

HEAIDS – *strategic framework*
2006 – 2009 and beyond



HL

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Glossary of Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ASGISA	Accelerated and Shared Growth Initiative for South Africa
CBO	Community Based Organisation
CDC	Centre for Disease Control
CEO	Chief Executive Officer
CTP	Committee of Technikon Principals
COP	Communities of Practice
DCI	Development Co-operation Ireland
DDG	Deputy Director-General
DEC	Delegation of the European Commission
DfiD	Department for International Development (UK)
DoE	Department of Education
DVC	Deputy Vice-Chancellor
EC	European Community
FA	Financing Agreement
HEAIDS	Higher Education HIV/AIDS Programme
HE	Higher Education
HEC	Higher Education Community
HEI	Higher Education Institution
HESA	Higher Education South Africa
HICC	HEAIDS Institutional Co-ordination Committee
HIV	Human Immunodeficiency Virus
JIPSA	Joint Initiative for Priority Skills Acquisition
NGO	Non-governmental Organisation
PSC	Programme Steering Committee
PCU	Programme Co-ordination Unit
PWG	Programme Working Group
SAC	Strategic Advisory Committee
SAUVCA	South African Universities Vice-Chancellors Association
VC	Vice-Chancellor
VCT	Voluntary Counselling and Testing

1 Executive Summary



The Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) pandemic has already killed 25 million people and 40 million more are currently infected worldwide. The HIV pandemic has grown to be the greatest public health crisis facing the world since the 13th century as it continues to undermine development, to reverse health gains and to exacerbate poverty. The challenges posed by the HIV/AIDS pandemic are threefold: to stop the further spread of the disease; to provide care and support for those infected and affected; and to offset the negative impacts of the disease on individuals, institutions and society's social systems. Thus, the pandemic demands a response that confronts the disease from every angle and jointly by every sphere of society.

Higher Education (HE) is a critical pillar of human development worldwide especially in the creation of both tacit and tangible knowledge. The HE sub-sector in South Africa plays a fundamental role in developing leaders who will shape the country's future economy, communities, governments, as well as to play a role on the global stage.

The HE sub-sector may be disproportionately more affected by the epidemic than any other sector as the majority of those who form the Higher Education Community (HEC) are young and in the age group with the highest prevalence of HIV infection. More than 50% of the world's 14,000 new infections every day occur among 15- to 24-year-olds. The risks for a Higher Education Institution (HEI) are also heightened by the liberal atmosphere that tends to be characteristic of HE campus cultures which may be open to activities and life-styles that facilitate HIV transmission. HE thus not only has a responsibility to join the fight against the HIV/AIDS pandemic but it has a responsibility to take a prominent leadership position in this battle.

Actively responding to the disease, promoting HIV/AIDS prevention and coping with its widespread impacts will affect the core activities of HEIs of teaching and student preparation, knowledge creation and sharing, and engagement with society. Consideration of these three dimensions concludes that a comprehensive HE sub-sector response to HIV/AIDS will involve all areas of its operations and have extensive implications for HE policy and planning. Furthermore, given the historical imbalances in the sub-sector in South Africa, a response relying solely on institutional level responses may jeopardise the entire system's success. A broad strategic response set within a national context is therefore considered essential.

The HE HIV/AIDS Programme (HEAIDS) is South Africa's nationally co-ordinated, comprehensive and large-scale effort designed to develop and strengthen the capacity, the systems, and the structures of all HEIs in managing and mitigating the causes, challenges and consequences of HIV/AIDS in the sector and to strengthen the leadership role that can and should be played by the HE sub-sector.

The HEAIDS Programme was first launched in 2000/2001 as a partnership between the Department of Education (DoE), the South African Universities Vice-Chancellors Association (SAUVCA) and the Committee of Technikon Principals (CTP). The intervention was planned as a donor funded initiative with initial financial support received from the United Kingdom Department for International Development (DfID) and supplemented by grants from other donors including Development Co-operation Ireland and the United States Centre for Disease Control. Despite a number of structural and conceptual limitations, HEAIDS Phase 1 succeeded in implementing a number of the elements of an HIV/AIDS prevention and control strategy between 2000 and 2005. Some decision-making and programme management structures were established, loose networks were created, and resources accessed resulting in a number of positive developments that HEAIDS Phase 2 can use as a foundation to facilitate even more action and elicit better responses.

In 2005, HEAIDS was expanded under an agreement between the European Community (EC) and the government of the Republic of South Africa. The DoE is responsible for the implementation of HEAIDS and has contracted Higher Education South Africa (HESA) to implement the Programme on its behalf. The EC-funded HEAIDS (Phase 2) has a budget of €20 million with an implementation period of 51.5 months, finishing on 31 May 2009.

This comprehensive HE response to HIV/AIDS will comprise two dimensions. The first dimension is directed at maintaining the institution's ability to continue functioning, thereby preventing HIV/AIDS from undermining its potential to operate and deliver mandated services. The second dimension relates to the institution's core functions of teaching, training, research, community engagement and service. HEAIDS (Phase 2) has identified six key result areas as being the main pillars of a comprehensive HIV/AIDS response by the HE sub-sector. The key result areas are:

- To define the roles and responsibilities of the HEIs in addressing the pandemic, and to develop and implement appropriate policies.
- To support the HEIs' human resource capacities and systems development with respect to the challenges posed by HIV/AIDS.
- To develop norms and standards for sustainable funding models and mechanisms at institutional level.
- To identify and clarify the specific role to be played by educators and teacher education faculties.
- To identify, contextualise and replicate "Best Practice" with respect to prevention, behavioural change, care and support, gender and curriculum integration.
- To support and strengthen knowledge generation, assimilation and dissemination with respect to HIV/AIDS.

A common theme throughout the HEAIDS programme is that committed leadership at a sufficiently high level is the most critical factor for driving a strong sectoral response to HIV/AIDS. Strong leadership will ensure that key stakeholders remain committed, that the required resources are mobilised, that the crucial policies and management structures are established and a strong foundation is laid for the implementation of specific interventions designed to deliver on the HE sub-sector's three core mandates of teaching and learning, research and knowledge generation and engagement with the community.

2 Introduction



“Education is at the core of one of the great challenges facing humanity: winning the fight against AIDS. Education is life-sustaining. It furnishes the tools with which children and young people carve out their lives, and is a lifelong source of comfort, renewal and strength. The world’s goals in promoting education for all and in turning back the AIDS epidemic are mutually dependent. Without education, AIDS will continue its rampant spread. With AIDS out of control, education will be out of reach,” thus stated Peter Piot, Executive Director of the Joint United Nations Programme on HIV/AIDS² (*UNAIDS in the Foreword to the Inter Agency Strategy Paper: HIV/AIDS and Education: A Strategic Approach*).

HE is a critical pillar of human development worldwide. The heart of the HE sub-sector’s business is in the creation of both tacit and tangible knowledge. In today’s lifelong-learning framework, HE provides not only the high-level skills necessary for every labour market but also the training essential for teachers, doctors, nurses, civil servants, engineers, entrepreneurs, scientists and a myriad of other personnel. It is these individuals who develop the capacity and analytical skills that drive local economies, support civil society, teach children, lead effective governments and make important decisions which affect entire societies. The HE sub-sector has a fundamental role to play in developing leaders who will shape South Africa’s future economy, communities, government, as well as its role on the global stage. The sector also discovers new knowledge and ideas through research that supports both wealth creation and social development.

Since the identification of HIV as the cause of AIDS, the HIV/AIDS pandemic has grown to be the greatest public health crisis facing the world since the 13th century. Over 65 million people have been infected with HIV to date and AIDS has killed more than 25 million people since it was first recognised in 1981. Despite recent improved access to antiretroviral treatment and care in many regions of the world, the AIDS pandemic has claimed 3.1 million lives in 2005 alone. The total number of people living with HIV reached its highest level, an estimated 40.3 million in 2005 which is double the number (19.9 million) in 1995³. Close to 5 million people were newly infected with the virus in 2005 and more than 95% of these infections were in low and middle income countries. Two-thirds of all people living with HIV are in Sub-Saharan Africa. In South Africa, it is clearly acknowledged that the HIV/AIDS epidemic continues to undermine development, to reverse health gains and to exacerbate poverty. The level of the pandemic in the developing world has now reached levels where the economic development of entire societies is threatened.

South Africa has one of the fastest growing HIV/AIDS epidemics. The South African annual antenatal clinic survey which is the national measure of HIV prevalence has shown that the peak incidence of HIV/AIDS occurs in young people aged 15-24 years. The National Survey⁴ of HIV and Sexual Behaviour among Young South Africans found that overall HIV prevalence among 15-24 year olds was 10.2%. In the age cohort 15-24 years, the prevalence among males was 4.8% and among females it was 15.5%. The report concludes that South Africa has a real opportunity to reverse the course of the HIV/AIDS epidemic over the next five to ten years by focusing prevention efforts on young people in this target age-group so that sustained behaviour change can be achieved.

This particularly vulnerable group is also the life-blood of HEIs. Whilst this age-group is amongst the most capable and promising members of all societies and represents the future high skilled base required by any economy, it represents the age-group at the highest risk of contracting HIV. The reason for this is a range of factors which make HE environments a focal point of social and sexual interaction. UNAIDS has listed a number of behavioural and social factors which play a role in initiating a sexually-transmitted HIV epidemic or in driving it to higher levels. Evidence from 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 HE campuses⁵. The prevailing “culture” of HE campuses appears to be ambivalent about “sugar daddy” practices, sexual experimentation, unprotected casual sex, multiple partners, and similar high-risk activities. In other words, universities are high-risk institutions for the transmission of HIV. In the South African context, the National Survey on HIV and Sexual Behaviour among Young South Africans found that the vast majority of youth does not think that they, personally, are at risk of contracting HIV.

The negative impact of HIV/AIDS is not only confined to students but has the ability to impact on the business of the HEI at all levels within its core mandate i.e. teaching and learning, research and community engagement. The epidemic has the potential to affect all the categories of people that make up a HEI. The peak ages of HIV infection are between 18 and 25; the peak ages of AIDS deaths occur five to ten years later at the point when highly skilled achievers and producers of research and knowledge are just becoming productive in the HEIs. Hence, in the long run, increased mortality through HIV/AIDS affects the academic staff, thereby depleting the stock of human capital and reducing the accumulation of knowledge, skills, and other important human capital assets. As HIV/AIDS-infected individuals live shorter lives and as the potential pool for highly skilled labour declines, business would have fewer incentives to invest in education and training.

The HE system can play an important role in shaping attitudes and practices of future decision-makers and in so doing, further prevent the spread of HIV/AIDS. HEIs have the capability of influencing policy, shaping the development agenda and of mobilising research as a decision-making tool. Furthermore, HE has a role in the generation and dissemination of new knowledge on HIV/AIDS and its management. Successful institutional and societal responses to HIV/AIDS require leadership and HEIs can play a crucial role in the leadership of their communities.

The challenge faced by the HE sector in terms of HIV/AIDS is encapsulated in the following statement from the Association of African Universities⁶, “To a greater degree than ever before, African Universities must renew their commitment to helping Africa find effective solutions to its perennial problems of hunger, poverty and disease. They must, by their research and teaching, strengthen their contribution to improvements in food production and distribution, disease control and health service delivery, and the general wellbeing of their people. In particular, the HIV/AIDS crisis poses a serious threat to African societies within which Universities are situated. We recognise that the solution to this problem might well lie in Africa. African Universities must, in any event, be in the forefront of research, education and action in this matter.”

3 The Sector Response



South Africa has implemented a range of measures at national and provincial levels to fight the epidemic and mitigate its impact. The National AIDS Plan for South Africa, 1994 was published in 1994-1995 and the Partnership against AIDS launched in 1998. The HIV/AIDS/STD Strategic Plan for South Africa aimed to increase political leadership and public commitment to fighting the epidemic, as well as to strengthen the inter-departmental and inter-sectoral responses.

Over time, policies and action from the DoE have created an “enabling environment” to ensure that the national education system plays its part in stemming the HIV/AIDS epidemic, and to ensure that the rights of all those infected with the disease are fully protected. The Tirisano Programme was the DoE’s Five Year Strategy to implement education and training for the 21st century and consisted of five core programmes that address the educational, health and social needs of learners. South African government policy thus advocates the full integration of HIV/AIDS into education and training, stretching beyond prevention and also demanding other inter-sectoral initiatives to ensure those infected and affected by HIV/AIDS can be identified and supported.

HEAIDS is South Africa’s nationally co-ordinated large-scale effort designed to develop and strengthen the capacity, the systems, and structures of all HEIs in managing and mitigating the causes, challenges and consequences of HIV/AIDS in the sector and to strengthen the leadership role that can and should be played by the HE sub-sector.

The collective goal of HEAIDS seeks to mobilise institutions to respond sensitively, appropriately and effectively to the pandemic through their core functions of learning, research, management and community involvement and through the continuum of HIV/AIDS interventions viz. prevention, treatment, care and support. The programme provides support to close to 745 000 students and more than 43 000 members of staff of all public universities and universities of technology.

This sector is being targeted because:

- There is a pressing need for a co-ordinated sectoral response to the pandemic.
- The student cohort of this sector contains the age-related most-at-risk segment of South African society.
- There is a need to safeguard and increase the private and social returns to investment in HE.

The HEAIDS Programme will in a holistic and integrated manner:

- Situate HEIs at the centre of constructive and successful HIV/AIDS interventions at a national level.
- Situate the HIV/AIDS debate in terms of both challenges and opportunities at the centre of the HE sub-sector.
- Develop a co-ordinated response to the epidemic within institutions and across the entire HE sub-sector.
- Lay the groundwork for strengthened capacity to respond to the HIV/AIDS epidemic at both institutional and national levels.
- Identify goals and objectives to guide all future programmes and interventions by the different institutions.
- Provide strategic guidance to the planning of dedicated programmes, projects and interventions by various stakeholders in the fight against HIV/AIDS in the HE sub-sector.
- Contain a Monitoring and Evaluation System and the institutional, co-ordination and financial frameworks of the National Strategic Programme.

The HEAIDS Programme was first launched in 2000/2001 as a partnership between the DoE, SAUVCA and the CTP. Initial financial support for the programme was in the order of R 16 million over a three year period from the United Kingdom's DfID and supplemented by grants from Development Co-operation Ireland, the United States Centre for Disease Control and other donors. Funding for this first phase of the programme ceased in 2005.

In 2005, the Programme was expanded under an agreement between the EU and the government of the Republic of South Africa. The DoE is responsible for the implementation of the Programme and has contracted HESA to implement HEAIDS on its behalf as provided for in the Financing Agreement (FA). The expanded programme will thus support the DoE and HESA in achieving the vision of a national education and training system which contributes towards improving the quality of life and prosperity of all citizens, specifically with respect to the HE sub-sector. The objectives and purpose of HEAIDS are in line with government policies and priorities. The programme implementation period is 51.5 months (14 February 2005 – 31 May 2009) and the budget is € 20 million.

4 HEAIDS Programme - Phase 1



The initial focus of HEAIDS (Phase 1) was to enable institutions to engage with the epidemic and its impact on the sub-sector. Seed funding was provided directly to HEIs to design and implement institutional responses. A National Programme was also developed to support key focus areas of curriculum integration, care and support, peer education, and workplace interventions. HEAIDS was therefore positioned as a “Broad Church” programmatic-based intervention which could utilise and leverage different initiatives for national benefit.

In 2002, a small dedicated staff and office was established to manage the National Programme by providing support to the institutions and delivering nationally organised capacity building activities.

During Phase 1, a National Programme was established in Peer Education, Curriculum Integration, Voluntary Counselling and Testing (VCT), Workplace Programmes and Care and Support interventions. This Programme undertook a range of activities including the setting up of pilot studies, data gathering and impact analysis. Subsequently, six critical areas were identified for action. These were: (1) Effective policy, leadership, advocacy and management; (2) Effective treatment, care and support; (3) Appropriate research/ knowledge production; (4) Effective prevention; (5) Teaching appropriate within an HIV/AIDS context and (6) Community outreach.

Phase 1 was undertaken at a time when many institutions were pre-occupied with the challenges of becoming and remaining financially sustainable on shrinking state subsidies, containing the costs of HE, improving access, quality and the relevance of teaching and research. Nevertheless, the growing threat of the HIV/AIDS epidemic was acknowledged by most of the HEIs. An audit and scan⁷ conducted in 2003 and published in 2005 established the first baseline and situational assessment of the sub-sector.

It was found that most HEIs had established HIV/AIDS policies but there were some gaps in the content of these policies. There was also a weakness in the dissemination of these policies and consequently, the policies did not appear to reach the target population for a variety of reasons.

Despite a number of structural and conceptual limitations, HEAIDS Phase 1 succeeded in implementing a number of the elements of an HIV/AIDS prevention and control strategy between 2000 and 2005. Some decision-making and programme management structures were established, loose networks were created, resources accessed and the climate of silence and denial about AIDS had begun to be reversed. However, most institutions established their response from a health services perspective rather than from a consolidated, comprehensive response that encompassed a variety of elements including human resource planning related to HIV/AIDS. HEAIDS (Phase 1) delivered a number of positive developments that HEAIDS (Phase 2) will build on to facilitate a more comprehensive response.



5 HEAIDS Programme - Phase 2



The Higher Education HIV/AIDS Programme (HEAIDS) is South Africa's nationally co-ordinated, comprehensive, large-scale effort designed to develop and strengthen the capacity, systems and structures of all HEIs in managing and mitigating the causes, the challenges and the consequences of HIV/AIDS in the sector and to strengthen the leadership role that can and should be played by the HE sub-sector.

The purpose of HEAIDS (Phase 2) is:

“To reduce the threat of the spread of HIV/AIDS in the HE sub-sector, to mitigate its impact through planning and capacity development and to manage the impact of the pandemic in a way that reflects the ethical, social, knowledge transmission and production responsibilities that are the mission of HEIs in society and South Africa.”

Implicit in the role of the HEAIDS Phase 2 Programme is:

Firstly, a commitment to facilitate the development of a **sector-wide national approach** through engagement and support at institutional level. Given the historical imbalances in the sector, a response relying solely on individual institution level responses may jeopardise the entire system's success.

Secondly, the HEAIDS Programme is **comprehensive** and all major elements of the Programme must be in place if the response is to achieve its desired impact. HEAIDS does not attempt to prioritise among those objectives or strategies but rather focuses on the comprehensiveness of the Programme. It is one of the most important tasks of HEAIDS as the main guardian of the National Programme to ensure that all areas are covered and balances between the areas are both established and maintained.

The fundamental principles of the HEAIDS Programme are therefore as follows:

- To channel the national response through the mission of the HEIs i.e. teaching, research and community outreach.
- To strengthen and deepen institutional responses whilst simultaneously enhancing a national sector response.
- To ensure a broad framework which engages all national and external actors and partners in an integrated programme relating to HIV/AIDS in HE.
- To take cognisance of global developments around HIV/AIDS and align interventions to these “best practices”.

The comprehensive nature of the HEAIDS response to the HIV/AIDS epidemic is fundamentally driven by the recognition that the disease is not merely a health issue nor is it only a scientific problem but by the fact that it is a multidimensional human crisis. In a society which is affected by HIV/AIDS, all aspects of a HEI's operation must take account of the disease so as to prevent it from undermining the sector's capacity to function and to deliver on its mandated services.

Committed leadership at a sufficiently high level is the most critical factor for driving a strong sectoral response to HIV/AIDS. Strong leadership will ensure that key stakeholders remain committed, required resources are mobilised, policies and management structures are established and the foundation laid for the implementation of specific interventions designed to deliver on the HE's three core mandates i.e. teaching and learning, research and knowledge production and community engagement.

The overriding **policy and management** consideration for a HE response to HIV/AIDS is that the disease is factored into planning, leadership and management structures at both strategic and operational levels. A core element of the HEAIDS Programme is thus directed at the sub-sector gaining control of the disease in relation to its own community i.e. staff and students and in equipping it to cope with its financial consequences. At the social and working level of the HE sub-sector, there is a need to establish partnerships with staff and students that will bring together the entire HEC. (See Annexure 1 for a diagram of the HEC). Adequate provisions must be made for both staff and student welfare, as well as special provision for HIV prevention, treatment, care and support. Furthermore, there must be workplace education for staff. It is critical that all the diverse campus cultures i.e. students and staff from all language, religious, age, geographic, sexual orientation and other interest groups be engaged in the response.

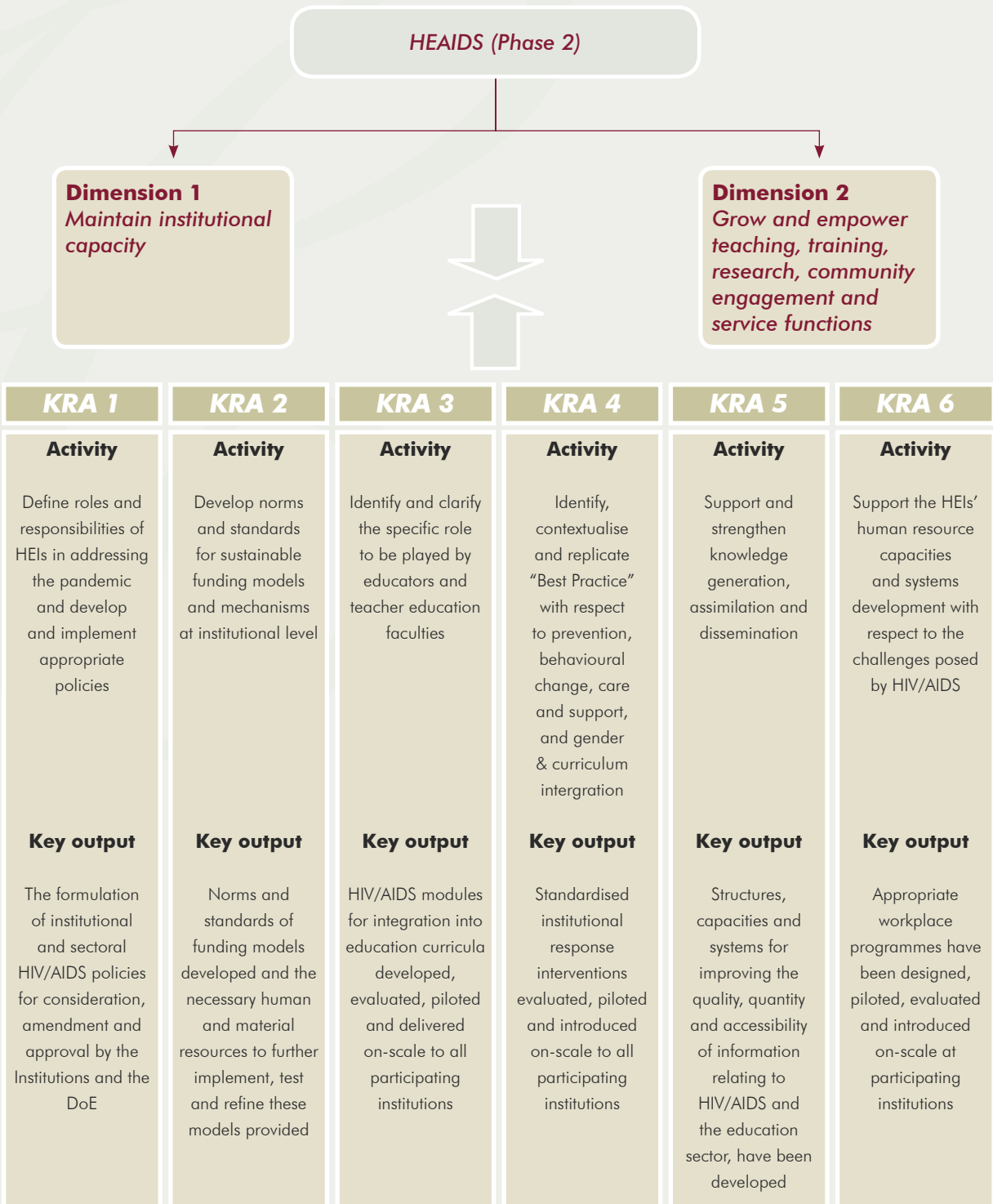
Thirdly, in order for the sector to effectively play its **role in the knowledge economy** to which HIV/AIDS has given rise, it must share and receive knowledge related to the disease as well as to develop its own expertise to manage the effects of the pandemic on society. The HE sub-sector must produce high-calibre leaders and quality graduates competent to manage and control HIV/AIDS within their respective professions, hence calling for the mainstreaming of both professional and personal aspects of HIV/AIDS into each institutional learning programme. Training and teaching should also incorporate AIDS-related engagement with and service to society into professional programme requirements. The full integration of HIV/AIDS into the curriculum as envisaged will necessitate a specific understanding of the interaction between HIV/AIDS and the area of professional expertise, coupled with a general comprehension of the disease itself. HE staff must therefore also be educated and encouraged to develop a clear understanding and knowledge of specific aspects of HIV/AIDS in the workplace where graduates will be employed, and to be aware of the relevant support and care provided.

Fourthly, HIV/AIDS **research within a HEI** should be both externally as well as internally oriented. Research must focus equally on the knowledge, understanding and information needs of society, as well as on the needs of the sector itself. Experience from Africa shows that poor information on the extent of HIV/AIDS and on the related perceptions within HECs, greatly hampers universities in their efforts to respond adequately and appropriately to the disease⁸. An area for example that is usually in need of special attention is the gender dimension of HIV transmission and the participation of women in sexual decision-making. The research component of a sector programme will thus have a significant impact not only on the broader community and society as a whole but specifically on the entire HE sub-sector, including its management, staff and students.

In addition to its teaching and research functions, the sector must pay adequate attention to the third area of its mandate through **continued engagement with the community** which includes staff, students and civil society. The institutions can impart to communities and individuals the requisite knowledge, understanding, skills and capacity to address the HIV/AIDS epidemic. The HE sub-sector can furthermore make its own unique contribution to the various areas of prevention, treatment, care and support and ultimately, to an improvement in the quality of life for HIV/AIDS affected and infected individuals. Research efforts of universities and their personnel can contribute to technical advancement, new products, improved diagnosis and treatment, new understanding, and an improvement in the quality of life of those who live in an HIV/AIDS-affected society. The sector can in addition work jointly with the community to identify problems and to find the most appropriate solutions.

HEAIDS (Phase 2) has thus identified six key result areas as the main pillars of a comprehensive HIV/AIDS response by the HE sub-sector. The table below captures the essence of the HEAIDS Programme and further details are provided in Annexure 2. Each of these key result areas has a set of activities and verifiable indicators as instruments with which to measure them. The key result areas support capacity building, learning and knowledge development and will replicate best practice and facilitate feedback on implementation and sustainability.

Table 1 – Key Result Areas



HEAIDS (Phase 2) will result in an enabling platform thereby creating the precondition for the synergistic implementation of a number of critical interventions which will ultimately ensure that the epidemic does not prevent the HEIs from carrying out their core functions of teaching, research and community engagement. In the words of Professor M. J. Kelly⁹, “In this climate of heightened HIV/AIDS awareness, a HEI must ensure that it becomes the engine of development, progress, understanding and hope for people, institutions, and society in all that relates to the disease.”

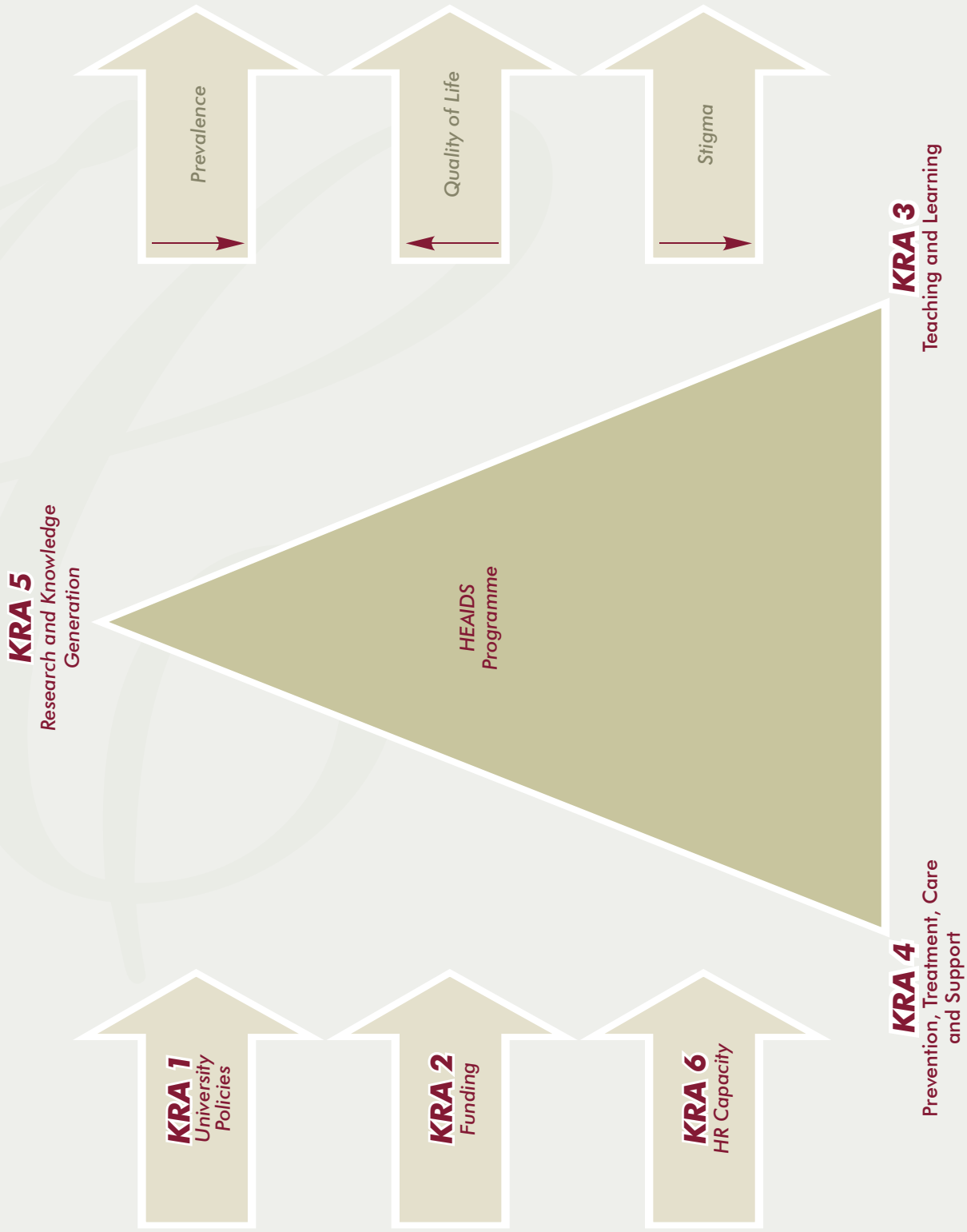
Whilst outreach to the broader external community is not an identified key result area, it is nevertheless a fundamental component of the HEAIDS Programme and is inherent in all the result areas defined above. In the context of HIV/AIDS, community outreach is not only the altruistic reaching out to the immediate community but must extend beyond the requirements of civil society to the formation of partnerships and sponsorship programmes with the corporate sector and the larger community. Community outreach is hence understood within the context of HEAIDS as a reaching out and sharing with the immediate community as well as containing a broader and more extensive role within society itself. In addition, HEAIDS is committed to the principle of reciprocity – the two way flow of expertise and support between the HEIs and wider society.

These six result areas are thus complementary and intertwined, reinforce one another and will be implemented as a co-ordinated set of strategies for maximum effectiveness and synergy.

HEAIDS will ensure that it responds to the needs of both the HE sub-sector as well as South Africa’s HIV/AIDS-affected society together with its many implications through committed HE leadership translating into policy development with the requisite commitment of resources, HIV/AIDS-informed knowledge, training, research and engagement with the community. This approach requires the involvement and commitment of several disciplines and the entire HEC and is clearly articulated in **Diagram 1**.

Enabling Factors

Objectives



Three Pillars of the HEAIDS Programme

Diagram 1



6 Towards a Comprehensive Higher Education Sub-sector Response to HIV/AIDS

The Roadmap for the HEAIDS Programme in accepting the challenge of responding to the HIV/AIDS crisis in the South African HE sub-sector is drawn as follows:

1. Reaffirm HESA's Commitment to HEAIDS Objective

Experience shows that leadership and commitment at the highest level is fundamental for a successful response to HIV/AIDS. Leadership at regional, national government and community levels is needed to mobilise and co-ordinate broad-based action and to direct resources and activities to the most urgent priorities. Strong leadership can break barriers of stigma and discrimination and create an enabling and supportive environment where international partners and civil society organisations can participate in the response. This leadership must be supported by partnerships at all levels within the sector. The challenges posed by HIV/AIDS place an enormous pressure on government and national infrastructure. The capacity to respond at every level and across diverse sectors depends on strong governance systems being in place.

HESA, as the representative body of the HEIs top leadership, has accepted personal commitment on behalf of the sector and assumed responsibility for the delivery of HEAIDS (Phase 2).

The envisaged action to reaffirm the sectors' cognisance of the need to have visible leadership will be a National Launch of the HEAIDS Phase 2 Programme with the strategic support of the Ministry of Education.

2. Structuring HEAIDS to Deliver on the Strategy

Funding for the HEAIDS Phase 2 Programme has been provided by the EC and the DoE is the implementer of the Programme and is responsible for the overall Programme delivery. The operational implementation of the Programme has been bestowed on HESA. HEAIDS, through its Programme leadership, must therefore mobilise expertise within the sector in order to deliver on its mandate. In addition, HEAIDS must build strategic relationships with external organisations to optimise on delivery of the Programme within the HE sub-sector. The structure of the HEAIDS Programme is briefly outlined below and the full document is attached as Annexure 3 with a diagrammatic representation as Annexure 4.

The responsibility for the overall strategic management of the HEAIDS Programme lies with the Programme Steering Committee (PSC) whose duty is to ensure Programme adherence to the strategic framework and compliance with the overarching Financing Agreement. In addition, the PSC will take responsibility for a holistic approach to the implementation of the Programme by ensuring the involvement of key role players and the appropriate allocation and management of resources.

Committed leadership is the most critical success factor for driving a strong sectoral response to HIV/AIDS and in ensuring the commitment of key stakeholders, the mobilisation of resources and the establishment of policies. It is hence proposed that a HESA Strategic Advisory Committee (SAC) be formed, comprising two Vice Chancellors and one representative Deputy Vice-Chancellor per sub-sector i.e. Academic Affairs, Planning, Student Affairs and Research, together with two nationally recognised HIV/AIDS experts and a representative of the student body. This group's key function is to act as champions for the Programme and to fulfil an advocacy role.

The SAC will advise on HEAIDS Programme strategy as well as on the nature of the activities required in order to enhance the value and position of the Programme within the sub-sector. This committee will promote the sub-sector's interest through establishing relevant networks, strengthening links and working collaboratively with internal and external stakeholders.

Technical advice on the HEAIDS Programme will be provided by six Programme Working Groups (PWGs), each focusing on one of the six key result areas. These PWGs will contribute to the development, implementation and monitoring of their specific area of the Programme. The PWGs will be composed of members of the HEIs and where appropriate, necessary representatives of Non-governmental Organisations (NGOs), Community Based Organisations (CBOs) and the private sector. HEI membership for the working groups will be drawn from and/or identified by Communities of Practice (CoP) where such have been established. The nominees will be guided by relevant result area expertise.

It is further proposed that a HEAIDS Institutional Co-ordination Committee (HICC) be established to ensure that the Programme implementation receives the necessary commitment, support and visibility within each institution in order to ensure the integration of the institutional programmes. The composition of this committee should be structured to correspond with the management of HEIs. The committee should report directly to the Vice-Chancellor and the Institutional Executive Committee and consist of the Deputy Vice Chancellors (DVCs) or Deans of Student Affairs, Academic Affairs and Planning; as well as the Directors of Finance, Communications and Human Resources. The Chair of the HICC should be at the highest level to ensure accountability to the Vice-Chancellor and the Institutional Executive Committee and will provide the necessary entry contact point at each institution for the HEAIDS Programme.

3. The Elaboration of Best Practice Guidelines in Order to Ensure the Long-term Sustainability of the Programme.

An analysis of the current institutional and sectoral status with respect to existing policies and interventions will be performed. Concurrently, the applicability of local and international best practice models and guidelines will also be assessed. On the basis of the analysis of the current *status quo* and the comparison to best practice guidelines and models, a series of interventions to reach the priority objectives will be developed. This includes some identification of the human, financial and material resources needed for taking the identified steps. Following a rigorous process of piloting and evaluation, the interventions will be standardised and will be delivered on-scale to all participating institutions.

HEAIDS will co-ordinate the implementation of appropriate institutional monitoring and evaluation procedures to ensure that steps continue to be taken in the right direction. The HEAIDS monitoring and evaluation framework will be closely related to international recommendations of indicators and targets and adapted to the opportunities and constraints of the national situation.

4. Ensure the Long-term Commitment of the HEIs

The implementation of the HEAIDS Programme is only the beginning and not the end of the process of managing HIV/AIDS in the sub-sector. Implementing an institution-wide HIV/AIDS Programme will require ongoing commitment of people, skills, materials and funds in order to sustain the response. Thus, the institution's senior executives, in conjunction with institutional governing bodies and senates have the final responsibility to ensure that these continue to be made available. This leadership and commitment will have to be sustained since the impact of the disease is likely to be long-term. In many respects, the success of the HEAIDS Programme will finally depend on the support that it receives from the HE leadership in the sector. Until HIV/AIDS is considered a chronic disease that can be adequately managed, the requirement to respond proactively to HIV/AIDS will remain a core mandate of the business of the HE sub-sector.



7 References

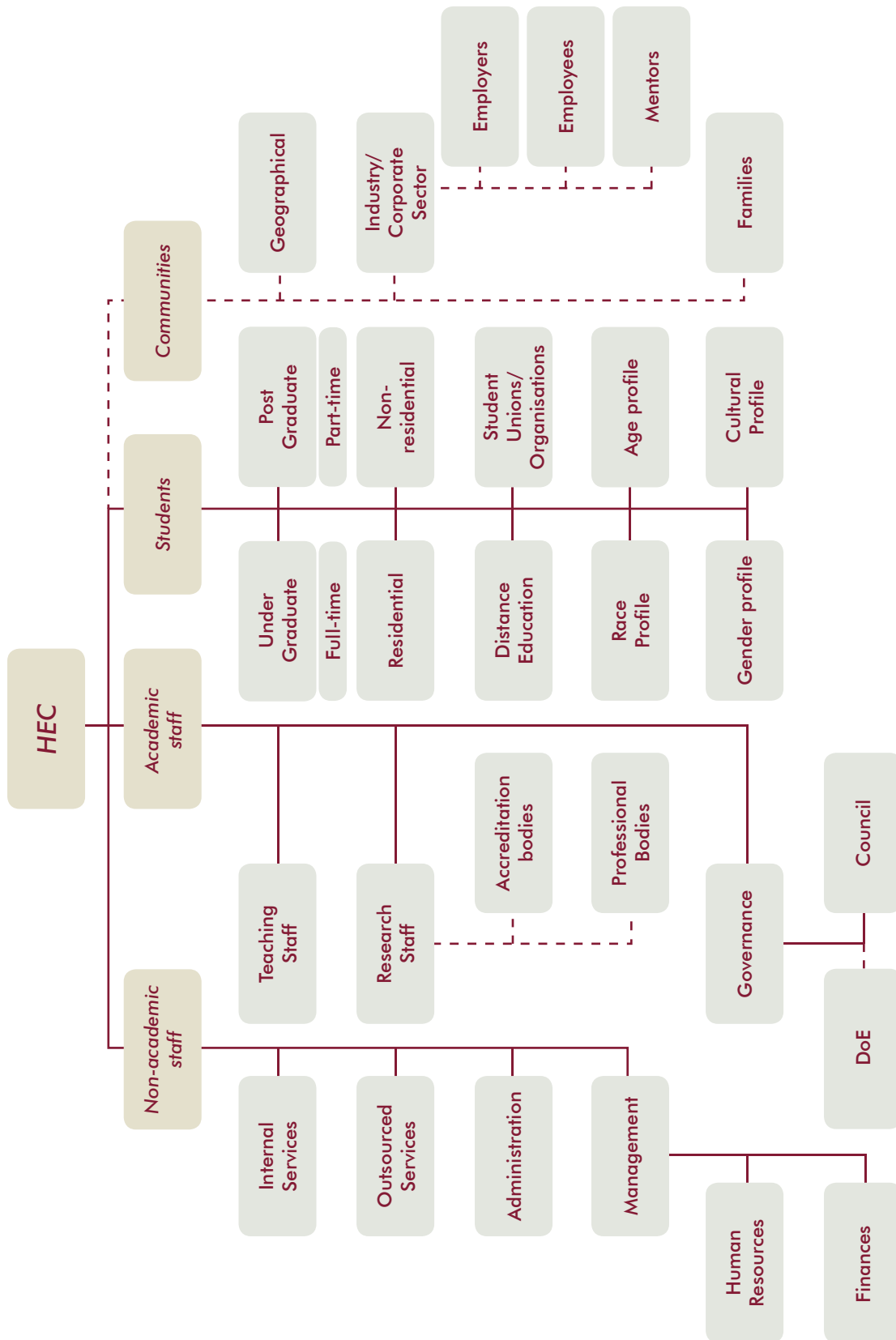
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Annexure 1



Organogram of the Higher Education Community





HEAIDS: Key Result Areas

1. Define the roles and responsibilities of the HEIs and develop and implement appropriate policies

Clear and unambiguous policy, strong leadership, advocacy and management are essential in fostering an effective institutional and strategic response to the AIDS pandemic. The HEAIDS Programme defines these as key programme outputs through the drafting of comprehensive policies, risk assessments and via sustained financial investment.

The HEAIDS Programme will focus on building each institution's capacity to measure the potential impact of HIV/AIDS on the institution, to create high quality HIV/AIDS policies that protect the rights of staff and students, to build the financial and political commitment of the institution to address HIV/AIDS and to develop an enabling environment in each institution allowing for more effective service delivery and implementation of the other result areas.

2. Develop norms and standards for sustainable funding models and mechanisms

The greatest challenge in the successful implementation of a comprehensive HIV/AIDS Programme has been identified by Vice Chancellors, Human Resource Managers, Peer Education Managers and Health Services Staff alike as being general financial limitations. The shortage of human resources was the second challenge identified. This staffing limitation however appears to be related to the general financial constraints within the sector that restrict the ability of the institutions to hire and pay additional staff. Rectifying this constraint has proved a difficult scenario in view of the sectoral funding challenges and institutional mergers that are currently taking place.

The fact that very few institutions have begun planning for the institutional funding of a comprehensive HIV/AIDS response is a cause for concern as it reflects a lack of attention being given to sustaining the activities beyond the HEAIDS Programme. This also supports the view that the need for financial resources is a priority. Clearly, in order to provide a solid and comprehensive HIV/AIDS response, additional sources of sustainable funding must be accessed.

3. Identify and clarify the specific role to be played by teacher education faculties.

South Africa needs leadership in every sector to be prepared for the demands of living in a society affected by HIV/AIDS. Universities need to produce highly flexible, top quality, HIV/AIDS-competent graduates, equipped with the intellectual tools that will enable them to be more adaptable and innovative in responding to the needs of an HIV/AIDS affected society, necessitating both personal life-skills training as well as professional training. Teachers play an important role as community leaders particularly in vulnerable rural areas and students entering the profession should be prepared for the varied demands that the impact of the HIV/AIDS epidemic will create. The HEAIDS Programme envisages that all teacher education faculties will build HIV/AIDS content into their teacher education programmes in order to ensure that South African teachers are equipped to deal with the epidemic as it affects them in their personal and professional lives.

The HEAIDS Programme further envisages that all HEIs will build HIV/AIDS content into teaching and learning. In terms of Programme implementation, this is covered under KRA4 but it is discussed here with respect to the overall teaching and learning function of HEIs and bearing in mind that, lecturers in fulfilment of their role as educators, need to be knowledgeable with respect to the epidemic and its potential impact on the HE sector.

The HEAIDS Programme will thus promote lecturer involvement in HIV/AIDS teaching as an avenue to be explored as well as the need to introduce new fields of study to better understand HIV/AIDS. The Programme will support institutions to promote greater infusion of professional HIV/AIDS issues into the curriculum of all fields and the provision of separate foundation courses on HIV/AIDS is thus one of the priorities for the Programme.

4. Identify, investigate, test and replicate best practice with respect to, inter alia, prevention, treatment, care and support

HIV/AIDS will directly impact HEIs through both increased costs and lost productivity. Higher costs will occur as a result of more staff falling ill, rising costs of health care, as well as the additional costs of recruitment and training of new staff. Declining productivity will result from disruptions in the workplace, increased absenteeism as well as from staff turnover due to death and illness. Productivity will also suffer as students, whose education represents a major familial, institutional, and community investment fall ill. Prevention services are thus critical to containing the spread of the epidemic in the higher education sector.

HEAIDS focuses on the provision of key prevention services (to both students and staff) to stem the spread of HIV/AIDS. These services also represent an opportunity to enhance the quality of life of the HIV-infected together with their family and friends, as well as uninfected people. Prevention should be linked to care as institutions are in well positioned to assist those living with HIV/AIDS to continue in their contribution to the institution and society as a whole.

The Programme will thus focus on assisting institutions to establish any of these services according to quality standards of practice that are relevant to their institution. In addition, the Programme will work to ensure that access to these services for both students and staff is an integral part of the institutional response.

5. Support knowledge generation, assimilation and dissemination

HEAIDS considers the promotion of research on HIV/AIDS to be a critical element of the institutional response. The HE sector should address the needs and challenges of an HIV/AIDS-affected society through both conducting HIV/AIDS-relevant pure and applied research as well as HIV/AIDS-relevant research within specific scientific, medical, social, ethical and cultural disciplines. One of the goals of the HEAIDS Programme is to generate new knowledge about how to address HIV/AIDS in the higher education sector, as well as to ensure that such research conducted through the sector meets ethical standards. The Programme also aims to promote better sharing of information among HEIs in order to build knowledge about institutional responses to HIV/AIDS.

There is a strong need to promote more study in areas other than health sciences, as well as to conduct ongoing research for internal management purposes. New fields of study in response to HIV/AIDS imperatives need to be introduced. In this regard, the Programme will focus on encouraging more effective, ethical, and relevant research that contributes to increased knowledge about HIV/AIDS.

6. Support the HEI's Human Resource capacities and systems development

Risk assessments are a key aspect of institutional HIV/AIDS initiatives in that they allow managers and policymakers to use the results to direct strategic planning. Without risk assessments or any other form of situational analysis, there is practically no way of determining the extent of the impact of HIV/AIDS on an institution. However, very few HEIs have completed risk assessments of the threat posed by HIV to the institution or of its impact on the workforce. Where risk assessments have been completed, most institutions have examined the impact of HIV/AIDS on students rather than the impact on staff. Workforce related components of risk assessments have generally been overlooked throughout the sector.

Currently, only some institutions have employee workplace programmes in place. Workplace programmes must contain the elements of a typical workplace programme¹ which include determining the potential impact of HIV/AIDS on the organisation; developing policies and strategies with relevant stakeholders and; delivering specific services to staff, such as information and education on prevention methods, institutional policy on HIV/AIDS, VCT, and/or treatment, care and support services.

The possibility has been highlighted that many institutions might not currently have the capacity for developing and implementing new programmes, such as a workplace programme. The HEAIDS programme will thus focus on strengthening the institutional Human Resources Departments through the implementation of best workplace practices.



HEAIDS: Programme Monitoring, Management and Implementation Support Structures

Preamble

1 Overall Programme Objective

The Programme will support South Africa's DoE in achieving its vision of a national education and training system which contributes towards improving the quality of life and prosperity of all its citizens, specifically with respect to the HE sub-sector.

2 Programme Purpose

To reduce the threat of the spread of HIV/AIDS in the HE sub-sector, to mitigate its impact through planning and capacity development and to manage the impact of the pandemic in a way that reflects the ethical, social, knowledge transmission and production responsibilities that are the mission of HEIs in society and South Africa.

3 Results and activities:

The Programme will support the DoE and South Africa's HEIs in **developing and strengthening their capacities, systems and structures** to address the challenges posed by the HIV/AIDS pandemic. The Programme will support learning and knowledge development across the six result areas, will replicate best practice and facilitate feedback on implementation and sustainability. Result areas and activities are presented below:

Result 1 The roles and responsibilities of the HEIs and the sub-sector in addressing the pandemic and in developing and implementing appropriate policies are defined.

- Identify and evaluate existing Institutional policies.
- Evaluate the implementation of Institutional policies and their effectiveness in addressing the pandemic.
- Determine the extent and nature of the constraints to policy implementation.
- Formulate institutional and sub-sectoral HIV/AIDS policies.

Result 2 Norms and Standards for sustainable funding models and mechanisms at institutional level with respect to the challenges posed by HIV/AIDS are developed.

- Describe the scope, nature, adequacy and sustainability of current funding models, with respect to emerging institutional responses.
- Determine the applicability of local and international funding models and best practice.
- Develop norms and standards for the funding of HIV/AIDS interventions at institutional level.
- Provide the necessary human and material resources to develop, implement, test and refine the appropriate funding model/s.

Result 3 The specific role to be played by teacher education faculties in addressing the pandemic are identified and clarified.

- Investigate and establish the particular role which can be played by educators in mitigating the spread and impact of HIV/AIDS in their schools and communities.
- Identify, document and investigate the various models of integration of HIV/AIDS into teacher education curricula.
- Design, develop and pilot HIV/AIDS modules (including content, material and capacity requirements) for integration with teacher education curricula (pre-service, in-service and distance).
- Evaluate and determine the appropriateness and effectiveness of HIV/AIDS related modules, activities and materials.

Result 4 Best-practice with respect to, *inter alia*, prevention, behavioural change, care and support, gender (including masculinities), curriculum integration etc. is identified, investigated, tested and replicated.

- With respect to each of the areas of intervention (behavioural change, care and support etc.) document and evaluate intervention models, and identify contextualised best practices.
- Design and deliver capacity development interventions in identified areas of need.
- Provide and develop human and material resources and sub-sector appropriate materials to promote and support the delivery of services in the selected intervention areas.
- Introduce standardised institutional response interventions across the sub-sector.

Result 5 Knowledge generation, assimilation and dissemination with respect to the HE sub-sector, the Education sector and the population as a whole is supported.

- Undertake a situational analysis of in-country sub-sectoral research systems, structures and capacities with respect to the social impact and consequences of the pandemic.
- Design and commission quantitative and qualitative research on the scale, scope and nature of HIV/AIDS and their impact on the sub-sector.
- Increase the number of post-graduate social research projects that relate to HIV/AIDS.
- Improve the assimilation and dissemination of sectoral and sub-sectoral relevant research and information.

Result 6 HEIs' Human Resource capacities and systems development with respect to the challenges posed by HIV/AIDS are supported.

- Conduct an audit of current strategies, capacities and systems of/in institutional Human Resources Departments with respect to the pandemic.
- Establish risk profiles for all institutional staff.
- Design and pilot appropriate workplace interventions: care and support programmes, etc.

4 Monitoring, management and implementation support structures

In terms of the FA signed between the EC and the Government of South Africa (Feb 05) the European Commission is the final authority regarding the Programme and this authority is outlined in the General (Annexure I) and Special Conditions of the Agreement. Through the Delegation of the European Commission (DEC) in South Africa it exercises ex ante approval with respect to all Programme implementation activities including workplans, budgets, recruitment, contracts and publications. It undertakes its monitoring and evaluation role through Programme Progress Reports, external monitoring missions, annual financial and compliance audits, a final external evaluation of the Programme and a final audit. All monitoring and evaluation is undertaken against the stated objectives, results and indicators defined in the Programme Log Frame (Annexure C) of the FA).

The following table describes the monitoring, management and implementation support structures with respect to the **implementation partners**, the DoE and HESA, which underpin the successful delivery of the HEAIDS Programme. Several of these structures are required in terms of the legal framework which governs the Programme and this is indicated under Rationale. Additional structures (indicated in the Table as Proposed Structures) are recommended to ensure coherent implementation of planned activities and integration of successful interventions into institutional structures and practises thus ensuring long-term sustainability of this co-ordinated response to HIV/AIDS. With respect to the recommended structures the intention is that existing and/or proposed structures be utilised where possible, both within HESA and at institutional level, to avoid unnecessary duplication. Institutional representivity and the transformation agenda of HEIs will be fundamental considerations with regard to the composition of the proposed structures.

Programme Structure	Rationale	Status	Core Duties	Meetings	Composition	Secretariat	Recommendation
DoE Senior Management	In terms of the FA signed between the EC and the South African (SA) Government on 14/02/05, DoE is the implementer and has overall responsibility for the Programme. (Annex II 3.1)	Operational	<ul style="list-style-type: none"> • Macro level monitoring • Programme Workplan approval • Approval of Progress Reports 	As scheduled	Senior Management at DoE	DoE	
HESA Executive Committee (EXCO)	In terms of the FA and the Direct Service Contract between DoE and HESA (05/11/05) responsibility for day-to-day Programme implementation has been bestowed on HESA.	Operational	<ul style="list-style-type: none"> • Macro level monitoring 	As scheduled	HESA EXCO members	HESA Executive Office	

Structure	Rationale	Status	Core Duties	Meetings	Composition	Secretariat	Recommendation
PSC	A PSC for the overall strategic management of the HEAIDS Programme was established in line with the general requirements of the FA (Annex II 3.2) signed between the EC and the SA Government on 14/02/2005.	Operational since May 2005 4th meeting held on 28 July 2006	<p>Approval:</p> <ul style="list-style-type: none"> • Programme activities • Annual Workplans and budgets • Programme Progress Reports • Financial Reports and funding requests • Assisting management of the Programme in solving particular issues that may arise. <p>Monitoring:</p> <ul style="list-style-type: none"> • Adherence to the FA policy framework and Strategy for Programme • Holistic approach to Programme implementation through involvement of key role-players • Allocation and management of resources • Needs of the primary beneficiaries 	6 months and as required	Permanent, ex-officio, observers and invited members as follows: Chair: DDG:HE Permanent members: Director: HE Policy Development & Support, Director: HIV/AIDS (DoE), CEO HESA, Chief Director HIV/AIDS (DoH) Ex-officio members: PCU Programme Director Chief Directorate: HE Policy Development & Support (DoE) Observers: Representative(s) of the DEC International Technical Assistant Invited members: currently Finance (DoE)	HEAIDS PCU	To address concerns raised by the HESA Finance & Audit Committee regarding monitoring of the Programme finances that the permanent membership be expanded to include the Chairperson of HESA Finance & Audit Committee. This recommendation will require the approval of PSC and the DEC to SA.

Programme Structure	Rationale	Status	Core Duties	Meetings	Composition	Secretariat	Recommendation
Interim Working Group	Delay in Programme commencement and consequently in appointment of the PCU created the need for an interim structure to facilitate progress.	Established August 2005	<ul style="list-style-type: none"> To provide co-ordination of Programme management activities between the partners (DoE, HESA, DEC) 	Weekly (2005) Bi-weekly (Jan-May 2006) Monthly (May-Dec 2006)	Reports to: DDG: HE, HESA CEO and DEC Members: Director: Policy and Development Support HE (DoE) DEC Project Manager International Technical Assistant Programme Director (PCU) HESA Directors as necessary.	PCU	Review at end of 2006
PCU - HESA	<p>Established in terms of the FA (Annex II) and the Direct Service Contract between HESA and the DoE</p> <p>Technical support provided in terms of the FA (Annex II) and the contract between DEC to SA and EPOS Health Consultants (Germany)</p>	<p>Established April 2006</p> <p>Contracted November 2005</p>	<ul style="list-style-type: none"> Provides co-ordination, planning, management, monitoring and reporting services for the Programme on behalf of HESA Supports the PCU in Programme planning, implementation and reporting Monitoring of progress against Programme Workplans 	Weekly and ad hoc	Reports to CEO: HESA Members: Programme Director Programme Managers x 2 Programme Finance Manager Programme Procurement Officer Programme Administrator Reports to: DDG: HE, DoE DEC & EPOS Health Consultants Members: 1 x long-term technical assistant until May 2009 2 months short-term technical assistance in the area of finance and procurement as required	PCU	HESA Programme Forum to be established to enable sharing of experiences, optimisation of linkages and alignment with HESA Strategic Plan.

Programme Structure	Rationale	Status	Core Duties	Meetings	Composition	Secretariat	Recommendation
Programme Working Groups (PWGs)	In terms of the Financing Agreement (Annex II), six PWGs should be established, one for each of the six Programme Result areas.	To be established	Contribute to: <ul style="list-style-type: none"> development, implementation and monitoring of a specific result area of the Programme Further elaboration of duties to be approved by PSC 	Meet as needs dictate <ul style="list-style-type: none"> - envisaged 2-4 meetings per annum 	<p>Chairperson: Programme Director (PCU)</p> <p>Members: PWGs should be composed of 6-8 members drawn from the HEIs and where appropriate/ necessary representatives from NGOs, CBOs and the private sector.</p>	HEAIDS PCU	HEI membership for the PWGs to be drawn from and/or identified by the COP where such have been established and from other relevant sub-sectoral fora. Nominations guided by relevant result area expertise.

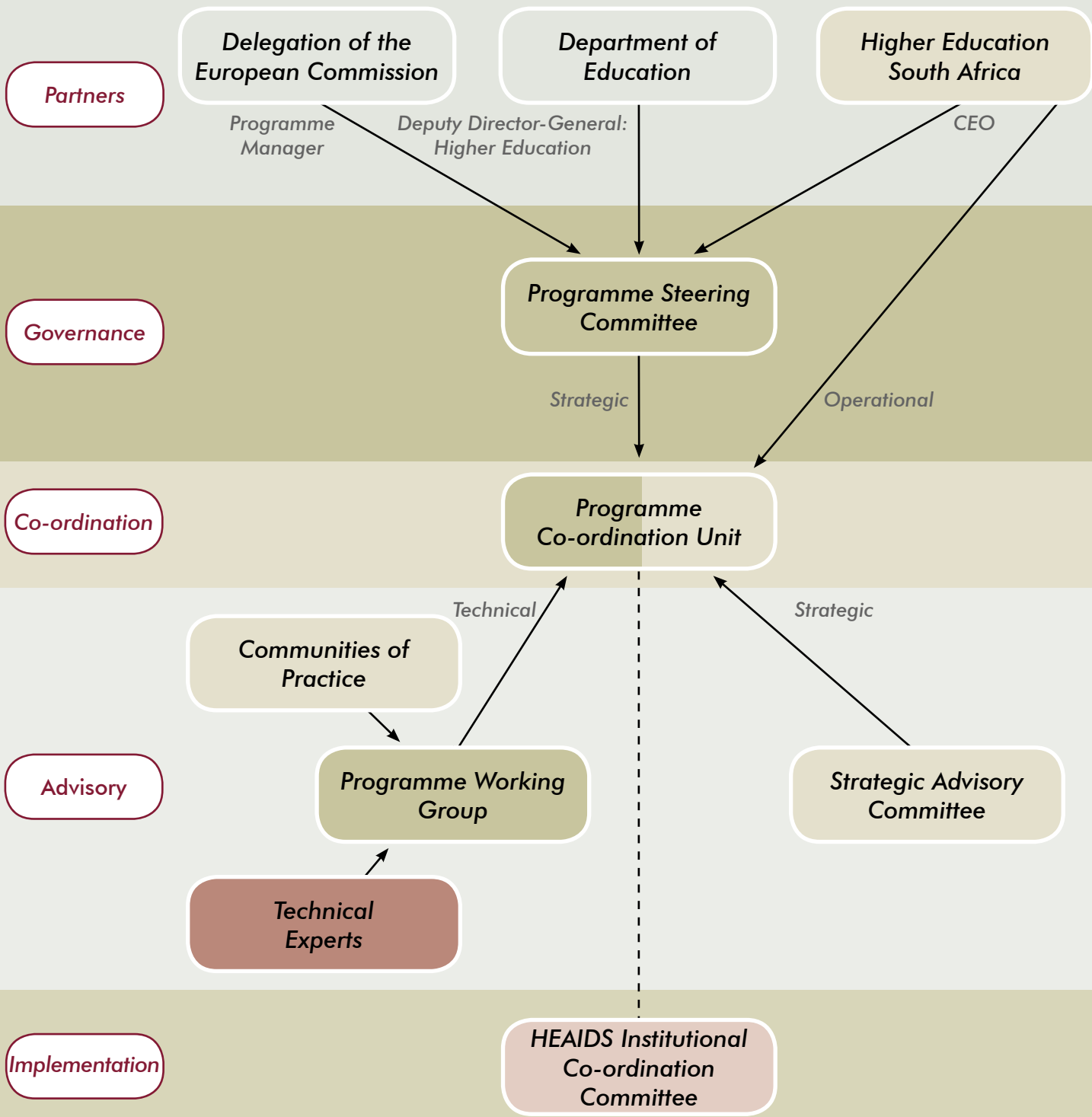
Programme Structure	Rationale	Status	Core Duties	Meetings	Composition	Secretariat	Recommendation
<p>Proposed: HESA Strategic Advisory Committee – HEAIDS Programme</p>	<p>The successful delivery of the 20m Euro HEAIDS Programme, which envisages a co-ordinated response from the sub-sector to the HIV/AIDS epidemic, is of strategic importance for the organisation and of critical importance to the sub-sector and South Africa. The HIV/AIDS crisis has the potential to undermine Accelerated and Shared Growth Initiative for South Africa (ASGISA) and Joint Initiative for Priority Skills Acquisition (JIPSA) and other sub-sector and Government initiatives.</p>	<p>To be established</p>	<ul style="list-style-type: none"> • Advocacy: act as champions for the Programme • Advise on HEAIDS Programme strategy vis à vis the sub-sector. • Advise EXCO on the nature of the activities that need to be undertaken to enhance the value and position of the Programme within the sub-sector. • Work collaboratively with internal and external contacts to promote the sub-sector's interest. • Build strategic alliances and strengthen links and networks with for example government, professional bodies, industry and business, other education sectors and international audiences in the interests of the HEAIDS Programme and the Programme's stated objective. 	<p>Twice yearly</p>	<p>Co-Chairs: 1x Member of HESA EXCO and 1 x member of HESA Board of Directors</p> <p>Permanent members: DVCs: Academic Affairs; Planning; Student Affairs and Research together with 1 or 2 nationally recognised HIV/AIDS experts and 1 x representative national student body</p> <p>Ex-officio members: HEAIDS Programme Director</p> <p>The composition of this Committee will align with the proposed Institutional HEAIDS Co-ordination Team to ensure coherence and synergy with all defined mandates of HEIs and HEAIDS Programme structures.</p>	<p>HESA/HEAIDS</p>	<p>To be established by end of Sept 06.</p>

Programme Structure	Rationale	Status	Core Duties	Meetings	Composition	Secretariat	Recommendation
<p>Proposed: Institutional HEAIDS co-ordination Team</p>	<ul style="list-style-type: none"> To ensure that Programme implementation receives the necessary commitment, support and visibility within institutions To ensure that implementation is integrated in such a manner as to secure the long-term sustainability of successful interventions. 	<ul style="list-style-type: none"> To be established if necessary Existing structures/functions utilised and where necessary expanded to enable reporting line to Executive level and alignment of Committee composition with Programme results. 	<p>Ensures:</p> <ul style="list-style-type: none"> Co-ordination of and support for Programme intervention within the institution Communication of Programme within institution Strategic and operational integration of Programme within institution 	Quarterly	<p>Chair: Executive level to the VC/EXCO of each institution</p> <p>Chair: Contact point for HEAIDS Programme</p> <p>Permanent members: DVCs: Student Affairs; Academic Affairs; Research and Planning Directors: HR; Finance and Communication 1 x SRC member</p> <p>Ex-officio/observer: PCU</p>	Institutions	Established by December 06





Diagrammatic Representation of Programme Support Structures



- HESA Structure
- As per Financing Agreement
- Institutional Structure



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