It gives me pleasure to participate and give the closing remarks for this seminar. It is my belief that you have had fruitful deliberations in the several sessions held earlier in the day.

This HIV/AIDS seminar is one in a series of such seminars held in various units of the University, as we continue to educate and sensitize our people on the ravages of HIV/AIDS.

As you are aware, HIV/AIDS continues to be the foremost scourge of our time, with catastrophic effects on the people of Kenya and mankind.
At the national level, the Government of Kenya has over time recognized the impact of the HIV/AIDS on the Kenyan population and various measures have been put in place to check the effects.

In the current National Development Plan (2002-2008), the government noted that the rapid increase in the number of people infected with HIV/AIDS presents a major challenge to health services and that virtually all aspects of development have experienced the severe impact of HIV/AIDS at household, community and national level.

The government therefore undertook to pursue the following preventive and control measures:

- Creation of the capacity for policy development, planning, implementation and evaluation of HIV/AIDS activities within all sectors.

- Economic empowerment though support of income generating activities.
• Rehabilitation and training of orphaned children or those heading households to equip them with skills to enable them generate income and care after siblings.
• Strengthening capacity building, networking, collaboration and co-ordination of activities among key players at all levels; and,
• Strengthening partnerships with other development partners in the fight against HIV/AIDS

According to the National AIDS and STI Control Programme (NASCOP) of the Ministry of Health, the number of people living with HIV in Kenya includes about 1.1 million adults between 15 and 49 years, another 60,000 of age 50 and over and approximately 100,000 children (figures of 2005).

With the above scenario, it follows that HIV/AIDS had a notable impact in service delivery in the education sector, from basic to higher education. This impact is evident on both the supply and demand side of the equation.
The effect of increased morbidity, absenteeism and attrition of teachers, the reduced number of school aged children attending school and poor performance in classrooms are a combination of factors wreaking havoc with the education sector and resulting with a decline in the quality of education. The loss of trained and experienced teachers and interruption of teaching programmes due to illness end up compromising the quality of education at all levels, including Universities.

At the University of Nairobi, the need to address the matter of HIV/AIDS is captured in the 2005-2010 Strategic Plan, the basic idea being to implement a policy on HIV/AIDS. In the Strategic Plan, the University set up the following objectives:

- To reduce the level of invaliding and absenteeism due to HIV/AIDS to less than 10%.

- To reduce the proportion of mortality due to HIV/AIDS to less than 10%.
• To enhance the level of access to medical care and other support services to 100%.

• To work towards changing the perceptions and attitudes towards the affected and the infected.

As you are aware, the University launched its HIV/AIDS policy in 2006. This was upon realization that being a core producer of skilled manpower in the country with immense contribution to national development, this was likely to be affected if we continued losing the trainers and trainees who are the cream of the society through sickness and death. The impact of HIV/AIDS has indeed caused uncertainty in human resources planning and development.

If the University faculty is adequately educated and motivated regarding HIV/AIDS, it can act as an enlightened pressure group and also play a catalytic role by providing the necessary technical support at all levels in implementing the National HIV/AIDS Strategic Plan. Already, several dons are involved in HIV/AIDS research, policy formulation, training and capacity building, advocacy monitoring and evaluation.
The University’s HIV/AIDS policy was published and circulated in all the units of the University. Possibly what remains is to work towards ensuring that our staff and students internalize the issues addressed in the policy for proper implementation and action.

At the official level, the University has in its Performance Contract for 2006/2007 with the Government of Kenya, undertaken to set up support systems for HIV/AIDS behavioral change up to 100%. This is over and above the VCT centers already established within our health services and provision of antiretrovirals to those infected. Ultimately, the war against the HIV/AIDS pandemic within our institution and society at large, will require the concerted effort of all.

With those remarks, it is now my pleasure to declare this seminar officially closed.

Thank you