



Ministry of Education, National Heritage, Culture and Arts

**POLICY IN**  
**NATIONAL MANAGEMENT OF HIV & AIDS AT THE MINISTRY OF**  
**EDUCATION FIJI SCHOOLS**

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## **1.0 POLICY OBJECTIVES**

The purpose of this policy is to provide a framework to guide the Ministry of Education, National Heritage, Culture & Arts (herein after abbreviated as MoE), Fiji schools to ensure the effective prevention of HIV & AIDS and the appropriate care, treatment of students and school personnel living with HIV & AIDS. It is to also ensure the provision of a systematic and consistent information and educational material on HIV & AIDS throughout the educational system.

## **2.0 POLICY**

With this policy MoE, Fiji schools shall;

- 2.1 ensure that students and school personnel living with HIV & AIDS are treated in a just, humane and life affirming way.
- 2.2 ensure the prohibition of the testing of any individual (Student/School personnel) as a prerequisite for admission to, or to continue attendance or for appointment to a post or continuation of service.
- 2.3 ensure that students living with HIV & AIDS have the right as any other to attend schools.
- 2.4 ensure that school personnel living with HIV & AIDS have the right to continuation of service
- 2.5 promote respect and understanding on the disclosure of confidential information on students and school personnel living with HIV & AIDS
- 2.6 support the teaching of HIV & AIDS through the relevant subjects in the curriculum and other educational programmes at all schools for all students and school personnel
- 2.7 ensure that provisions are in place for all schools to implement universal precautions to eliminate the risk of transmission of all blood borne pathogens, including HIV
- 2.8 develop and promote prevention measures on the spread of HIV during sports and other school activities

## **3.0 BACKGROUND**

- 3.1 This policy was first formulated as part of the position description of the Acting Education Officer HIV & AIDS and the agreement made between the Ministry of Education with FESP AUS Aid who had initially funded the HIV Education Program in 2007. However, the policy was not finalized because the HIV Decree was only promulgated in 2011.

## 3.2 RATIONALE

- 3.2.1 This policy was formulated due to the increasing HIV & AIDS cases in the nation from 1989 to date and the high prevalence of sexual transmitted infections among young people in recent years.
- 3.2.2 Fiji has a cumulative figure of 420 HIV Positive Cases (from the year 1989- 31<sup>st</sup> December 2011). 94.52% are in the age group of 0-49 and these are normally the age group of students and school personnel. 49% are young people who are in the age group of 10-29 years and out of the 38 new cases in 2011, 60.5% are also from this age group. This age group covers young people who are attending schools both secondary and tertiary schools. From 1989 in the past decade or so, Fiji has passed the slow burning stage of the disease. The trend now is that in the past 4-5 years, Fiji is in the proliferative and escalating phase of the disease.
- 3.2.3 Also according to the Ministry of Health, Fiji has one of the highest Chlamydia (STIs) cases in the Pacific. There were a total of 2479 STIs reported cases in 2010 and in 2011, a total of 2136 cases were also being reported.
- 3.2.4 Students and school personnel are at risk and we can no longer deny that they are indulging themselves in unprotected sex, which is becoming a problem amongst young people and the risk of getting STI and teenage pregnancy is very high through which they become more vulnerable to HIV and AIDS.
- 3.2.5 Within the context of early sexual activities, the risk of young students contracting the virus is increasing. Similarly, the increased sexual activities among older students and the evidence of unprotected sexual relations expose older students and members of the Schools community to the risk of infection through sexual transmission.
- 3.2.6 The issues of HIV and AIDS are a national concern due to the social, health and economic costs. Although there are no known cases of the transmission of HIV in schools, there are students and school personnel living with HIV in schools and in the absence of any policy can pose a threat to the school population.
- 3.2.7 The rights of students and school personnel living with HIV within schools must also be protected. Such protection can be best assured with the enactment of appropriate policy measures. A policy to guide the management of HIV & AIDS in schools is therefore, necessary and timely.
- 3.2.8 Because MoE acknowledges the seriousness of the HIV & AIDS epidemic, and international and local evidence suggests that there is a great deal that can be



done to influence the course of the epidemic. MoE is committed to minimise the social, economic and developmental consequences of HIV & AIDS in the schools education system. This policy seeks to contribute towards promoting effective prevention and appropriate care within the context of the public education system.

- 3.2.9 In keeping with international standards (such as the Public Health Act and Convention of the Rights of the Child) and in accordance with the Education Act and the constitutional guarantees, the following shall constitute national policy; the right to basic education, the right not to be unfairly discriminated against, the right to life and bodily integrity, the right to privacy, the right to freedom of access to information, the right to freedom of conscience, religion, thought, belief and opinion, the right to freedom of association, the right to a safe environment, and in the best interests of the child.

#### 4.0 DEFINITIONS

- 4.1 "**AIDS**" means the acquired immune deficiency syndrome, that is the final phase of HIV infection;
- 4.2 "**Blood borne pathogens**" are infectious microorganisms present in blood that can cause disease in humans.
- 4.3 "**Care**" means to be concerned or look after
- 4.4 "**Counselling**" means the explanatory advisory and guidance given by a person authorized in writing by the Permanent Secretary for Health to conduct the process pursuant to directives issued by the Permanent Secretary with the advise of the board
- 4.5 "**Discrimination**" refers to any form of arbitrary distinction, exclusion, or restriction affecting a person, usually but not only by virtue of an inherent personal characteristic or perceived belonging to a particular group—in the case of AIDS, a person's confirmed or suspected HIV-positive status—irrespective of whether or not there is any justification for these measures. The term 'stigmatization and discrimination' has been accepted in everyday speech and writing and may be treated as plural.
- 4.6 "**Enabling Environment**" refers to a setting that is non discriminatory and ensures safety and respect for confidentiality.
- 4.7 "**First Aid**" is the provision of initial care for an illness or injury
- 4.8 "**HIV**" means the Human Immunodeficiency Virus
- 4.9 "**Pathogen**" refers to any disease causing organism. .e.g, virus, bacteria, mould, fungi and etc
- 4.10 "**Person living with HIV**" means a person who has tested positive for HIV antibodies or antigen by any authority accepted for the purpose of such testing by the Ministry of Health Permanent Secretary including an authority outside Fiji.
- 4.11 "**Schools**" in this policy is referring to Pre-School, Primary, Secondary and Vocational schools
- 4.12 "**Schools Community**"- refers to members of the schools such as students, school personnel, parents, guardians, school committee and ex scholars



- 4.13 **School Personnel**- means any individual that provides voluntary, or part time or full time service to the school
- 4.14 "**Sexual abuse**" refers to any inappropriate sexual touch, comment or gestures that may offend a person e.g. rape, showing or touching private parts, taking or showing nude pictures or inserting objects into private parts, etc. (refer to 2009 Crimes Decree 78.2 Sub-section 1)
- 4.15 "**Sports Participants**" refers to any persons that participate in any sporting activity for example coach, players, referees, etc.
- 4.16 "**STI**" (acronym; sexual transmitted infection) refers to an infection that is transferred from one person to another during sexual intercourse. Some examples of STIs are Gonorrhoea, Syphilis, Chlamydia, etc.
- 4.17 **Support Services**- refers to any services related directly or indirectly to reproductive health care and the prevention and treatment of sexually transmitted infections
- 4.18 "**Standard Precautions**" Universally used infection control practices in health care settings to minimize the risk of exposure to pathogens, E.g. the use of gloves, barrier clothing, masks, and goggles (when anticipating splatter) to prevent exposure tissue, blood, and body fluids
- 4.19 **Stigma** - is derived from the Greek meaning a mark or a stain. Stigma can be described as a dynamic process of devaluation that significantly discredits an individual in the eyes of others. Within particular cultures or settings, certain attributes are seized upon and defined by others as discreditable or unworthy. When stigma is acted upon, the result is discrimination that may take the form of actions or omissions.
- 4.20 "**Treatment**" means (i) the manner in which a person(s) behaves towards or deals with another person(s) or something, (ii) refers to any medical care given to a patient for an illness or injury
- 4.21 "**Testing**" refers to HIV testing to determine the presence of HIV or HIV antibodies
- 4.22 "**VCCT**" abbreviation for Voluntary Counselling and Confidentiality Testing. Refers to the testing of a person for HIV in an environment that adhere and implement confidentiality, informed consent, and counselling.
- 4.23 "**Unfair discrimination**" refers to direct or indirect biased treatment against a person(s) on one or more grounds in violation of the conditions stipulated under the HIV/AIDS Decree 2011
- 4.24 "**Window period**" refers to the time frame between the first infection with HIV and in which the HIV antibodies are undetectable by HIV testing

## 5.0 RELEVANT LEGISLATIONS AND AUTHORITIES

- 5.1 Convention of the Rights of the Child 1990 Article 2 (CRC)
- 5.2 Crimes Decree 2009 Part 12 and Part 15
- 5.3 Education Act 1978
- 5.4 Fiji National HIV & AIDS Strategic Plan 2007- 2011
- 5.5 Health and Safety at Work Act (HSWA) 1996
- 5.6 HIV & AIDS Decree 2011 (No. 5 of 2011)
- 5.7 International Public Health Act 1977



- 5.8 Ministry of Health Child Welfare Decree 2010 Number 44
- 5.9 Child Welfare Decree 2010
- 5.10 Ministry of Education Policy In Occupational Health & Safety in Schools
- 5.11 Policy in Behaviour Management in Schools 2010
- 5.12 Policy In Child Protection of the Ministry of Education and Fiji Schools 2010
- 5.13 UNAIDS Terminology Guideline, 2011

## **6.0 PROCEDURES**

### **6.1 Non-discrimination and equality**

- 6.1.1 All students and school personnel living with or are affected by HIV/AIDS should be treated equally and not discriminated or stigmatized against indirectly or directly.
- 6.1.2 Any special measure in respect of a student, or school personnel living with or are affected by HIV/AIDS shall be fair and justifiable in light of medical facts, established legal procedures and principles, ethical guidelines, the best interest of persons with HIV/AIDS, schools conditions, and the best interest of other students and school personnel.

### **6.2. HIV & AIDS testing, admission and appointment**

- 6.2.1 A student shall not be denied admission and access to any school and its facilities on account of his or her HIV/AIDS status or perceived HIV/AIDS status
- 6.2.2 Any school personnel shall not be denied the right to be appointed in a post, or to be promoted on account of his or her HIV/AIDS status or perceived HIV/AIDS status.
- 6.2.3 A person(s) HIV/AIDS status or perceived HIV/AIDS status shall not be grounds for dismissal nor for refusal of renewal of his/her employment contract.
- 6.2.4 HIV testing as a requirement for admission and attendance or appointment and/or continuity of services or promotion in school is prohibited
- 6.2.5 School Administrators shall ensure that students, parents/guardians and school personnel are informed of HIV & AIDS, as well as the content of the Policy in National Management of HIV & AIDS at the Ministry of Education Fiji Schools

### **6.3. Attendance at school by students living with or affected by HIV & AIDS**



- 6.3.1 A student living with or affected by HIV has the right to basic education and may attend any school of choice

#### **6.4. Disclosure and confidentiality**

- 6.4.1 A student, school personnel or any other person, shall not be compelled to disclose one's HIV/AIDS status to the school or employer.
- 6.4.2 Voluntary disclosure of a student's or school personnel's HIV status to the appropriate authority shall be encouraged in an enabling environment, and confidentiality of such information is ensured.
- 6.4.3 Upon consensus with the parents/guardians/appropriate authority and in the best interest of a student or school personnel living with HIV/AIDS may voluntarily disclose his/her status to a member of the staff directly involved with the care of the aforementioned in an enabling environment
- 6.4.4 Unauthorized disclosure of information about a student or school personnel living with or affected by HIV/AIDS is illegal.
- 6.4.5 If and when at any special circumstance a student and school personnel living with HIV/AIDS may present a potential risk, then the parents/guardian and teacher or others should confer with the Permanent Secretary of Education to obtain permission to seek medical opinion to assess whether the aforementioned conduct or condition poses a medically recognized significant health risk to others.
- 6.4.6 If a medical doctor advises that a student or school personnel living with HIV/AIDS does pose a significant health risk to others, the Permanent Secretary of Education and the head of the school (Principal/head teacher) shall be informed and be expected to take the necessary steps to ensure the health and safety of other students and school personnel

#### **6.5. Education on HIV & AIDS**

- 6.5.1 A holistic and age appropriate and child friendly Family Life and HIV & AIDS education programme shall be encouraged at all schools. This shall include the following:
  - 6.5.1.1 Providing accurate and adequate information and relevant skills for the prevention of HIV transmission;
  - 6.5.1.2 Providing information on the effects of drugs, sexual abuse, violence, mental health and sexually transmitted infections (STIs) in the transmission of HIV.



- 6.5.1.3 Encouraging students and school personnel to make use of health care, counseling (to VCCT procedures) and support services offered by the Ministry of Health and other community service organizations;
- 6.5.1.4 Cultivating an enabling environment by encouraging respect for and eliminating prejudice and stereotypes relating to persons living with or affected by HIV & AIDS
- 6.5.1.5 Inculcating in student, school personnel and parents/guardians, basic First-Aid principles including the necessary safety precautions on bleeding and in the application and adherence to the standard precautions

## **6.6 A safe school environment**

- 6.6.1 A qualified and experience personnel is to conduct training on First Aid and HIV & AIDS awareness for students, school personnel and parents/guardians.
- 6.6.2 All schools should have at least two fully equipped and valid first-aid kits, which are regularly maintained monthly
- 6.6.3 First-aid kits and appropriate cleaning equipment shall be stored in one or more selected rooms in the school and shall be accessible at all times.
- 6.6.5 A fully equipped first-aid kit shall be available at all schools and during sport events and should also be kept in vehicles used for the transport of students and school personnel. ***(Refer to the OHS and HIV & AIDS Decree, 2011)***
- 6.6.6 The contents of the first-aid kits shall be checked monthly against a content list by designated trained school personnel
  - 6.6.7 All students and school personnel shall be appropriately trained in the application and adherence to standard precautions.

## **6.7 Prevention and Responsible measures related to play and sport**

- 6.7.1 The application of standard precautions in wound management shall be practiced to contain the risk of HIV transmission during contact play and contact sport.



- 6.7.2 School personnel involved in sports administration shall be encouraged to integrate and educate players on HIV & AIDS issues and to seek appropriate medical and counseling services.
- 6.7.3 Sports participants living with HIV/AIDS are encouraged to seek medical counseling before participating in contact, play and sport.
- 6.7.4 All due precautions must be taken during contact play and contact sports where open wounds, sores, breaks in the skin, grazes, open skin lesions or mucous membranes of students and or school personnel and others are likely to be exposed to infected blood.
- 6.7.5 Upon consensus with the parents/guardians and or a relevant authority, a sports participants living with HIV/AIDS may voluntarily disclose his/her status to an appropriate sports administration officer to ensure the safety of others
- 6.7.6 Unauthorized disclosure of HIV/AIDS related information of a sports participant living with or affected by HIV/AIDS is illegal

#### **6.8 Refusal to study, teach or work with a student and or school personnel living with or perceived to have and or affected by HIV & AIDS**

- 6.8.1 Cultivation of a positive environment conducive to cooperative learning amongst all students and school personnel regardless of perceived or real HIV/AIDS status shall be encouraged
- 6.8.2 Incidences of refusal to study, teach or work with a student or a school personnel perceived to be or affected by or living with HIV/AIDS shall be resolved by the School Head (Principal and Head Teacher), in accordance with this policy, the Education Act, HIV Decree, Child Protection Decree and Policy and other relevant legislation and policies.

### **7.0 GUIDELINES**

- 7.1 A First Aid Kit should at least contain the following;
  - a) two large and two medium pairs of serviceable disposable latex gloves;
  - b) two large and two medium pairs of serviceable household rubber gloves for handling blood-soaked material in specific instances (for example, when broken glass makes the use of latex gloves inappropriate);
  - c) absorbent material, waterproof plasters, disinfectant, scissors, cotton wool, gauze tape, paper tissues, containers for water and a resuscitation mouth piece or similar device with which mouth-to-mouth



resuscitation could be applied without any contact being made with blood or other body fluids.

- d) adequate barriers can also be established by using less sophisticated devices such as:
  - d.1) unbroken plastic bags on hands where latex or rubber gloves are not available;
  - d.2) common household bleach for use as disinfectant, diluted one part bleach to ten parts water (1:10 solution) made up as needed.

- 7.2 It is important to emphasize on appropriate prevention and avoidance measures, including abstinence from sexual intercourse (**A**), being faithful to one's partner (**B**), the correct and consistent use of condom (**C**), doing other things apart from indulging oneself in any sexual encounter (**D**), obtaining prompt medical treatment for sexually transmitted infections, avoiding traumatic contact with blood, and the application of standard precautions with respect to first aid.
- 7.3 If bleeding occurs during contact play or sport, the injured player must be removed from the playground or sports field immediately and treated appropriately. Only then may the player resume playing and only for as long as any open wound, sore, break in the skin, graze or open skin lesion remains completely and securely covered, by applying standard wound management.
- 7.4 Participatory methods of learning are more effective including games, role plays and drama. Children should be encouraged to ask questions and to expect reasonable, comprehensible and appropriate answers.
- 7.5 While overall responsibility for implementation of this policy rests with the Ministry of Education, Culture and Heritage, all Schools should develop and implement their HIV & AIDS action plans consistent with the HIV Decree 2011 to give operational effect to this policy.
- 7.6 Major stakeholders in the wider school community (for e.g., religious and community leaders, and representatives of the medical or health care professions) should be involved in the development and implementation of this plan.
- 7.7 Where community resources make this possible, it is recommended that each school should establish its own Health Advisory Committee as a committee of the governing body or council. Where the establishment of such a committee is not possible, the school should draw on expertise available to it within the education and health systems. The Committee may as far as possible use the assistance of community health workers.



- 7.8 The Committee should consist of school personnel, representatives of Parents and Teachers Association (PTA) and the medical or health care professions. The Committee will advise the governing body or council on all health matters, including HIV & AIDS; be responsible for developing and promoting a school plan of implementation on HIV & AIDS and review the plan from time to time; especially as new scientific information about HIV & AIDS becomes available.
- 7.9 In all instances, this policy should be interpreted to ensure respect for the rights and dignity of students and schools personnel living with HIV & AIDS, as well as all other members of the school community.

**8.0 EFFECTIVE DATE:** ..... **6<sup>th</sup> May 2013** .....

**9.0 REVIEW DATE:** ..... **6<sup>th</sup> May 2015** .....

**10.0 KEY SEARCH WORDS**

HIV and AIDS, Confidentiality, Family Life Education, Universal Access, Sexually Transmitted Infections, First Aid, Stigma & Discrimination

**11.0 APPROVED BY THE MINISTER FOR EDUCATION, NATIONAL HERITAGE, CULTURE & ARTS, AMBASSADOR FILIPE BOLE**

  
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