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Institutionalising the response to HIV/AIDS in Higher Education:

case study of seven Southern African universities responding to the epidemic

Master in Management of Development / Rural Development and AIDS

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A research project submitted to Van Hall Larenstein University of Applied Sciences in partial fulfilment of the requirements for the degree of Master of Management of Development, specialisation Rural Development and AIDS.

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Dedication

To my mama Marcelina!

"I may not be there yet, but I'm closer than I was yesterday" – unknown

"Let us strike back, then, by declaring war, total war, on HIV/AIDS – not a national war that appears only in speeches at conferences and meetings, but a war that becomes part and parcel of the life of this continent, of every nation, every community and family, of every individual. This is a just war. All the right is on our side. In this war, we must win. In this war, if we are all committed and dedicated [as a World Wide Web] WE WILL WIN. (…) The time for talk is over. The time for action has come. That time is now, and right now!"

Kenneth Kaunda
(Former Zambian President)

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List of Acronyms and Abbreviations

AAU	Association of African Universities
ACU	Association of Commonwealth Universities
AIDS	Acquired Immunodeficiency Syndrome
CBU	Copperbelt University, Zambia
CNCS	Mozambique National AIDS Council
CSA/UP	Centre for the Study of AIDS – University of Pretoria, South Africa
GASD	Group of Activists Anti-AIDS/STD, Eduardo Mondlane University
HAICU	HIV/AIDS Coordination Unit, University of Cape Town, South Africa
HEAIDS	Higher Education HIV/AIDS Programme, South Africa
HEI	Higher Education Institutions
HESA	Higher Education South Africa
HIV	Human Immunodeficiency Virus
NGO	Non-Governmental Organisation
PARPA	Action Plan for the Reduction of Absolute Poverty
PEN	National Strategic Plan to Combat HIV/AIDS
PLHA	People Living with HIV/AIDS
UCM	Catholic University, Mozambique
UCT	University of Cape Town, South Africa
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UP	University of Pretoria, South Africa
UNZA	University of Zambia
UWC	University of the Western Cape, South Africa
WHO	World Health Organisation

Abstract

This report is the result of a desk study conducted under the premise of "institutionalising the response to HIV/AIDS in Higher Education Institutions" (HEI). The study reviewed the efforts of seven universities from Southern Africa responding to HIV/AIDS, three from South Africa, two from Zambia and the remaining two from Mozambique. The aim was to identify and understand the approaches used in responding to HIV/AIDS in higher education institutions, through re-examining the core attributions of higher education institutions (teaching and learning, research, community engagement) and how to integrate HIV/AIDS into these operations was the main strategy of the study. The main findings show that there is a high level of knowledge on HIV/AIDS among the higher education students; however, in turn these institutions provide an environment highly conducive to susceptibility to HIV infection, whereby behavioural, social, demographic (e.g. 'age mixing') and economic factors play a role in driving the epidemic to higher levels in the campuses. Universities in African context no longer will remain as decades ago. These institutions are in addition to providing education and training, also expected to influence society through research and outreach actions, being committed in developing innovative understandings of how communities operate and how can be linked to the development and implementation of theory. Reviewing the universities' attributions, findings are suggestive that the response to HIV/AIDS may be merged into four major components, namely: management of the response; prevention services; curriculum integration and research; and community outreach. Although the general community is also object of the actions to combat AIDS in universities (through the community engagement initiatives), they focus is on students and staff, who are thought to be prepared both personally and professionally to deal with HIV/AIDS as it unfolds in the society, becoming active agents of change. The main components that have contributed to boost the response in HEI were establishment of an HIV/AIDS units; leadership commitment; involvement of all university units (faculties, centers); designing and approval of a policy on HIV/AIDS, and existence of guidelines for action; commitment of resources (materials and funds); establishment of partnership and networking. The common forms of awareness are distribution of IEC materials, peer education, free distribution of condoms, publication of newsletters and journals, VCT, training. Most of the HEI have already integrated HIV/AIDS into some of their educational curricula, mostly in the health science and economics studies. Strategies of mainstreaming vary, from core and compulsive course, stand-alone course, elective/optional modules, short courses, to projects and workshops. Topics that in overall are being addressed vary, from factors to susceptibility to HIV and vulnerability to AIDS, prevention, care and support, sexual and reproductive health, gender and human rights. Research is on-going, and covers almost all areas (scientific, medical, social and communication). There are challenges, of which the main one is related to the lack of resources (human, material and financial), in addition to the need of reliable data on the impact.

Key words: *community, curriculum, education, higher education, HIV/AIDS, research, mainstreaming, Southern Africa.*

CHAPTER ONE:
GENERAL INTRODUCTION

Without education, AIDS will continue its rampant spread. With AIDS out of control, education will be out of reach.

Piot, cited in AAU 2006

In this chapter we bring introductory information on the study conducted aimed at analysing the response to HIV/AIDS in seven higher education institutions from three countries form Southern African. A brief overview of the study is given. The problem that guided the study, as well as the research objectives and questions are indicated.

1.1 Background information to the study

AIDS has become one of the most devastating diseases the world has ever faced, posing serious challenges and undermining broad progress in development as well as in poverty reduction. Sub-Saharan Africa remains the most affected region in the global AIDS epidemic, encountering to more than two thirds (67%) of all people HIV-positive. The epidemic in most of the sub-region countries have either reached or is approaching a plateau (UNAIDS 2007).

Many countries have developed national frameworks to combat HIV/AIDS. E.g., the Mozambican National to Combat HIV/AIDS (PEN) identifies seven thematic areas to be tackled: (1) prevention, (2) advocacy, (3) stigma and discrimination, (4), care and treatment, (5) impact mitigation, (6) research, and (7) national response coordination (CNCS, 2004).

Since 2003, higher education responses to the epidemic have been influenced by the moves towards mainstreaming HIV/AIDS which took hold in the development community (UNAIDS, UNDP and World Bank, 2005). As we note in the Mozambican strategy, the thematic area of research was included, encompassing basically development of research on HIV/AIDS in the biomedical, epidemiological, behavioural, socio-economic and socio-cultural, is visibly assigned to universities and other research institutes. It appears as a cross-cut area, as its results might lead to the definition of news strategies.

While higher education institutions (HEI), particularly universities are merely as research institutes, they are threatened by AIDS. Then, they cannot continue seek on their classic attributions: teaching and learning, research, community engagement. Reasons are given to the need of change. While it has been argued that the education sector could be fortified to become a country's strongest weapon against HIV/AIDS, if this failed, the sector would become the worst victim, reversing decades of hard-won gains (World Bank, 2002).

Also, the impact of HIV/AIDS on education systems and classrooms around the world is increasingly recognised as a significant barrier to development, including efforts to achieve Education for All[1] (EFA), and the Millennium Development Goals[2] (MDGs). In order to continue progress towards the six EFA goals, increased commitment and action are needed to develop and implement comprehensive strategies that take into account the impact of HIV/AIDS on learners, educators, educational institutions and the education sector as a whole (UNESCO 2008).

Some initiatives have taken place in higher education system. In early 2000s, Mozambique, established the "Joint Initiative to Reduce the Impact of HIV/AIDS in Higher Education". The Joint Initiative was supported by the Council of the Higher Education Institutions and the former Ministry of Higher Education, Science and Technology (MESCT). Within this scope, the main objectives of the Initiative were (i) to minimise the "silence", the stigma and misconceived ideas

[1] The EFA goals: (1) Expand early childhood care and education; (2) Provide free and compulsory primary education for all; (3) Promote learning, life skills for young people and adults; (4) Increase adult literacy by 50 per cent; (5) Achieve gender parity by 2005, gender equality by 2015; (6) Improve the quality of education.

[2] The MDGs: (1) Eradicate poverty and hunger; (2) Achieve universal primary education; (3) Promote gender equality and empower women; (4) Reduce child mortality; (5) Improve maternal health; (6) Combat HIV/AIDS, malaria and other diseases; (7) Environmental sustainability; (8) Develop a global partnership for development.

about HIV/AIDS amongst students, teachers and other university members, and (ii) to improve awareness, resources, coordination, institutional capacity and response of advocacy relative to HIV/AIDS and STDs of the students' population in the Higher Education Institutions (Chilundo, 2004).

In South Africa was established under the Higher Education South Africa (HESA), the Higher Education HIV/AIDS Programme (HEAIDS), working as a coordination mechanism of the response to HIV/AIDS in higher education, securing funding for a range of HIV/AIDS-related activities in higher education institutions over the country.

In this scope, doing more is implied, and the simply scale-up of prevention, policy development, curriculum integration and outreach as the sum total of the response will have to be rechecked. Some universities have seen the formation of Student welfare societies, AIDS societies, or Anti-AIDS Clubs, designed to sensitise students on HIV/AIDS issues, provide peer support, and promote HIV/AIDS awareness. However, no investigations have been conducted to evaluate the impact that these non-formal associations may be having, and yet, the fortunes of these groups fluctuate greatly, with much depending on the dynamism of a few individuals and support from a "patron" (ACU, 1999).

The HEI have taken some punctual arrangements, providing AIDS related services. These services focus mostly on students, and then on staff. Moreover, they are essentially behavioural change and health-centred. Condom supply condoms and peer education are among the strategies adopted, either directly on request or through outlet points in student halls of residence or counselling centres.

1.2 Problem statement

Since the onset of the HIV/AIDS epidemic, higher education institutions in Africa are under pressure to take the lead in education sector responses to HIV/AIDS (Chetty, 2004). Studies have shown that "the high-risk group to HIV infection is found primarily at tertiary levels of education" (Jacobs & Bosman, 2004), devastating the education sector, contributing to increased number of teacher's attrition, which impact on the quality of education.

The susceptibility to HIV infection and the vulnerability to the impact of AIDS are felt in the different management and academic levels in universities: from the management level, administrative staff, lecturers, up to students, as people fall sick or die due to AIDS.

In Africa, although information on staff and student was vague and ambiguous, an increasing number of AIDS-related diseases and deaths have been reported. The University of Zambia reported an average of three deaths a month throughout the 1990s. For university students, most of whom are in the age group most vulnerable to HIV infection, the real impact of infection will probably occur after graduation.

As concludes a study from the Association of Commonwealth Universities (ACU) (1999), although AIDS-related student deaths are reported, it seems likely that the real impact of AIDS on students will not unfold until students have graduated from university and entered the world of work. The tragedy of HIV/AIDS is that primary, secondary, and tertiary students now affected are all potential teachers of the future. The impact of the disease thus ripples through generations to come (World Bank, 2002).

It is recognised that there is a need for enhanced evidence-based information on susceptibility to HIV and impact to AIDS, as well improving the educational interventions in higher education institutions. However, warnings are identified: mainstreaming HIV/AIDS into the education sector is often reduced to adding messages about the subject to existing activities. Factors contributing to inaction include:

- lack of research and data on the impact of HIV/AIDS on the sector;
- lack of understanding about what the sector can do;
- weak capacity among educational planners and administrators (UNESCO, 2008).

Study by Kelly (2001) shows that universities do not translate into awareness that they should be concerned with HIV/AIDS into any meaningful action plan. Universities largely leave the

responsibility for action to interested individuals and groups. In the absence of university policies, the inclusion of HIV/AIDS in teaching programmes depends mainly on individual or departmental initiatives. At the time the study of Kelly was published (2001), HEI were seen as undertaking no institutional response, such as framing policy guidelines, taking a proactive role, mounting workplace education programmes for the protection of staff, or mainstreaming HIV/AIDS awareness into the university curriculum, financial planning, and management. However, almost a decade passed, and the figure seems to be changing, to the better side. But much has to be done, rather than the mere awareness creation, which has been the major activity taking place during the past years.

As per the assumptions above, the research problem is: *given that the HEI are training organisations, graduating professionals to take over different tasks in the national developmental frameworks, how institutional responses can contribute to an effective involvement of universities in combating the epidemic, and what are they doing to ensure that graduates are able to translate their knowledge to intervene in the fight against AIDS?*

1.3 Research objectives

This study aimed at assessing what higher education institutions in (Southern) Africa are doing towards institutionalising the response to the epidemic through developing and implement a comprehensive approach to HIV/AIDS prevention and education. The main objective defined for the research was:

- To identify and examine the approaches that universities in (Southern) Africa) have used to reduce the susceptibility to HIV and to overcome the effects of AIDS.

To analyse the contribution of higher education institutions in eroding the impact of HIV/AIDS in the community, a second objective was set up:

- To analyse the contribution of universities in development programmes, specifically through the community engagement attribution.

The approaches referred in the objectives are to be seen in the context of mainstreaming HIV/AIDS, taking into account the different attributions HEI are assigned to: teaching and learning, research and community engagement.

1.4 Research questions

The research was focused in the following main question:

Q1: What are the approaches that universities in (Southern) Africa) have used to reduce the susceptibility to HIV and to overcome the effects of AIDS?

As an added objective was included, on how universities are involved in community development, particularly in combating HIV/AIDS, a second question was corresponded:

Q2: How universities are translating their “community engagement” attribution (extension services) into more effective means to contribute to reduce the susceptibility of the community to HIV and vulnerability to AIDS?

The following sub-questions were important to gather more specific information:

i. How do universities perceive their role and contribution to the fight against AIDS?
ii. What the institutions are currently doing in order to contribute to the fight against HIV/AIDS, particularly in the campus and in the neighbouring communities?
iii. What constraints these institutions face in mounting programs to combat the impact of HIV/AIDS?
iv. How can they be assisted to do more and by whom?

1.5 Methodology

This was a desk study research. A literature review was drawn towards understanding the approaches used in responding to HIV/AIDS in higher education institutions, by re-examining their core attributions (teaching and learning, research, community engagement) and how to

integrate HIV/AIDS into these operations. Literature review was based in specific books, journals, articles and other sources on HIV/AIDS and higher education. The main topics researched were: HIV/AIDS in Africa; AIDS and development; higher education and AIDS; higher education and rural development; university community engagement.

Seven universities of three countries in Southern Africa made the sample of the study, corresponding to three universities in South Africa, two in Zambia and two in Mozambique. The key criterion used to select countries was the HIV-prevalence rate as recorded on the latest AIDS report by UNAIDS (2008). Countries with higher prevalence were prioritised; then existence of a higher education institute working on HIV/AIDS. In the other hand, the criteria used for choosing the sample of higher education institutions in the selected country were:

- Being currently implementing programmes on HIV/AIDS;
- Existence of an HIV/AIDS policy and/or guidelines in the institution;
- Implementation, monitoring and evaluation of HIV/AIDS policy and/or programmes;
- Additionally, possible availability of institutional assessment of strengths and weaknesses of the institutional responses to HIV/AIDS (See AAU, 2006).

A list of universities working on HIV/AIDS available through the website of the Association of African Universities (AAU) was an important entry point to identify most of the institutions.

1.6 Limitation of the study

The study faced a number of problems which tended to limit its scope and depth of analysis. The first major problem was access to information. Though many higher education institutions in Africa were identified as developing AIDS programmes, with policies and/or regulations regarding to the issue, there is a lack of information on what had been done and how. This resulted in changing the sampled universities in some of the selected countries.

A second problem was lack of literature on the topic of higher education, HIV and development. Most of the information available is regarded to education in general, focusing in primary and/or secondary school, but less information is about the impact of AIDS in tertiary education. The same way, less focused literature is available on how higher education can be involved in rural development, specifically in developing countries. Internet search was mainly used to cope with the lack of literature. This most invariably resulted in adapting the information available in similar sub-sectors to the higher education.

Also, the time period set for the completion of the study was too short, thus limiting the ability to conduct in-depth analysis as well as make the needed follow-ups.

1.7 Structure of the report

The present report is composed of five chapters. The chapter one makes the introduction of the report, giving an overview of the entire work. Chapter two brings information on the challenges of HIV/AIDS and Development in Africa, focusing in the Sub-Saharan region. Chapter three analyses the impact of the epidemic in (higher) education in Africa . Chapter four examines the higher education responses' To HIV/AIDS, reviewing some case studies. Chapter five presents the final remarks of the study, as conclusions are given, recommendations are also made available.

CHAPTER TWO:
CHALLENGES OF HIV/AIDS AND DEVELOPMENT IN AFRICA

> *We recognise that risk [of HIV/AIDS] is distributed unequally between poor and rich, between one place and another, and that actions by few may create risks and hazards for the many.*
>
> Barnett & Whiteside (2006)

This chapter provides a general overview of HIV/AIDS in Africa, particularly the Sub-Saharan Africa region. Particular attention is built on analysing the progresses achieved, the obstacles faced, as well as analysing the commitments of the continent towards controlling the epidemic. Particular attention is briefly devoted to analyse the study country situation. However, a short analyse is given to the world scenario f HIV/AIDS.

2.1 The AIDS epidemic scenario

AIDS is a pandemic of unprecedented pervasiveness, spreading to the furthest corners of the world. Although distributed unequally between poor and rich, between one place and another (Barnett & Whiteside, 2006), there is no region and there is no continent and no country spared from this epidemic. Thanks to improvements in prevention programmes, the number of people newly infected with HIV worldwide declined from 3 million in 2001 to 2.7 million in 2007. And with the expansion of antiretroviral treatment services, the number of people who die from AIDS has started to decline, from 2.2 million in 2005 to 2.0 million in 2007 (UN, 2008).

Above all, the dimensions of the epidemic remain staggering. Nearly 7,500 people become infected with HIV and 5,500 die from AIDS every day all over the world, mostly due to a lack of HIV prevention and treatment services (UN, 2008), of those, young people (15-25) account for about 45%. Estimated 32 million people have died from AIDS worldwide since the outbreak of the epidemic in the early 1980s, generating profound demographic changes in the most heavily affected countries (UNAIDS, 2008).

The impact on women and girls has been particularly devastating, comprising 50 percent of those aged 15-49 living with HIV/AIDS. Impact on children and young people is a severe, as more infections occur (about 2.1 million children living with HIV/AIDS) and an increasing number of orphans (estimated in 15 million in 2007) (UNAIDS (2007, 2008).

2.1.1 The scale of the epidemic in Sub-Saharan Africa

Africa occupies an unfortunate position in the HIV/AIDS epidemic worldwide. In *"AIDS in Africa: three scenarios to 2025"*, UNAIDS (2005b) refers that "the scenarios [of the epidemic in Africa] are rooted in the complex and interrelated social, economic, cultural, political and medical realities of HIV/AIDS in Africa today", where one of the biggest challenges is the "**need to reflect the continent's diversity**". The continent encompasses 53 countries and numerous ethnic, religious, and linguistic groups, whose respective boundaries rarely coincide, as well as a wide range of economic and political regimes (ibid).

Moreover, the dynamics of the epidemic – indeed the virus itself – are not uniform across the continent. Data from UNAIDS (2008) show that while adult national HIV prevalence is below 2% in several countries of North, West and Central Africa, above 5% in some countries of East Africa, in 2007 it exceeded 15% in seven Southern African countries (Botswana, Lesotho, Namibia, South Africa, Swaziland, Zambia, and Zimbabwe) (see figure 2.1). There are, in effect, a number of different, overlapping AIDS epidemics in Africa, of differing viral subtypes (ibid). As the overall adult (15 to 49 years old) HIV prevalence in the Sub-Saharan region is around 5%, the countries' prevalence rates are ranging from less than 1% in Madagascar to over 26% in Swaziland.

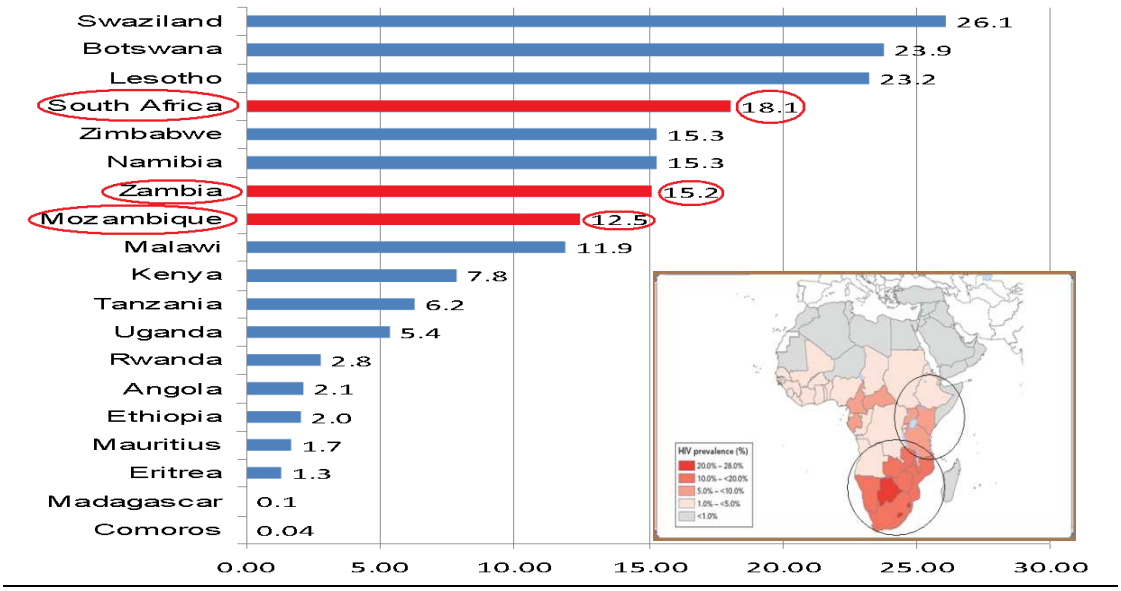


Figure 2.1: HIV prevalence mapping in East and Southern Africa, by 2007
Source: UNAIDS, 2008

** The highlighted countries are the object of the study.*

Despite the fact that most epidemics in Sub-Saharan Africa appear to have stabilized, although often at very high levels, particularly in Southern Africa, the region is the most severely affected by HIV/AIDS, and yet the poorest region in the world, being home to the majority of people living with HIV/AIDS (PLHA) (67%), new HIV infections (70%), and AIDS-related deaths (75%) in the world (UNAIDS, 2008). Note that the region only accounts for 10% of the world's population (ibid).

Table 2.1: Sub-Saharan Africa regional summary of HIV/AIDS by 2007

	Estimate	*Range**	*% in the world*
People living with HIV in 2007			
Total	22.0 million	[20.5–23.6 million]	67%
Women	12.0 million		
Children	1.8 million		
Adults and children newly infected	1.9 million	[1.6–2.1 million]	70%
AIDS deaths in 2007	1.5 million	[1.3–1.7 million]	75%
AIDS deaths since epidemic began	15.0 million		
Orphans since the epidemic began	11.6 million		
People in need of ART:	*Estimated:*	*In treatment:*	*Coverage:*
	7.0 million	2.1 million	30%

Source*: UNAIDS (2008). Report on the global HIV/AIDS epidemic 2008.*

* The ranges around the estimates used in tables, except where special note is made define the boundaries within which the actual numbers lay, based on the best available information.

2.1.2 The impact of AIDS in Sub-Saharan Africa

The HIV epidemic has resulted in history's single sharpest reversal in human development (UNDP, 2005 cited in UNAIDS, 2008). In the most heavily affected countries, HIV has reduced life expectancy to just about 40 years in many countries, deepened poverty among vulnerable households and communities, skewed the size of populations, undermined national systems, and weakened institutional structures (UNAIDS, 2008). HIV/AIDS is having a widespread impact in Africa. Services and funding are disproportionately available and, as Coovadia and Hadingham (2005?) argue,

> *The worst affected are undoubtedly the poorer regions of the world as* ***combinations of poverty, disease, famine, political and economic instability and weak health infrastructure*** *exacerbate the severe and far-reaching impacts of the epidemic* [bold added].

In all affected countries the AIDS epidemic is bringing additional pressure to bear on the **health sector**. As the epidemic matures, the demand for care for those living with HIV/AIDS rises, as does the toll among health workers. There is a need for direct medical costs of AIDS and provision of antiretroviral therapy. While the demand for health services is expanding due to AIDS, more health care professionals are also reported to be affected by HIV/AIDS (ibid), contributing to increasingly weaken the already fragile health system that characterises the Sub-Saharan Africa.

The epidemic is undermining the affected countries' efforts to reduce poverty, deepening social inequalities. The two major **economic effects** of the epidemic are reduction in the labour supply and increased costs (Bollinger & Stover, 1999), as consequence of increased mortality, illness and low morale, impacting directly on the households and enterprises. Government income declines as tax revenues fall[3]. Authorities are pressured to increase their spending, diverting funds to deal with the HIV epidemic, increased expenditure on health, recruitment and training costs to replace workers and welfare transfers, which can lead to growing budget deficits (Coovadia & Hadingham, 2005).

HIV/AIDS is affecting and changing not only individuals' lives, but also the trajectories of whole societies (Barnett & Whiteside, 2006), with incalculable **loss of human potential, enduring trauma in households and communities** (UNAIDS, 2008), causing dramatic shifts in demographics. Since the beginning of the epidemic in early 1980s, more than 15 million Africans have died (UNAIDS, 2008). While the age group most likely to be infected by HIV is those between 15-49 years old, who tend to constitute the most economically active section of the population, the elders and the very young also feel the impact, as they are likely to require aid from society (UNAIDS, 2000). Where there is no relative to look after the orphaned children, or the elders, they have to fend for themselves or look after each other (Smith, 2002; Munthali, 2002). It is not uncommon in epidemic areas to have households headed by children, elders, or by single parent. This is aggravated whereby communities are steeped in stigma, fear and discrimination, gender-bias; combination of lost production and resulting malnutrition, resulting in an increasing susceptibility and vulnerability, and the latter from a human propensity to risky sexual behaviour (Coovadia & Hadingham, 2005).

Chapter three elaborates on the impact of HIV/AIDS in the education sector.

2.1.3 The African response to HIV/AIDS

In 2005, UNAIDS published the *"AIDS in Africa: three scenarios to 2025".* The scenarios try to answer questions like what factors will drive Africa's and the world's responses to the AIDS epidemic. In answering this question, it poses two related questions: "how is the crisis perceived and by whom?" and "will there be both the incentive and capacity to deal with it?" The scenarios admit that "sufficient response to the epidemic is still not guaranteed", but

> *If, by 2025, millions of African people are still becoming infected with HIV each year (...), it will not be because there is no understanding of the consequences of the decisions and actions being taken now, in the early years of the century. As these scenarios demonstrate, it will be because the lessons of the first 20 years of the epidemic were not learned, or were not applied effectively. It will be because, collectively, there was insufficient political will to change behaviour (at all levels, from the institution, to the community, to the individual) and halt the forces driving the AIDS epidemic in Africa. What we do today will change the future. These scenarios demonstrate that, while societies will have to deal with AIDS for some time to come, the extent of the epidemic's impact will depend on the response and investment now. Applying and sustaining the learning of the last 20 years will make a fundamental difference to Africa's future* (UNAIDS, 2005[4]).

It is under these assumptions that we analyse the Africa's response to the AIDS epidemic.

[3] It is thought that the impact of AIDS on the gross domestic product (GDP) of the worst affected countries is a loss of around 1.5% per year; this means that after 25 years the economy would be 31% smaller than it would otherwise have been (Greener, 2004).

[4] UNAIDS (2005) AIDS in Africa: Three scenarios to 2025.

A diverse continent and a diverse epidemic

Tackling the AIDS crisis in Africa is a long-term task that requires sustained effort and planning – both within African countries themselves and amongst the international community. Numerous local, regional and global initiatives are slowly helping, despite significant obstacles, such as poverty, local social and cultural norms/taboos, concerns from drug companies about providing affordable medicines, and limited health resources of many countries that are now also caught up in the global financial crisis (Shah, 2009).

As an enormous continent, various regions are seeing different results as they attempt to tackle the problem in different ways, some with positive effect, while others seemingly making little progress (Shah, 2009). Note that throughout sub-Saharan Africa, the prevalence of HIV is not evenly spread, ranging from 1% in Madagascar to more than 26% in Swaziland, and governmental responses to the pandemic also differ dramatically.

Examples of effective efforts in Africa are reported from HIV prevention campaigns carried out in Senegal, which is still reflected in the relatively low adult HIV prevalence rate of 0.9%. Moreover, in Uganda, intensive HIV prevention campaigns have contributed to fell the HIV prevalence from around 15% in the early 1990s to around 5% by 2001[5], which shows that a widespread AIDS epidemic can be brought under control.

As the effects of AIDS are threatening to devastate whole communities, rolling back decades of development progress, responding to the epidemic makes Sub-Saharan Africa face a triple challenge of colossal proportions:

- Providing health care, support and solidarity to a growing population of people with HIV-related illness, and providing them with treatment.
- Reducing the annual toll of new HIV infections by enabling individuals to protect themselves and others.
- Coping with the cumulative impact of over 20 million AIDS deaths on orphans and other survivors, on communities, and on national development.

Next we explore the main aspects of the response to the epidemic in Africa.

Facing the challenge: suspicions, commitments and achievements

While many countries were diagnosing cases of HIV, and considered it as a health concern (as WHO cautioned), in practice, it did not receive a prompt response from the governments, some of them struggling in civil wars (such as Mozambique) (Casimiro et al, 2002, cited in Matsinhe, 2006:40).

After the World Health Assembly, held in 1987, and the first Global Meeting on AIDS held in 1988, many African countries – and others throughout the world – had followed the criteria established by the WHO's Global Programme on AIDS, aimed at structuring national programmes to fight AIDS, which should include among others: the establishment of a National AIDS Committee for Combating AIDS; appointment of a "focal point" or contact person for the programme; the formulation of a plan consistent with the overall strategy adopted by members of WHO (including objectives, targets and an implementation plan) and the allocation of resources to the programme (Matsinhe, 2006:24).

In this context, countries in Sub-Saharan Africa started to mobilize and join the initiatives and recommendations of the Global Programme on AIDS, setting up programmes, although not always within the criterion set by WHO at the time, and up to 2007 only about half of national HIV strategies met UNAIDS quality criteria[6] (UNAIDS, 2008).

With certain scepticism – in some way attributed to lack of leadership commitment (Lewis, n.d), secondly because HIV/AIDS was not deemed a serious problem[7], and some African leaders

[5] See HIV and AIDS in Africa. Avert. Available at http://www.avert.org/aafrica.htm [accessed 15/Jul/2009]
[6] Quality criteria refers to: (1) one national multisectoral strategy and operational plan; (2) one national coordinating body with terms of reference; (3) one national M&E plan which is costed and for which funding is secured (UNGASS Country Progress Reports 2008, cited in UNAIDS, 2008).
[7]. Global Campaign for Education (2005) Available at http://www.unesco.org/bpi/aids-iatt/deadly-inertia.pdf

questioning the scientific consensus on whether HIV causes AIDS[8] – African governments have established special committees and programmes on HIV/AIDS were developed, all under the assistance of experts from WHO, with involvement of other multilateral agencies and bilateral donors. From the very beginning these programmes and committees were under supervision of the Ministries of Health (ibid).

Governments, through the AIDS committees under the Ministries of Health have initiated education programmes. The education campaigns included creating mass informative materials (such as pamphlets, booklets, bulletins, labels), and posting advertisements in public places. The programme committees were then transformed into National AIDS Control Programmes, and later on into the National AIDS Council.

In the *Abuja Declaration and Framework for Action for the fight against HIV/AIDS, TB and other related infectious diseases in Africa* (April 2001), African heads of state and/or government pledged to set a target of allocating at least 15 percent of their annual national budgets for the improvement of the health sector to help to address HIV/AIDS (UN, 2001). Following the Abuja Declaration and the *UN Declaration of Commitment on HIV/AIDS/Global Crisis-Global Action* (June 2001), national frameworks – considered to be the paramount of the countries' response –, a number of policies, regulations and laws on AIDS were designed, approved and put in place. Most of these achievements were made with a pulling hand from NGOs, Civil Society, and singular individuals.

Targeting the problem

At the very beginning, programmes on HIV/AIDS were targeting prevention through awareness creation, but progressively other aspects were incorporated as the knowledge on AIDS has been greater than ever. Up to date, HIV/AIDS service delivery is defined to include:

- Prevention interventions;
- Treatment and medical care interventions;
- Impact mitigation interventions;
- Creation of an enabling environment for HIV prevention, treatment, and AIDS impact mitigation interventions trough advocacy actions;
- Monitoring and evaluating of HIV interventions.

Programmes aimed at awareness creation used a number of strategies, ranging from Radio and TV programmes and advertisements, youth campaigns, marches, use of music, theatre exhibitions, sports, even competition on knowledge of HIV/AIDS. This all has been followed up through promotion of debates and discussions on the matter.

IEC campaigns (Information, Education, and Communication) are the main strain of prevention activities, which gained a blooming advancement with the adoption of the ABC principle of HIV prevention (A for "Abstinence", B for "Be faithful" and C for "Condom use"). ABC refers to individual behaviours, but it also refers to the programme approach and content designed to lead to those behaviours (Cohen, 2003). ABC prevention programmes experienced some good achievements, but still need more and accurate knowledge of the nature of the epidemic in individual countries, as well as community and country contexts, where broader socioeconomic and cultural factors (e.g. poverty, human rights, religion) play a role on driving the epidemic, then putting into question mark the effectiveness of each component of the ABC.

Other challenges of the African response to HIV/AIDS include: provision of *Voluntary Counselling and Testing* (VCT); avoidance of *Mother-to-Child Transmission of HIV* (MTCT); enable *HIV/AIDS related treatment and care* (ARVs); reduce *stigma and discrimination* related to HIV; address *social inequalities*, especially those based on *gender*.

All these will involve building synergies between prevention, care, and treatment. Treatment programmes, by increasing demand for HIV testing can enhance prevention, provided such measures minimise the high-risk sexual behaviour that can result from the availability of antiretroviral drugs. Combination prevention also requires sound management principles to be

[8] See http://www.avert.org/aids-south-africa.htm

applied to the delivery of prevention programmes, which has only been given due attention since the start of the Global Fund (Merson et al, 2008).

2.1.4 Case Study Contexts

The countries selected for this review (South Africa, Zambia and Mozambique) vary in population distribution and density, educational attainment, and levels of economic and social development. However, all the countries in review have generalised HIV epidemics (HIV prevalence >1%), meaning that HIV is spreading through the general population, rather than being confined to populations at higher risk (e.g., commercial sex workers - CSW, men who have sex with men - MSM, and injecting drug users - IDUs).

The following highlight data were obtained through the UNAIDS Regional Support Team for Eastern and Southern Africa (UNAIDSRSTESA)[9].

1. South Africa

According to the mid-2007 estimates, South Africa has over 47-million people[10]. The prevalence among adults (ages 15-49) was recorded as 18.1% in 2007; and among women attending antenatal clinics was 29% in 2006, compared to 30.2% in 2005. The country has the largest number of people living with HIV in the world, estimated in 5.7 million, including 3.2 million women and 280,000 children (ages 0-14). There is significant variation in HIV prevalence by province, ranging from 39.1% in KwaZulu-Natal to 15.1% in Western Cape (UNAIDS, 2008).

Nevertheless, evidence points to a significant decline in HIV prevalence among young people (below age 20), where prevalence was 13.7% in 2006 compared to 15.9% in 2005. As in most Southern African countries, HIV disproportionally affects women in South Africa. It is estimated that young women (age 15-24) are four times more likely to be infected with HIV than their male counterparts are.

The *key elements of the national response* are comprised in comprehensive policies and programme to address the AIDS epidemic. Central to the prevention are communications programmes, including “Khomanani”, “Soul City”, and “Love Life”. There is a large free condom distribution programme providing approximately 400 million male condoms annually. Free female condom distribution, although expanding still lags behind. The country has a comprehensive plan for the management, treatment, care and support of people living with HIV. This programme had enrolled approximately 370,000 people by September 2007 with ARV treatment in the public sector and an estimated 120,000 people in the private sector, altogether equivalent to 28% coverage of the nation need. Although still significantly lower than the treatment need, it is currently the largest HIV treatment programme in the world.

In 2007, South Africa bolstered its national response by revamping the national AIDS council into a multisectoral body, consisting of 8 government ministries and 18 members from civil society and the private sector. Under the National AIDS Council leadership, South Africa developed a National Strategic Plan for 2007-2011. This sets out the road map for Universal Access to prevention, treatment, care and support. The plan has linkages with other national programmes addressing the drivers, manifestation and impact of the epidemic.

Under the *key achievements* of the national response, it is important to consider that in 1992, the National AIDS Coordinating Committee of South Africa (NACOSA) was launched with a mandate to develop a national strategy on HIV/AIDS. Endorsed in 1994 by the government, a 1997 review of the strategy recommended more capacity building for implementing agencies, increasing political commitment, increased involvement of people living with HIV and strengthening integration.

Some other important milestones of the response were: in 1999 the National Strategic Plan (NSP 2000-2005) was developed, followed by the NSP 2007-2011; the National Operational Plan for Comprehensive HIV/AIDS Management, Treatment, Care, and Support (The

[9] See http://www.unaidsrstesa.org/countries
[10] South Africa's population. Available at http://www.southafrica.info/about/people/population.htm

Comprehensive Plan) in November 2003; the National Policy Framework for Orphan and Vulnerable Children (OVC) in 2005 and the National Action Plan for OVCs for 2006 – 2008. The national plan has identified 19 goals that and these are structured under four key priority areas (1) Prevention; (2) Treatment, Care and Support; (3) Research, Monitoring and Surveillance; and (4) Human Rights and Access to Justice.

The *key challenges* identified in the national response are reported as the need to set out national priorities for scaling up treatment, prevention, care and support under the national framework, translating the defined goals and targets into operational plans at national, provincial and local level. Future challenges include: strengthen multisectoral efforts; strengthen health and social service capacity; strengthen coordinating authorities, including national, provincial and local AIDS councils.

2. Zambia

Zambia has an estimated population of 12,935,000[11]. UNAIDS report (2008), estimated that by 2007 adult HIV prevalence was 15.2%. Prevalence among 15-24 year old was 7.7%, with young girls disproportionately more affected by HIV than young men are (11.3% and 3.6% respectively). Prevalence varies among and within provinces ranging from 8% in the Northern Province to 22% in the Lusaka province. Prevalence in urban areas is almost double that of rural areas (23% and 11% respectively). Approximately 1,1 million Zambians, including 95,000 children aged 0-4, were living with HIV in the same period. At the end of 2007, there were 330,000 people on ARV treatment, which is equivalent to 46% coverage. Antenatal care coverage has reached a remarkable 93%. There was a steady increase in the percentage of pregnant women testing positive for HIV from 17.2% in 2005 to 21.2% in 2007.

Some *key elements of the national response* include significant progress made in the development of HIV-related strategies and policies, particularly in the areas of strategic planning, prevention, treatment and mitigation. The Government has put in place structures to support the response to HIV: a Committee of Ministers on HIV; the National AIDS Council and Secretariat (NAC), with broad representation from government, private sector and civil society; a National HIV/AIDS/STI/TB Policy, which provides the guiding framework to the national response; Provincial and District HIV/AIDS Task Forces established.

The fifth National HIV/AIDS Strategic Framework (NASF) for the period 2006-2010, and the National Monitoring & Evaluation Plan (M&E) guide Zambia's response to HIV. The NASF's main goals are: (1) Intensifying prevention of HIV/AIDS; (2) Expanding treatment, care and support for PLHA; (3) Strengthening the decentralised response and mainstreaming HIV/AIDS; (4) Improving the monitoring of the multisectoral response; (5) Integrating advocacy and coordination of the multisectoral response.

Under the *key achievements*, we cite the development of the National HIV/AIDS Strategic Framework and the country's Monitoring & Evaluation Plan 2006-2010; launching of the policy of providing free and universal access to antiretroviral treatment in 2003, which contributed to the availability at all hospitals across the country and some clinics of ART in 2007, as well the number of sites offering PMTCT also increased considerably, from 64 in 2005 to 678 in 2007. Increased availability of male condoms across the country; number of sites offering VCT increased dramatically from 450 to 1,023 in the same period.

Key challenges to the national response include fluctuating funding flows and the need to achieving a full, predictable and sustained financing of the HIV response; private sector, traditional leaders and civil society participation in national consultation processes is often tokenistic and ad hoc. Access to financial and technical resources for implementing HIV/AIDS programmes continues to be a significant challenge for national civil society organisations. Long distances to health facilities, human resource shortages and poor nutrition are ongoing barriers to accessing treatment, and yet only first-line drugs are widely available. There is a need to complete the development of an HIV prevention strategy, as well as strengthening the harmonization of Monitoring & Evaluation systems and data use. PLHA also need to be meaningfully involved at service delivery level.

[11] World Population Prospects: The 2008 Revision. Available at http://www.un.org/esa/population/publications/

3. Mozambique

Mozambique has an estimated population of 20,530,714 people[12]. At the end of 2007 it had an estimated adult prevalence of 12.5%, and there were 1.5 million people living with HIV, including 100,000 children. There is great disparity between HIV prevalence in the northern (9%) and southern regions (21%). Moreover, while HIV has been levelling off in centre and the northern regions, it has been rising in the southern regions. In Mozambique as in most countries in Eastern and Southern Africa young women aged 15-24 are disproportionately more affected by HIV than men in the same age group. UNAIDS estimates for 2007 show HIV prevalence among young women at 8.5% compared to 2.9% among young men.

At the end of 2007, there were 90,000 people on antiretroviral treatment, which equals 24% coverage. It is important to note that the number of sites providing antiretroviral treatment across the country has increased from 32 in 2005 to 211 in 2007.

Key elements of the national response are to take into account the establishment in 1988 of an HIV/AIDS/STD Prevention and Control Programme in the Ministry of Health; the establishment in 2000 of the National AIDS Council (CNCS), as well as the approval in the same year by the Government of the National Strategy to Combat HIV/AIDS (PEN). The first National Strategic Plan for the period 2000-2002 sought to slow the spread of HIV and mitigate the effects of the epidemic through a multisectoral approach focused mainly on prevention activities. The second generation of the National Strategic Plan (PEN II) for the period 2005-2009 provides the current framework for the implementation of the national response. In addition to accelerating prevention, the PEN II integrates care and treatment of PLHA, with a human rights-based approach.

Since 2005 HIV has been mainstreamed into many national policy framework documents as well as the current Action Plan for the Reduction of Absolute Poverty 2006-2009 (PARPA II) which shows the government's commitment to adopt a comprehensive approach to the HIV response, including addressing the drivers of the epidemic in the country.

As the country responds to the epidemic, *key achievements* include the "Presidential Initiative on HIV/AIDS" led by President of the Republic, which in 2006 brought together community leaders, central government, provincial and district government, representatives from civil society, faith-based and youth organizations, to discuss and renew their commitments to the national AIDS effort. HIV prevention education was integrated in the basic education curriculum; increased availability of male condoms; integration PMTCT in all other health services; approval of the National Communication Strategy on HIV/AIDS and its operationalisation at national and provincial level.

In responding to the epidemic, the *key challenges* include human resource constraints across the various sectors, being one of the major challenges to scaling-up services; civil society have limited capacity and is fragmented, then its involvement in national coordinating mechanisms is limited. Lack of evidence about the drivers of the epidemic is other barrier to overcome, which impacts upon providing timely and quality data to improve planning and budgeting. Integration of HIV services with other essential services, especially tuberculosis and reproductive health remain a challenge, as additional services such as home-based care continue to be very weak. Next chapter we analyse the impact of HIV/AIDS in education.

[12] Population 2007 Census. Available at http://www.ine.gov.mz/

CHAPTER THREE:
HIV/AIDS AND HIGHER EDUCATION IN AFRICA

> *There are numerous ways in which AIDS can affect education, but equally there are many ways in which education can help the fight against AIDS (...) and influence how well societies eventually recover from the epidemic.*
>
> Sarr (2006)

In this chapter we analyse the impact of HIV/AIDS in (higher) education. We analyse how the (higher) education is susceptible to HIV and vulnerable to the impact of AIDS, and how the epidemic is impacting into the different operations of these institutions.

3.1 Higher Education Institutions as high risk environments

In "challenging the challenger" report, Kelly (2001) concludes that "higher education institutions constitute a high risk environment to HIV, where norms and practices pertaining to social and sexual life show that the culture of campus life appears to be ambivalent about". Chetty (2004) confirm that residential university students are a high-risk population, hence, there is need to work from within.

A UNAIDS 2000 report on AIDS update listed a number of behavioural and social factors which play a role in kick-starting a sexually-transmitted HIV epidemic or driving it to higher levels. The factors are as follows:

- large proportion of the adult population with multiple partners;
- overlapping (as opposed to serial) sexual partnerships – individuals are highly infectious when they first acquire HIV and thus more likely to infect any concurrent;
- little or no condom use related to resistance to behaviour change;
- large sexual networks (often seen in individuals who move back and forth between home and a far-off workplace);
- "age mixing", typically between older men and young women or girls;
- women's economic dependence on marriage or prostitution, robbing them of control over the circumstances or safety of sex (UNAIDS, 2000).

Several factors, including cultural and traditional practices, poverty and the absence of sexual harassment policies have been documented as contributing to increased susceptibility and vulnerability (especially of women) to the epidemic in Africa. Transactional sex is increasingly gaining grounds among young female students in tertiary institutions as coping strategies to mitigate the effects of poverty (AAU, 2006).

According to Kelly (2001), "evidence from the case studies indicates that almost every one of these factors manifests itself to a greater or lesser degree in the sexual behaviour of students on university campuses". As the author narrate, the prevailing "culture" of university campuses appears to be ambivalent about, or even open to, sugar daddy practices, sexual experimentation, prostitution on campus, unprotected casual sex, gender violence, multiple partners, and similar high-risk activities are all manifested.

In the context of HIV/AIDS within student communities today, such a culture may well become a culture of death. In a setting of HIV/AIDS prevalence, the university culture stands in danger of affirming risk more than safety. Next section we analyse the impact of the epidemic in education.

3.2 The impact of HIV/AIDS on (Higher) Education in Sub-Saharan Africa

Although there is little reliable data on how the pandemic affects the education sector or the public service as a whole (Patel, Buss & Watson, 2003), studies drawing a possible scenario and documenting the impact of HIV/AIDS are increasing, focusing in a number of issues.

While it has been argued that the education sector could be fortified to become a country's strongest weapon against HIV/AIDS (World Bank, 2002), the epidemic is generally acknowledged to be a major challenge to the educational sector, as a significant number of people with HIV [in East and Sub-Saharan Africa] are educators, ranging from primary school teachers to head teachers and university lecturers (UNESCO, 2006).

HIV/AIDS threats education through affecting the three key areas of the sector, at the local, district, provincial and national levels. The education field is strained both by the influx of children dropping out from schools and an increased number of teachers falling ill or passing away. It is recognised that schools are heavily affected by HIV/AIDS, becoming a major concern, because these institutions can play a vital role in reducing the impact of the epidemic, through education and support. There is no single way of formula to measure the impact of HIV/AIDS in education. "The relationship between AIDS and the education sector is circular – as the epidemic worsens, the education sector is damaged, which in turn is likely to increase the incidence of HIV transmission" (Sarr, 2006). Figure 3.1 is illustrative of the consequences of AIDS, especially in education.

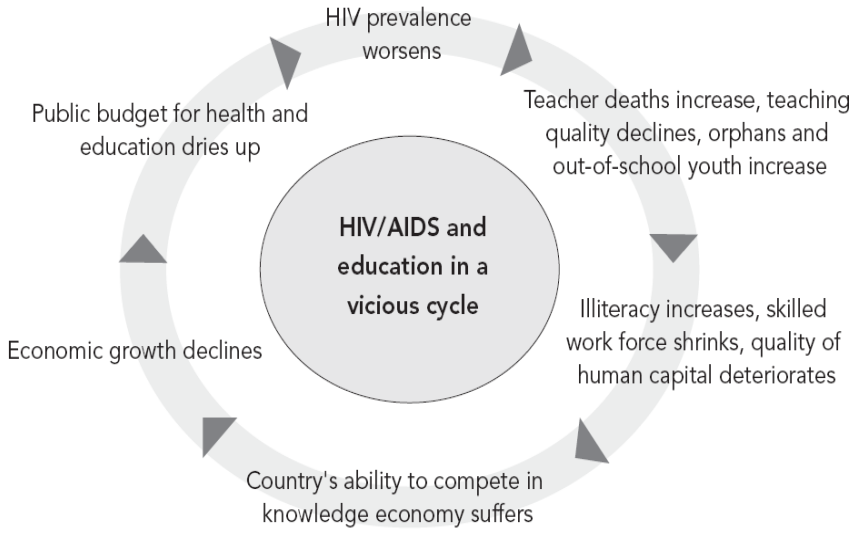


Figure 3.1: HIV/AIDS and Education: the cycle
Source: World Bank (2002)

Briefly we analyse the three main keys areas of education, namely demand, supply and quality of education. Note that we do not focus on numbers (as we could not have access to sufficient data on statistics), but on how AIDS affects each component.

3.2.1 Reduction in demand for education

The term 'demand' is often referred in economics as require for a good or service. In education it can be translated to as people willing to attend school and being able to pay for it at a given moment in time. According to Bergmann (n.d), "the demand for education can be broken down into two components: demand for *access* and demand to *remain in the* system. The demand for access leads to enrolment. The demand for continuation becomes evident in parents' desire to keep their children at school and in pupils' desire to carry on".

AIDS reduces the capacity of people to pay for education, challenging also the willing of parents to invest in children's education because they see few advantages of schooling given the fact that the future becomes uncertain. Impacts on the demand for education vary:

- *A greater number of students may become sick due to AIDS related diseases (may themselves be living with HIV);*
- *Inability to afford school tuition and other fees;*
- *Schools and communities may prohibit children infected or affected to go to school;*
- *Financially, fewer families are able to support their children's education;*

- *Children, especially girls, may be taken out of school to care for sick relatives or to take over household responsibilities, as replacing labour;*
- *Children may become distracted and insecure and thus less able to learn* (AAU, 2006; Munthali, 2002; World Bank & UNAIDS, n.d)

In overall, it affects both enrolment and the continuation of schooling. Common consequences posed by HIV/AIDS tend to be repetition and drop-out, being identified intermittent dropping-out. This is caused since demand for education has to do with numbers and composition of the school age population and their ability to afford with schools fees.

As demand is split into two components – access/enrolment and remain/continuation –, the impact of HIV/AIDS on the demand for education can be assessed in terms of quantity, but more crucially, in terms of its changing characteristics (World Bank & UNAIDS, n.d) (Figure 3.2). While quantity is related to the number of people who seek for education, in other hand characteristics describe who is in seek for education, the ones able to afford with the different requirements of the system in times of AIDS.

Studies suggest that for most countries, increases in the school-age population are expected, but the school-age population will be smaller than in the absence of AIDS (US Bureau of Census, cited in World Bank, 2002). In some countries, there is already evidence of lower enrolment and higher dropout of orphans, perhaps particularly at secondary and tertiary levels, and girls being the most affected.

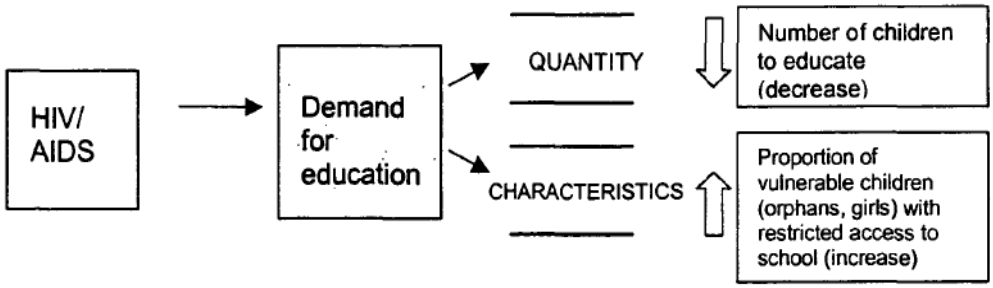


Figure 3.2: The impact of HIV/AIDS on demand for education
Source: World Bank & UNAIDS (n.d)

Gender disparities play a role in demand for education, as it is inextricably linked to HIV/AIDS, which has compounded the problem further. Twice as many women are infected as men by the HIV, and infections occur as much in the campuses.

3.2.2 Reduction in supply

Supply requires availability of human resources to fill a vacancy or to take the place of another on the system, especially teachers and managers.

Although most countries lack reliable data concerning the losses of human resources throughout the educational sector (Cohen, 2002 cited in Patel, Buss & Watson, 2003), the World Bank (2002) is aware that "Africa in particular appears to be experiencing sharp increases in the mortality rates of teachers, the professional group considered most at risk.

James D. Wolfensohny, then-President of the World Bank, acknowledged that *"in too many countries more teachers are dying each week than can be trained"* (Wolfensohny, 2000, cited in World Bank, 2002). About 1,000 teachers – or half of those trained annually – are dying of AIDS each year in Zambia (ibid). As teachers living with HIV develop full blown AIDS, the effect of mortality and morbidity on teacher supply will be felt.

Another visible effect of the HIV/AIDS is reduced number of qualified teachers in schools due to increased infection among teachers, whose replacement is not ease. In 2004, it was estimated that 17% of Mozambique's teachers were HIV-positive and skilled teachers are not easily replaced. A study in South Africa found that 21% of teachers aged 25-34 are living with HIV (UNAIDS, 2006).

The above figures are likely to frighten everyone. But why are the teachers in this situation, those who are supposed to be more informed. The International Labour Organisation (ILO) defines *teachers as workers at special risk*.

> *This is because the relatively higher socio-economic status and mobility of teachers, who are often posted away from their families, may increase their sexual contacts and related risk of HIV infection* (World Bank, 2002).

These challenge the evidence that the more educated individuals are, the more likely they are to change their behaviour.

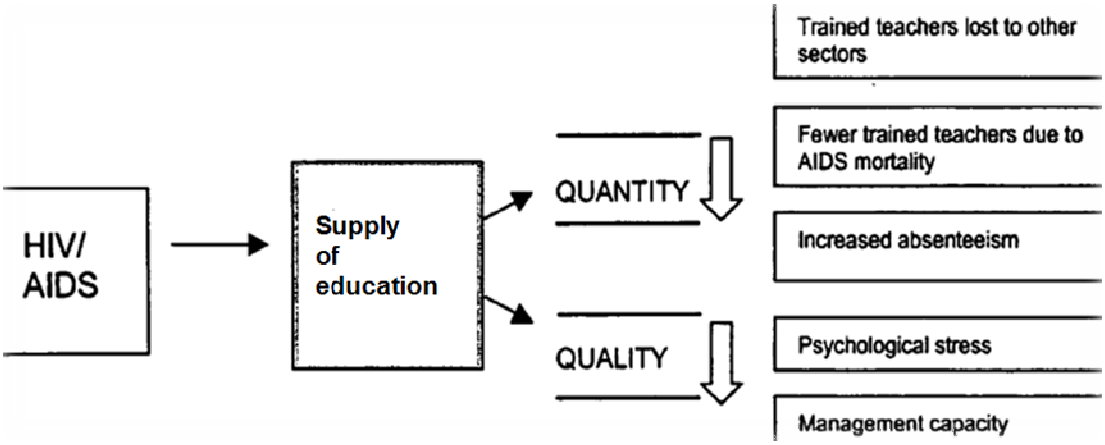


Figure 3.3: The impact of HIV/AIDS on the supply of education
Source: World Bank & UNAIDS (n.d)

Other effect on the supply of education relates to increased absenteeism, reducing available teacher-years of service, classes left untaught, possible combining of two or more classes for one teacher, poor teaching and learning, and most invariably, a decline in the overall quality of education. Many HIV positive teachers may be formally in post but consistently absent, implying that substitution for these teachers requires a doubling of expenditure. Absenteeism may further characterize healthy teachers caring for other affected members of their families, as well as may result from the psychological effects of the epidemic. This is pedagogic and financially costly.

In some countries, the reduction in teacher numbers is reinforced by the additional loss of teachers who take up non-teaching jobs vacated because of AIDS mortality in other sectors of the economy or to take up administrative roles.

Illness or death of teachers is especially devastating in rural areas where schools depend heavily on one or two teachers (UNAIDS, 2006). These areas, already often underserved, are further deprived as teachers – many of them infected – prefer proximity to urban centers that offer better health services.

3.2.3 Eroding the quality and management of education

There is little doubt that the epidemic is seriously damaging the quantity and quality of education (Gachuhi, 1999). Though “quality of education” has become a central issue, it is hard to find a definition of the concept. Some assumptions of quality of education stand for efficiency, including the capacity to apply knowledge to simple everyday problems; but also important is the link of quality of education with overall societal values (Bergmann, n.d), as influenced by availability of human resources, material resources, time (inputs).

According to the World Bank and UNAIDS (n.d), the quality of the education provided may suffer due to the psychological stress, trauma and discrimination experienced by teachers infected with HIV, or with HIV-affected households. For example, in Zambia the majority of teachers in such circumstances were unable even to talk about the problem with their relatives or friends (World Bank 2002). Such isolation and fear will undoubtedly influence their teaching performance at school, whereby is likely to be discrimination, ostracism and isolation of those

pupils and teachers who are infected or ill or are members of affected families (Gachuhi, 1999). These assumptions are summarized by Shaeffer:

> *Because of the presence of HIV in the classroom and the school, the process of teaching and learning itself has become more complicated and more difficult – and its quality has deteriorated* (Shaeffer, 1994).

Generally, because of AIDS, there will be a less qualified teaching force, as trained and experienced teachers are replaced with younger and less well trained teachers. The World Bank and UNAIDS (n.d) predict that the decline in quality and consequently in the worth attributed to education by parents and children may reinforce the tendencies of a decreasing enrolment rate.

At the managerial level, AIDS is affecting education itself as well as the sector costs, most of them due to illness, attendance of funerals, patient care at home, and psychological trauma, with negative impact on the education system's ability to plan, manage and implement policies and programmes. Furthermore, the quality of education is affected by losses in the administrative and coordination capacity due to HIV-illness and AIDS deaths among management personnel and educational planning and financial officers.

On the supply side, administrative budgets have to accommodate higher teacher hiring and training costs (for replacement), as well as payment of full salaries to teachers who are unofficially absent, with additional training and salary costs for substitute teachers where absence is official (Bergmann, n.d). Zambia has estimated the epidemic's financial burden on the supply of education to amount to some $25 million between 2000 and 2010, reflecting largely the costs of increasing teacher recruitment and training as well as teacher absenteeism; Mozambique's estimate is about twice as much.

The epidemic's intangible costs to the sector include the loss of sector knowledge and experience as well as the consequences for economic growth and competitiveness, which the sector is supposed to respond. In addition, AIDS reduces the quality of education because of the strains on the material and human resources.

In the next chapter we review the efforts of higher education institutions to combat the epidemic.

CHAPTER FOUR:

HIGHER EDUCATION RESPONSES' TO HIV/AIDS IN AFRICA: REVIEWING SOME CASE STUDIES

> *There are numerous ways in which AIDS can affect education, but equally there are many ways in which education can help the fight against AIDS (...) and influence how well societies eventually recover from the epidemic.*
>
> Sarr (2006).

As we reviewed the impact of HIV/AIDS in higher education, in this chapter we take a look into the efforts of higher education institutions to combat the epidemic. The review is based in the seven universities as above mentioned. Following the review, we analyse the findings.

3.1 The case study responses to HIV/AIDS in HEI in Southern Africa

Each profile in this section reviews the core components of the response to HIV/AIDS at each selected institution. In general, the analysis focused on the following areas:

- Management of the response
- Institutional policy and/or regulation guidelines
- Prevention services
- Curriculum integration and research
- Community engagement

The present study is based in review of case studies of universities already implementing programmes on HIV/AIDS in Africa. The selected universities are:

(1) University of Pretoria, South Africa;
(2) University of Cape Town, South Africa;
(3) University of the Western Cape, South Africa;
(4) Copperbelt University, Zambia;
(5) University of Zambia, Zambia;
(6) Eduardo Mondlane University, Mozambique;
(7) Catholic University Mozambique, Mozambique;

As we refereed in the methodology, these institutions were selected on the basis of:

- Existence of HIV/AIDS policy and/or guidelines for action in the institution;
- Implementation, monitoring and evaluation of HIV/AIDS policy;
- Possible availability of institutional assessment of strengths and weaknesses of the institutional responses to HIV/AIDS.

The examples selected for the study represent a small sample of the growing corpus of responses that are coming from African higher education institutions, specifically universities. They were chosen to represent the different approaches on responding to HIV/AIDS in a range of different country settings, institutional contexts and specific functions. The case focus on the key areas in which responses to HIV/AIDS have developed: policy development, teaching/curriculum change, research and community outreach.

Let's learn what each university has done on the fight against HIV/AIDS. Most of the data highlighted were obtained through their websites and reports on African Higher Education responses to HIV/AIDS.

(1) University of Pretoria, South Africa

The University of Pretoria (UP) was founded in 1908. It is a public university, working in six campuses and a number of other sites of operation such as the Pretoria Academic Hospital. In 2008 the university enrolled a total number of 57,409 students (38,934 contact students – of

whom 58% were female – and 18,475 distance students)[13], operating with more than 4,000 staff members.

In 1999 UP established the Centre for the Study of AIDS (CSA) to mainstream HIV/AIDS through all aspects of University's core business activities. The mission of CSA is *to understand the complexities of the HIV/AIDS epidemic in South Africa and to develop effective ways of* ***ensuring that all the students and staff of the University are prepared both professionally and personally to deal with HIV/AIDS*** *as it unfolds in South African society* [bold added] (UP, 2009).

The Centre works primarily with the staff and students at the University, as well as the communities from which they are drawn. To make possible its statutory premise, the University, through its Centre for the Study of AIDS develops a series of programmes and activities, which are comprised in: (1) promotion of the integration of HIV/AIDS-related courses and planning of all the faculties at the University; (2) facilitate campus-wide HIV/AIDS-focused research; (3) assist the University to plan strategically for the impact of HIV/AIDS on students and staff in a high prevalence country; (4) participate in counselling, treatment and support services for students and staff members, including PLHA; (5) HIV/AIDS awareness campaigns; (6) dissemination of media and information resources at the university, hosting a monthly AIDS forum on topical issues and conduct regular seminars, workshops and symposiums for staff, students and the public.

The Centre develops a faculty-based volunteer and peer education programmes. The CSA has supported the development of customised student training for the Medical and Veterinarian campuses and has collaborated with the Engineering, Law, Humanities, Medicine and Theology Faculties in the development of the prototype of a home-based care kit. It is within this framework that a number of activities will be undertaken at the university, including further development of an HIV/AIDS-related curricula and research at faculty level, based in a holistic understanding of HIV/AIDS, where it is not simply seen as a pure medical issue, but as a social, medical, developmental and legal one.

As part of the CSA, the *"Future Leaders @ Work"* programme was launched in 1999, operating with the premise that students must become active agents of change, gaining an academic knowledge of the epidemic, stimulating debate surrounding the issues and acquiring skills to productively and effectively cope and deal with HIV in their future careers and as responsible members of society (University of Pretoria, 2009). Since its establishment, 6,000 students have engaged with the programme and its successes have generated regional and international interest. This programme now includes the *"Beyond Borders"* initiative and has been expanded to the Universities of Botswana, Malawi, Namibia, Swaziland, Zambia and the Eduardo Mondlane University in Mozambique. The programme explores leadership among students, researching HIV/AIDS, the law and human rights, promoting access to treatment in different countries (CSA, 2007; UP, 2009). In 2008 CSA was active in 20 countries in Africa and presented its work in various international conferences.

CSA developed strong regional and international links, as well as providing intellectual leadership and services off campus to government and the private and nongovernmental organisation (NGO) sectors. An example of the regional and international links is the 5-CHARI (5-Centre HIV/AIDS Research Initiative), an international collaboration bringing together the combined resources of five universities (see footnote 27)[14] towards generating a better understanding of the epidemic, and contributing to improvements in HIV/AIDS prevention, impact mitigation and care (CSA, 2007).

Although the main focus of the Centre's work is staff and students of the University of Pretoria, it also handles a wide range of community projects. The Centre for the Study of AIDS develops **community outreach** programmes, being committed in developing innovative understandings

[13] UP in a Nutshell (2009) Available at http://web.up.ac.za/sitefiles/file/web-team/

[14] The 5-CHARI partners are: (1) The National Centre in HIV Social Research, University of New South Wales, Australia; (2) The HIV Social, Behavioural and Epidemiological Studies Unit, University of Toronto, Canada; (3) The Centre for the Study of AIDS, University of Pretoria, South Africa; (4) The Thomas Coram Research Unit, Institute of Education, University of London; (5) The University of Sao Paulo, Brazil.

of how communities operate and how community work can link to the development and implementation of theory. Not only do many of the Centre's projects work in both rural and urban communities directly affected by HIV/AIDS, but student volunteers of the *"Future Leaders @ Work"* programme also offer their services to diverse communities. These include learners, children in institutional care and TB patients. Through this experience the volunteers assist those affected, and learn to offer leadership on HIV/AIDS. Note that the University of Pretoria has established the Curricular and Research Community Engagement (CRCE), which we briefly refereed in the section "AIDS, community development and universities".

The University has received, with other 21 South African universities, through the Higher Education South Africa (HESA), a European Union (EU) grant to strengthen its institutional capacity in responding to HIV/AIDS. The grant, managed by a team based at the Centre for the Study of AIDS, was expected to run until May 2009.

(2) University of Cape Town, South Africa

The University of Cape Town (UCT), was founded in 1829, being the South Africa's oldest university. UCT is a public higher education institution, comprised of six faculties. A total of 21,562 students enrolled at UCT in 2006, with a near-even split between women and men, with women comprising about 51% at undergraduate level. Over 4,000 international students, from about 97 different countries were enrolled. The university has 2,510 staff members, of whom more than 700 are permanent or full-time academic staff[15].

In 1993, UCT formed the HIV Education Working Group to address the complex issues arising from the increase of HIV prevalence in South Africa; it was within the Student Development Services Department (SDSD)[16]. In 1994, the Working Group became the HIV/AIDS Unit, and in 2005 it was upgraded to HIV/AIDS Coordination (HAICU), based in the office of the Vice Chancellor. HAICU provides services to students and staff in order to make sure they respond to the epidemic on both personal and professional basis. HAICU is responsible to ensure that the University is responding appropriately to the HIV pandemic in a coordinated and collaborative manner in the areas of HIV management, teaching, research and social responsiveness.

In 2005 HAICU launched a new peer education project entitled AIDS Community Educators (ACEs), which replaced the SHARP programme (Student HIV/AIDS Resistance Programme, its first peer education programme initiated in 1994). HIV/AIDS programmes include promotion of prevention activities, free VCT, condom distribution to all the venues on the campus, provision of treatment, care and support for students and employees. Prevention programmes include exploring and intervening in the context in which transmission can occur as well as targeting risk behaviour. HAICU projects take into account the impact of gender on HIV/AIDS as well as focus on concurrent partners as a means of transmission.

In 2000, UCT updated its policy on HIV/AIDS. The policy *outlines the institutional response through staff and student support services; incorporating HIV/AIDS teaching into the academic curricula; and support of ongoing and innovative research related to HIV/AIDS*. The Office of the Vice-Chancellor is accountable for UCT's coordinated HIV/AIDS policy. Accountability for policy implementation rests with the Deputy Vice-Chancellor with the HIV/AIDS portfolio, while the HAICU coordinates aspects of the institutional response. The implementation of the policy is a coordinated and collaborative work, bringing together the HAICU, the Student Wellness Service, the Human Resource Management, the Health and Safety services, Communication and Marketing, Research and Innovation and the Faculties.

HAICU selects and trains 35 to 40 student peer educators - ACEs (AIDS Community Educators) - to engage informally with their peers in faculties, residences and in the wider community. The peer educators undergo the "Orientation Week" workshops for first-year students ('freshers'), which focus in particular on prevention strategies and where to go for

[15] About the university: introducing UCT [online] available at http://www.uct.ac.za/about/intro/statistics/

[16] Most of the data refereed was accessed through HAICU - HIV/AIDS Coordination/University of Cape Town [online] See http://www.hivaids.uct.ac.za/cms/index.php

testing, treatment and support. During the "Orientation Week", a prevention campaign entitled 'Think B4 U Unbuckle' urges students to abstain or use protection, and get tested.

Themed campaigns were organises by HAICU on the University's campuses, integrating social marketing messages, to raise awareness of key issues related to HIV/AIDS. An HIV/AIDS related anti-stigma campaign and the "Stop Stigma Rally" encourage students and staff to take a moment to reflect on how fear of stigma and discrimination can prevent their HIV-positive peers from seeking support. It promotes an environment in which people living with HIV can feel they can disclose their status if they so choose.

An HIV/AIDS anonymous SMS facility was staffed by HAICU throughout 2008. Information was provided on HIV/AIDS, emotional support was provided to callers in crisis, and persons were referred to other services and professionals.

As result of poor uptake of VCT in 2006 and early 2007, UCT's Organisational Health and Wellness Section put together a "Health Screening Day" model in mid-2007 for the common 'lifestyle' diseases, including Hypertension, Diabetes, Body Mass Index (BMI) and HIV. By offering screening days, UCT were hoping to make provision for the early detection, prevention and management of these common diseases, and included HIV/AIDS in an effort to de-stigmatise the disease and manage it similarly to other chronic diseases. The Health Screening Days continued in 2008, with the uptake of 4 interventions being 86%, 92%, 94%, and 100% respectively. A total of 409 staff members opted to have an HIV test.

In curriculum responsiveness, HAICU facilitated, in consultation with various departments, the incorporation of HIV/AIDS materials into formal curricula at UCT. An HIV/AIDS compulsory course has been facilitated for all first-year Commerce and Health Sciences students. In Commerce, the idea is to educate around HIV/AIDS in general and illuminate issues of particular relevance with regard to doing business in an environment where HIV/AIDS is so prevalent. 'Me and HIV/AIDS', under the umbrella course of 'Becoming a Professional', in the Health Sciences Faculty, aims to develop personal and inter-personal skills (students explore issues as stigma, values and behaviour, the social and psychological issues, as well as the medical concerns of HIV/AIDS). In 2008, HAICU worked with the Centre for Open Learning to facilitate a 'Creating Social HIV/AIDS Change Agents' (SHACA) short course for HIV/AIDS practitioners wanting continuing professional education.

There is no compulsory HIV/AIDS-related course in other Faculties that reaches all first-year students, but individual courses that have incorporated HIV/AIDS are in place. E.g., in the Humanities Faculty a course on 'Understanding Gender' in the African Gender Institute and various modules within Education, Historical Studies, Psychology, Social Anthropology, Sociology and Social Development are being taught.

The university has also established a number of research centres within the different faculties. To mention two of them: the AIDS and Society Research Unit (ASRU), within the Centre for Social Science Research (CSSR) in the Humanities Faculty; the Desmond Tutu HIV Centre (DTHC) within the Institute of Infectious Diseases and Molecular Medicine (IIDMM). A significant number of HIV/AIDS-related research projects were conducted in 2008, making innovative contributions to the way in which HIV is addressed in South Africa and the global community (See annex 3 for "Curriculum Responsiveness and Research Development at the University of Cape Town").

In the other hand, UCT encounter positively to its social responsiveness. The AIDS Community Educators, the peer educators/mentors of HAICU strive to create AIDS-competent communities, in which people own the problem of HIV/AIDS and recognise that they have a vital contribution to make. Outreach initiatives relate to curriculum and research projects, as well as co-curricular responses. These initiatives peer educators' workshops with College's first-year students and provide mentorship. Through the "HIV Education for a Real Tomorrow" project (HEART), learners are equipped to make sexual health decisions, and it runs the Masizikhulise project, which provides HIV/AIDS and health-related workshops for young adults in Nyanga and surrounding areas.

Additionally, HAICU engaged with the Higher Education HIV/AIDS Programme (HEAIDS) of Higher Education South Africa (HESA), and worked together with other tertiary institutions on HIV issues. HAICU secured HEAIDS funding for a range of HIV/AIDS-related activities at UCT for 2009, including the 'Tutu Tester' mobile clinic to provide persons in the wider community with HIV testing, TB and STI screening; support post-graduate students in their HIV/AIDS-related research; conduct a professional evaluation of UCT's HIV/AIDS peer education programme and its curriculum interventions.

(3) University of The Western Cape, South Africa

The University of The Western Cape (UWC) is a public university located in the suburbs of Cape Town, South Africa. It was established in 1959, and presently has twelve faculties and schools, and a number of university institutes and centres. Latest data available shows the university enrolled 15,226 students.

University of the Western Cape's HIV/AIDS Programme was established in 2001with the aim to develop a model integrated response to the epidemic that incorporates teaching, research, care and support, community outreach, advocacy, prevention and management of the epidemic[17]. The HIV/AIDS Programme has a permanent management and co-ordination unit. The Programme works in close relationship with the university's Student Health Centre, and reports directly to the Vice Chancellor of the University.

The programme is involved in a range of different activities. These include (1) capacity building, (2) training courses for staff and students and information workshops for staff and students – acting as a resource centre, (3) free distribution of condoms – both male and female condoms, (4) provision of free voluntary counselling and testing services, (5) nutritional, medical, psycho-social and spiritual support for students and staff infected and affected by HIV, (6) community outreach activities. Among the initiatives, there is the (6) educational theatre, (7) the digital story telling on HIV/AIDS, (8) health promoters, (9) peer education and (10) curriculum integration.

The strategies include the "HIV/AIDS focus weeks", which consist of film shows, abstinence and safe sex pledges, and pamphlets, posters, films, publications are made available.

While the health promoter is available for individual and group support to all members of the university community – either infected or affected by HIV –, the programme applies the GIPA (Greater Involvement of People living with HIV/AIDS) initiative, involving people living with HIV/AIDS (PLHA), who are promptly available for talks to students and staff as well as for outreach activities.

The focal point of prevention services is a privately run medical practice contracted by the university to perform a range of service (an arrangement that has been in operation since 2003). A team, including VCT counsellors and, apart for chronic patients, provides a fully fledged HIV service. VCT is the biggest component of the service and is both a government accredited testing site as well as being the busiest test site in its catchment area. Like other government accredited sites, the health service gets access to some resources (test kits and drugs for the treatment of STIs) as well as access to networks and support from within the public sector. People are free to disclose their HIV status within the university community and be assured that their rights to dignity are respected. As result of awareness programmes and VCT services, the campus has become a 'safe space' where students and staff are increasingly better prepared to handle HIV/AIDS and are supported at a personal and professional level.

The programme includes other diseases related to HIV/AIDS, such as TB and other opportunistic infection prevention and control services, and people who go for test and are found positive are guaranteed confidentiality and referred to health system for the follow up procedures.

The HIV/AIDS Programme is also involved in a number of curriculum integration projects on campus. Courses are in place at the university, designed to empower students to have

[17] University of the Western Cape's HIV and AIDS Programme [online] See http://hivaids.uwc.ac.za/

knowledge and understanding of HIV/AIDS, and to equip them with relevant and effective intervention skills. There is a strong focus on addressing gender power issues and on involving men as partners to curb the spread of the epidemic on campus.

But a strong strategy is found on the use of the informatics and communication technology to address the epidemic. The HIV/AIDS Programme has initiated “the digital story telling” on HIV/AIDS, a virtual community based in electronic chat rooms, which allows people (particularly youth) to engage with issues which may be ‘off limits’ in their everyday lives and feel free to expose. It means in practice that people can explore, discuss and learn about issues which they may not be able to broach in their peer group, with no discomfort or fear of public sanction.

In a partnership with Inwent Capacity Building International Germany, the University of the Western Cape is also home to the Southern African region's internet based teacher development programme on HIV/AIDS focused on teacher trainers; a regional initiative linking teacher training institutions in South Africa, Tanzania, Malawi and Namibia. The project highlights new modalities of sharing expertise, developing student-led linkages, a commitment to regional co-operation and the potential value of a regional response led by universities.

On another level, with an internal focus the university's Digital Academic Literacy course pioneered the teaching of HIV/AIDS in 2004 as a core competence for all incoming students. The course uses content developed for 'Your Moves' which is an interactive scenario-based game on risk and sexuality education especially developed for university level students, where each student uses a personalized user code. It is a successful programme, with an estimated 2,400 incoming students completed the course in 2006. Using a digital platform also allows the course managers to deliver an otherwise difficult technical course with personal and behavioural content that is appealing to young students. Feedback from the course is vital and has proved invaluable in the management of the HIV/AIDS programme.

The UWC’s HIV/AIDS Programme is engaged in institutional networks at national and regional levels. An example is the ZAMANAWE ('Give it a Try') project. Initiated in 2003, the project is a flagship institutional cooperation in HIV/AIDS peer education, originally linking the University of the Western Cape, University of Zambia, University of Malawi and the University of Namibia. The primary goal of ZAMANAWE is to promote institutional cooperation amongst higher education institutions through a regional response to the HIV/AIDS epidemic. Through intensive research, capacity building and student leadership development, it test, promote and elaborate a peer education and behaviour change model aimed specifically at youth in higher education. At least 30 peer educators are trained at the institution each year (a total of 120 among the four partners) in a rigorously monitored, evaluated and documented model.

The model draws heavily on both psychology and counselling experience generated at the UWC over the years. Collaboration takes the form of regular exchange of staff between the institutions, regular exchange of students (annual) and electronic forum linking all the participants, and online discussions hosted through a website. The model implemented by the four partners is instructive both because of its strengths and limitations, as the difference of culture of the many countries is taken into account. The implementation of the ZAMANAWE peer education programme in other Southern African countries brought to light the need for GIPA initiatives in education.

To accomplish its social responsiveness, the HIV/AIDS Programme has established a volunteer programmes that links students to community organisations working in the field of HIV/AIDS as well as exciting and innovative research projects.

(4) Copperbelt University, Zambia

The Copperbelt University (CBU) was established as a public institution of higher education in 1987. Before then, it was one of the three constituent institutions of the then University of Zambia Federal system. The university has seven faculties, and a total student population of

5,155 (80% of male students against 20% of female[18]) and staff establishment of 695 of whom 207 are academic staff[19].

The Copperbelt University Health Services (CBUHS) was established in 1986, providing medical services – mainly health clinical care and outreach health promotion – to a community including students, staff and their dependants and also the communities from the surrounding suburbs.

The range of services on offer at the Health Centre, run by clinical offices and nurses, include: (1) VCT, (2) ART, (3) PMTCT[20], (4) STI treatment and management, (5) TB treatment, (6) free condom distribution, (7) contraception/family planning services. Though the University Health Centre is the major locus of HIV/AIDS related activity on the campus, the university's management is keen to move its programme activities beyond a medical basis. There are also the Copperbelt University Anti AIDS Society, and the Heath Support Group. The CBU AIDS Society was formed in 1989, is been run by and for the students, provides service to students and staff. The Society has in the past received support from both local and international well wishers. The Heath Support Group, established in 1995, is a staff initiative. It is fully independent and has its own governance structure. Its mandate is to alleviate the impact of HIV/AIDS amongst University staff and runs a home based care programme and has trained counsellors ready to offer both spiritual and psychosocial counselling.

Both groups' services include: peer education, condom distribution, awareness and sensitisation workshops, and psycho-social counselling, spiritual support and working with vulnerable populations, networking with other local and national organizations in related fields. Additionally, the Support Group runs VCT, home-based care and support, the nutrition clinic, PMTCT. A grant from the institution supports the work of these groups, and management sanctions the use of time off from their work schedules to run the activities. A Copperbelt University Medical Trust is in place, to some extent linked to the Health Support Group. The Trust represents the interests of university employees and their dependants. Formed in 1993 on a voluntary basis, the Trust acts as an in-house medical insurance scheme which does not discriminate according to the type of illnesses it covers. The Trust became increasingly aware of the pressures which AIDS-related illnesses have placed on the scheme.

The CBU Health Services believe that the best approach to the AIDS pandemic is a multisectoral approach using the various stakeholders within and outside the University community.

In the interim, the following developments have taken place: (1) an institutional policy on HIV/AIDS was developed and approved; (2) an HIV/AIDS coordinator is in place; (3) the university has allocated a budget for HIV/AIDS activities; (4) an HIV/AIDS management committee was established; (5) a strategic plan on HIV/AIDS, up to 2008, was developed; and (6) implementation committee has been formed (AAU, 2007).

The development of an institutional policy has mobilized university's management and created an enabling environment for various other changes. Departmental focal-point officers have also been designated and they are encouraged to bid for whatever funding is available.

The CBU HIV/AIDS policy covers prevention, management and impact mitigation, care and support and the elimination of stigma and discrimination. The policy defines roles and responsibilities for management, staff and students, yet ultimately locates the overall responsibility for implementing the policy with the university management. The policy also provides a framework for a continuous monitoring, evaluation and assessment mechanism (Wyk & Pieterse, 2006).

Though the VCT is established since 2000/2001, stigma has been a persistent concern in the university community. To counter the problem, marketing of VCT is being promoted by the Students Anti Aids Society and at the Health Centre as part of STI management. Residential mayors, usually older students, elected at halls of residence and who have been given some

[18] AAU report (2007)
[19] About the University [online] See http://www.cbu.edu.zm/about-us
[20] PMTCT – Prevention of Mother to Child Transmission of HIV

peer education training have been brought into the response to HIV/AIDS. A peer education focused NGO does monthly follow-up meetings to provide support.

An outline of a core course for all students was the major development in curriculum integration at CBU. It will comprise the following content and skills: nature, origin and extent of HIV/AIDS; transmission and prevention; factors contributing to the spread of STIs and HIV/AIDS, abuse, human sexuality and gender, social, economic and psychological effects of STIs and HIV/AIDS; management and care; counselling; access to treatment; HIV/AIDS in the workplace and recent trends in research. The outlined course has an instructional time of two hours weekly allocation. However, research still a concern.

The CBU outreach programme is currently estimated to be catering for 7600 people, and consists of four clinical services, namely general outpatients, under-five, family planning and ante-natal. In addition, the CBU Health Services are also involved in HIV/AIDS-related activities such as the dissemination of educational materials and the free distribution of condoms during medical consultations. The Anti AIDS Society regularly targets secondary schools in the province for its outreach activities to promote the idea of school-based Anti AIDS clubs.

CBU also administers an outreach programme to follow up those patients requiring intensive health education and home based care. The clinic also administers an HIV/AIDS project in conjunction with the Zambia Prisons Service entitled 'In But Free'. Initiated in 1995, the project is active in several Zambian prisons (Wyk & Pieterse, 2006; AAU, 2007), and has trained approximately 1 000 in the prison population as peer educators, while some 200 prison officers have been trained as counsellors, 27 were trained as psycho-social counsellors and a further 31 were trained has home-based care givers. The routine of prison life now involves an HIV/AIDS education session at 7pm every day (AAU, 2007).

(5) University of Zambia, Zambia

The University of Zambia (UNZA) came into existence in 1965. It is a public institution, composed by nine faculties/schools operating in two campuses. Based on 2007 figures, it had enrolled 10,122; among contact students (7,983) some distance education students (1,785) a small number of part-time students (354) and a total of 73 foreign students.

Following its establishment, in 1966 the University Clinic – evolved into the University Health Services – was in place with a view of ensuring provision of health care and health promotion services, including diagnosis and treatment of Sexually Transmitted Infections (STIs) to students, staff and their families as well as to the general public in the surround community.

Though counselling services were provided at the university since the early 1980s, and VCT since 1998, a report published in 2000 investigating the impact of and response to HIV/AIDS at UNZA concluded that "very few mostly half hearted efforts are being put into preventing the further spread of AIDS and impact mitigation. UNZA's response to the epidemic was mostly confined to the activities carried out by the campus health clinic, which included distribution of condoms" (see Wyk & Pieterse, 2006).

Since 2000, however, the UNZA management structures have engaged more purposefully with an institutionalised response to the HIV/AIDS epidemic. As a result of an initiative led by the Vice-Chancellor, a multi-disciplinary Committee on HIV/AIDS (VCCA) is operative. The committee of six or seven members meets on a monthly basis and is composed of experts drawn from various disciplines as well as university students. The task of the committee is to provide policy direction on HIV/AIDS to the university, and also to coordinate UNZA's HIV/AIDS response. It is all done under the UNZA HIV/AIDS policy (2005).

The policy's objectives are, among other things, to offer education and counselling services, to encourage sensitivity towards people infected or affected by the virus, provide information on living positively. All sectors and actors of the university are asked to come together in the fight against the epidemic, from the senate, council and central administration, as well as articulate the rights and responsibilities of staff and students.

Underlined in the revealed insights into stigma around HIV/AIDS and the prevalence of risky sexual behaviours revealed in a study exploring knowledge, attitudes and practices (KAP) of

students regarding HIV and AID (see Wyk & Pieterse, 2006), the University responded with an Information, Education and Communication (IEC) programme based on education and counselling with a focus on the needs of students needs. Subsequently, the university HIV/AIDS policy makes it clear that no member of staff (neither student) must be forced to go for testing and results for those who are tested must be confidential unless there is a written consent for disclosure. Also, "if someone is subjected to harassment or discrimination due to his/her status, the policy seeks to assure a confidential channel through which to complain" (UNZA, 2006).

Since February 2005 UNZA has also implemented a full VCT and ARV treatment programme for students and staff, free of charge[21]. In administering the treatment programme UNZA works closely with the Council for Infectious Diseases Research in Zambia (CIDRZ), while funding was secured from the United States President's Emergency Plan for HIV/AIDS (PEPFAR). Just to give a figure, over 500 people have registered for treatment a year after the programme began. The university actively encourages students to access the treatment programme, which is scheduled to continue for years, and people who leave the university continue with anti-retroviral treatment at the place where they have relocated.

As the university seeks to ensure that HIV/AIDS are mainstreamed in all university activities, the policy mandates the senate to make the necessary arrangements in order to integrate HIV/AIDS in curricula at various levels of learning, as well as the council is obliged to facilitate collaboration with the public and private sectors in promoting HIV/AIDS-related activities in the university and the community.

In the same context, though have not accessed updated information, an HIV/AIDS resource centre was planned for UNZA, however, the university is presently engaging in a number of HIV/AIDS research activities, including an annotated bibliography and baseline study to document all HIV/AIDS-related research.

(6) Eduardo Mondlane University, Mozambique

Eduardo Mondlane University (UEM) is a public university, founded in 1962. Teaching and research are undertaken in seventeen faculties and schools operating throughout the country. In 2006 the university had enrolled 14,199 students, with notable disproportion on gender distribution, as an estimated 32% were female students. The majority (14,141) were nationals and the remainder (58) international students[22]. In the same period, over 1,100 hundred academics and researchers staff the faculties and schools.

In 1992 was established the Group of Activists Anti-AIDS/STD[23] (GASD) by a former student of the university. The anti-AIDS organisation has students and employees as its core focus and is based in offices within one of the university's student residences. The core of GASD comprises of its 26 peer educators (2007 data) and a handful of full time employees, consisting of teachers, students and staff of the university, on a voluntary basis. Typically recruited in their 2 year of study from all the faculties, students receive a short period of training and are then kept on for 3-4 years. Its financial base is secured by an internal budget, supplemented by donor funding (AAU, 2007). GASD has succeeded in establishing itself as part of the institutional architecture within the university and it enjoys both national and international recognition. Its activities are planned on a monthly basis with debriefing meetings at the end of every week.

The main focus of the Group is to implement programmes aimed at risky behaviour change in the university's community. Its mission mentions among others the "performing of activities through research, prevention and reduction of impact of HIV/AIDS at UEM and in the general community". GASD took the lead in the development of an institutional policy in 2005. Following a process based heavily on stakeholder inputs, a draft policy was developed and expected to be approved by 2006.

[21] Zambia: University offers free AIDS treatment. See http://www.universityworldnews.com/article.php?story=
[22] SARUA. Universidade Eduardo Mondlane. Available at http://www.sarua.org/?q=uni_Universidade+Eduardo+
[23] Grupo des Activistas Anti SIDA e DTS

GASD provides a range of services and resources including: (1) awareness and sensitisation programmes, (2) promotion of IEC materials, (3) condom distribution, (4) counselling, (5) publishing a news bulletin, (6) media/video information sessions, and (7) peer education. Like many Southern African universities, programme managers and peer educators themselves acknowledge that whilst abstinence is included in the content of the training, it has little relevance to their prevention strategy.

GASD does not provide VCT for HIV/AIDS, but it does offer a general counselling service for students, which in turn faces limitations as few people attend the services. Since students are treated as part of the general population, it is not easy to profile students specifically as a demographic group with respect to uptake of VCT or the potential demand for VCT. Also, UEM offers a workplace programme to members of staff, and HIV/AIDS messages form part of the annual orientation programme for first year students ('freshers'). Strictly, prevention services are handled by the Medical Center (Posto Médico), an adjacent office of the health service which is intended to be a primary health care centre, and a referral point to the university's teaching hospital, the Maputo Central Hospital. No support groups for positive or negative students or staff are yet in existence

Despite the widespread availability of information and the existence of an HIV/AIDS programme at UEM for several years, stigma and discrimination are acknowledged as persistent problems. Peer educators yield a strong personal commitment to behaviour change. Almost all peer educators had tested for HIV at least once.

In 1998, UEM joined the "Joint Initiative for Prevention and Reduction of the Impact of HIV in Higher Education"[24], which was geared to bring together both the public and private higher education institutions in the country. The programme had run for about three years as a valuable mechanism of capacity building, which has led both to the development of HIV/AIDS programmes at most of the eight higher education institutions affiliated to the project and to generated a higher level of acceptance, ownership and commitment amongst university leaders.

GASD also works in partnership with the National AIDS Council (CNCS), the locus of the national HIV/AIDS programme in Mozambique. CNCS provides GASD with support for its work in prevention, mitigation and research. GASD also has linkages with government, particularly the Ministry of Education.

An example of the GASD involvement in the national efforts to combat HIV/AIDS is the work on the Law 5/2002, a law designed to protect the rights of employees and prospective employees and also to articulate the obligations on employers on HIV/AIDS in the workplace. For the development of the law, yet as a policy, GASD joined together with other partners, including the Mozambique National Workers Organisation (OTM) – the country's largest trade union; the National Network of People Living with HIV/AIDS (RENSIDA); the Mozambican Network of AIDS Service Organisations (MONASO); and AMOPROC, an NGO working in issues concerning human rights and citizenship. The policy development process took the form of campaigns and consultations lasting two years. Though the policy itself was promulgated as law in 2002, the process of dissemination continued till July 2007, including translating the law into six national languages. GASD subsequently embarked on developing a new anti-discrimination policy applicable for all citizens, but at the end it was adjusted to protect the rights of PLHA. The new law was adopted by the Mozambican Parliament in December 2008 and promulgated by the President of the Republic in January 2009.

Teaching and research on HIV/AIDS are well developed at UEM, particularly in the Health Sciences, but also in specialised institutes such as the Institute of African Studies and in the Social Sciences more generally. Working with a United Nations agency, the Faculty of Economics offers courses in the economics of HIV/AIDS. The courses are intended for teachers and lecturers from other education institutions, and are supported by the Mozambican government committed to the goals of universal access to prevention, treatment and impact

[24] 'Iniciativa Conjunta de Prevenção e Redução do Impacto do HIV no Ensino Superior'

mitigation. As curriculum review is in place in the university, one of the issues is to mainstream HIV/AIDS in teaching programmes.

(7) Catholic University, Mozambique

Catholic University of Mozambique (UCM) was established in the central city of Beira in 1995. It is the first higher education institution to establish its headquarters outside of Maputo, the capital city of Mozambique. UCM is a private university, run by catholic congregation.

The institution has nine faculties and/or schools in the seven cities. In 2007 UCM enrolled 3,270 students, of which 37% were women, and registered 184 academic staff[25].

The Catholic University was one of the first to join the project "Joint Initiative for Prevention and Reduction of the Impact of HIV in Higher Education". In 2001, under assistance of UEM, it established its own HIV/AIDS programme. The university has AIDS centers all over the faculties. The Center to Combat HIV/AIDS of the Faculty of Medicine (also known as "Pabhodzi") is in the forefront to fight AIDS at the University. However, the Rector, Vice-Rectors and Directors of Faculties are in charge.

UCM complies it mission, in the context of HIV/AIDS, helping to construct a socially engaged and supportive community based on integrity and respect, through the dissemination of Christian values, promoting a culture of solidarity, brotherhood, peace, justice and democracy. In 2007 the university approved its policy on HIV/AIDS (UCM HIV/AIDS policy), and a policy on sexual harassment in the campus. Both policies refer the commitment of UCM as a faith based organisation, then, guided under the social and moral doctrine of the Catholic Church.

As it is stated in the policy, UCM is committed to exercising its role in prevention and mitigation of the impact of HIV/AIDS, both within the institution with students and staff, and in the large Mozambican society, through its social responsiveness. Its activities include publishing the "agenda pabhodzi for life"[26], an agenda with a monthly topic to be addressed, covering a range of topics, from the basics of HIV/AIDS, communication, impact of AIDS at different levels, VCT, stigma, and others.

Activities on awareness and prevention are focused on strategies to prevent the spread of HIV/AIDS on campus, which include: (1) providing information and materials for prevention of HIV/AIDS within the campus; (2) encourage responsibility on sexual behaviour, based on Christian values, including abstinence; (3) promoting public forum such as conferences, debates, theatre etc. about HIV/AIDS; (4) training of peer educators and counsellors on HIV/AIDS; (5) providing information of sexually transmitted diseases (STDs) and treatment; (6) taking actions against sexual harassment and sexual abuse; (6) provision of VCT services.

Recognising that stigma and discrimination may hinder the efforts to combat HIV/AIDS, UCM, founded under the catholic values, takes a lead to provide a working and study environment safe and healthy, free from any form of stigma and discrimination. Voluntary counselling and testing (inside or outside the campus) are encouraged in confidential basis, and no student and/or staff member will be forced to disclose his/her status, unless by own willingness.

The university seeks to achieve these objectives through integrating HIV/AIDS in teaching, research, and community services.

In curriculum development, UCM aims to combat HIV/AIDS through training of future leaders, who are competent, responsible and sensitive, able to act as models, protecting themselves and others, able to cope with HIV/AIDS in their personal and professional lives.

The university have already integrated HIV/AIDS in a number of courses, such as in English language, Economics and Management, and in Health Sciences. Four approaches to mainstream HIV/AIDS at the university are mentioned: (1) all Faculties are expected to provide a basic but compulsory module on HIV/AIDS for all students with a minimum of 15 hours of contact. The module will include social aspects, such as gender, epidemiology, health, prevention and care of HIV/AIDS; (2) the Faculties are to incorporate aspects of HIV/AIDS,

[25] Universidade Católica de Moçambique. Dados e estatistica da UCM (online) See http://www.ucm.ac.mz/cms/
[26] "Pabhodzi pela vida".

human rights and related content in the teaching courses; (3) offering courses with specific topics on HIV/AIDS for specific groups (e.g. academic and administrative staff, students, and volunteers; these courses will focus on such aspects of HIV/AIDS in the workplace and strategies for prevention and change of behaviour); (4) courses and seminars covering a variety of topics related to HIV/AIDS will be offered to the public, through the centers, departments and Faculties.

Faculties and research centers are to develop research projects related to HIV/AIDS, which results are to feed the efforts of the university in seeking solutions to the prevention, cure and mitigation the effects of HIV/AIDS, and to improve its services with the community.

In the other hand, UCM is committed with the community, providing extension services, including HIV/AIDS. Using a participatory and comprehensive basis, the university shares its technical and scientific knowledge, and the community brings its experience, skills and best practices on understanding and mitigating the epidemic.

Other challenges mentioned in the policy are the need to understand and address HIV/AIDS in its social context. This includes issues of gender, sexual violence against women and children, and values regarding sexuality. For these and other initiatives, the university establish partnership and networks with organisations, at local, regional and international level.

3.2 Findings' Analysis

As we noted earlier this report, the present study is based in review of case studies of seven universities already implementing programmes on HIV/AIDS in three Southern African countries. The selected universities per country are: South Africa: University of Pretoria, University of Cape Town, University Western Cape; Zambia: Copperbelt University, University of Zambia; Mozambique: Eduardo Mondlane University, Catholic University.

Throughout the findings section, a number of aspects were identified as charactering the response to HIV/AIDS in the seven universities in study. All aspects are important and play a major role in responding to HIV/AIDS in the educational sector, particularly in the tertiary education system. However, we named four of them to constitute the basis of our analysis: *management of the response; prevention services; curriculum integration and research; and community outreach*. These aspects include specific sub-items to be considered. The Association of African Universities' studies (AAU, 2006, 2007) were taken as guiding models of analysis.

A. Management of the response

In management of the response we analyse the institutional apparatus prepared to towards a comprehensive response to HIV/AIDS, namely personnel, policy and/or work guidelines, networking, and other singular aspects, such as strategies adopted.

In all case studies it is common sense that HIV/AIDS are acknowledged as complex issues, and need to be addressed in effective ways in order to ensure that all students and staff are prepared both personally and professionally to deal with HIV/AIDS as it unfolds in the society, becoming active agents of change. The table 4.1 shows the current situation on managing the response to HIV/AIDS.

Table 4.1: The current situation on universities' responses to AIDS

Item	*Yes*	*No*	*Yes %*
Specialised unit for coordinating HIV/AIDS in the university exists	7	-	100
HIV/AIDS policy/specific regulations on the matter	6	1	86
Budgetary allocation to HIV/AIDS activities	7	-	100
HIV/AIDS fully integrated into curriculum	3	4	43
Efforts underway to mainstream HIV/AIDS into curriculum	7	-	100
Top leadership involvement	5	*	71

** Unable to account in this study*

The case study institutions have established a specific HIV/AIDS unit to lead the response to the epidemic. These organisations, working under the aegis of the university, have own staff,

assigned to ensure its operations. AIDS staff is composed of students (who represent the majority of the members), by university staff, and finally by lecturers. In the cases where research is integrated into the scope of the university's response, researchers are also part of the personnel of the AIDS organisation. However, it was not clear whether there is staff specifically allocated to the AIDS project in the Catholic University (Mozambique).

Attributions of tasks for the AIDS units vary according to each institution, however, is common sense that these units were established mainly to be in the forefront of the response to AIDS in the university. This implies coordinating the whole university's response, through planning, implementation, and in some cases, undertaking impact assessment.

In almost all case study institutions, the response to HIV/AIDS began with initiatives of small groups (of students). Likewise, recognition and consequently, accreditation by the top leadership of the universities boosted the scope of interventions against AIDS, becoming part of the administrative structure of the university. This has contributed greatly to the improvement of the services offered, as noted below. The response of the university organisations against AIDS has on students and staff as their main focus, as well as their families.

Six out of seven (86%) universities in review in this study have a written and approved HIV/AIDS policy. It is an encouraging figure, however, we note that the study was purposely focussed to institutions already working on HIV/AIDS, then, it would be a pity to generalise the extent of the figure. It is essential to emphasize that

> *The development of a policy and strategic framework is only the beginning of the process of managing HIV/AIDS at the university. In the final analysis what is needed is sustained action and not just plans; moreover, the process should not become bogged down in the traditionally cumbersome processes of a university* (Kelly, 2001).

The only one university that have not yet approved a policy (Eduardo Mondlane) has it a draft, and have been working under guidelines that channel the work on HIV/AIDS activities.

The table 4.2 below presents the main components of the response and activities undertaken by the institutions to address HIV/AIDS. It should be noted that most institutions undertook a range of activities, with the most predominant being education and awareness, community outreach programs, research and integration of HIV/AIDS into curriculum. As an earlier study from AAU (2007) concludes, "education and awareness takes the form of distribution of IEC materials, peer education training on sexuality and risk, publication of newsletters and journals. A very small number of institutions also carry out home-based care, peer counselling, training of trainers, networking with other organizations and provision of ARVs".

Table 4.2: Main components/activities undertaken to address HIV/AIDS

Item	*Yes*	*No*	*Yes %*
HIV/AIDS education and awareness programmes*	7	-	100
Counselling and testing (fully VCT)	4	3	57
Only counselling	3	-	43
Care and support	6	-	86
Free distribution of condoms	6	1	86
HIV/AIDS integrated into curriculum or underway	3	4	43
HIV/AIDS is researched	7	7	100
Treatment (ARTs)	2	5	28
Treatment of other infections related to HIV/AIDS (STIs, TB)	5	2	71
Community outreach programs	7	-	100
Home based care	1	6	14
Involvement of PLHA	6+	+	71
Others**	7	7	100

* *Including peer education and anti-stigma campaigns.*

\+ *We could not account the level of involvement.*

** *Includes networking, partnership and others.*

These are *per se* the key aspects characterising the response to the epidemic (in the educational sector).

Leadership commitment in the institutional response to the epidemic has been proven to be of extreme relevance. Except the Eduardo Mondlane University (Mozambique), and the University of Pretoria (South Africa), where was not clear to what extent the top leaders are involved, the remaining universities have assigned specific responsibilities to the high level of management of the response. In most of the cases vice-chancellors are the persons representing the high interests of the university in responding to HIV/AIDS.

Accordingly, implementing an institution-wide HIV/AIDS programme will require commitment, people, skills, materials and funds. The university's senior executives, in conjunction with university governing bodies and senates, have the responsibility to ensure the availability of these resources. In many respects, according to Kelly (2001), "assuring resources can be the best indicator of the depth of university commitment to confronting the HIV/AIDS crisis". Kelly argues on institutional leadership that

> *All of this [aspects of response to HIV/AIDS] is excellent, but, in the absence of institutional involvement and engagement, it is hardly likely to be sustained (...). What is needed in addition is personal commitment from the university's top leadership. Given such leadership, a university can hope to make its mark in energising society to cope with the HIV/AIDS epidemic and in contributing to the development of a world without HIV/AIDS. Both are eminently worthy goals* (Kelly, 2009).

Based on the author above mentioned, top leadership should translate into a total management commitment that manifests itself in an authoritative strategic planning and policy development approach, including commitment of resources, establishment of the necessary implementation structures within an appropriate institutional framework, the elaboration of monitoring and evaluation procedures to ensure that steps continue to be taken in the right direction, and a sustained challenge to all forms of on-campus denial, stigma and discrimination, accompanied by steps to facilitate HIV openness.

The GIPA initiative (Greater Involvement of People living with HIV/AIDS) is acknowledged in the response to HIV/AIDS in the universities. Though we could not account to what extent PLHA are involved, the six universities with an approved HIV/AIDS policy state the need for involvement of PLHA in their programming activities. Universities may be aware that *"when GIPA is applied and people living with HIV are involved, it promotes human rights, strengthens responsibilities and self-determination and meaningful participation, and positively enhances the quality and effectiveness of HIV responses where it is applied, since positive people bring a unique perspective to their work"* (GNP+, 2008).

As seen in the findings, at the University of the Western Cape PLHA are actively involved in awareness creation, being "*promptly available for talks to students and staff as well as for outreach activities";* while at the University of Cape Town, combating stigma related to HIV/AIDS is heavily promoted, and *"themed campaigns on the university's campuses, integrating social marketing messages are organised, as well as running the 'Stop Stigma Rally', all aimed at encouraging students and staff to take a moment to reflect on how fear of stigma and discrimination can prevent their HIV-positive peers from seeking support. The University promotes an environment in which people living with HIV can feel they can disclose their status if they so choose".*

Managing the response implies availability of budget for the AIDS organisations in order to accomplish their projects and aims. The financial basis of these organisations is secured by both internal budgeting system and external donor funding.

Singularly, there are aspects to be considered under the management of the response for each institution:

(1) At the University of Cape Town (South Africa), the focal point of prevention services is a privately run medical practice contracted by the university to perform a range of service. A team, including VCT counsellors and, apart for chronic patients, provides a fully fledged HIV service, as well as access to support from within the public sector.

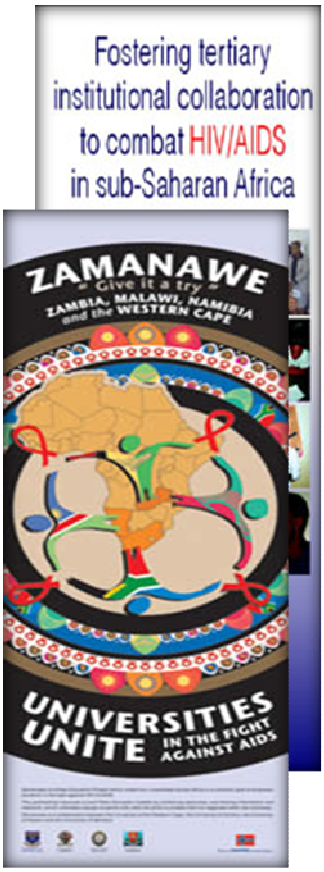
    Though it was not clear at first sight why the university has secured private service, we may assume that it is under the purpose of ensuring a fully and professional health service

to the university community, as long as the medical unit is accredited by the government and has access to resources, such as test kits and drugs for the treatment of STIs and other opportunistic diseases.

(2) At the Catholic University (Mozambique), alongside the HIV/AIDS policy has approved a policy on sexual harassment[27] as an important component on its efforts on prevention services to HIV.

The university aims to "create and maintain a community where students, teachers, managers, staff and other university members work and live together in an environment free from any form of harassment, exploitation, intimidation and discrimination" (UCM, n.d), factors that may lead to more susceptibility to HIV in the university. Moreover, it recognizes that "the whole issue of sexual harassment raises the subject of gender equality, and human rights in the workplace, (…); therefore, understanding and addressing gender relations is a key component in HIV/AIDS prevention education.

(3) Innovatively, the same University of the Western Cape makes rational use of the information and communication technologies on its response to the epidemic, e.g., by the digital story telling on HIV/AIDS. The University of Cape Town, also in South Africa uses technology for communication on HIV/AIDS, providing an HIV/AIDS anonymous SMS facility to provide information and emotional support to callers in crisis.



Despite the fact that the AIDS units are responsible in leading the response to HIV/AIDS, it has been made clear that actions are to be taken in all the university's faculties, centers and other units, involving all actors and sectors of the community, as we can testify from the University of Zambia strategy, where "the senate, council and central administration, as well as staff and students" responsibilities assigned in the fight against HIV/AIDS.

Another important aspect on managing the response to HIV/AIDS in higher education has to do with the establishment of partnerships and networks. All universities refer to partnerships and networks as important components of their strategies. Some examples:

The University of Pretoria Centre for the Study of AIDS (CSA) *"Future Leaders @ Work"* programme. The programme, launched in 1999 with the premise that "students must become active agents of change, stimulating debate and acquiring skills to productively and effectively cope and deal with HIV in their future careers", now includes the *"Beyond Borders"* initiative and has been expanded to other universities in Southern Africa, including the University of Zambia and the Eduardo Mondlane University in Mozambique. The programme shares experiences among the different universities' AIDS Centres in a number of issues related to the epidemic. Some of the issues explored are leadership, research on HIV/AIDS, law and human rights, promoting access to treatment in different countries (CSA, 2007; UP, 2009). Active in 20 countries in Africa by 2008, the model takes into account the difference of culture of the each country.

Second, the ZAMANAWE peer education project of the University of the Western Cape and the University of Zambia, including other two universities in Southern Africa. Being part of an institutional cooperation network on HIV/AIDS, it brings together regional response to HIV/AIDS in higher education. Similar to the *"Future Leaders @ Work – Beyond Borders"* initiative of University of Pretoria, the ZAMANAWE project focus on research, capacity building and student leadership development. Important aspect of the project is the annual regular exchange of staff

[27] Sexual Harassment is any form of unwanted sexual advance, and can include physical, verbal or non-verbal behaviour. The scope of behaviours that constitute sexual harassment are vast and range on a continuum from offensive gestures to rape (UCM, n.d).

and students between the institutions, and the electronic forum linking all participants through online discussions hosted in a website.

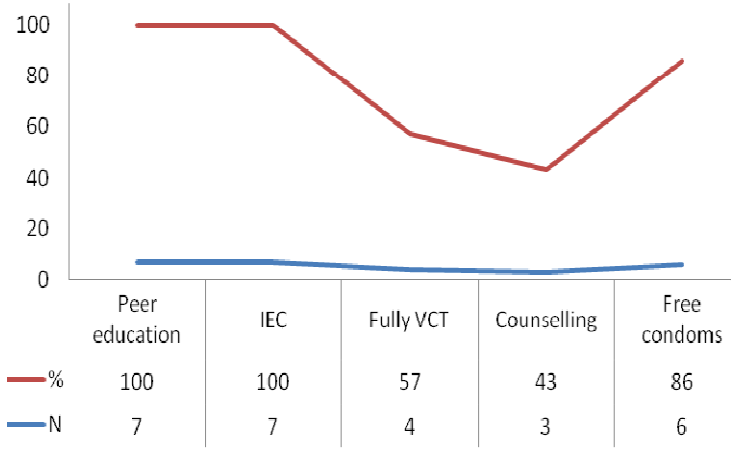
Furthermore, the University of the Western Cape is also home to the Southern African region's internet based teacher development programme on HIV/AIDS focused on teacher trainers; a regional initiative linking teacher training institutions in four Southern African countries, highlighting new modalities of sharing expertise, developing student-led linkages, a commitment to regional co-operation and the potential value of a regional response led by universities.

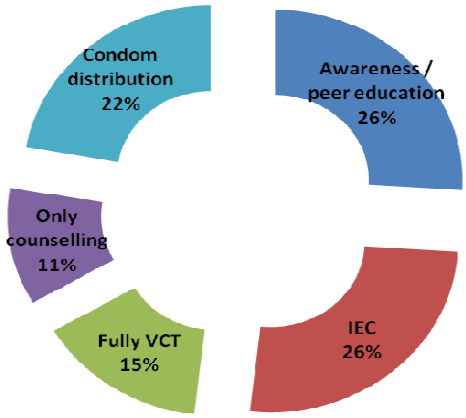
B. Prevention, Care and Support services

All case study countries have generalised epidemics (more than 1% on the general population). According to the stages of the epidemic by Barnett and Whiteside (2002), all the study countries are above the stage 4 (prevalence is higher than 5% in antenatal clinics, used for surveillance in pregnant women), and, except Mozambique, the others have even reached the stage 6 (prevalence is higher than 15% 15-49 age group). In the UNAIDS 2008 report on AIDS, South Africa reported 18.1%, Zambia 15.2%, and Mozambique 12.5% (UNAIDS, 2008). Variations in the country are also suggestive of the extent of responses in the regions the institutions in study are located. South Africa's epidemic varies from 39.1% in KwaZulu-Natal to 15.1% in Western Cape; while in Zambia it is ranging from 22% in the Lusaka province to 8% in the Northern Province; in Mozambique it stands for about 21% in the southern region to 9% in the northern region.

Responses are to take into account these figures, and also the fact that the higher education institutions constitute a high risk environment to HIV, where "norms and practices pertaining to social and sexual life show that the culture of campus life appears to be ambivalent about – or even open to – 'sugar daddy' practices, sexual experimentation, prostitution on campus, unprotected casual sex, gender violence, multiple partners, and similar high-risk activities are all manifested to a greater or lesser degree" (Kelly, 2001).

The case studies show that there is still a lack of information on how exactly is the HIV/AIDS situation at these universities. However, it is generally acknowledged that it exists in the campus, though surround by "layers of secrecy, silence, denial, and fear of stigmatisation and discrimination" (ibid). Figures 4.1 and 4.2 show the major means of prevention in place in the seven universities (4.1) and how they are distributed in each institution (4.2).





Figures 4.1 and 4.2: Major means of prevention in the universities' response

Education and awareness/peer education *includes use of media, theatre and workshops/seminars*

HIV/AIDS-related services in universities focus mostly on students and staff. Changing sexual behaviour is the main focus of the prevention programmes. This takes place through the AIDS units and/or the university health services and clinics, by provision of information and education programmes, and leadership skills.

These initiatives vary for each university, though the objective is parallel. The range and type of activities may be to some extent influenced by the programming capacity of the AIDS units in

the regarded institutions, as well as by the institutional management commitment. We pick some examples: from the University of Cape Town HIV/AIDS Programme (HAICU) peer education "Orientation Week". It is a programme run in the brief period of student orientation at the beginning of the academic year. Incoming students are given some factual information about the disease, STDs, prevention strategies – e.g. abstain, condom use, and get tested. Nevertheless, the program is run all over the different periods of the year, covering the four year academic quarters. The University of Zambia AIDS Programme prioritises students' needs in its preventive interventions. Through information, education and communication programmes, initiatives explore knowledge, attitudes and practices of students regarding HIV/AIDS. Exploring knowledge, attitudes and practices of students regarding the epidemic is strategic and may lead to develop contextualised interventions. The Eduardo Mondlane University and Catholic University (both from Mozambique) are focused in awareness creation on HIV/AIDS, and promotion of information, education and communication materials (IEC) within the campus.

Distribution of (free) condoms is the major prevention means adopted in six universities, except the Catholic University's AIDS strategy. This may not be strange, as we are referring to a faith based university, which instead of condom use promotion (approach critically questioned by the church), it encourages responsibility on sexual behaviour, based on Christian values, including abstinence and fitfulness (UCM, n.d). Condom use promotion, which is part of the ABC principle of prevention, is not only questioned by the church, but also by those who argue that

> *It may incur in promoting promiscuity – sexuality without risks –, presenting casual sex using a condom as socially acceptable, enjoyable and safe, which might increase sexual risk behaviour in the general public* (Anatrella, 1995; Stammers, 2005?).

According to study from Kelly (2001) "figures suggest that condom distribution has increased in recent years [in the universities]. Condom supply has been secured by university clinics, either directly on request or through outlet points in student halls of residence or counselling centres. In some cases, members of the anti-AIDS clubs or societies may distribute condoms directly to students in their rooms".

Alongside condom distribution, provision of information and education on HIV/AIDS through peer educators is essential, as well as availability of voluntary counselling in all universities. Counselling is well established in all of the seven universities in review. This important service is run either by trained peer educators trained in counselling or by technical personnel with ability to run the service. Though counselling is usually paired with testing (making the whole VCT component), this service is available only in four universities (Cape Town, Western Cape, Copperbelt and Zambia). It was not obvious whether the University of Pretoria provides testing service, though its AIDS services are well established and provide a range of AIDS related services. Catholic University includes HIV testing as part of its strategy, but we cannot prove if it is already being accomplished. Definitely, Eduardo Mondlane AIDS Programme does not offer testing services, though it offers counselling. Its staff and students seeking this service may get it from a nearby Medical Center, an adjacent office of the health service intended to be a primary health care centre, and a referral point to the university's teaching hospital.

In general, universities' responses have also been engaged in a modicum of care, support and treatment services. Support services are the most common in this triplet, and are targeted for both students and staff members, including those living with HIV. In order to make it possible, support groups are formed by the AIDS units' members or by members in voluntary basis. Support groups are present in six of the seven universities, except the Eduardo Mundane. At Copperbelt University are two distinct support groups, the Anti AIDS Society, made by and for students, and the Heath Support Group. Important to note that the staff's Heath Support Group is suggestive of staff becoming increasingly aware of the pressures which AIDS-related illnesses have placed on their scheme. Creating a group seemed to be helpful, particularly in medical insurance scheme which does not discriminate according to the type of illnesses it covers, combined with provision of home based care programme, offering spiritual and psychosocial counselling.

Support is an important tool against stigma and discrimination that still have place in the universities campuses, contradicting with the high levels of HIV/AIDS knowledge of students as studies confirm (Kelly, 2001). To downfall the presence of discriminatory attitudes in the campuses, HIV/AIDS related anti-stigma campaigns are undertaken in all case study universities. The University of Cape Town HIV/AIDS Coordination runs the so-called "Stop Stigma Rally", aiming at encouraging students and staff to take a moment to reflect on how fear of stigma and discrimination can prevent their HIV-positive peers from seeking support. In recognition that stigma and discrimination may hinder the efforts on fighting the epidemic, these campaigns and rally's are intended to promote an environment free from any form of stigma and discrimination, in which people living with HIV can feel they can disclose their status if they so choose.

Health-centred interventions are essential in the fight against HIV/AIDS. Provision of care and treatment services in the higher education institutions in study is normally placed under the health services. While care has a huge counselling component, treatment requires existence of technical health service, run by clinical offices, nurses and physicians. Both services find an entry point as all universities have health/medical, though not all have medical centres specifically designed to deal with HIV/AIDS related diseases.

Psychological and emotional support is available at all seven universities in study; however, only five provide medical treatment, exception for the two Mozambican universities (Eduardo Mondlane and Catholic). Of the five providing treatment, it is not clear what type of treatment is provided in the three South African universities, while the two universities in Zambia are offering antiretroviral treatment (ART). Likewise, recognising that HIV/AIDS is not a standalone virus or disease, in an honourable intervention, Copperbelt health services also include provision of drugs and assistance for Prevention of Vertical Transmission of HIV (PMTCT), treats Sexually Transmitted Infections (STIs) and Tuberculosis (TB).

Equally, the University of Cape Town's "Health Screening Day" model is an example of treatment interventions aimed at de-stigmatising HIV/AIDS and manage it similarly to other chronic disease, particularly the called 'lifestyle' diseases, including Hypertension, Diabetes, and Body Mass Index (BMI).

C. Curriculum integration and research

Education plays an important role on combating HIV/AIDS, particularly when the epidemic is embedded into the curriculum. Numerous research studies show that sex education and HIV education delivered through curriculum-based programmes can be effective in improving young people's knowledge, skills and behavioural intentions, reducing their susceptibility to HIV infection (UNAIDS, 2008).

Almost a decade after the study of Kelly (2001), where he argues that "although some institutions have made provision for attention to HIV/AIDS at some points of the curriculum, evidence that HIV/AIDS has been mainstreamed into the teaching programmes of universities is lacking", it is encouraging to observe that the figure tends to change. Though curriculum integration of HIV/AIDS remains a challenge, universities have generated a steady output of research that has added considerably to the understanding of the epidemic. Table 4.3 shows the major institutional best practice in responding to HIV/AIDS.

Table 4.3: Main aspects of AIDS curriculum mainstreaming

Options for AIDS curricular mainstreaming		*AIDS thematic area*
1.	Core course for all first year	HIV/AIDS and health (sexual and reproductive)
2.	Stand-alone course	HIV/AIDS and gender
3.	Elective/optional module	Susceptibility to HIV/ vulnerability to AIDS
4.	Short courses	Epidemiology
5.	Projects and workshops	Prevention and care
		HIV/AIDS and Human rights

As training institutions, universities often have responded to demand for new forms of education via curriculum reviews and/or new academic programmes (Kibwika (2006). All seven universities in study have taken initiatives towards mainstreaming HIV/AIDS into their curricula,

making it a mandatory under their policies. Except the universities of Cape Town, Western Cape (both from South Africa), and the Catholic University (Mozambique), whereby HIV/AIDS is by now mainstreamed into the curriculum of the majority of their faculties, the remaining are still "to further development of an HIV/AIDS-related curricula and research at faculty level, based in a holistic understanding of HIV/AIDS" (CSA, 2007; UP, 2009).

The study shows that although the mainstreaming of HIV/AIDS is intended to cover all university courses in all faculties/schools, the health sciences studies are in the lead (at all universities), followed by the economic sciences (Eduardo Mondlane, Catholic University and University of Cape Town). This trend can be understood as at the beginning of the HIV/AIDS were generally considered as medical issues (Holden, 2004), and currently there is a tendency to address the epidemic as a developmental issue.

The University of Cape Town justifies the mainstreaming of HIV/AIDS in Commerce studies as means "to educate around HIV/AIDS in general and illuminate issues of particular relevance with regard to doing business in an environment where HIV/AIDS is so prevalent".

Social aspects of the epidemic are also covered, with a strong focus on addressing gender power issues and on involving men as partners to curb the spread of the epidemic on campus. Just example, at the University of Cape Town, various modules on HIV/AIDS within Education, Historical Studies, Psychology, Social Anthropology, Sociology and Social Development are being taught.

Tracking the table 4.1 above, we find that only three institutions (43%) have integrated HIV/AIDS into the curriculum. Moreover, the remaining four (57%) of those institutions without HIV/AIDS in the curriculum are planning to mainstream it as a course. Although not having HIV/AIDS formally integrated into the curriculum, these institutions have HIV/AIDS integrated in courses in just some Departments, including this component in their training programmes. However, same to the report of AAU (2007), "no distinct pattern emerges in how institutions have integrated the course in the curriculum".

Rather, there are all sorts of variations and combinations that include integration as: core course for all first year students, foundation course, stand-alone course, elective module, projects and workshops, and short course for health care professionals. We can encompass all aspects of the integration of HIV/AIDS in the seven universities in study as follows:

(1) First, all Faculties are expected to provide a basic module on HIV/AIDS for all students. It is common for all universities that the basic course reaches at least all first-year students. Two out of seven universities (29%) (Cape Town and Catholic University) state that the HIV/AIDS module should be compulsory, regardless the nature of the course. However, up to now, except the two mentioned universities, there is no compulsory HIV/AIDS-related course in the other universities, but individual courses that have incorporated HIV/AIDS are in place. The module will include social aspects of the epidemic, such as health, gender, epidemiology, prevention and care, human rights and other related content in the teaching courses;

(2) Second, the universities are to offer courses with specific topics on HIV/AIDS for specific groups (e.g. academic and managerial staff, students, and volunteers. These courses will focus on such aspects of HIV/AIDS in the workplace and strategies for prevention and change of behaviour);

(3) Third, courses and seminars covering a variety of topics related to HIV/AIDS will be offered to the public, through the diverse university centers, departments and Faculties.

In 'challenging the challenger's report, Kelly (2001) asserts that

> *In the university setting, however, it would be more productive to integrate relevant HIV/AIDS concerns into all teaching programmes and courses, underlining their relevance to subsequent professional life, rather than to focus concern on information and sensitisation programmes directed towards knowledge as a motivator for behavioural change. In their undergraduate programmes, universities should ensure that students master the skills of learning – in the jargon, that they learn how to learn –*

so that they will be flexible, adaptable and innovative in response to the needs of the fast-changing and unpredictable AIDS world.

This is in line with the purpose of the universities in addressing HIV/AIDS and mainstream through all aspects of University's core business activities; ensuring that all the students and staff of the University are prepared both professionally and personally to deal with HIV/AIDS as it unfolds in the society (UP, 2009).

Another important component of university response to HIV/AIDS is through research. As Kibwika (2006) says, "*in addition to providing education and training, universities are also expected to change society through research and outreach, consultancy included".* The research shows that faculties and specialised research centers are to develop research projects related to HIV/AIDS, which results are to feed the efforts of the university in seeking solutions to the prevention, cure and mitigation of the effects of HIV/AIDS, and to improve its services with the community.

Correspondingly, universities have generated a steady output of research that has added considerably to the international understanding of HIV/AIDS. The research covers all areas – scientific, medical, social and communication – and frequently extends to include community outreach and advisory/consultancy activities. Although some research is institutional, most is individual. Experience from the Pretoria Centre for the Study of AIDS (CSA), proves that research findings have been extensively disseminated internationally, however, information on AIDS research and related services is not well shared within or between universities.

As a review on the research initiatives of the universities, virtually every area with which a university deals represents a legitimate area for investigation about HIV/AIDS and its impacts. As the cross-cutting and multidimensional nature of the HIV/AIDS epidemic needs a broad and multi-disciplinary response, each discipline must respect its own research canons. Although a common complaint from many institutions is that the university does not receive adequate funding for research, in the area of HIV/AIDS this is likely to be different, with resources becoming available through national and international HIV/AIDS governing councils and organisations. The Higher Education South Africa (HESA), as well as the Mozambique's National AIDS Council (CNCS), are refereed as providing financial support for the universities' work in prevention, mitigation and research. For instance, the University of Cape Town provides support for ongoing and innovative research related to HIV/AIDS; and the University of Pretoria is engaged in an international collaboration bringing together the combined resources of five universities.

D. Community outreach

According to Tamarack Institute for Community Engagement (n.d), community engagement is often cited as a method to improve communities – people affiliated by geographic proximity, special interest, or similar situations – by identifying and addressing local ideas, concerns and opportunities. It is an ongoing interactive process characterized by commitment to ever changing community needs and interests, bringing about environmental and behavioural changes that will improve the health of the community and its members. This requires interaction and communication between citizens, scientists and policy-makers (ibid).

Community engagement is not treated as a separate function, but is considered integral in all aspects of learning and teaching. It is therefore incorporated widely in academic programmes, projects and research efforts, and the focus is particularly on areas where the University has proven competencies that can alleviate developmental and capacity problems in identified communities. Through teaching, research, and service, university generate knowledge, share resources, and apply the expertise of the institution in ways that benefit both the public and university missions. In general, universities engage with the community in economic, social, cultural, environmental, and educational issues.

Figure 4.6 shows the interrelation of the three main attributions of HEI. This model was taken from the Curricular and Research Community Engagement (CRCE) of the University Pretoria.

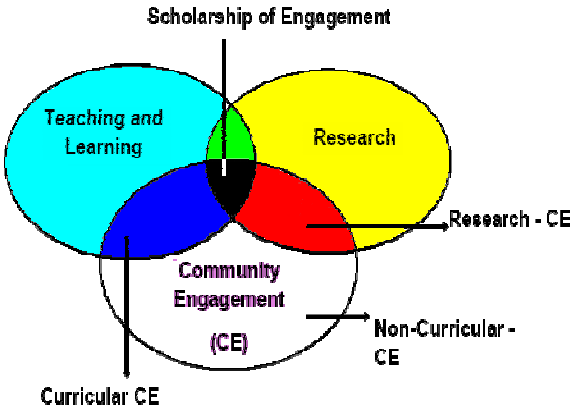


Figure 4.4: Curricular and Research Community Engagement

Source: University of Pretoria/CRCE

Through community engagement, the expertise of the higher education institutions in the areas of teaching and research are applied to address challenges that face society. Community engagement typically finds expression in a variety of forms, ranging from the informal and relatively unstructured volunteer activities to the formal and structured service-learning academic programmes.

Figure 4.3 shows the major means of community engagement of the higher education institutions in helping communities cope to HIV and AIDS.

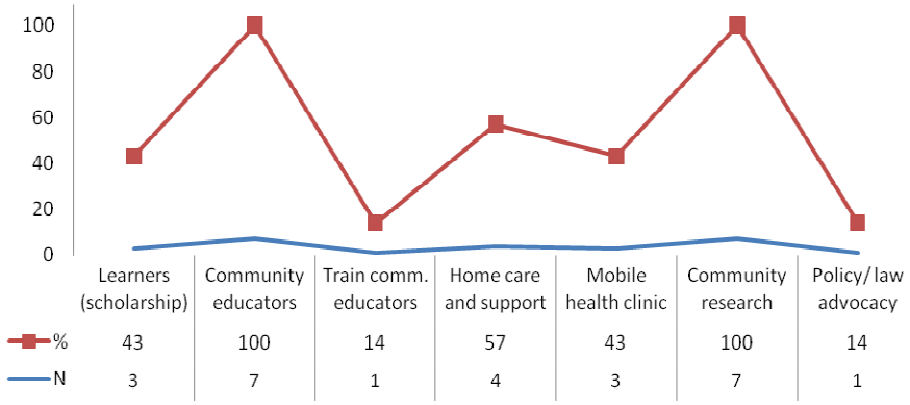


Figure 4.3 Major means of community engagement of HEI

** Learners or scholarship of engagement includes co-curricular and research activities.*

As seen, community engagement can take on different forms and shapes within the context of higher education, as is illustrated in figure 4.3 and 4.4. the benefits of the university's engagement to society will vary according to the context and priorities that are set up.

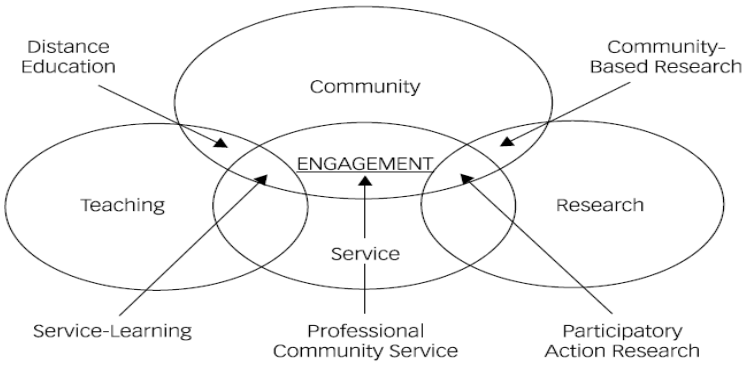


Figure 4.5: Types of Community Engagement

Source: Adapted from Bringle (1999) cited in Lazarus et al (2008)

Through community engagement, the expertise of the higher education institutions in the areas of teaching and research are applied to address challenges that face society. Community engagement typically finds expression in a variety of forms, ranging from the informal and relatively unstructured volunteer activities to the formal and structured service-learning academic programmes. Service-learning (also known as community-based learning) engages students in activities where both the community and students are primary beneficiaries and where the goals are to provide a service to the community and, equally, to enhance student learning through provision of this service. Service-learning is seen as reconnecting higher education institutions with society by making the academic missions of these institutions more responsive and relevant to the pressing contemporary problems of society (Mohamed, 2006).

Example of university's engagement with communities may be given from the University of Pretoria, through the Centre for the Study of AIDS (CSA). This university handles a wide range of community projects, being committed in developing innovative understandings of how communities operate and how community work can link to the development and implementation of theory. The Centre's projects work in both rural and urban communities directly affected by HIV/AIDS, and student volunteers of the *"Future Leaders @ Work"* programme also offer their services to diverse communities. These include learners, children in institutional care and TB patients. Through this experience the volunteers assist those affected, and learn to offer leadership on HIV/AIDS.

In the other hand, the University of Cape Town HIV/AIDS Coordination (HAICU) develops the AIDS Community Educators, a peer educator/mentor programme striving to create AIDS-competent communities, in which people own the problem of HIV/AIDS and recognise that they have a vital contribution to make. As in the University of Pretoria, herein the outreach initiatives relate to curriculum and research projects, as well as co-curricular responses, working with Colleges to disseminate HIV/AIDS and health-related workshops for young adults in surrounding areas.

The two Zambian universities in study, in addition to community based research and HIV/AIDS education, are also engaged in outreach programmes, consisting of clinical services, covering general outpatients, family planning and ante-natal services. At the Copperbelt University, the Anti AIDS Society regularly targets secondary schools in the province for its outreach activities to promote school-based Anti AIDS clubs, as well as works in conjunction with the Zambia Prisons Service, training the prison population as peer educators, psycho-social counsellors and home-based care givers.

From Mozambique, the Eduardo Mondlane University Group of Activists Anti-AIDS (GASD) is involved in the national efforts to combat HIV/AIDS, particularly in policy development.

With the assumption that individually and collectively, higher education institutions have considerable resources which are critical to addressing significant social issues such as HIV/AIDS. Investing for the betterment of their immediate environment is good for both community and the institution.

Sigot (2006) defines some *aims* of community engagement in higher education as:

- Empowering communities as the basis of support for children, adolescents and adults in AIDS affected areas;
- Strengthening the capacity of communities to continue to provide care for vulnerable children, adolescents and support for PLWAs;
- Responding taking into account that important responses are those carried out by the affected children, families and communities themselves.

To make the aims achievable, and recognizing the complex interrelationships that stand between scientific knowledge and social policy, the author above cited lists a number of community engagement *activities* on HIV/AIDS, which can be undertaken by higher education institutions, according to their contexts:

- Support for community-based organizations;
- Psychological support to those affected (counselling);
- Educational assistance such as school-related expenses;

- Support for community schools, vocational training and micro-finance;
- Provide access to health care or direct health services in their communities (health mobile units, in case the university has provide such services);
- Advocating for policy reform, increased awareness, and stigma reduction;
- Conducting HIV/AIDS prevention activities, i.e. puppet shows, drama, music and poetry;
- Peer education and training.

In accordance, a number of HIV/AIDS community engagement strategies to be adopted by the higher education institutions are named, noting that it should be guided through a multifaceted, multisectorial and community-based approach to development, which is fundamental for creating and sustaining the conditions in which HIV/AIDS can be prevented and its impact addressed most effectively. The possible *strategies* include:

- Mobilize and strengthen community-based responses;
- Strengthen and support the capacity of families and communities to protect, provide care and support to children affected by AIDS;
- Ensure essential services for the most vulnerable;
- Raise awareness within societies to create an environment that enables support for those affected by HIV/AIDS;
- Support extended family and community as primary social safety nets;
- A unified approach and commitment to collaboration is a key to reaching the millions who need our care.

Though each one has own focus, almost all of the universities reviewed as case studies to this study provide concrete examples of university involvement in communities to fight HIV/AIDS and contribute to the community's development, in general terms.

E. Institutional focused best practice

After reviewing the seven universities, conclusively, we came out to note that several strategies are used in response to HIV / AIDS. From our analysis we get the impression that each institution has its own focus. However, it (the focus) may not be one that in the field is considered as the main component of the response. Table 4.4 shows the major institutional focused practice in response to HIV/AIDS.

Table 4.4: Institutional best practice/ responses' focus

Institution	*Best practice area/ response's focus*
University of Pretoria	Curriculum integration and Research on HIV/AIDS
University of Cape Town	Student involvement; "Health Screening Day" for 'lifestyle' diseases
University Western Cape	Technology for communication on HIV/AIDS; partnership/networking
Copperbelt University	Clinical services (ART, PMTCT, STIs, TB); Community outreach
University of Zambia	Free antiretroviral treatment
Eduardo Mondlane Univ.	Advocacy for policy and law development on AIDS
Catholic University	Curriculum integration; solidarity/code of conduct

Taking into account the best practices identified, below is a proposed framework for higher education response to HIV/AIDS (figure 4.6), as projected by Ogulla et al (n.d), cited in AAU (2006).

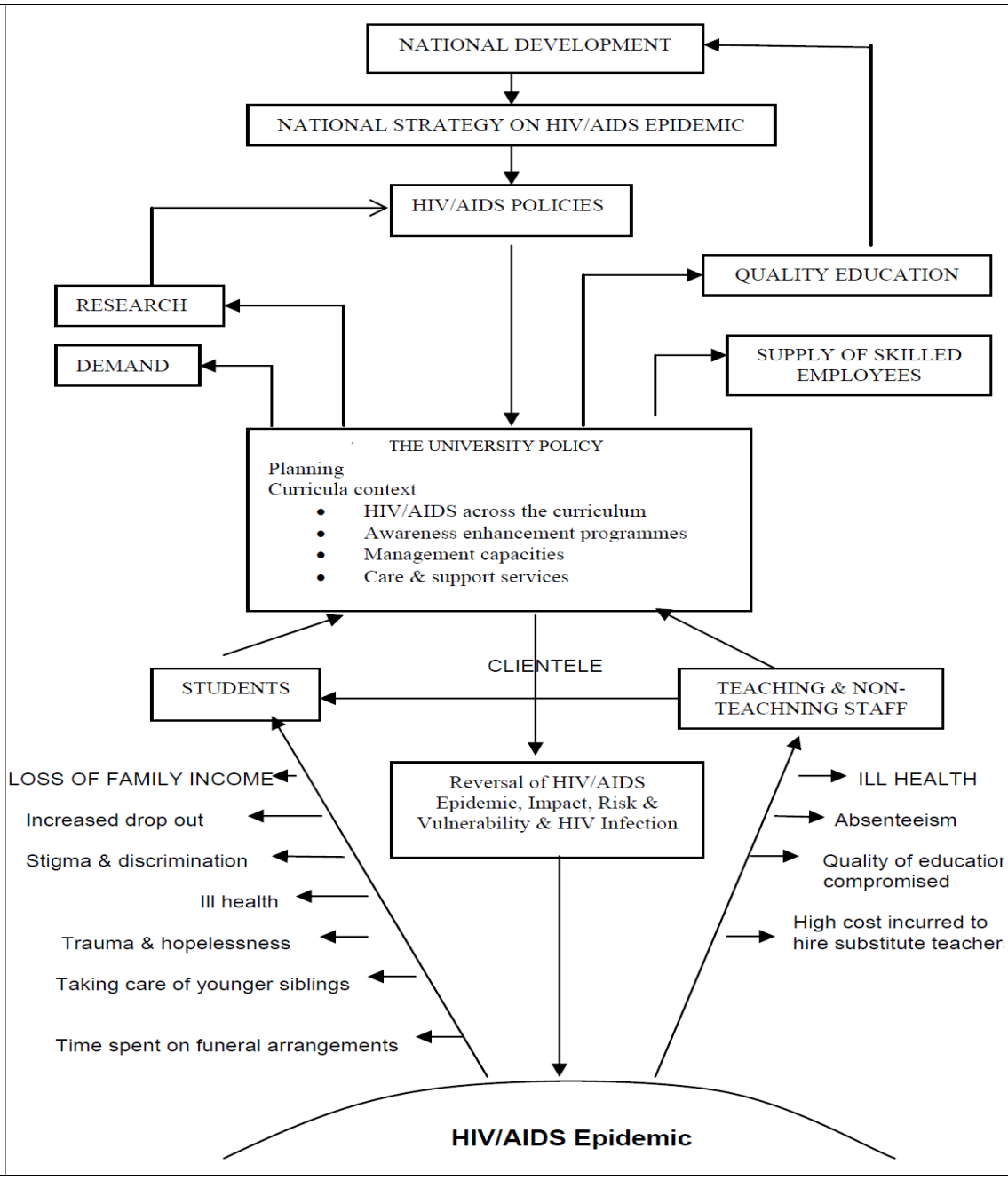


Figure 4.6: Conceptual framework for higher education response to HIV/AIDS
Source: adapted from Ogulla et al (n.d), cited in AAU (2006).

3.3 Main challenges faced in addressing HIV/AIDS

Institutions are faced with a number of challenges in addressing HIV/AIDS. The AAU report (2007) refers that the main challenge is lack of resources (human, material and financial). It is under these report we underlined the following assumptions. As the need to network with other tertiary institutions that are implementing their policies, for instance, with regard to integration of HIV/AIDS into the curriculum seems to be a mandatory aspect, a call for local studies on the economic, social and anthropological aspects of HIV/AIDS is also important as more information is needed on how to combat the HIV/AIDS epidemic. As per the review of the seven higher education institution, we may split the challenges into strengths and weaknesses:

The **strengths** to be mentioned, yet recognising that each institution has its own strong points:

- HIIV/AIDS integration into curriculum (either as a core course, or as optional course, even as project/workshops);
- the setting up of an HIV/AIDS unit at university;

- existence of a policy, including structures, for addressing HIV/AIDS;
- ongoing activities such as peer education, sensitisation, training (e.g., of peer educators, leaders);
- community outreach programmes;
- establishment and maintenance of VCT programmes;
- specific budgets for HIV/AIDS activities;
- distribution of condoms on campus and student hostels;
- dedicated personnel in an HIV/AIDS center;
- campus health services and an increase in the number of VCT uptake;
- establishment of a comprehensive program for care and support;
- support from senior management;
- engagement of some departments in research (clinical, basic, behavioural);
- collaboration and networking with other universities, government, donors and NGOs.

The **weaknesses** that hamper such efforts include:

- lack of a policy on HIV/AIDS and the difficulty in implementing the HIV/AIDS policy for those with one;
- lack of committed leadership (sometimes because of lack of exposure) in supporting HIV/AIDS programs;
- lack of comprehensive integration of HIV/AIDS into curriculum;
- lack of qualified personnel to address issues at institutional level and develop policy and programs on HIV/AIDS;
- inadequate permanent staff dedicated to HIV/AIDS activities;
- lack of commitment from some players, including departments, academic staff;
- poor response to VCT services;
- lack of expertise in behavioural change and how to monitor success of programs;
- scarcity of data on the HIV/AIDS situation in institutions;
- most programmes are focused on students and less for employees;
- a lot of research is undertaken but findings have hardly are published.

Next chapter we present the conclusions and recommendations of the study.

CHAPTER FIVE:
CONCLUSIONS AND RECOMMENDATIONS

6.1 About the text and conclusions

This report is the result of a desk study aimed at reviewing the response to HIV/AIDS in seven universities implementing programmes on HIV/AIDS in three Southern African countries, namely: South Africa, Zambia and Mozambique. A literature review was drawn towards understanding the approaches used in responding to HIV/AIDS in higher education institutions, by re-examining the core attributions of universities (teaching and learning, research, community engagement) and how to integrate HIV/AIDS into these operations. In this chapter, we present the main conclusions of the research, as a follow up on the findings; recommendations are made, as well as a possible way forward for future research on the subject is proposed.

6.2 Conclusions

As the HIV/AIDS epidemic heavily hits Africa, especially the Southern African region, it has resulted in history's single sharpest reversal in human development. It deepened poverty among vulnerable households and communities, undermined national systems, and weakened institutional structures, whereby the education sector, the one supposed to be in the forefront of the response, is one of the most affected.

Literature review shows that though high level of knowledge is shared in universities, particularly among students, these institutions provide an environment highly conducive to susceptibility to HIV infection. Behavioural and social factors play a role in driving the epidemic to higher levels, as well as diverse forms of on-campus denial, such as stigma and discrimination are acknowledged to be contributing to the 'layers of secrecy and silence' of people who may be in need of support. Existence of large proportions of adult population, as well as 'age mixing' on campus, multiple concurrent partners, it leads to existence of large sexual networks, associated to the women's economic dependence and the little or no condom use. In overall, resistance to change risky behaviour in campuses is notorious.

Therefore, in times the world faces the challenge of AIDS, and the Southern Africa is by far the most affected region, universities are called to act, and be willing to make necessary changes. Due to the impact of AIDS in the society, in general, and in the universities' campuses, in particular, actions are already being taken. These institutions are in addition to providing education and training, also expected to influence society through research and outreach actions. Being training, research and outreach the three main attributions of their daily work, these are also acknowledged to be the entry points to the response to HIV/AIDS.

Accordingly to the above mentioned institutional attributions, our findings are suggestive that many aspects characterise the response to HIV/AIDS in higher education, however, all of them may be merged into four major components of the institutional response, namely: management of the response; prevention services; curriculum integration and research; and community outreach.

Although the general community is also object of the actions to combat AIDS in universities (through the community engagement programmes), they focus is on students and staff, who are prepared both personally and professionally to deal with HIV/AIDS as it unfolds in the society, becoming active agents of change.

In order to take an effective response, specific HIV/AIDS units, with own personnel were established under the university's management framework to lead the response to the epidemic. However, all the university's faculties, centers and other units, actors and sectors are assigned rights and responsibilities in the fight against HIV/AIDS.

Institutional policy on HIV/AIDS and other guidelines are instrumental towards a comprehensive response to the epidemic in higher education, but it cannot be seen as the paramount of the response. Implementing an institution-wide HIV/AIDS programme will require people, skills,

availability of resources – materials and funds –, as well as the necessary commitment of the institutional leadership. All these have been proven to be important in creating a sustained strategy of the response. Establishing partnership and networking with other organizations, either at national or at international level have a say on enhancing the response.

Taking into account the gender dimensions and human rights issues of the epidemic are mandatory in developing the programmes and activities; likewise, involvement of people living with HIV/AIDS in the universities strategies' has brought significant results in the quality and effectiveness of the responses where it is applied.

Awareness creation throughout the campuses takes a wide range of means. The common forms are distribution of IEC materials, peer education, free distribution of condoms, publication of newsletters and journals. Care and support, VCT, training of trainers are also part of the package of the responses' of the universities'. Care and support are run not exclusively by the AIDS unit's members, but also by groups of students and/or staff, who in most cases are trained to take over the matter. Carrying out home-based care and in few cases provision of ARVs are also gaining their way in the response.

Mainstreaming and/or integrating HIV/AIDS related topics in the educational curriculum is been taken. Most higher education institutions, regardless they nature and mission, are aware that higher education may play an important role on combating HIV/AIDS, particularly when the epidemic is embedded into the curriculum. Many institutions have already integrated HIV/AIDS in their training programmes – though partially and in most cases in the health sciences studies –, and in those were HIV/AIDS in not yet mainstreamed, actions are currently being taken. Strategies of mainstreaming vary, from having a core and compulsive course, a stand-alone course, elective/optional modules, to short courses. Projects and workshops on the subject are also projected. Thus, topics to be addressed are also various, though interrelated. Factors to susceptibility to HIV and vulnerability to AIDS are amongst the major topics addressed. Prevention, care and support, sexual and reproductive health, gender and human rights, are other important contents of the educational programmes.

Though there are still constraints, research is well established, either through individual initiatives, or by institutional projects. Research covers all areas – scientific, medical, social and communication – and frequently extends to include community outreach and advisory/consultancy activities. Hence, universities have generated a steady output of research that has added considerably to the understanding of the epidemic.

Higher education institutions, especially universities are involved in community engagement actions, being committed in developing innovative understandings of how communities operate and how can be linked to the development and implementation of theory. Through teaching, research, and service, university generate knowledge, share resources, and apply the expertise of the institution in ways that benefit both the public and university missions. In general, universities engage with the community in economic, social, cultural, environmental, and educational issues. Community engagement typically finds expression in a variety of forms, ranging from the informal and relatively unstructured volunteer activities to the formal and structured service-learning academic programmes. Activities are aimed at creating AIDS-competent communities, in which people own the problem of HIV/AIDS, providing education, support, as well as treatment of AIDS related diseases.

But these are only the achievements. Into the long wave, constraints were observed. Among the major challenges, lack of resources (human, material and financial) is in the upper corner, in addition to the fact that most of these institutions are responding to the epidemic in contexts were no reliable data, based in surveys is available. Lack of resources has to do with problems on management system, but also in the deficient capacity building. Lack of budget may compromise the majority of initiatives, particularly programme deliver and research (though a lot of research is undertaken, findings hardly are published). Integrating HIV/AIDS into the educational curriculum still a challenge for many, but it will require qualified personnel to take upon the process in effective manner.

6.3 Recommendations

Higher education institutions may play a major role in combating HIV/AIDS. Although these institutions are striving to address the epidemic, they have a number of challenges that hamper such efforts. From the conclusions above, the following recommendations are made:

- *Need to consider HIV/AIDS as a core issue*. The first recommendation has to do with mainstreaming HIV/AIDS at institutional level. This will require, among others, the need to consider HIV/AIDS not as a single issue, concerned to a particular group of 'guys', but as an issue part of the core business of the entire organisation. Universities, through their management structures, should urgently take actions in order to mainstream the epidemic not only as an issue to cover into their training programmes, and/or research activities, but also as developmental concern which has impact upon the life of the organisation.
- *Enhance leadership commitment*. One of the main challenges faced in responding to HIV/AIDS in HEI is lack of resources (human, material and financial). Therefore, institutional leadership should be more devoted and involved in HIV/AIDS programmes within the university, including commitment of resources, establishment of the necessary implementation structures within an appropriate institutional framework, with reference to planning and implementation of projects. Partnership with other organisations, such as the National AIDS programmes may be a useful to overcome this problem.
- *Conduct (anonymous) surveys on prevalence and knowledge, attitudes and practices*. It has been mentioned that in most cases, initiatives are being taken in a context where the exact impact of HIV/AIDS in the campuses is not know; in other hand, it is known that exploring prevalence, knowledge, attitudes and practices of students regarding the epidemic is strategic and may lead to develop contextualised interventions. Then, conducting (anonymous) prevalence surveys in coordination with the health sector services is recommended, as well as carrying out studies on knowledge, attitudes and practices in coordination with other departments (e.g. research in social sciences, psychology, health, economics). Doing so, it should help to assess the strain of the HIV/AIDS epidemic and identify appropriate interventions.
- *Need to formulate institutional policy and strategic framework with organized response*. Lack of a policy on HIV/AIDS is other major constraint; tough many institutions refer to be working on it. Despite the fact that some universities instead of policy have designed guidelines for action, lack of a specific institutional policy may hinder most of the initiatives to reverse the effects of the epidemic.
- *Address socio-cultural barriers, stereotyping, secrecy and denial in the campuses*. The present review of seven Southern African universities shows that stigma and discrimination associated to HIV/AIDS still make part of the university community, and as consequence, people who may be in need of help or which to disclosure their status just keep silence. Universities' AIDS services should address the socio-cultural aspects of the epidemic, including human rights issues as means to create more understanding, openness and solidarity in context of AIDS in the community.
- *Increase partnership and networking* among tertiary institutions, with government agencies, NGOs, donors and other organisations. Collaboration is an important tool to overcome institutional shortcomings by sharing experience and resources from others working on the same area. Higher education institutions will have to enhance communication and collaboration with the National AIDS programmes and other important stakeholders in order to benefit more support and promote the idea of "know-how" leadership in the matters related to HIV/AIDS education. In the other hand, it would significantly ensure the availability of financial aid and share expertise, all necessary to commit skills and materials to confront the HIV/AIDS epidemic.
- *Undertake a comprehensive integration of HIV/AIDS into the educational curriculum and improve research*. HIIV/AIDS integration into curriculum, either as a core course, or as

optional course, even as project/workshops is essential. However for any case, there is need to take into account the needs of the learners (student), the socio-cultural context of the country (society), the nature of the course (institution), and other aspects. Then, the university should have contact with other institutions already working in mainstreaming HIV/AIDS for more substance on the matter.

These are just some aspects, but we believe if taken into account there may be observed some changes or improvements in the response to HIV/AIDS in higher education, in particular, and in the society, in general.

6.4 The way forward

Studies on response to HIV/AIDS in higher education in Africa exist, though in a very limited number, and yet still not in a comprehensive manner. Though it was a desk study/literature review, and possible resource of information, this study would be complete if a follow up in the field is carried out in near future. Suggestively, it would be done in complementary surveillance of institutional on HIV/AIDS situation (prevalence, knowledge, attitudes and practices).

REFERENCES

Anatrella, T (1995) O amor e o preservativo. Coimbra, Gráfica de Coimbra.

Association of African Universities (AAU) (2007) HIV/AIDS and Higher Education in Africa: a review of best practice models and trends. Accra, Ghana, AAU.

Association of African Universities (AAU) (2006) Higher Education Institutions in African Responding to HIV/AIDS. Accra, Ghana, AAU.

Association of Commonwealth Universities (ACU) (1999) The Social, Demographic and Development Impact of HIV/AIDS: Report on the proceedings of a Symposium hosted by the ACU and the University of Natal, 8 – 9 November 1999, Durban, South Africa.

Barnett, T and Whiteside, A (2006) AIDS in the twenty-first century: disease and globazation, 2nd edition, New York, Palgrave Macmillan.

Bergmann, H (n.d) Quality of education and the demand for education: evidence from developing countries. Available at http://www.springerlink.com/content/n3442237u3w67813/fulltext.pdf [accessed 28/Jul/2009].

Bollinger, L and Stover, J (1999) The Economic Impact of AIDS in Mozambique. Available at http://pdf.usaid.gov/pdf_docs/PNACM915.pdf [accessed 21/Jul/2009].

Brazil. Fórum de Pró-Reitores de Extensão das Universidades Públicas Brasileiras e SESu/MEC (2000) Plano Nacional de Extensão Universitária 2000/2001. Edição Atualizada.

Centre for the Study of AIDS, University of Pretoria (CSA) (2007) (online) http://www.csa.za.org/article/author/view/23.

Chetty, D (2004) An HIV/AIDS toolkit for universities and higher education institutions: Lessons from the field in Africa and Asia [abstract]. International Conf. on AIDS (15th:2004: Thailand) abstract nº.C10142. Available at http://gateway.nlm.nih.gov/MeetingAbstracts/ma?f=102277040.html [accessed in 1/Jul/2009].

Chilundo, B (2004) Study of the role of african universities in the response to the hiv/aids. case report of mozambique for the Association of African Universities (AAU).

Cohen, SA (2003). Beyond slogans: lessons from Uganda's experience with ABC and HIV/AIDS. In "The Guttmacher Report" (2003) Available at http://www.guttmacher.org/pubs/tgr/06/5/gr060501.pdf [accessed 25/Jul/2009].

Coovadia, HM and Hadingham, J (2005?) HIV/AIDS: global trends, global funds and delivery bottlenecks. Globalization and Health. Available at http://www.globalizationandhealth.com/content/pdf/1744-8603-1-13.pdf [accessed 13/Jul/2009].

Gachuhi, D (1999) The impact of HIV/AIDS on education systems in the Eastern and Southern Africa region and the response of education systems to HIV/AIDS: life skills programmes. UNICEF/ESARO.

GNP+ (2008) GIPA Report Card Pilot Phase Report: Kenya, India, Lesotho, and Trinidad and Tobago. Amsterdam, GNP+.

HIV/AIDS in Africa. Avert. Available at http://www.avert.org/aafrica.htm [accessed 15/Jul/2009].

Holden, S (2004) Mainstreaming HIV/AIDS in development and humanitarian programmes, Oxfam Publishing, 2004.

Jacobs, JJ and Bosman, VC (2004) HIV/AIDS in the curriculum: a critical intervention point. International Conf. on AIDS (15th:2004: Thailand) abstract nº.E11906. Available at http://gateway.nlm.nih.gov/MeetingAbstracts/ma?f=102278927.html [accessed 1/Jul/2009].

Kaunda, K (2000?) Towards a more effective leadership response to the HIV/AIDS pandemic. African Development Forum 2000. Available at http://www.uneca.org/adf2000/daily_updates/speeches_and_press_releases/120600presentation_by_k_kawnda.htm.

Kelly, MJ (2001) Challenging the challenger: understanding and expanding the response of Universities in Africa to HIV/AIDS. Report for the WGHE/ADEA. Washington, D.C, ADEA/ The World Bank.

Kibwika, P (2006) Learning to make change: developing innovation competence for recreating the African university of the 21st century. Wageningen, Wageningen Academic Publishers.

Lazarus, J; Erasmus, M; Hendricks, D; Nduna, J and Slamat, J (2008) Embedding community engagement in South African higher education; Education, Citizenship and Social Justice 2008; 3; 57, Available at http://esj.sagepub.com/cgi/content/abstract/3/1/57.

Lewis, S (n.d) Remarks by the UN Special Envoy for HIV/AIDS in Africa, to the Closing Session of the XVI International Conf. on AIDS, Toronto. Available at http://www.kaisernetwork.org/health_cast/uploaded_files/Lewis%20Closing%20Speech.pdf [accessed 23/Jul/2009].

Matsinhe, C (2006) Tábula rasa: dinâmica da resposta moçambicana contra o HIV/SIDA. Maputo, Texto Editores.

Merson, MH; O'Malley, J; Serwadda, D and Apisukd, C (2008) The history and challenge of HIV prevention. The Lancet. vol. 372, 9637:475-488. Avaliable at http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(08)60884-3/fulltext?_eventId=login [accessed 23/Jul/2009].

Mohamed, SE (2006) Community engagement in South African higher education institutions. Focus, V1, No. 3. Jan. 2003. Available at http://www.vosesa.org.za/focus/vol1_no3/index.html?article_1.html~content [accessed 23/Jul/2009].

Mozambique. Conselho Nacional de Combate a SIDA (CNCS) (2004) Plano Estratégico Nacional de Combate a SIDA 2005/2009, Maputo.

Munthali, AC (2002) Adaptive strategies and coping mechanisms of families and communities affected by HIV/AIDS in Malawi. Draft paper prepared for the UNRISD. Available at: http://www.unrisd.org/80256B3C005BCCF9/(httpPublications)/OpenDocument [accessed 20/Jul/2009].

Patel, M; Buss, TF and Watson, R (2003) Mitigating HIV/AIDS' impacts on the civil service and teachers in Sub-Saharan Africa. National academy of public administration http://www.napawash.org/pc_international_affairs/A1.pdf [accessed 30/Jul'2009].

Sarr, AD (2006) The Impact of HIV/AIDS in Africa. IIJD Media Team. Available at http://www.iijd.org/ [accessed 27/Jul/2009].

Shah, A (2009) AIDS in Africa. Global Issues (online). Available at http://www.globalissues.org/ article/90/aids-in-africa#TheImpactofAIDSinAfrica [accessed 13/Jul/2009].

Shaeffer, S (1994) The Impact of HIV/AIDS on Education: a review of literature and experience. UNESCO/Preventive Education.

Sigot, AJ (2006) Community Engagement and HIV/AIDS in Higher Education: Case Studies and Partnerships in Action. Presentation at AAU/Kenyatta University. Eastern African Regional Workshop on AAU HIV/AIDS Toolkit. 27th June –1stJuly 2006.

Smith, MK (2002) Gender, Poverty, and Intergenerational Vulnerability to HIV/AIDS. Gender and Development, Vol.10:3, Taylor & Francis Ltd./Oxfam GB. Available at: http://www.jstor.org/stable/4030547.pdf [accessed 20/Jul/2009].

Stammers, T (2005?) As easy as ABC? Primary prevention of sexually transmitted infections. Postgrad.Med.J. 2005;81;273-275. Available at http://pmj.bmj.com/cgi/reprint/81/955/273 [accessed 23/Jul/2009].

Tamarack - Institute for Community Engagement (online) Our Growing Understanding of Community Engagement Available at http://tamarackcommunity.ca/downloads/home/whatisce.pdf [accessed 26/Aug/2009].

The impact of HIV & AIDS in Africa. Avert. Available at http://www.avert.org/aidsimpact.htm [accessed 15/Jul/2009].

UNAIDS (2008) Report on the global HIV/AIDS epidemic 2008, Geneva.

UNAIDS (2007) 2007 AIDS epidemic update, Geneva.

UNAIDS (2005a) AIDS epidemic update 2005, Geneva.

UNAIDS (2005b) AIDS in Africa: three scenarios to 2025, Geneva.

UNAIDS (2000) AIDS epidemic update 2000, Geneva.

UNAIDS/IATT-Education (2008) Mainstreaming HIV in Education, Geneva.

UNAIDS; UNDP and World Bank (2005) Mainstreaming HIV/AIDS in sectors & programmes: an implementation guide for national responses, Geneva.

UNAIDS (2000) Over one-third of today's 15-year-olds will die of AIDS in worst-affected countries. Press Release, Geneva, 27 June 2000. http://www.africa.upenn.edu/Urgent_Action/apic-070500.html [accessed 20/Jul/2009].

UNAIDS Regional Support Team for Eastern and Southern Africa (UNAIDSRSTESA) (online) Available at http://www.unaidsrstesa.org/countries [accessed 23/Aug/2009].

United Nations Economic Commission for Africa (UNECA) (n.d) Commission on HIV/AIDS and Governance in Africa (CHG). Africa: The Socio-Economic Impact of HIV/AIDS.

UNESCO (2008) Good policy and practice in HIV & AIDS and education. Booklet 1: overview. 2nd edition.

UNESCO (2006) Expanding the field of enquiry: a cross-country study of Higher Education Institutions' responses to HIV/AIDS, Paris, UNESCO.

UNESCO (2000) The Dakar framework for action. Education For All: meeting our collective commitments. Text adopted by the World Education Forum. Dakar, 26-28 April 2000.

United Nations (UN) (2001) Declaration of Commitment on HIV/AIDS. Global Crisis – Global Action. Resolution adopted by the General Assembly, 27 June 2001. A/RES/S-26/2.

United Nations (UN) (2008) The Millennium Development Goals Report 2008.

Universidade Católica de Moçambique (UCM) (n.d) Política de HIV/AIDS da UCM.

Universidade Católica de Moçambique. Dados e estatistica da UCM (online) Available at http://www.ucm.ac.mz/cms/index.php?option=com_content&task=view&id=26&Itemid=117 [accessed 30/Aug/2009].

Universidade Católica de Moçambique. Núcleo de Combate ao HIV/SIDA da Faculdade de Medicina (2009) Agenda 2009 – pabhodzi pela vida.

University of Cape Town (UCT) (2006) Policy on HIV infection and AIDS: a coordinated response to HIV/AIDS. Approved by Council, November 2006.

University of Cape Town HIV/AIDS Coordination (HAICU) (online) Available at http://www.hivaids.uct.ac.za/cms/index.php [accessed 24/Jul/2009].

University of Pretoria (UP) (2009) UP in a Nutshell. Available at http://web.up.ac.za/sitefiles/file/web-team/UP%20in%20a%20Nutshell%202009.pdf [accessed 10/Aug/2009].

University of Pretoria. Community Engagement (online) Available at http://web.up.ac.za/default.asp?ipkCategoryID=85&subid=85&ipklookid=1&parentid= [accessed 26/Aug/2009].

University of the Western Cape's HIV/AIDS Programme (online) Available at http://hivaids.uwc.ac.za/ [accessed 10/Aug/2009].

University of Zambia (UNZA) (2006) University of Zambia HIV/AIDS policy.

Wyk, B van and Pieterse, J (2006) Institutional responses to HIV/AIDS from institutions of higher education in the Southern African Development Community. A report commissioned by the Southern African Regional Universities Association (SARUA), South Africa, Centre for the Study of Aids, University of Pretoria.

World Bank (2002) Education and HIV/AIDS: a window of hope, Washington DC.

World Bank and UNAIDS (n.d) Education and HIVIAIDS: Modelling the Impact of HIVIAIDS on Education Systems. Ed-SIDA Training Manual.

Zambia: University offers free AIDS treatment. The University World News, Issue: 0014, September 28, 2008 (online) Available at http://www.universityworldnews.com/article.php?story=20080926105626570 [accessed 16/Aug/2009].

ANNEXES

Annex 1: Summary of the global HIV/AIDS figures by 2007

	Estimate	*Range*
Number of people living with HIV in 2007		
Total	33.0 million	[30.0–36.0 million]
Adults (15-49)	30.8 million	[28.2–34.0 million]
Women	15.5 million	[14.2–16.9 million]
Children under 15 years	2.0 million	[1.9–2.3 million]
People newly infected with HIV in 2007		
Total	2.7 million	[2.2–3.2 million]
Adults	1.7 million	[1.6–2.1 million]
Children under 15 years	370 000	[330 000–410 000]
AIDS deaths (in 2007)		
Total	2.0 million	[1.8–2.3 million]
Adults	1.8 million	[1.6–2.1 million]
Children under 15 years	270 000	[250 000–290 000]
Deaths since the epidemic began	25 million	*[32 million]*
Total n^{o}. of orphans since the epidemic began	15 million	
People in need of ARTs (in developing and transitional countries):	*Estimated*: 9.7 million	*In treatment:* 2.99 million (31%)

Source: UNAIDS (2008). Report on the global HIV/AIDS epidemic 2008.

Annex 2: Conceptual Framework for a Comprehensive University Response to HIV/AIDS

University Mission
Be responsive to the real needs of society through and in the knowledge domain

Overarching Principle
Personally Committed University Leadership bringing about Total Management Commitment showing itself in **POLICY DEVELOPMENT COMMITMENT OF RESOURCES**

Fundamental Pillars
▪ Openness / acceptance that break the silence. ▪ Promotion of gender equity and empowerment. ▪ Adoption of a strong human rights approach. ▪ Inclusion at all levels of PLAs. ▪ Cohesion with national policies and strategies.

Basic Strategies	
Inward-looking	***Outward-looking***
Protect its own as an AIDS-affected institution	Serve the needs of an AIDS- affected society.

Interventions	
INWARD-LOOKING	*OUTWARD-LOOKING*
Link prevention to care: ▪ Establish partnerships with staff and students. ▪ Sustain awareness. ▪ Challenge denial and stigma. ▪ Engage all campus cultures (student, traditional). ▪ Provide VCT, counselling, guidance. ▪ Provide adequately resourced HIV/AIDS-friendly health services. ▪ Address values and practices in campus life ▪ Provide workplace education for staff. ▪ Establish or strengthen occupational safety systems and procedures.	***Produce highly flexible, top quality, AIDS-competent graduates:*** ▪ Mainstream professional HIV/AIDS issues in the curriculum of all fields. ▪ Readjust programmes to promote more flexible graduate preparedness for a fast-changing AIDS-world. ▪ Introduce new fields of study in response to HIV/AIDS imperatives. ▪ Adjust student intake and numbers in programmes to match projected professional needs in an AIDS-affected society.
Tackle management-related factors: ▪ Establish AIDS-related management and financial information systems. ▪ Provide for direct costs of HIV/AIDS. ▪ Provide for indirect costs of HIV/AIDS. ▪ Establish dedicated HIV/AIDS budget. ▪ Keep loan systems under constant review. ▪ Establish procedures for speedy recruitment and training of replacement staff.	***Reflect vigorously on the needs and challenges of an AIDS-affected society:*** ▪ AIDS-relevant pure, applied and action research. ▪ Conduct AIDS-relevant research in scientific, medical, social, ethical and cultural areas. ▪ Encourage multidisciplinary research. ▪ Establish AIDS-related cross-discipline seminars.
	Place expertise at the service of an affected society: ▪ Disseminate research and study findings. ▪ Share knowledge, experience and expertise. ▪ Provide service, advice, consultancy, training.
	Further develop AIDS-relevant expertise: ▪ Train staff and build capacity. ▪ Establish local, regional and international partnerships. Develop information-sharing and networks.

Source: Kelly (2001)

Annex 3: Curriculum Responsiveness at the University of Cape Town

There are compulsory HIV/AIDS-related courses for all first-year students in the Faculties of Commerce and Health Sciences. The Commerce Faculty's 'Evidence-Based Management' (EBM) is intended to educate around HIV/AIDS in general and illuminate issues of particular relevance with regard to doing business in an environment where HIV/AIDS is so prevalent. 'Me and HIV/AIDS', under the umbrella course of 'Becoming a Professional', in the Health Sciences Faculty, aims to develop personal and inter-personal skills and students explore issues around HIV/AIDS, issues around stigma, relationships, values and behaviour the social and psychological issues, as well as the medical concerns of HIV/AIDS. These two courses contribute significantly to creating AIDS-competent graduates at UCT. Additionally, Health Sciences students receive formal teaching on HIV/AIDS throughout the curricula, with students receiving clinical exposure to HIV/AIDS through medicine lectures, tutorials and bedside teaching.

There is no compulsory HIV/AIDS-related course in Law, Sciences, Humanities or Engineering and the Built Environment that reaches all first-year students. Individual courses that have incorporated HIV/AIDS in the Humanities Faculty include 'Understanding Gender' in the African Gender Institute and various modules within Education, Historical Studies, Psychology, Social Anthropology, Sociology and Social Development. The Science Faculty explores biological, chemical, molecular, cellular, environmental and other aspects of HIV in some courses.

At postgraduate level, the Commerce Faculty offers a selection of courses that explore population projections, demography, and economic (in association with the Humanities Faculty), social and political dimensions of HIV/AIDS.

The Health Sciences Faculty offers students a course in epidemiological concepts that relate to the study of infectious diseases, and the evaluation of public health interventions against these diseases. Public health, human rights and ethics are also studied at Masters level, as is palliative medicine, paediatric AIDS and oncology as it relates to HIV. Courses are also available in microbiology and clinical pharmacology.

A module offered by the Law Faculty examines human rights law and in particular the Constitutional Court's pronouncement on the provision of ARVs to HIV-positive pregnant women.

In the Humanities Faculty, HIV case studies are explored in the investigation of public health in Religious Studies, whilst the inter-disciplinary MPhil in HIV/AIDS and Society interrogates HIV/AIDS in South Africa from a range of perspectives, whilst the School of Education explores the epidemic from a sociological perspective.

HAICU runs a short course entitled 'Creating Social HIV/AIDS Change Agents' (SHACA) for the Centre for Open Learning at UCT.

Annex 4: Example of a course on HIV/AIDS at the Catholic University

CATHOLIC UNIVERSITY OF MOZAMBIQUE - Faculty of Economics and Management

Academic Year 2007 - English 2 **AIDS AND HEALTH**

Lesson	Material covered	Material used	Comments
1	• Video watching and discussion	Video "The price of life".	Very good introduction to the topic. Being the first and only audio -visual aid used ever this semester students were really impressed by it.
2	Discussion on: • What is AIDS and HIV • Causes • Transmissions • Prevention	Handout "Infectious Disease HIV/AIDS", from internet.	Most students participated and they showed interest in the topic mostly because HIV-AIDS is a reality and most people are either infected or affected by it.

AIDS AND ETHICS

Lesson	Material covered	Material used	Comments
1	• The importance of testing. • Relations especially between the infected and the affected. • Passing information on AIDS.	Speakers from PABHODZI, an AIDS nucleus from Faculty of Medicine.	Our initial plan was to invite someone who is positive to talk to students but it proved to be a bit difficult. There was a suggestion that came out from the speakers on forming our own AIDS nucleus and about 8 students submitted their names showing interest in joining the nucleus.

AIDS AND MANAGEMENT and PRODUCTION

Lesson	Material covered	Material used	Comments
1	• How AIDS affect productivity and profitability. • Discussion • Comprehension check	Handout "How does HIV/AIDS affect African Businesses".	Our students, being students of Management and Economics, loved this topic that was really related to their course.

ENGLISH II: ESSAY 4 – Time: 45 minutes

Choose one topic from below and write about 120-150 words. Each essay should have at least 3 paragraphs: Introduction, development and conclusion.

A: The disease of HIV/AIDS. Use the following items to help you: the causes of AIDS, any 4 ways of transmitting HIV, any 4 methods of preventing HIV/AIDS, what advice would you give to your friend who is HIV positive, any 4 advantages of getting tested, in conclusion, what you think about HIV/AIDS.

B: HIV/AIDS and the activists. Use the following items to help you: what is Pabhodzi, any 3 functions of Pabhodzi, define discrimination, any 3 ways of reducing discrimination against people who are HIV positive, any 3 advantages of having HIV/AIDS nucleus at your university, what do you think are the reasons why many people do not want to tested for HIV: give any 3 reasons, is there any cure for HIV/AIDS: give 2 reasons for your answer, any 1 sign/symptom of HIV/AIDS.

Annex 5: U. Pretoria: When different University units engage with communities

The University of Pretoria provides a great example of higher education institution's involvement with the community. Below an account of how different units of the university are engaged with the communities according to the different areas covered.

The Faculty of Economic and Management Sciences is committed to supporting developmental initiatives in the community. Students, staff and stakeholders of the Faculty form partnerships to constantly contribute towards the improvement of quality of life and of education in South Africa.

The School of Economic Sciences of the Faculty is involved in numerous projects concerning economic development. Economic literacy courses have been offered to government officials. Advice is also provided through workshops and guest lectures. The Department of Auditing hosts an annual Internal Auditing student seminar for Internal Auditing students from all tertiary institutions.

Expert knowledge in Investigative and Forensic Accounting is available to the business community in the form of a number of short courses presented through Continuing Education at the University of Pretoria (CE@UP). The link-a-School project was initiated by the Faculty and the aim of the project is to build relationships with identified schools in Pretoria as well as the Pretoria region. The Faculty liaise on a regular basis with schools in the form of functions, information sessions as well as support.

The Faculty of Education is committed to sharing its skills and experience with the communities in and around the University. Community engagement is integrated into teaching and learning, and into research to enrich the knowledge base. The faculty's mission includes a commitment to ensuring that all undergraduate and postgraduate students have the opportunity to participate in curriculum- and research-based community engagement as part of their learning experience.

The Law Clinic has a proud tradition of rendering legal services to the community, more specifically to the less privileged and often marginalised members of the community. Largely as a response to unmet legal needs, the Clinic was in fact originally founded, managed and staffed by law students on a voluntary basis. They received no remuneration or academic credit for their services. Although the Clinic of today bears very little resemblance to the initial Clinic the commitment to *pro bono* work remains just as strong. For the past few years, the Clinic has handled in excess of 2000 cases per year.