerning the internal culture of the university and its larger societal role.

**B. Prevention and Care**

**Students**

SDSD underwent a restructuring process in the latter half of 2005, and is now referred to as the Department: Student Affairs (DSA). It is responsible for health, prevention of infection and care of students through the offices of the Student Health Services and Student Psychological Services (collectively renamed Student Wellness Service). The HIV/AIDS Unit was a part of SDSD until October 2005, when it was relocated in the Office of the DVC and renamed HIV/AIDS Coordination – UCT (HAICU).

**The HIV/AIDS Unit**

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The HIV/AIDS Unit was responsible throughout 2005 for implementing many aspects of the UCT Policy on HIV Infection and AIDS, particularly through education, training and awareness programmes for UCT students. The Unit provided the following services:

- The Student HIV/AIDS Resistance Programme (SHARP) delivered HIV and AIDS peer education to UCT students, school learners and the wider community in 2005. SHARP trained 80 peer educators in 2005, who ran a series of 4 different workshops on 32 occasions in 4 Western Cape schools. As part of the orientation programme for new UCT students, SHARPies ran 73 workshops in the space of two weeks, seeking to reach all 4,500 new UCT students. The SHARP project was disbanded at end September 2005 and replaced by AIDS Community Educators (ACEs).

- Co-ordination of the HIV/AIDS response at UCT, through the mapping of HIV/AIDS activities; co-ordination of the UCT AIDS Management group (AMAG); obtaining prevalence estimates; assisting with developing policies; developing proposals around treatment for students; and liaising with the SAUVC A HEAIDS programme and the Western Cape committee of higher education HIV/AIDS projects.

- A Men as Partners (MAP) partnership with EngenderHealth: The campaign, which began in 2005, raises awareness of issues around gender and HIV, and in particular encourages men to take a more active role in empowering themselves and their partners against HIV. The programme links with other Tertiary Institutions in the Western Cape (Cape Peninsula University of Technology – Bellville and Cape Town, Stellenbosch University, University of the Western Cape) and the Department of Health.

- HIV/AIDS Curriculum responsiveness: The HIV/AIDS Unit has facilitated the incorporation of HIV and AIDS materials into formal curricula at UCT. Courses are developed, taught and evaluated in consultation with staff from various departments. For example, a compulsory two-week course on HIV/AIDS and Business has been developed for all first year Commerce students. Subject-specific lectures are also provided for various faculties.

- On-Campus condom distribution: the HIV/AIDS Unit was responsible for distributing approximately 45,000 condoms per month in 2005. This was a considerable rise from 14,000 per month in 2004, and included provision for staff (previously, only students were reached). Additionally, over 100 condom vending machines were installed on campus, in both male and female toilets in academic buildings and in the UCT residences. The responsibility for condom distribution was reassigned to Student Health Services in December 2005.

- HIV Chat (Online Support Group): This project is funded by the Elton John AIDS Foundation (EJAF). It is an anonymous and confidential, password-protected chatroom for students living with HIV and AIDS, and is co-facilitated by a clinical psychologist who specialises in HIV/AIDS-related issues, and the Unit’s Health Promoter. It is aimed at creating a safe space where similarly-affected students can chat about relevant issues and provide emotional and informational support. The
service has recently been opened up to students of other tertiary institutions in the Western and Eastern Cape.

- **Freefone**: This project, also EJAF funded, is a free HIV/AIDS telephone help-line. It is staffed during office hours by a lay counsellor who provides information on HIV and AIDS, emotional support to callers in crisis, and referrals to other services and professionals. The line is open to all students both infected and affected.

- **Health Promoters**: Funded by DramAidE, this project involves a person living openly with HIV who is available for one-to-one sessions with any students who wish to discuss HIV and AIDS. The Health promoter is also involved in other projects run by the Unit, such as assisting student volunteers in presenting workshops and advising on communication campaigns concerning awareness and positive living.

- **Research and Evaluation**: The HIV/AIDS Unit had a dedicated evaluation project in 2005 that assessed knowledge, attitudes, norms, self-efficacy and behaviour of direct and indirect recipients of training. Evaluation of the workshops provided pertinent information that has informed future initiatives.

- **Communication and Media Campaigns** serve to increase HIV/AIDS awareness on campus. The HIV/AIDS Unit works with student volunteers to create campaigns that focus on prevention, de-stigmatisation, support and general information. 2005 campaigns were as follows: promoting condoms as ‘lifesavers’ (term 1); Candlelight Memorial Day and media focusing on HIV support initiatives at UCT (term 2); World AIDS Day cupcakes delivered to faculties and departments (term 4).

- **Lifeskills Training Manuals** (Basic Information 1&2; Relationships 1&2; Gender and Negotiation; Positive Living; Sex and Negotiation) were further developed. Information sessions were facilitated for first-year students throughout faculties, and for residence students and school learners. Modifications were made to the content and structure of training manuals after review of evaluation reports.

- A schools outreach project continued throughout 2005, partnering with the following schools: Intlanganiso in Khayelitsha; Fezeka in Gugulethu; Lavender Hill in Lavender Hill; Ned Doman in Athlone. School learners participated in lifeskills workshops. This work will continue with different schools in 2006.

- At the start of 2006, the HIV/AIDS Unit was re-constituted as HAICU – HIV/AIDS co-ordination UCT.

**Student Health Services**
The following services were provided by Student Health Services (SHS), a part of Student Development Services Department (renamed Department: Student Affairs in late 2005):

- Free Voluntary Counselling and Testing (VCT) for all students, which involved one hour individual pre- and post-test counselling by accredited VCT practitioners and other clinical staff in a confidential, safe environment. The Rapid Test of a finger prick enabled results to be shared within 10 minutes from the same practitioner responsible for counselling, thereby ensuring confidentiality. Time from booking to actual counselling appointment was approximately 2 days. In-house quality assurance using Triline, Determine and First Response Tests found state-supplied rapid tests to be inaccurate. As a result of concerns about the accuracy of the state rapid tests, the Determine Tests were procured from Abbott Laboratory. Errors in the state rapid tests were reported to the Provincial HIV Directorate.

- A VCT brochure was produced that provides students with information on the voluntary counselling and testing procedure. Additionally, Sister Joy Knighton-Fitt gave a VCT talk on UCT Radio in March and May, and a VCT presentation was given to medical students at Medical School Campus in May. Nursing staff promoted VCT at AIDS Candlelight Memorial Day on Campus, also in May 2005.

- Health Representatives – ‘spokespersons’ in residence – were provided with training and information on manageable medical conditions, including VCT and HIV.

- Students living with HIV were referred to a medical practitioner at SHS for a thorough medical examination, staging of disease (WHO staging) and relevant blood tests (CD4, FBC, RPR). They were encouraged to participate in Wellness programmes, in which they received free ongoing medical management, care and support (counselling), as well as free treatment of opportunistic infections.

- A direct referral system gave students access to ARVs at GSH and the Desmond Tutu AIDS Research Institute. SHS also regularly attended Aids Committee of Tertiary Institutions in the Western Cape (ACTIW) meetings, at which issues relating to HIV were discussed.

- Protocols were developed for management of students living with HIV. These ensured that all patients were managed in totality, no matter which stage they present to the practitioner. These include protocols on Medical Management of HIV, Treatment of Opportunistic Infections and Management of Skin infections.

- Staff received debriefing / HIV supervision monthly by an accredited HIV Supervisor from ATICC. Training was also provided by HEAIDS and staff attended an advanced VCT workshop, workshop on Medico-legal issues related to HIV and an Antiretroviral Treatment workshop.

- HIV and STI statistics were forwarded monthly to the HIV/AIDS Unit, HEAIDS (now HESA) and the HIV Directorate. A total of 1,166 students were tested from January to December 2005 (647 female and 519 male); of this number, 10 tested positive. As this
is a percentage of those students who chose to be tested at Student Health (as opposed to elsewhere or not at all), it is not indicative of the HIV prevalence rate at UCT. Student Health is presently revising statistics reporting to increase usefulness: a new Management Information System has been instituted at SHS (Primary Health Care, HIV, and STI Stats). HESA is also in the process of designing a MIS, specifically for capturing data from Tertiary Institutions. SHS is assisting them with this pilot project.

- Condom distribution, which was previously the responsibility of the HIV/AIDS Unit, was delegated to SHS from December 2005.

Staff

Human Resources Management Department

**Direct Aids Intervention Programme (DAI): UCT’s HIV/AIDS Workplace Programme**

UCT has been running this comprehensive HIV/AIDS programme since July 2003 for T2, T3 and permanent staff. Activities in 2005 were as follows:

- The organisational health department has teamed up with Cell-Life to offer staff web-based and cellphone bookings for HIV voluntary counselling and testing sessions, held at Cambria House on every last Friday of the month. Since the service was activated on 7 March 2005, 426 staff have had an HIV test i.e. 15.7% of the total population of 2,700 qualifying staff. Of this number, 17 employees have tested positive and 15 employees have self-registered on the programme. HIV prevalence is 3.9% of the population that qualify to participate in the programme.

- 15 staff are currently registered on the *Chronic Disease Management (CDM) Programme*. Helpline personnel follow up with registered members on a regular basis to give support, and educate and encourage all newly diagnosed employees to register onto the Expert Treatment Programme (ETP).

- 15 staff are registered on the *Expert Treatment Programme (ETP) Registration* and 7 staff are on HAART (Highly Active Anti-retroviral Therapy). 8 staff are on Pre-HAART (this phase caters for multi-vitamins, minerals and immuno-boosters).

- In 2005 HIV/AIDS became a prescribed minimum benefit. Negotiations are underway for the recovery of costs from Discovery Health, UCT’s medical aid provider, for treatment of staff currently registered on the programme. Discovery Health has launched its own disease management programme and is also in the early stages of offering VCT to employers.

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Wellness Weeks took place in March and October, promoting and offering VCT. In order to promote DAI at the October Wellness Week, wellness cards, brochures and key rings were printed and distributed to eligible employees, inviting them to attend and be tested.

A telephonic survey of 150 staff was undertaken during the ten days prior to the October Wellness Week, in an attempt to establish a) whether employees were informed about the DAI programme and its benefits, and b) why staff were not coming forward for VCT. The survey was conducted by Access Health, the 24 Hour Health Line. The survey showed that staff were generally aware of the programme, but confident of their status and did not feel the need to be tested. This information will be incorporated into the training and awareness campaign.

For World Aids Day (1 December), Pieter Dirk-Uys was invited to perform *Foreign Aids* at Jameson Hall. Approximately 200 staff attended the performance.

To thank staff for taking responsibility by attending information and counselling sessions, various complimentary gifts such as water bottles, caps, T-shirts and beaded ribbons were distributed at various events.

Several articles were published in the Monday Paper and via the UCT website.

With the introduction of HIV/AIDS as a prescribed minimum benefit, employers no longer have to support the payment for treatment, as it is covered from the risk component of the medical aid. For 2006, the UCT HR Department is reviewing the cost-effectiveness of the programme, and will propose that UCT staff access the treatment and disease management of HIV/AIDS from medical aid and the awareness and education from a central base.

In the light of the above, staff will now receive VCT and support through the Discovery health medical Scheme.

Accumulated funds from the Alexander Forbes cell captive model will be held in an investment account under the management of the Finance Department, and will be available for emergency allocations to staff and students affected by AIDS. This will be at the discretion of the DVC with the HIV/AIDS portfolio, in consultation with the ED HR (staff) and the ED DSA (students).

**Health and Safety**

**Property Services Department and the UCT Needlestick Injuries Policy**

Workplace health and safety is primarily the responsibility of the Properties and Services Department. It is the department’s responsibility to ensure appropriate health and safety structures are in place; that accurate and appropriate information is disseminated about
appropriate procedures to ensure safety and emergency responsiveness; and that training is provided for first-aiders and safety, health and environmental representatives.

First Aid policies and procedures are available in clinical and other environments where risk levels are high, concerning exposure to the HIV or hepatitis B viruses and procedures for dealing with blood spills. A UCT Needlestick Injuries Policy, available at http://www.uct.ac.za/uct/policies/needlestick.pdf, details procedures for responding to needle stick injuries, including provision of post-exposure prophylaxis. Health and Safety did not have anything to report in 2005.

Benchmark

The HEAIDS audit on availability of HIV/AIDS prevention and care services at higher education institutions in South Africa (2005) demonstrates that 71% of institutions provide prevention services, 86% distribute condoms on campus, 69% have established free VCT services, and 71% have student peer education programmes. With regard to prevention services UCT is on the same level as other institutions, which is pleasing.

Regarding HIV/AIDS in the workplace programming, 26% have a staff workplace programme and 71% report that general training for employees is in place.

With regard to provision of treatment services, 71% of higher education institutions offer some form of treatment, care and support to staff and students living with HIV either on site or through referral. Of this group, 80% offer psycho-social support for students and staff, 12% offer ARVs for staff and students, 20% make available palliative care for staff, 24% make available palliative care for students, 40% offer treatment of OIs for students and 36% offer treatment of OIs for staff.\(^\text{12}\)

With the above mentioned student health HIV management programme and Discovery Health programme, UCT are positioned in this group making a significant contribution in the area of ART provision. The challenge for these programmes is to maintain high standards of care, to ensure evaluation of these services from the perspective of students and staff in order to assess quality and efficiency and to ensure participants are not experiencing stigma-related incidents. It is also crucial to understand the impact of these projects and services through evaluation programmes.

C. Curriculum Development

In certain instances, undergraduate students are made aware of HIV and AIDS in their first year curriculum, thus reinforcing the health and prevention education provided by the HIV/AIDS Unit. As academic programmes offer increasing specialisation in senior years of study, there is a range of opportunities to incorporate HIV/AIDS-related issues into the senior undergraduate and honours curriculum.

Undergraduate courses

Faculty of Commerce

- All first year undergraduates take the course *Thinking About Business* (BUS110F/S): The aim of this course is to make students critically aware of relevant social issues, so that they may be able to contextualise their economic activity. An HIV and AIDS component, run by the HIV/AIDS Unit, has been integrated in this course as a series of ten lectures.

- School of Management Studies: *Organisational Learning and Wellness* (BUS302F) includes a component on HIV/AIDS in the Workplace, taught in 2005 by the HIV/AIDS Unit.

- The Centre for Actuarial Research (CARE) runs a short course on population projections, which incorporates a component on the effects of HIV and AIDS.

Faculty of Engineering and the Built Environment

No reported courses.

Faculty of Health Sciences

- The School of Public Health and Family Medicine has adopted a bio-psychosocial approach in incorporating the issue of HIV/AIDS into its curriculum. Through this method, the social and psychological issues, as well as the medical concerns of HIV/AIDS are visited. All first year MBChB, occupational therapy, physiotherapy and speech and hearing therapist students take the course *Becoming a Professional* (PPH101F) (*including developing awareness of HIV and AIDS: MEDB14*). The aim is to develop personal and inter-personal skills and students explore issues around HIV and AIDS. Problem-based learning allows students to explore and develop cases in groups. In this manner further integration of HIV/AIDS is facilitated as issues around stigma, relationships, values and behaviour are examined. During semester 2 students also study the epidemiology of HIV/AIDS. This was co-ordinated in 2005 by the Health Sciences’ HIV/AIDS Working Group.

- Human Biology: *Integrated Health Systems – Part II* (HUB308F) provides students with a detailed understanding of the normal structure and function of the human body, and how these are affected when the body suffers from HIV and AIDS.

Faculty of Humanities

There is no course for all first-year students that incorporates HIV and AIDS issues.
Education: the Advanced Certificate in Education (Life orientation) [SSHU33] offers a module entitled Life Orientation in Perspective (EDN420Y), which includes a component on HIV and AIDS Education. The module, Community Health and the School (EDN422Y), includes a section on HIV and AIDS prevention and coping skills. Research Report: Life Orientation (EDN424Y) includes an advanced course in HIV and AIDS prevention.

Education: the Advanced Certificate in Education (School Management) [SSHU30] offers a module called Issues in the Management and Governance of Schools (EDN414Y), which focuses on the important issues of HIV and AIDS, gender discrimination, teen pregnancy, values and the lack of resources.

Psychology: The Professional Board for Psychology has accredited the Honours degree in Psychology at UCT for the education and training of registered counsellors in the practice of HIV/AIDS counselling. Counselling and Communication Skills, and Health Psychology is offered to those who wish to practice in HIV/AIDS Counselling. The course deals with general counselling techniques and their relevant applications in the South African context. Students are also obliged to take a 6-month internship, supervised by a registered psychologist.

African Gender Institute: Understanding Gender (AGI200F) includes HIV/AIDS in a section on understanding a gender-based response to the epidemic and in considering violence against women.

Social Anthropology: the Medical Anthropology course (SAN226S) reflects on students’ perceptions of HIV and AIDS. An initial paper from this project was published in Vol. 28 No.1 Summer 2002, and research findings are being updated. The course problematises social dynamics related to the HIV/AIDS pandemic and emphasises the social dynamics of stigma. In addition, the course is concerned with the deracialisation of the virus and attempts to do so by deconstructing reinforced notions of ‘risk groups’. A small field research/ exercise project focuses on HIV and AIDS as manifested in South Africa.

Social Development: Developmental Social Work (SWK360F) allows students to explore the problems and resources of a particular community, looking at HIV/AIDS and other health issues, personal and family problems, housing, crime and safety, poverty and unemployment. Contemporary Social Work Issues (SWK366S) includes a module on Human Sexuality, a primary focus of which is awareness raising, prevention, and pre- and post-test counselling. An emphasis is placed on getting students to talk about their experiences in terms of their cultural context. Fieldwork is also undertaken in agencies that deal directly or indirectly with HIV/AIDS.

Sociology: Democracy, Social Change and Development in South Africa (SOC308S) examines public policy in the new South Africa, in areas including healthcare. The course includes an examination of the demographic and social impact of HIV/AIDS.

**Faculty of Law**

There is no course for all first-year students that incorporate HIV and AIDS issues.

- The Department of Commercial Law offers a course entitled Research Focus Group: Law, development, Labour and Social Policy (CML502X), which enables students to examine some critical aspects of law and development, labour market regulation and social policy, and HIV/AIDS in the workplace.

**Faculty of Science**

There is no course for all first-year students that incorporates HIV and AIDS issues.

- A component entitled Medicinal Chemistry (CEM311F) includes a focus on the medical chemistry of anti-HIV drugs.
- The Department of Chemistry offers a course called Chemistry in Health and Disease (CEM213S), which gives an introduction to chemical perspectives on African diseases, including the role of chemistry in the understanding and treatment of HIV/AIDS.
- The Department of Environmental and Geographical Science offers a course entitled Introduction to Population Studies (EGS318F) that covers the spread of HIV/AIDS and its demographic implications.

**Postgraduate Study**

A number of postgraduate programmes deal with HIV/AIDS and related issues:

**Faculty of Commerce**

- Economics: The honours course Economic Problems of Africa (ECO420S) pays particular attention to labour market issues, poverty and inequality, and the AIDS pandemic.
- Economics: a new Master's course was introduced in 2005 on the Economics of AIDS in Sub-Saharan Africa (ECO5XXS). It focuses on the economic and welfare
Implications of the AIDS epidemic and policy responses. The effort to 'roll-out' antiretroviral treatment in developing countries is a major focus of the course. In addition to economic analysis, the course also requires students to obtain a working knowledge of international best practice demographic modelling, and to understand the social and political dimensions of the AIDS epidemic in Africa. The South African case is examined in some detail, but expressly within the context of Southern Africa.

**Faculty of Engineering and the Built Environment**

- The faculty reports that they planned to run a Masters of Philosophy in Urban Renewal entitled Land, Tenure and Law (APG540Z), concerning land and tenure in the context of overarching city problems and social dynamics, which include HIV and AIDS. However it was not possible for this course to run in 2005.

**Faculty of Health Sciences**

- The Postgraduate Diploma in Palliative Medicine (FGG3) and the MPhil Palliative Medicine (FMJ3 – PPH747W, Part 1) both include various teaching topics related to HIV/AIDS. For example: Paediatric palliative care and paediatric AIDS, oncology as it relates to HIV, HIV/AIDS overview and ethics in end-of-life care.

- The Division of Family Medicine is involved in training postgraduates in palliative medicine. This includes principles of palliative care, psychosocial issues, symptom management and ethical issues in end-of-life care for adults and children who are diagnosed with life-threatening illness such as AIDS. This training emphasises active management of HIV/AIDS, symptom control and treatment support of patients on antiretroviral therapy (ART), as well as the emotional, social and spiritual care of patients and their families (Palliative care is also included in undergraduate training).

- *Master of Public Health (MEDM12)* focuses largely on disease epidemiology. Infectious diseases, including HIV and TB, are included in the curriculum.

**Faculty of Humanities**

- Sociology: UCT offers a specialized *Masters in Philosophy in HIV/AIDS and Society*, administered through the Graduate School of Humanities, and with collaboration from a wide range of departments across the Faculties: Education, Historical Studies, Information Literacy, Politics, Sociology, Southern African Languages, AIDS and Society Research Unit, Centre for Higher Education Development, HIV/AIDS Unit, Economics, School of Public Health and Primary Health Care, and the Graduate School of Business. The programme provides an understanding of the social, demographic and economic impact of HIV/AIDS and equips students to deal with them in critically aware and informed ways. Students leave the programme with a thorough understanding of key social aspects of the HIV/AIDS epidemic in South Africa, set within a critical and comparative framework.
Religious Studies offers a Masters level course entitled *Religion, Faith and Health and the HIV/AIDS Pandemic* (REL504Z), which uses the HIV/AIDS pandemic as a case study to examine religious world views in our understanding of health and illness, health care practices of religious communities and the contribution that religious communities can make to community health. A post-graduate course, *Religion and Public Health in Africa*, was offered as part of the MPhil in HIV/AIDS and Society. Although not exclusively focused on HIV, the pandemic is used as a case study.

The School of Education offers a course entitled *Contemporary Policy Challenges in Education* (EDN550Z), which provides a broad introduction to current issues and debates in education. One of the key focus areas is the impact of HIV and AIDS on education.

**Faculty of Law**

The School for Advanced Legal Studies offers a Higher Postgraduate course entitled *Human Rights Law* (PBL632S) that examines the Constitutional Court and its pronouncement on the provision of anti-retroviral drugs to HIV positive pregnant women.

**Faculty of Science**

- No reported postgraduate courses

**Benchmark**

The integration of HIV/AIDS into higher education curricula has been recognized as a priority area by a number of policy proposals and research findings (Chetty, 2000, Kelly 2000). The HEAIDS audit on at higher education institutions in South Africa (2005) demonstrated that 51% of universities have a policy for infusing HIV and AIDS into the curriculum and 61% of higher education institutions sampled are actually infusing HIV and AIDS into their curriculum at undergraduate level.

Of this group of institutions who are integrating HIV and AIDS into curricula 53% are making use of service learning, 40% are employing subject specific infusion of HIV and AIDS material, 61% are looking at core courses, 38% are offering foundational courses, 39% are offering elective course and 26% short courses.

At UCT a range of strategies is being employed. The Commerce and Health Sciences Faculty have a compulsory core course for all first years’ students, while other faculties do not. Challenges remain to build in the areas of service learning as well as short courses.

**D. Research Development**

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13 Ibid., p.46.
14 Ibid. p.48
The following section focuses on projects undertaken by dedicated research units within the University:

Department of Research and Innovation

- The Vice-Chancellor was approached by the office of the Provincial Health Ministry (Minister Pierre Uys) to participate in a discussion on potential research collaboration between Western Cape Universities and Bavarian Universities (Germany) in the field of HIV/AIDS. The discussion is the result of a memorandum of understanding that was signed between the Western Cape and Bavarian Provincial Governments. Regional institutions were asked to submit summaries of their HIV/AIDS related research activities, and for this purpose the UCT Research Office drew up a comprehensive list of HIV/AIDS research activities at UCT. The list has been incorporated into this report, augmenting the section on research undertaken by the Institute of Infectious Diseases and Molecular Medicine (IIDMM). While every effort was made to ensure that the list is as comprehensive as possible, omissions may have occurred.

- UCT is supportive of a proposed formalised agreement that will allow HIV/AIDS research collaboration and student exchange between Western Cape and Bavarian Institutions. Researchers from the respective institutions will have to engage in discussions to assess possibilities for research collaboration leading to mutual benefit. This framework would serve to strengthen and expand existing research collaborations, such as that between UCT and the University of Wurzburg.

- The Department of Research and Innovation has developed a “signature theme”, entitled Understanding HIV-AIDS, which will need further development for roll-out in 2006. A pre-proposal was submitted to the Research Office, with Prof Robin Wood and Dr Linda-Gail Bekker as coordinators. The theme had a planning workshop in October 2005 to discuss the development plans.

- Nominations for the Hillel Friedland award for senior health researchers in the HIV/AIDS field were invited in late 2005, and the award process is being administered through the Research Office.

Faculty of Commerce

AIDS and Society Research Unit (ASRU) – a unit of the Centre for Social Science Research (CSSR) in the Commerce Faculty

ASRU supports innovative research into the social dimensions of AIDS in South Africa, and explores the interface between qualitative and quantitative research. By forging creative links between academic research and outreach activities, ASRU hopes to improve an understanding of the relationship between AIDS and society and to make a difference to those living with AIDS. Focus areas include: AIDS-stigma, sexual relationships in the age of AIDS, the social and economic factors influencing disclosure (of HIV-status to others), the interface between
traditional medicine and biomedicine, and the impact of providing antiretroviral treatment on individuals and households.

ASRU director Prof Nicoli Nattrass won the 2005 UCT Book Award for her work The Moral Economy of Aids in South Africa, which marries the ethical and economic aspects of Aids.

Find below the areas of study and names of CSSR students working on AIDS:

- The impact of HIV disease progression and ARV therapy on HIV-positive status disclosure and AIDS-related stigma and discrimination (Colin Almeleh).
- Investigation of psychological wellbeing and coping of low socio-economic status mothers and women caregivers in the era of HAART (Rene Brandt).
- The impact of HIV/AIDS on the wellbeing of individuals and households in an urban setting (Celeste Coetzee).
- Performance-based funding from the global fund to fight Aids, tuberculosis and malaria: a case study of grant number SAF-304-H in Western Cape, South Africa (Trude Naimak).
- Reproductive decision-making among HIV-positive couples in Zimbabwe (Vezie Ndlovu).
- The impact of sangomas on anti-retroviral treatment (Sumaya Mall).
- The complex relationship between stigma and AIDS in metropolitan Cape Town (Brendan Maughan-Brown).
- Sangoma ritual as positive intervention in the treatment of HIV and Aids in South Africa (Jo Wreford).

Find below a list of CSSR ASRU Working Papers:


110: "We are not fresh": HIV-positive women talk of their experience of living with their spoiled identity - Poul Rohleder and Kerry Gibson, April 2005

117: An Exploratory Analysis of Cross-Country Access to Antiretroviral Treatment - Nicoli Nattrass, June 2005

120: Coping with HIV/AIDS: A case study of the psychological experiences of poor, HIV positive mothers and women caregivers on HAART - René Brandt, June 2005


Forthcoming working papers (2005):

Negotiating relationships between biomedicine and sangoma: Fundamental misunderstandings, avoidable mistakes - Jo Wreford


Patient Advocate Community Adherence Worker, Draft Training Module - Colin Almeleh and Anita Jason, June 2005

**Further Commerce faculty (Graduate School of Business) initiatives:**

Dr Amy Seidel Marks has written a technical report on qualitative research conducted in South Africa on the development of vaginal microbicides for HIV infection prevention. It is entitled, ‘Promoting Access to Microbicides: A Social Marketing Analysis of “Paving the Path: Challenges to Microbicide Introduction.”’ Amy Seidel Marks, GSB UCT September 2005. It is currently under review by Di Cooper and other colleagues in the UCT Women's Health Research Unit, and will be published after revision on one or more websites and a journal article will be written from the findings.

An International Union for the Scientific Study of Population (IUSSP) Seminar was organised in Cape Town from 12 to 14 December 2005 by the Economics Department and the SALDRU Director, Murray Leibbrandt, on “Interactions between Poverty and HIV/AIDS”. Papers concerned the impact of adult mortality on households, school enrolment and achievement; orphans, schooling and poverty; adolescent risk behaviour; ART and socio-economic status; transactional sex and poverty.

**Democracy in Africa Research Unit (DARU): AIDS and Democracy in Africa – a unit of the Centre for Social Science Research (CSSR) in the Commerce Faculty**

DARU is carrying out research on a wide variety of aspects of the impact of HIV/AIDS on democracy:

- The impact of HIV/AIDS (in terms of personal illness, personal loss, or burden) on:
  - people's views of whether AIDS is a priority issue and government performance;
  - whether or not people registered and voted in the 2004 election.

- The impact of HIV/AIDS rates on the quality of national political institutions across Africa in the past ten years

- The impact of HIV/AIDS induced turnover on institutionalisation of national parliaments across Africa

**Centre for Actuarial Research (CARE)**
CARE is concerned with demography, HIV/AIDS modelling, social security and healthcare financing. This is the foremost unit in the country specialising in HIV modelling. Projections are made that assist with forward planning in the health care provision for the HIV epidemic, including the provision of ART.

CARE has conducted the following activities and research in 2005:

- The development of the ASSA2003 model, a mathematical model which projects the population profile and impact of HIV/AIDS in each of South Africa’s provinces and the country as a whole;
- The development of statistical techniques for assessing uncertainty in HIV/AIDS projection models, and testing sensitivity of HIV/AIDS model to changes in epidemiological parameters;
- Modelling the likely impact of HIV vaccines, the vaccine distribution strategies which are likely to be most effective in limiting the spread of HIV, and the potential demand for an HIV vaccine in South Africa;
- Analysis of cause of death data (from death notification forms submitted to the Department of Home Affairs), to determine what proportion of deaths are attributable to HIV/AIDS;
- Comparison of empirically derived mortality estimates in Sub-Saharan Africa with mortality estimates derived from UNAIDS/WHO models, in order to test the reasonableness of UNAIDS/WHO estimates;
- Multilevel modelling of the women’s knowledge of HIV/AIDS in Zimbabwe;
- Access to antiretroviral treatment in the South African private and public health sectors;
- Estimation of the burden of disease attributable to HIV/AIDS and other sexually transmitted infections in South Africa;
- Mathematical description of the ASSA2002 AIDS and Demographic Model and assessment of different HIV prevention and treatment scenarios in South Africa;
- Application of the ASSA2002 model to other countries in the Southern African Development Community;
- Assessment of bias in demographic techniques due to HIV/AIDS;
- A demographic and population studies seminar series, with many of the seminars addressing HIV/AIDS-related issues;
- Work for the Bureau of Economic Research, which provides projections of the population which are used in assessing the economic impact of HIV/AIDS.

**Faculty of Engineering and the Built Environment**

**Cell-Life**

Cell-Life is a research group based at the Faculty of Engineering and The Built Environment at UCT. It is developing technology to support HIV-AIDS treatment at community level. A system developed by Cell-Life now allows for the capturing of patient and treatment-adherence information in a user-friendly way through a mobile phone application.
Data including symptoms, drug adherence and socio-economic factors are collected and stored via integrated GSM, mobile phone, GIS, internet, and open source technologies.

**Student research projects are as follows:**

Remote HIV/AIDS Patient Monitoring Tool Using 3G/GPRS Mobile Technology. Author: Rory Fynn (BSc Elec. Eng). The tool developed during this dissertation will be used by therapeutic counsellors, and forms part of the home-based care arm of the ART clinic. It will be deployed on a cellphone for use in the capture of ART information from patients.

A Case Study Analysis of ART Management and Monitoring Systems in South Africa: Moving from the Debate of Affordability to one of Capacity Readiness. Author: Xan Wessels (BBSc Hons Economics). This study contributes to emerging literature by showing that the introduction of a cellphone based electronic management system can improve efficiency and quality of service, thereby facilitating the HAART rollout.

The Development of a Solar-powered Recharge Unit. Author: SM de Vries (BTech Eng. Elec). The paper focuses on the development of a solar-powered recharge unit for a PDA to be used in a remote clinic for the Cell-Life project.

Cell-Life is currently involved with 4 collaborative postgraduate research projects in various departments and faculties.

**Research Papers:**

ICT in the Management of HIV Treatment – Cell-Life: A South African Solution. Convergence Vol 6 No. 3. Authors: Samir Anand and Dr Ulrike Rivett. This report is a summary of an investigation into the development of information and communication technology-based tools to address the logistical challenges of HIV treatment. With a developed infrastructure and technology, the implementation of an innovative, simple and cost-effective information-gathering and provision system for ART is possible.

**Conference Presentations:**


**Faculty of Health Sciences:**

**Department of Psychiatry and Mental Health, Faculty of Health Sciences**

**HealthWise**

In January 2004, Prof. Alan Flisher from the Department of Psychiatry and Mental Health, and Dr. Cathy Mathews from the Public Health Programme at UCT, joined the research team of *HealthWise*, a comprehensive, risk-reduction life skills curriculum for adolescents. A goal of the HealthWise curriculum is to reduce the transmission of HIV/AIDS and other STIs. Three cohorts of Grade 8 learners at 9 high schools in Mitchell’s Plain are taking part in the study, and they will be followed up over consecutive school years. This project provides clinical placement and research opportunities for interdisciplinary students training at undergraduate and postgraduate levels. The long-term goal is for the HealthWise curriculum and the Youth Development Specialist model to become an established part of the Education Department’s Life Orientation curriculum.

**Promoting sexual and reproductive health: school-based HIV/AIDS prevention in sub-Saharan Africa, South Africa and Tanzania (SATZ)**

SATZ is a project involving UCT, Muhimbili University College of Health Sciences, University of the North, Karolinska Institute, Maastricht University, World Population Foundation, University of Oslo, and University of Bergen. The project is a school-based HIV/AIDS intervention aimed at grade 8 learners in Cape Town. 13 intervention and 13 control schools have participated in the project with the involvement of approximately 5,800 learners. The participating schools, in various parts of Cape Town, were selected to be demographically representative of the Cape Town population. The intervention is theory based and delivered by trained Life Orientation educators. The research has been conducted using a cluster randomised-controlled trial design. See the project homepage at: <http://www.uib.no/psyfa/hemil/satz/index.htm>.

**Adolescent Health Research Institute (AHRI), Faculty of Health Sciences**

AHRI research addresses areas that are of national priority, since they contribute to the burden of disease. Included are substance abuse, exposure to violence, violent behaviour, diabetes, adolescent mental health, HIV/AIDS, reproductive health, and health system management of chronic illnesses.

The AHRI is involved in epidemiology, intervention research, policy and consultation, and education in the settings of Western Cape, Eastern Cape, KwaZulu-Natal, Northern Province,
Zimbabwe, Tanzania and Kenya. AHRI staff publications can be found in the annual UCT Research Reports at http://www.uct.ac.za/research/research_reports.php.

The following projects were active in 2005:

- **Adolescent Risk Behaviour Cohort study**: a large cohort of adolescents was surveyed with regard to their risk behaviour in 1997 (Grade 8), 1999 (Grade 10), and 2001 (Grade 12). Data is being analysed to investigate correlates and predictors of risk behaviours and school dropout.

- **South African Community Epidemiology Network on Drug Use (SACENDU): School Surveys**, with a sample of 6,000 grade 8 and 11 students attending 39 schools in Cape Town and Durban. This project documents prevalence rates of exposure to violence, substance abuse, unsafe sexual behaviour and other risk behaviours and identifies correlates of these behaviours in psychopathology, leisure boredom, self-esteem, and community and family influences.

- **Adolescent risk behaviour in three rural South African communities**: This project involves samples of Grade 8 and/or 11 students at two Eastern Cape sites (Umtata and Queenstown) and one Limpopo Province site (Mankweng) (N = 3,200).

- **Determinants of the adoption of classroom-based HIV/AIDS education in secondary schools in Cape Town**: This is a survey of life orientation educators at all Cape Town high schools that aimed to identify factors that inhibit or promote their adoption of AIDS prevention programmes.

- **Prevalence of alcohol and drug use, and HIV risk behaviours**, is being conducted amongst primary care (day hospital) patients in Cape Town. This study includes an adolescent over-sample. This study also aims to develop a screening instrument that would be suitable for use in the busy day hospital environment.

- **Development and evaluation of a South African Problem Oriented Screening Instrument for Teenagers (POSIT)**. This project will involve constructing an Afrikaans language version of the POSIT questionnaire, assessing its content validity, evaluating its convergent validity, and its test-retest reliability in a sample of Afrikaans speaking adolescents in Cape Town.

- **Psychological adjustment of adolescent AIDS orphans**: This project addresses the psychosocial adjustment of adolescents whose mother or primary caregiver has died of AIDS.

- **Literature review addressing South African research on chronic diseases**. This work builds on previous work examining the health system's response to the health needs of young people with long term health conditions. Changes to health services for adolescents with chronic health conditions (access, transfer, transition arrangements between health services, service provision) are being monitored in ongoing research. Staff attitudes have also been assessed as part of this research.
- Implementation and evaluation of an intervention to reduce substance abuse and unsafe sexual behaviour among high school students in Cape Town, Mankweng in Limpopo Province, and Dar es Salaam, Tanzania (http://www.uib.no/psyfa/hemil/satz/).

- Evaluation of a life skills project that promotes appropriate use of leisure time as a means of reducing risk. This project is a randomised controlled trial, with four intervention high schools and five comparison schools.

- Evaluation of the utility of palm pilots in conducting epidemiological and interventional adolescent health research. This new technology, similar to CAPI (computer-assisted personal interview) technology, is portable and saves time - data does not need to be entered into a spreadsheet by hand, nor does it need as much cleaning after entry.

Several researchers are currently registered for post-graduate degrees under the supervision of the teaching staff of the AHRI. Topics include: adolescent experiences of intimate partner violence and its impacts on health (including ability to make choices around safe sex and reproductive health) and mental health; social predictors of school dropout; abstinence and adolescent health promotion interventions; programme evaluation of HIV intervention initiatives; leisure boredom and its influence on adolescent risk behaviours; substance-related medical conditions; sexual behaviour of high-school students; HIV/AIDS education programmes; adolescent perpetrators of sexual violence; sex education; adolescent substance abuse; adolescent substance use; clinical capacity building; description of services in a child and adolescent unit; neuropsychiatric consequences of child and adolescent exposure to anti-retrovirals.

**Children’s Institute**

*The ‘Caring Schools’ Project*

Using an appreciative and rights-based approach, this action research project in collaboration with the South African Democratic Teachers’ Union (SADTU) is developing and piloting a programme aimed at promoting schools as nodes of care and support for children in the context of the HIV epidemic. The project targets school communities, including staff, learners, management and other key government and non-government role-players.

*The following publications were produced by the Children’s Institute:*


The following presentations and poster presentations were made:


Giese, S (2005) “My neighbour tries to help, but she too is in need - Reflecting on realities as we work towards a world fit for children”. Paper presented at 4th World Congress on Family Law and Children’s Rights, Cape Town, March 2005

Giese, S (2005) “Strengthening schools as nodes of care and support” – presentation to Western Cape Education Department, March 2005.


**Paediatric Infectious Diseases, Red Cross Children’s Hospital and the School of Child and Adolescent Health, UCT**

*Courses or symposia / participation in courses or symposia:*


*Research projects (current):*

- Research projects related to the antiretroviral treatment programme for HIV-infected children and their infected parents. B Eley (PI), G Hussey and J Nuttall (co-investigators):
  - Evaluation of effectiveness of antiretroviral therapy
  - Kinetics of immunological reconstitution and viral decay, and the evolution of viral resistance in children infected with Clade C HIV and treated with ARV. Funded by Virogates, Copenhagen. Collaboration with Dr Jesper Eugen-Olsen, Hvidovre Hospital, Copenhagen
  - Mitochondrial: Nuclear DNA ratios in peripheral blood leukocytes and lactate in HIV-virus infected children on ARV drug regimens. Collaboration with Dr G van der Watt and Professor H Henderson, Division of Pathology, UCT
  - Factors influencing HAART adherence in HIV-infected children aged 0-6 years in a resource-poor setting, Cape Town, South Africa. Collaboration with Ms D Michaels (PhD student) and L London, School of Public Health and Family Medicine, UCT

- Evaluation of inexpensive methods for determining CD4 count in HIV-infected children, B Eley (PI), J Hughes (co-PI)
Evaluation of an antiretroviral treatment programme for HIV-infected children at a community-based primary healthcare clinic in a resource-limited setting. Collaboration with DR M Zampoli (MMed student) and Dr Michael Hendricks

*Cryptosporidium parvum* associated diarrhoea at Red Cross Children's Hospital, B Eley (PI)

Optimal safe dose of zinc supplement required to reduce morbidity and mortality in HIV-infected children, funded by Bristol-Myers Squibb Foundation, H Buys and G Hussey (Co-PIs), B Eley (Co-investigator)

Vitamin and mineral supplementation in reducing morbidity in HIV-infected children in developing countries - an efficacy study, funded by Bristol-Myers Squibb Foundation, H Buys and G Hussey (Co-PIs), B Eley (Co-investigator)

Strategies for prevention of opportunistic infections in HIV-infected South African children: Comparison of 2 trimethoprim-sulphamethoxazole prophylaxis regimens with and without concomitant isoniazid - impact on morbidity, mortality, bacterial resistance and incidence of tuberculosis, H Zar (PI), G Hussey (Co-PI), B Eley (co-investigator of sub-study evaluating the role of INH prophylaxis in children treated with HAART)

Exploring current practices in paediatric ARV roll-out and integration with early childhood programmes in South Africa: A rapid situational analysis, Michaels D and Eley B (Co-PIs), Funding from Population Council and USAID

HIV/TB co-infection: Comparison of 6 months versus 9 months anti-tuberculous therapy for the treatment of HIV-infected children co-infected with tuberculosis. Funded by Bristol-Myers Squibb Foundation. Professor G Hussey (PI), J Nuttall and B Eley (Co-investigators)

HIV/TB co-infection: The concentrations of antiretroviral agents in South African children receiving ART with and without concomitant TB treatment. Professor G Maartens (PI), G Hussey, J Nuttall and B Eley (Co-investigators)

Dissertations:

COMPLETED

M. Med. project, 'Neurocognitive outcome of HIV-infected children on antiretroviral therapy', Dr L Smith (student), June 2005

B. Sc (Hons) project, ‘A comparison of the nutritional status of HIV positive children on antiretroviral treatment in a free living and institutionalized setting: a descriptive cross-sectional study’ Ms A Anderson (student), December 2005
ACTIVE

M. Med. project, 'Evaluation of an antiretroviral treatment programme for HIV-infected children at a community-based primary healthcare clinic in a resource-limited setting', Dr M Zampoli (student)

Ph. D. project, 'Factors influencing HAART adherence in HIV-infected children aged 0-6 years in a resource-poor setting, Cape Town, South Africa', Ms D Michaels (student)

M. Med. project, 'Mitochondrial: nuclear DNA ratios in peripheral blood leukocytes and lactate in human immunodeficiency virus infected children on antiretroviral drug regimens' Dr G van der Walt (student)

Peer reviewed articles published:


Eley B. Addressing the paediatric HIV epidemic: A perspective from the Western Cape Region of South Africa. Transactions of the Royal Society of Tropical Medicine and Hygiene 2006; 100:19-23 (in press)


Nuttall JJ, M-A Davies, Hussey GD, Eley BS. Bacillus Calmette-Guerin Immune reconstitution inflammatory syndrome in children treated with highly active antiretroviral therapy (submitted for publication).
Non-peer reviewed articles:


Other publications:

The management of paediatric HIV infection at Red Cross Children's Hospital: guidelines for improving the care of HIV-exposed and infected children, Version 1.0, April 2005


Oral presentations:


Invited oral presentation: Eley B. Challenges of treating children

Annual Research Day, School of Child and Adolescent Health, UCT, October 2005

- Gray D, Nuttall J, Eley BS, Zar H. Frequency and severity of hepatic toxicity in HIV-infected children receiving antiretroviral therapy with and without concomitant isoniazid

- Van der Watt G, Eley B, Henderson H. Mitochondrial: Nuclear DNA ratios in peripheral blood leukocytes and lactate in human immunodeficiency virus-infected children on antiretroviral therapy
Other Scholarly activity:

- Africa Network for the Care of Children Affected by HIV/AIDS (ANECCA) meetings attended by Dr B Eley. (Steering committee meeting: Nairobi, Kenya, January 2005; Public Launch of The ANECCA handbook; Dar es Salam, Tanzania, February 2005)


- Early diagnosis of paediatric HIV infection technical meeting, Nairobi, Kenya, October, 2005. At this meeting a continental position was formulated on the use of virological testing in children in Africa. Invitees included the CDC, WHO, Elizabeth Glaser Foundation and UNICEF

- Participation in a World Health Organization Technical Reference Group on Paediatric HIV Care and Treatment, Geneva, Switzerland, June 2005. Dr Eley participated (A group of paediatric antiretroviral experts, constituted by the WHO reviewed the WHO’s antiretroviral treatment recommendations for children. The final, revised guidelines are scheduled for online publication in December 2005).

Institute of Infectious Diseases and Molecular Medicine (IIDMM)

The IIDMM at UCT provides an appropriate response primarily to HIV/AIDS, tuberculosis and malaria. The investigation of HIV/AIDS lies at the centre of the new institute’s focus and many of the UCT’s HIV/AIDS programmes are housed in the IIDMM. Research groups (and key researchers) within the IIDMM focusing on HIV/AIDS have undertaken research into the following:

- HIV vaccine development and testing
  Prof Carolyn Williamson – HIV subtypes; vaccine development and clinical trials;
  Prof Anne-Lise Williamson – HIV vaccine development and clinical trials;
  Prof Ed Rybicki – ‘Subunit’ vaccines; plant and other expression systems, molecular and cell-biological techniques for scaled-up vaccine production.

- HIV infections: what happens, when and why?
  Prof Carolyn Williamson – Natural history of infections, viral diversity;
  Dr Maboketsa Khati – novel therapies; HIV-macrophage interaction;
  Prof Girish Kotwal – structure-function studies on protein as potential new anti-inflammatory drug; mechanisms by which pathogenic viruses evade host attack; anti-HIV properties of indigenous plant derivatives;
  Dr Colleen Flanagan – investigation of co-receptors (e.g. CCR5) used by HIV to enter cellular targets; variants of CCR5; genetically engineered versions of HIV coat protein.

- Killing the virus before it infects?
  Dr David Coetzee – HIV microbicides development and clinical trials.
Controlling HIV and opportunistic co-infections at community level
Prof Greg Hussey – Paediatric Infectious Diseases Unit; strategies for ARV treatment in children from poor communities; preventing mother-to-child transmission; reducing illness and mortality from opportunistic infections, clarifying the interaction between nutrition, TB and HIV infection;
Prof Robin Wood -Desmond Tutu HIV Centre; HIV Medicine; HIV/Tuberculosis management and research; ART (monitoring, co-infection, treatment-adherence strategies); database of natural history of infection in African patients (Cape Town AIDS Cohort); conducting clinical vaccine trials, vaccine trial preparedness (involving socio-cultural, immunological, virological and clinical aspects; life-skills programme for schools;
Prof Gary Maartens – Division of Infectious Diseases, Dept of Medicine; HIV and opportunistic infections e.g. tuberculosis; diagnostic test development; clinical-immunological studies of tuberculosis (Dr Robert Wilkinson).

Women and HIV/AIDS
Prof Lynette Denny – relationship between HIV infection and cervical HPV infection and/or cancer; risk factors for women to become HIV infected; interventions to be integrated into screening procedures in community settings; policy for screening HIV-infected women; rape survivors and post-exposure HIV prophylaxis regimens.

Other
Prof Frank Brombacher – Studying infectious diseases through gene-deficient mouse models; there is an existing collaboration between the Institute of Virology, University of Wurzburg, and Prof Brombacher’s MRC Unit for Infectious Immunology at UCT;
Dr Gordon Brown – Innate Immunology Group; innate immunity and fungal host interactions;
Prof Bongani Mayosi – HIV related cardiomyopathy in African patients;

The Desmond Tutu HIV Centre (DTHC), within the IIDMM

Preventive strategies:

Adolescents: A cross-sectional cohort study to determine the prevalence of HIV-1 in Masiphumelele school students aged 11-19 years was completed by mid 2005. The study included a sexual risk assessment and an investigation of the best methods to elicit sensitive information. DTHC is now looking at the methodology of sexual risk acquisition.

Funded in 2005 by the Paediatric AIDS Clinical Trials Group (PACTG), the DTHC has launched an adolescent vaccine preparedness pilot project at Masiphumelele in the South Peninsula, and in the Nyanga District in the metropole of Cape Town. The project will a) determine the ability to recruit and retain HIV negative adolescents from Masiphumelele into a 12-month follow-up cohort study that includes a two-dose Hepatitis B vaccine schedule, and b) assess the feasibility of conducting adolescent HIV vaccine trials in the Nyanga district.
HIV vaccines: The Cape Town AIDS Vaccine Clinical Trials Consortium (CAVAC) has as its main objective provision of a comprehensive vaccine clinical trials platform, through both national and international collaborations, that is able to conduct research on candidate vaccines at all levels of development and enabling diverse communities including adolescents, to understand and thus participate in vaccine clinical trials in the greater Cape Town area.

CAVAC encompasses an Administrative, supportive and scientific core based at the Desmond Tutu HIV Centre and three Clinical Research Sites (CRS) all located within 35 kilometres of central Cape Town: 1) Desmond Tutu HIV Centre research site focusing on Phase I and II HIV vaccine trials; 2) Masiphumelele research site focusing on Phase I and II, specialist vaccine trials, with an emphasis on adolescent research; and 3) Nyanga research site focusing on Phase III HIV vaccines trials for prevention of HIV infection. Masiphumelele provides a well understood community for specialist clinical trials, e.g. adolescent trials and small early phase trials. The Nyanga site will be fully established in 2006 with completion of the Crossroads Vaccine Centre. There are great expectations that the first large-scale trials will take place in this community in 2006/7.

In 2004, CAVAC began a study to recruit, enrol and retain over 12 months of follow-up or until HIV infection, a cohort of high-risk HIV negative persons living in Masiphumelele. An HIV vaccine education syllabus was designed and education sessions were held with this cohort. It is envisioned that this group will serve as potential vaccine trial candidates in the future (for Phase I/II trials). Recruitment in Masiphumelele began in mid October 2004; the cohort comprises of 158 (79%) females and 56 (28%) adolescents (age 15-18 years). The study is now complete and analysis is underway. Preliminary data shows a retention rate of 90%. Much valuable information has been obtained regarding sexual risk behaviour and changes over time, willingness to participate in vaccine trials and mental health, as well as clinical information regarding seroconversion rates and STI rates. A similar study is being run from DTHC amongst men who have sex with men. This study is currently enrolling.

A number of rating-scales have been developed to examine issues in preparation for phase III vaccine trials. These include issues of recruitment, retention, risk-behaviour (in heterosexual and homosexual communities), social harms, stigma and willingness to participate in future HIV vaccine trials.

A Knowledge, Attitudes and Practices questionnaire was developed to examine issues related to HIV and HIV vaccines at the initiation of the vaccine preparation campaign in Masiphumelele. An extensive process to ensure content and construct validity between the Xhosa and English versions was conducted. A technical report outlining the main findings has been completed and is available on request.

In Nyanga the research team has been predominately focused on raising community awareness of the research projects and HIV vaccine education. On World Vaccine Day 2005 a
community awareness programme was run in Nyanga. There were approximately 200 community members in attendance.

**Education and training:** In 2004, a training unit was established with a grant from the Doris Duke Charitable Foundation. The Centre is actively engaged in the training and equipping of health care professionals and lay counsellors and educators to meet the challenges of HIV care and prevention. To date 50 adherence counsellors have qualified. The DTHC has also developed a series of training manuals and other training materials. In addition to running an HIV and Women series for 4th year medical students, the unit organises and hosts continuing medical education meetings monthly for practitioners.

The DTHC has a number of long-distance mentorship programmes to newly initiated ARV programmes. It has, in partnership with the Northern Cape Province, trained a number of sites in the Northern Cape. An ongoing programme in the EDEN District of the South Karoo will be ongoing in 2006. This involves monthly trips to Plettenburg Bay, Knysna, George and Mossel Bay, during which doctors, nurses and counsellors are given on site training and CME.

**Laboratory sciences:** In 2005, Dr. Steve Lawn joined DTHC on a Wellcome Fellowship and is setting up studies to investigate the TB specific immunity that is restored after treatment of ART in patients in Cape Town. The HIV immunology laboratory is a new laboratory shared with Professor Carolyn Williamson and will develop research interests in cell mediated and mucosal immunity. An ongoing project in collaboration with Professor Lafras Steyn, the thoracic surgery department and the PHRI, it investigates the in-situ host response to TB, utilising surgically resected lung tissues. Much of the immunohistochemical staining is being performed locally and quantitative assays are being set up.

**Publications:** Approximately 30 peer-reviewed publications in 2005 on subjects related to HIV, including 2 book chapters.

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**The Infectious Disease Epidemiology Group of the School of Public Health and Family Medicine**

**Division of Public Health**

The Division of Public Health is involved in training postgraduate students in Public Health. HIV/AIDS is a central theme in all courses of the Masters in Public Health. In addition there is a specific emphasis on HIV/AIDS in the course on Infectious Disease Epidemiology. At present there are 6 students completing their PhD on HIV/AIDS and 15 students are completing a Masters dissertation relating to HIV/AIDS.

**Health Economics Unit**

The Health Economics Unit is involved in the following projects:

- Identification of the burden of HIV/AIDS placed on facilities by patients who were not part of the antiretroviral treatment (ART) rollout;
• A randomised trial comparing doctor or nurse-based provision of first-line ART and Directly Observed Therapy (DOT) or non-DOT monitoring of second-line ART;
• A UNAIDS-funded project to develop training material for a two-week costing course on HIV/AIDS interventions and national strategic plans.

Infectious Disease Epidemiology Group

The Group continues to support HIV/AIDS activities and conduct research for the Provincial Department of Health, including:
• Monitoring the Programme for the Prevention of Mother to Child Transmission (PMTCT) of HIV;
• Facilitating the development of a routine monitoring system for antiretroviral treatment and prototyping an electronic system for this purpose;
• Making projections of the service and financial implications of HIV for the province, with and without antiretroviral treatment for the 2010 health plan, and informing the third round of the Global Fund for AIDS, Tuberculosis and Malaria applications;
• Assessing different models of care for the management of persons with HIV/AIDS, including HIV/TB integration;
• Conducting a situational analysis of paediatric ARV services in South Africa;
• Assessing the impact of knowledge of ARVs on HIV preventive behaviour;
• Assessing models to promote adherence to long-term therapy.

In addition the Group is conducting two large HIV prevention trials. The first is to assess the efficacy of the microbicide Carregard in preventing HIV transmission, and the second to assess the efficacy of twice daily Acyclovir in preventing HIV transmission in HIV sero-discordant couples.

Health and Human Rights Programme

Ongoing research is being conducted on how human rights contribute to health equity, with one of the key case studies being treatment access for ART. The case study uses material on the Treatment Access Campaign as a model for human rights approaches to health equity. A second project aims to establish a learning network of Community-Based Organisations and Non Governmental Organisations involved in health, to apply this research in increasing access to ART. The Programme is also involved in consulting to the AIDS Law Project and the Treatment Action Campaign in legal advocacy around HIV, providing expert witness in support of legal challenges related to HIV.

Women’s Health Research Unit (WHRU)

The Women’s Health Research Unit is involved in research, teaching and service support in HIV/AIDS. The focus of the WHRU HIV research is on gender and HIV, reproductive health and HIV, and research promoting youth HIV prevention.

Completed research includes:
• A study investigating the psycho-social needs of caregivers of people living with AIDS, in order to identify the programme and policy implications for health service support;
• Qualitative and quantitative studies to identify reproductive choices among HIV positive women and men in Cape Town;
• An evaluation of HIV voluntary counselling and testing (VCT) services for adolescents.

Division of Clinical Pharmacology

Within the Division of Pharmacology there are several HIV/AIDS related activities:

1. MIC (Medicines Information Centre) training for PGWC – basic and advanced training on HIV/AIDS and ARVs to nurses, doctors and pharmacists;
2. Prof Maartens is considerably involved with HIV issues;
3. The Division was involved in an edition of the local medical journal, CME, which concerned HIV and ARVs – it was edited by Marc Blockman and Catherine Orrell. Sections were contributed on: public sector experience (Dr Karen Cohen); ARVs and complementary meds (Dr Rudy Onia); ‘ARVs – the basics’ (Dr Kredo and Briony Chisholm, an information pharmacist of the MIC);

Furthermore, the Division of Pharmacology has published the following:


Research projects concern the following:

- Randomised trial of adherence intervention for antiretroviral therapy
- Population pharmacokinetics of antiretroviral therapy
- Pharmacokinetics of antiretroviral drugs in patients receiving Rifampicin
- Diagnosis of smear-negative tuberculosis in HIV infection
- Randomised trial of prednisone for tuberculosis immune reconstitution inflammatory syndrome
- Cost effectiveness of public-private partnership for antiretroviral therapy
- HIV status and malaria treatment outcomes
The division was involved in the following teaching:

Undergraduate
Semester 3-5: Two whole class lectures
4th, 5th & 6th Year: tutorials, portfolio tasks, bedside teaching, student directed learning
5th Year: Two whole class lectures

Postgraduate
16 day seminars on managing HIV-infected patients were conducted for provincial department of health staff (nurses, doctors & pharmacists).

Faculty of Humanities

The Centre for Conflict Resolution (CCR)

As part of its pan-continental Africa Programme, the Centre for Conflict Resolution (CCR) has initiated a research project entitled, ‘HIV/AIDS and Security: From Moralizing to Preventive Action’, which aims to identify the relationship between HIV/AIDS and human and national security. Between January and December 2005, CCR undertook the first strategic steps for establishing the research parameters and programmatic scope of the project. The project aims to generate new perspectives and analyses on the relationship between HIV/AIDS and national as well as human security. Outputs have included research on the human security implications of HIV/AIDS and the impact of HIV/AIDS on military forces and peacekeeping.

CCR produced the following publications on HIV/AIDS and Security:

Newspaper Articles and Opinion Editorials:
2) Angela Ndinga-Muvumba, “UN Reform Must Include Africa,” Sunday Independent, 5 June 2005;

Reports:

Social Anthropology


Religious Studies

A major literature review and companion bibliography is being finalised under the auspices of the African Religious Health Assets Programme (ARHAP), entitled, ‘At the Intersection of Religion and Public Health: A Bounded Field of Unknowing; ARHAP Literature Review: Focus on Africa’. It will be published early in 2006. The bulk of the literature and numerous sections of the Review are directly concerned with HIV.

ARHAP UCT is part of a major research project, ’Assessment and Mapping of African Religious Health Assets In Lesotho and Zambia’, funded by WHO, in partnership with colleagues at Wits, UKZN and Emory University, Atlanta. The project aims to identify facilities that can support the ARV roll-out under the WHO 3x5 initiative.

ARHAP will produce in-house publications of its literature review and the report on its Masangane Case study, to gain an understanding of the ways in which religious groups impact on the health of communities. The Masangane Treatment programme is an initiative of the Moravian church, making available ARV treatment in rural areas of the Eastern Cape. It aims to understand the role of the religious health assets of the Masangane integrated HIV/AIDS programme for public health as a model for a replicable response to HIV and AIDS.

An article, ‘AIDS Discourses in the church: What we say and what we do’, was submitted to the Journal of Theology in Southern Africa; for publication in March 2006, on invitation after the TSSA conference.

Further research undertaken by various departments / academics

° Chemistry, Prof Roger Hunter – Synthesis of organic compounds with anti-HIV activity.

° Clinical Laboratory Science, Prof D Steenkamp – Mycobacteria; thiols of intracellular pathogens.

° Department of Molecular and Cell Biology, Prof Nicci Illing -using protein and DNA microarray technology to tackle issues relating to HIV infection; developing novel strategies for treating patients infected with HIV; the relationship between factors determining natural resistance in HIV infected patients and response to antiviral therapy.

° Dept of Computer Science, Prof Edwin Blake – Low cost virtual reality group support system for people living with HIV.

° Dept of Medicine, Dr. Alan Bryer, Dr. Marc Combrink -other manifestations of HIV infection, namely cerebrovascular accidents occurring in young HIV infected people.

° Dept of Medicine, Prof Charles Swanepoel -markers for HIV associated nephropathy in patients who are seroconverting.

° Dept of Medicine, Prof Dave Marais (lipidologist) -understanding the ART-related lipodystrophy as it manifests in patients in South Africa.

° Dept of Medicine, Prof Deon Knobel – Forensic medicine; medico-legal and ethical aspects with specific reference to HIV-AIDS.

° Dept of Medicine, Prof S Benatar – Prevention, mortality, ethics.

° Dept of Psychiatry, Dr Jane Saunders -neuropsychiatric pathogenesis, manifestation and treatment of HIV related encephalopathy; feasibility and outcomes of commencing ART in those patients thought to have HIV related psychosis on testing and examination.

° Haematology, Prof Nicolas Novitsky – HIV and multiple myeloma.

° Health Economics, Ms Edina Sinanovic – economic evaluation of health care, economics of HIV-AIDS and tuberculosis.

° Law, Prof C Murray – HIV and the law.

° Mathematics and Applied Mathematics, Dr Gareth Witten – modelling complex biological systems, modeling HIV dynamics.

° Molecular and Cell Biology, Dr M Mills – HIV-1, target for triple helix formation.
° Obstetrics and Gynaecology Department, Dr Mitsch Besser - perinatal HIV infection; strategies to reduce mother to child HIV infection (MTCT) and to improve the outcomes for young women taking ART to prevent MTCT; education and support.

° Obstetrics and Gynaecology, Dr S Dyer – infertility and HIV-AIDS.

° Ophthalmology, Dr N Cockburn – Ophthalmic manifestations of advanced HIV-AIDS.

° Political Studies, Dr R Mattes – Public Opinion and HIV-AIDS; HIV-AIDS perceptions and impact.


° School of Education, Ms Jean Baxten – HIV-AIDS in education.

**Benchmark**

The HEAIDS audit of research on HIV and AIDS at Higher Education institutions demonstrates that 40% of higher education institutions audited have research institutes. With several dedicated units producing world-class research, UCT is well positioned in this area.

Recommendations from the HEAIDS report are for stronger connections to exist between research and teaching.

The challenge that remains for the UCT response to HIV/AIDS is to remove the barriers to collaborative projects across faculties so that innovative research can emerge and also to increase opportunities to disseminate research findings particularly where they can have a dramatic impact on the lives of members of communities surrounding UCT.

In the field of HIV and AIDS knowledge is one of the resources that can increase in value if shared. UCT need to further develop as a knowledge sharing organization. To enable this, these aspects must be built into curriculum and research projects as a regular activity.

**E. Professional Consulting and Materials Development**

**Faculty of Commerce**

- In 2004, the CSSR’s ASRU embarked on a project to develop educational materials for use in schools and in support groups for adults on treatment. This project arose in response to the pressing need for clear and informative visual materials about the biology of the human body and the effect of antiretrovirals. The project is a collaborative project with Linzi Rabinowitz, who is currently working on an Oxford-based AIDS educational project.

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15 Ibid. p.50.
The Commerce faculty research group, CARE, participates in the UNAIDS Reference Group on Estimates, Modelling and Projections, and the AIDS Committee of the Actuarial Society of South Africa.

Faculty of Health Sciences

Adolescent Health Research Institute

- The Health Science’s AHRI staff serve as the following: consultants to the Directorate - Chronic Disease, within the Department of National Health; consultants to Red Cross War Memorial Children's Hospital on the care of adolescents; members of the Provincial Council of the Planned Parenthood Association of South Africa (Western Cape); advisors to government on the development of a School Health Policy; developers of evidence-based child and adolescent mental health policy guidelines under contract for the WHO; developers of norms and standards for child and adolescent mental health services for the National Department of Health.

Children’s Institute

The CI has consulted on the following:

- ‘Growing up in a time of AIDS’: A Children's Radio Documentary Project This project is designed to contribute to developing public awareness of, and appropriate responses to, children’s experiences in the context of the HIV/AIDS pandemic in South Africa by involving children in depicting their lives for a broader audience. The project, a collaboration with Zisize Educational Trust and Okhayeni Primary School, has facilitated a group of 9 to 12 year old children living in northern KwaZulu Natal in a process of writing and illustrating autobiographical stories and producing Zulu and English radio programmes about their lives as children growing up in a time of AIDS. The programmes will be broadcast on public and community radio stations, and made available on CD.

- The media and children affected by HIV and AIDS. The dominant rhetoric regarding the impact of HIV/AIDS on children (and of the experiences of the popularly labelled ‘AIDS orphans’ in particular) may cause these children to be inappropriately labelled, and misinform responses on the part of agencies providing support. This collaborative project with the Centre for Social Science Research at UCT analyses English-medium South African press reporting on children and HIV/AIDS in an effort to consider the messages to the public about the impact of AIDS on children. The research examines what is emphasised and what omitted with respect to the effect of HIV/AIDS on children’s lives, and explores some of the implications of patterns found in the reporting.
In addition, a resource to assist journalists in sensitive and accurate reporting about children affected by HIV/AIDS is being developed in collaboration with the Media Monitoring Project and the HIV/AIDS and the Media Project of the School of Journalism at the University of Witwatersrand, Johannesburg.

The Children’s Bill: Meeting the needs of children in the context of HIV/AIDS

a) Dikwankwetla – Children in Action
In line with its founding principle to promote children’s participation in matters that affect them, the Children’s Institute established a working group of children to participate in the debates and deliberations informing the finalisation of the Children’s Bill, a key piece of child legislation that was tabled in parliament in 2005. This process runs parallel to that of a civil society working group of child rights organisations.

b) HIV/AIDS sector working group
The HIV/AIDS Programme at the Children’s Institute has to date been responsible for the co-ordination of the HIV/AIDS sector’s participation in deliberations on the Children’s Bill, ensuring that the views of the sector are represented through oral and written submissions to government, including at the public hearings in August 2004.

Promoting recommendations for health and social services to meet the needs of children in the context of HIV/AIDS in South Africa:

In 2001, the HIV/AIDS Programme was commissioned by the national Department of Health to develop a set of recommendations to inform appropriate health and social services (including education) for children in the context of HIV/AIDS in South Africa. In order to popularise some of the research findings and recommendations, the programme has produced three short booklets in 2005. Two of the booklets are aimed at sharing relevant research findings with a range of service providers, while one is aimed at a broad audience of organisations, companies and individuals who are looking for guidance on how to help children in their areas.

Desmond Tutu HIV Centre

In partnership with the Western Cape Provincial AIDS directorate, has run the first fully government integrated pilot project in Nyanga, Cape Town, where more than 1,000 patients have been treated at the Hanan-Crusaid ART Centre in Gugulethu. The DTHC team are evaluating this project, which is called Usapho Lwethu (‘Our Family’) Clinic. The clinic cohort is under constant evaluation by the DTHC team and to date 10 papers have been completed and submitted for publication.

A community-based project, named Sizophila (‘We will Survive’), trains a group of HIV-infected individuals to educate and support patients commencing treatment as part of Usapho Lwethu. The team is investigating innovative adherence strategies utilising cellphone technology, in collaboration with Cell-Life, a project of the UCT Geomatics Department. Cohort data from all treated patients is being compared with the HIV natural history cohort data and important comparisons being made.
A second site has been developed at Masiphumele, where 330 patients (target: 600) have been commenced on ART since June 2004. An operational study is underway comparing doctor versus nurse case management of patients on ART. A purpose-built research centre was completed during 2004 and has been fully commissioned. Weekly HIV training/teaching ward rounds were commenced during the year at False Bay Hospital. The Masiphumele site also investigates the impact of treatment of ARV on the community tuberculosis rates and the patterns of TB transmission by finger printing all TB isolates from the community. Restriction Fragment Length Polymorphism assay was set up for this project in 2003.

The trials unit has 6 active studies of new (novel) antitetrovirals and 2 studies investigating antiretroviral mutations. A world-wide study currently active at DTHC, called SMART, investigates interrupted therapy. 300 people will be enrolled on to this study. SPARTAC is a MRC (UK) funded study exploring treatment for individuals with early infection. In addition, there is currently a phase 2 HIV vaccine trial underway at DTHC, funded by International AIDS Vaccine Initiative.

Tuberculosis is another important research question at DTHC. Its TB project is community-based and linked to treatment. It will investigate the impact of ART treatment on the community tuberculosis rates and patterns of transmission. In addition, research on optimal treating strategies of opportunistic infections such as cryptococcal meningitis and testing of new diagnostics for TB are being undertaken.

The DTHC has also developed a Health Economics Unit, with an economist (Guy Harling) investigating costs and cost effectiveness of these programmes.

**The Division of Family Medicine**

This Department provides consultant support to the Provincial Department of Health, in establishing and running sub-acute facilities that provide palliative care to AIDS patients. In-patient facilities often provide the first opportunity for other family members to be counselled and tested for HIV and for referral to HIV clinics.

**The Occupational and Environmental Health Research Unit**

This unit is working with the Work and Health in Southern Africa programme (WAHSA), to develop its HIV at the Workplace component.

**The Division of Clinical Pharmacology**

Conducted the following activities:

- Clinical involvement – three clinicians attend the HIV clinic at Groote Schuur Hospital and one at Victoria Hospital;
- Dr Tamara Kredo gave various talks to lay and clinical persons on request e.g. NACOSA and Yabonga, and assisted with copy on ARVs for the publication, ‘Informer’;
The MIC (Medicines Information Centre) designed a poster describing the Western Cape ARV protocol for first line therapy. It is available through the ARV depot in town;

The MIC also put together a bulletin called ‘informed HAART’ for distribution in the public sector, which covered current issues around managing HIV;

The MIC house the HIV hotline for the Western Cape, answering numerous HIV management queries daily;

Ushma Mehta and Karen Cohen devised a pharmacovigilance system for monitoring adverse drug reactions with the ARVs, which has been implemented since the beginning of this year in Western Cape local HIV clinics.

Faculty of Humanities

The Centre for Conflict Resolution (CCR)

The CCR engages with policymakers, particularly with the South Africa Department of Defence and the SANDF military health personnel managing HIV/AIDS projects; b) collaboration and consultation with the African Union (AU) and the Joint United Nations Programme on HIV/AIDS (UNAIDS), on efforts to address HIV/AIDS in the military and peacekeeping; c) support and partnership with civil society organisations such as the Centre for Policy Studies (CPS) and the Southern African Poverty Reduction Network (SARPN), in order to extend and deepen the debate on HIV/AIDS and human security issues; d) convening policy fora, workshops and contributing to public debates.

CCR convened a 13 May 2005 meeting in Cape Town entitled ‘The Human Security Dimensions of HIV/AIDS: A Research Brainstorming Workshop’. It explored the relevance, scope and depth of a human security research agenda on HIV/AIDS in Africa. Workshop participants examined the most salient issues in current AIDS debates. CCR has commissioned research for a multidisciplinary research project on HIV/AIDS and security, and authors will produce policy-relevant papers for discussion and distribution by April 2006.

CCR convened a public policy seminar entitled ‘Responding to HIV/AIDS in the South African Military’, in Cape Town on 5 August 2005. The discussions noted that HIV/AIDS is a threat to the capacity and operability of defence forces while at the same time being an opportunity for developing more holistic disease management capacities within the defence forces. There were contributions from the private sector, civil society institutions, academia and the public sector.

A policy advisory group meeting was organised by CCR on ‘Developing a Human Security African Strategy to Respond to HIV/AIDS’ in Addis Ababa, Ethiopia, on 9 and 10 September 2005. Participants examined the relevance of a human security approach for mitigating the impact of HIV/AIDS in Africa and to help strengthen the AU Commission’s implementation of the HIV/AIDS Continental Strategic Plan.

A seminar of the September 2005 meeting entitled ‘HIV/AIDS and Human Security: An Agenda for Africa’, has been published by CCR. The report was officially launched on 1 December 2005 - World AIDS Day 2005 - at a meeting organised by CCR,
CPS and SARPN, on the theme, ‘HIV/AIDS and Human Security: An Agenda for Southern Africa’:

- CCR researched and provided critical analytical support to the AU Commission in its preparations of the Continental Forum on Human Rights and People Infected with and Affected by HIV/AIDS, which took place in Addis Ababa on 29 and 30 November 2005.

- In commemoration of World AIDS Day 2005, CCR organised a half-day policy seminar entitled ‘HIV/AIDS and Human Security: An Agenda for Southern Africa’, in partnership with CPS and SARPN. The objective of this meeting was to reinforce the World AIDS Day call to ‘keep the promise’ and support efforts for the fulfilment of the commitments made by world leaders in the 2001 Declaration of Commitment on HIV/AIDS.

- CCR, CPS, and SARPN have been working closely to enhance Southern Africa’s peace and security mechanisms, such as the Southern African Development Community (SADC). Following a successful meeting organised by SARPN on Human Security, Poverty and Conflict in SADC in Mauritius in August 2005, the three organisations sought, in collaboration with policymakers, scholars, civil society and members of the general public, to assess the threat of HIV/AIDS while simultaneously examining human security approaches for building peace in the sub-region.

F. Community Outreach / Social Responsiveness

UCT responds to the needs of the communities in which it is situated in a variety of ways. There are many outreach initiatives at the University, pertaining specifically to responses to HIV and AIDS. Section D. Research Development above details a number of projects at UCT that incorporate outreach. For brevity, information is not necessarily repeated in this section. Specific projects include:

- AIDS Community Educators (ACEs), situated in the OVC, is a primary project of HAICU (HIV/AIDS Co-ordination UCT) that trains 40 peer educators p.a. to facilitate HIV/AIDS education workshops and events on campus and in schools and communities. The project aims to create “AIDS competent communities.” In 2006, partnerships have been formed with 3 schools in Khayelitsha where grade 10 peer mentors are being trained to co-present education workshops with the ACEs students and HAICU staff to grade 8 pupils. ACEs students are also involved in a community project at the school. A similar partnership has also been set up with Tsiba college students.

- ASRU, CSSR: As part of its 'action research' agenda, ASRU offers a set of carefully designed workshops for HIV-positive people participating in treatment support groups. These workshops are run by a group of Xhosa-speaking peer counsellors known as the 'A-team'. Through ASRU, members of the A-team have participated in workshops for the Red Cross, Medecins Sans Frontieres (MSF), Voluntary Services
Overseas, Absolute Return for Kids (ARK) and a host of community organisations and NGOs in Southern Africa. Members of the A-team also work as field-workers for the Cape Area Panel Study.

With the advent of treatment roll-out, ASRU's research and outreach agenda has shifted to a concern with the social context of AIDS. In particular, it is interested in exploring the social forces which affect people's decisions to disclose their HIV-status to others, and which affect their ability to adhere to long-term treatment. In this regard, the A-team's 'Mapping Our Lives' initiative is an important site of learning: workshops take place in support groups, and encourage critical reflection on the social context facing participants. The workshops are both informed by, and in turn inform, social science research.

This 'Mapping Our Lives' initiative has produced life-sized ‘body maps’, paintings containing representations of the virus, symbols of personal power and illustrations of the important marks left by life. Body maps are used to support groups to talk about their experience of illness, treatment, and disclosure. In addition to this form of art/narrative therapy, the Mapping Our Lives initiative also includes workshops on 'social maps' and 'journey maps’ to stimulate critical discussion about the social challenges posed by HIV/AIDS.

- Engineering Faculty, Cell-Life: Cell-Life uses a combination of mobile technology and the Internet to monitor adherence of persons living with HIV to ARV treatment. Severe limits to resources mean that the flow of information between doctors, hospitals and patients has always been a challenge in rural South Africa. Cell-Life integrates the expertise of ICT (Information and Communication Technologies), healthcare professionals and engineers. The solution relies on home-based carers (therapeutic counsellors) who collect medical information on drug adherence as well as socio-economic data from their assigned patients through the use of software applications on their cell phones. The data is relayed to a central secure database where staff, including doctors, nurses and administration personnel, can access information for monitoring and analysis. Feedback can also be provided to the counsellors through the system’s messaging services. The combination of a pharmacy ARV management system and laboratory result communication link completes the system. Medical support staff have quick and effective access to the relevant patient data, such as updated laboratory results (CD4 counts and viral loads results directly from the laboratory) and pharmacy data (drug regimens, adherence calculations from the pharmacy ARV management system), all from the central database.

- Women’s Health Research Unit (WHRU) in the Department of Public Health, Health Sciences Faculty: Unit members are engaged on the Zanempilo Board of Trustees, providing a home-based care programme for people with AIDS. The WHRU has provided input into national and provincial policy development, programme implementation and service provision in the areas of broad women’s health and gender issues and reproductive and sexual health (including HIV/AIDS). In addition, Unit members sit on several expert international committees in women’s health.
- Child Guidance Clinic, Humanities Faculty: the clinic has an HIV/AIDS Community Partnership Programme which offers individual and group-based interventions with people affected by and infected with HIV. This includes offering on-going support for front line workers e.g. lay counsellors, nurses, etc., and families.

- Legal Aid Clinic, Law Faculty: UCT offers Legal Aid to the wider community, with clinics located at Kensington, Woodstock and Athlone, and Advice Centres located at Malmesbury and Elsiesriver. Community members can access legal help around a variety of issues, including HIV and AIDS

**Benchmark**

Several Universities engage in HIV/AIDS outreach activities as a significant part of furthering the strategic objectives of the University. The University of Kwa-Zulu Natal and Pretoria have significant programmes in this area.

UCT strives to combine curriculum and research projects with outreach projects that result in truly symbiotic initiatives for curriculum developers, researchers, students and the communities in which projects are implemented. There are some exciting projects mentioned in this report which seek to do this.

A future challenge is to increase service-learning opportunities by employing currently existing curriculum and co-curriculum opportunities that exist e.g. collaboration between faculties and SHAWCO.
Conclusion

This status report shows that, in most respects, UCT is responding appropriately to the challenge of HIV and AIDS. Current areas that need to be addressed include:

- Assessment of the impact of prevention and care programmes; Understanding whether the needs of students and staff living with HIV are adequately being met in a way that does not detract from work performance.

- Widening exposure to HIV/AIDS issues via academic programmes. We have yet to achieve our objective of exposing all incoming undergraduate students to HIV/AIDS issues via their curricula.

- Curriculum-related service learning that also develops social capital across the faculties.
Sources


Definitions and Principles

Definition
Acquired Immunodeficiency Syndrome (AIDS) is a disease caused by infection with the Human Immunodeficiency Virus (HIV). The HIV is spread only when an adequate amount of infected body fluid enters the bloodstream of a non-infected person.

The dominant modes of transmission of the HIV are unprotected penetrative sexual intercourse where the exchange of bodily fluids takes place, through the accidental or deliberate shared use of HIV-contaminated needles or skin cutting instruments (in and out of health care settings), from infected mothers to unborn infants, and through transfusion of infected blood or blood products.

Leadership and Coordination
The Vice-Chancellor is accountable for the University’s coordinated HIV/AIDS policy.

Responsibility for the overall co-ordination of UCT’s integrated policy for HIV/AIDS is the portfolio responsibility of a designated Deputy Vice-Chancellor.

All members of the University community are responsible for their own health, for avoiding harming the health of others where at all possible, and for contributing to the eradication of HIV/AIDS.

Rights of the Individual
The University rejects all forms of unfair discrimination against those who are HIV positive, and those who have AIDS.

The University regards a person with AIDS as it does a person with any other chronic illness or disability.

Confidentiality
The University respects the individual's right to confidentiality.

Potential staff and students are not refused employment or entry to the University on the grounds that they test positive for HIV. The University does not therefore test for HIV prior to
employment, during employment, as a condition of employment, on application as a student, or on admission as a student.

The University's medical evaluation of new staff requires the medical practitioner carrying out the evaluation to report all serious illnesses, including those that are AIDS-related.

The results of voluntary testing for HIV will be confidential, and testing will be accompanied by appropriate counselling.

**Awareness**

Most people are potentially susceptible to HIV infection, and prevention through education is attainable in many cases. The University therefore commits itself to education programmes that address HIV/AIDS and the issues associated with the epidemic.

**Living with HIV/AIDS**

Students and staff are not barred from attending lectures, living in residences, being on campus or involved in any campus activities on account of their HIV status.

Refusal to work with, study with or be taught by a person with HIV is not accepted as a valid excuse for non-compliance with academic or work requirements.

**First Aid**

The University believes that all individuals likely to be involved in administering first aid should adopt universal precautions. The University undertakes to educate all first aid officials in universal precaution techniques and to equip all first-aid kits with the appropriate equipment.

**Teaching, Learning and Research**

**Curriculum Development**

The University has a responsibility to combat HIV/AIDS through its curriculum, enhancing awareness and preparing students for careers that will be affected in a variety of ways by the epidemic. Accordingly, aspects of academic programmes that focus on the causes and consequences of the HIV/AIDS pandemic will be highlighted across the full breadth of UCT’s teaching enterprise.

**Research**

HIV/AIDS is a major focus of research at UCT and the Department of Research Development will conduct an audit of current HIV/AIDS related research projects across all disciplines on a regular basis.

**Needlestick Policy**

The University has a separate Needle stick policy. This policy is to be reviewed and revised on an annual basis by the Health and Safety Co-ordinating Committee.

**Prevention and Care**
Prevention and Care for Students

The University will provide, via the HIV/AIDS Unit, awareness, prevention and support workshops. These will be available for all UCT students.

The University will offer HIV diagnostic services to students, with free voluntary counseling and testing available at the Student Health Services. CD4 cell count, VDRL tests and other necessary investigations will be offered for full time UCT students who are HIV positive, at the discretion of the Director of Student Health. These students will also be financially assisted with the non-ARV related clinical management of HIV at the discretion of the Director of Student Health.

Students who are clinically eligible for appropriate state health programmes will be referred to Groote Schuur hospital.

Supportive counselling for students living with HIV will be offered through the Student Development and Services Department.

Prevention and Care for Staff

Statutory medical assessment protocol will be applied for designated jobs as legally required. Line Managers must ensure that in the event of staff that are immune compromised being exposed to immune suppressants and/or infectious materials (e.g. agents which inhibit the immune system), normal risk management and placement procedures are followed.

Line managers are required to ensure that all visitors and outside contractors at UCT comply with the UCT Health and Safety policies and procedures, including the first aid policy.

All staff will be offered education and prevention programmes by the Human Resources Organizational Health Department, and every effort will be made to ensure that all staff are made aware of the dangers of HIV/AIDS, and appropriate preventative measures.

Permanent, T2 and T3 staff who are HIV positive, or who have AIDS, will be offered care and support the Human Resources Organizational Health Department. This support is offered by a specialist provider contracted by the University, and the extent of support is determined by Council in relation to the extent of support offered through state health services.

As it does in all cases of chronic illness where work is adversely affected and an objective medical assessment has been carried out, the University makes every reasonable effort to provide alternative, non-strenuous work, so as to maximize the earning capacity of the staff member concerned. If a staff member with AIDS is no longer able to work, and/or no suitable position can be found, the appropriate ill-health/disability income policies will be applied.