THE AIDS PANDEMIC AND INSTITUTIONAL GOVERNANCE IN AN AFRICAN UNIVERSITY: THE CASE OF THE UNIVERSITY OF SWAZILAND

Kamanja Gathu[1] and Agostino M. Zamberia[2]

University of Swaziland

ABSTRACT

This paper examines institutional governance with specific reference to how African universities are addressing the challenge of HIV and AIDS. Using the case of the University of Swaziland (UNISWA), the analysis explores how the university is dealing with the AIDS epidemic with respect to governance issues, focusing on AIDS-related activities and policy issues. The analysis is based on a sample of 432 students from the three campuses of the University of Swaziland and five (5) focus group discussions (FGDs). The study found out that, since the university does not currently have an HIV/AIDS policy, a guiding framework upon which an effective response can be based is lacking. Moreover, the lack of clear definition of the roles of the diverse actors involved in AIDS-related activities hampers effective coordination and thus renders the current response by the university ineffective. For the university to achieve its mandate at a time when institutions of higher learning are threatened by HIV and AIDS, there is need to develop innovative approaches to governance so as to incorporate effective intervention strategies.

INTRODUCTION

African universities play a critical role in human resource development. To accomplish this role, universities are guided by their fundamental mandates which are stipulated in their vision and mission statements. The AIDS epidemic has, however, emerged as a formidable obstacle to the accomplishment of this important role. According to Kelly (2001, p.vii), the university in Africa is a high risk environment for the transmission of HIV. The first response an institution must make to HIV/AIDS is to secure itself against the onslaught of the disease (Kelly 2002, p.9). This implies that the university

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[1] University of Swaziland, Private Bag 4, Kwaluseni M201, Swaziland.
Email: gathu@uniswacc.uniswa.sz
[2] University of Swaziland, Private Bag 4, Kwaluseni M201, Swaziland.
Email: zamberia@uniswacc.uniswa.sz

must adopt a broad policy and planning approach that will ensure that its operations and arrangements take adequate account of HIV and AIDS. Against this backdrop, the role of the university has to be expanded to include issues of governance in relation to HIV/AIDS. Buckland and Hofmeyr (1993, p.1) view governance as both the system of administration and control as well as the whole process by which policies are formulated, adopted, implemented and monitored. With respect to HIV/AIDS, this assertion underscores the need for placing governance issues at the centre of all activities geared towards HIV/AIDS prevention and control in African universities.

Many scholars analysing the response by universities in Africa to HIV/AIDS paint a gloomy picture which indicates that many of the institutions remain in the dark concerning the HIV/AIDS situation in their own campuses (Chetty 2000; Kelly 2001; Meyer 2003). According to Kelly (2001, p.34), the most striking feature of the university response to HIV/AIDS is what can only be described as the awe-inspiring silence that surrounds the disease at the institutional, academic and personal levels. Kelly further argues that although universities in Africa show considerable concern for the needs of individuals, they have undertaken virtually no institutional response to HIV/AIDS. He maintains that even the few institutions that have begun to consider more systematic initiatives, there is generally no recognition that the response must be as wide as the university itself and must include all its departments.

The foregoing discussion demonstrates that issues of governance are central to mounting effective strategies to combat HIV/AIDS in African universities. Clearly, African universities will not be able to meet their mandates nor achieve their visions and missions unless effective measures are taken to address the threat posed by the AIDS pandemic. According to the ACU (2001, p.8), the newest leadership challenge worldwide is the struggle against HIV/AIDS, and universities are called upon to assert their role as leaders by promoting open and honest debate and a belief in the value of social and economic progress.

De Waal (2005) argues that African states are often weak and therefore, effective leadership must exist outside government structures. He argues for the need for non-governmental leadership to take a leading role in the fight against HIV/AIDS. This includes the intellectual leadership provided by the university. In this regard, the

African University can play a leading role in providing the required leadership in the fight against HIV/AIDS.   However, as indicated by Katjavivi and Otaala (2003, p.22), one of the most devastating criticisms of universities and academics in Africa is that they do not play a role in addressing some of the most critical problems in Africa, and hence do not make a contribution to development efforts. Among these most pressing problems in Africa is HIV and AIDS. Given the evidence of heightened concern about the impact of HIV/AIDS in African universities and a concomitant lack of an institutionalized response, this paper explores issues of institutional governance focusing in the main on leadership. The paper uses evidence from the University of Swaziland (UNISWA) to unveil the underlying factors that block effective institutionalization of a consistent response to the epidemic.

LITERATURE REVIEW

HIV/AIDS and Governance

According to Lee-Nah Hsu (2000, p.3) governance is relevant to the fight against the HIV/AIDS pandemic because good governance systems are linked to stable HIV prevalence and development. Lee-Nah Hsu argues that highly developed countries with good governance have a winning combination in the fight against HIV/AIDS. This is because a system of good governance consists of full participation of all constituencies. In this respect, some of the main characteristics of good governance include 1) participation as all men and women have a voice in decision-making; 2) responsiveness as institutions and processes strive to serve all stakeholders; 3) effectiveness and efficiency as processes and institutions produce results that meet needs while making the best use of resources; and 4) strategic vision, implying that leaders have a broad and long-term perspective on good governance and human development, along with a sense of what is needed for such development (Lee-Nah Hsu 2000, p.7).

De Waal (2001, p.5) argues that the prospect of AIDS-related national crisis should shape both the governance agenda and the HIV/AIDS programming agenda and that the interaction of HIV/AIDS and governance creates its own dynamics and its own priorities. He calls for the need to develop special HIV/AIDS governance agenda. However, poor leadership that encourages cynicism, fatalism and opportunism, may have the contrary effect of making a manageable situation into a crisis (De Waal 2002,

pp. 12-13) This underlines the importance of leadership in higher education institutions including universities. The ACU (2001, p.14) maintains that universities can play a critical role in the struggle against HIV/AIDS. However, the ACU's contention is that without leadership, there is no commitment to change, and there is little chance of shifting institutional culture to create a sense of urgency or mobilise key stakeholders.

According to the ACU (2001, p.14), leadership is the key to driving management structures, to mobilising resources, overcoming barriers and making resources available. Although leadership can come from different quarters within the university, the Vice Chancellors and senior managers play the most critical role. They can create the right climate, set precedence and mobilise key constituencies within the institutional context. Chetty (2000, p.15) asserts that when leadership comes from Vice Chancellors or a designated senior manager, the signal it sends within the institution and to the wider community is critically important to those people working at an operational level. Generally the university plays a progressive and proactive role in society and gives leadership through research and role modelling in solving social problems. In our times, HIV/AIDS is undoubtedly one of the biggest and most immediate of these social problems.   According to ACU (2001, p.26), the university should be a leader for change in society and hence the task of managing universities in the age of HIV/AIDS has to be reappraised.

University Response to HIV/AIDS in Africa

In their response to HIV/AIDS, the universities are characterised by considerable disarray, inadequate understanding, piecemeal response, lack of coordination, absence of well-developed action plans, minimal policy framework, and heavy reliance on the initiative of few interested and committed members of staff (Kelly 2001, p.vii). In some universities, there is lack of overall coordination in HIV/AIDS related activities and no official records on HIV/AIDS exist (Ennals and Rauan 2002, p.28). Kelly (2001, p.35) contends that success in overcoming HIV/AIDS within the university demands exceptional personal, moral, political and social commitment on the part of the top university executives and that where such leadership has been forthcoming, successes are visible. However, manifestations of such top-level commitment are rare. University leadership tends to be confined to isolated expression of concern about HIV/AIDS,

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during student orientation, and at other times, but does not sufficiently extend to follow-through action by accountable individuals.

Available evidence indicates that no substantive changes in university academic policies or practices have yet occurred in response to the disease and 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 (Kelly 2001, p.viii). Coombe (2000) (cited in Chetty 2000, p.10) identifies three key factors -- lack of management capacity at national and provincial levels; lack of focus and concentration; and lack of trust among potential partners as impediments to concerted action on HIV/AIDS. Institutional response to AIDS requires thinking about the intellectual and organisational capacity that is necessary to limit the spread of the epidemic, to manage its impact and to mitigate its effects. Working with HIV/AIDS requires time, human resources, skills and funding (Chetty 2000, p.22). Effective response can only be achieved in an environment that is characterised by visionary leadership and good governance.

METHODOLOGY

This study adopted a combination of quantitative and qualitative approaches. The analysis is based on data from a sample of four hundred and thirty two students (N=432) drawn from the three campuses of the University of Swaziland (Kwaluseni, Luyengo and Mbabane), and five focus group discussions (FGDs). The selected respondents were interviewed using a questionnaire consisting of both open-ended and closed-ended questions. The questionnaire contained fifty six (56) items in five (5) categories covering the following: background information of respondents; friendship networks and romantic relationships; availability and utilization of sexual and reproductive health services; and the role of students, the university and other organizations in HIV/AIDS prevention and control.

Five focus group discussions were conducted: three at the Kwaluseni campus, one at the Luyengo campus, and one at the Mbabane campus. An interview guide was used in conducting the discussions which covered the following, among other issues: knowledge, attitudes, beliefs and practices among students; HIV/AIDS awareness; reproductive health and HIV/AIDS-related services available to the student community;

and utilization of available services. In-depth interviews were conducted with selected respondents from the University of Swaziland and agencies involved in HIV/AIDS and reproductive health activities, covering such issues as: the services offered by the agency; the target population; planned extension of services to other groups; results of the agency's efforts; and collaborative work with the university administration and/or student organizations.

PRESENTATION OF FINDINGS AND DISCUSSION

Current response at UNISWA

There is currently no clearly defined programme of action to deal with the effects of HIV/AIDS and disseminate critical information pertaining to prevention at the university. Apart from the period of orientation for new students at the beginning of the academic year, no other specifically delineated activities by the university administrative structures are in place to carry through the message of AIDS prevention. The situation at UNISWA characterizes several other universities in Africa (see Kelly, 2003). This raises the issue of follow-up and calls for the institutionalisation of a continuous process of sensitisation supported by the university. This so far remains a major drawback in the overall attempt to promote abstinence and safe sex practices.

With regard to university staff and HIV/AIDS, very little has been done and, seemingly, the university treats the AIDS problem as a student health issue. While students are at least cautioned about the risks of campus life, no similar orientation is available to new staff members nor is there an on-going programme that deals with AIDS-related issues for staff members. Leadership on this front calls for the full participation of both academic and non-academic staff. Apparently, no one seems to have called for a staff movement to address the question of AIDS in the workplace at the university.

To effectively coordinate HIV/AIDS prevention and control activities in the university, the administration launched the UNISWA Health Information and Counselling Centre in June 2002. The function of the centre is to disseminate AIDS-related information to the entire university community and also provide counselling services. Although the Centre was launched in 2002, it is so far not yet fully operational due to lack of essential materials and staffing constraints. Another serious drawback with the Centre is its location on one of the smaller campuses away from the Kwaluseni campus which has

the bulk of the student population. This has implications for accessibility of services provided by the centre.   So far, few students are aware of the existence of the Centre and its services. Moreover, some aspects of its management framework tend to stifle its effective operation. First, the Centre is managed by one person who is also a full-time member of the academic staff. The Centre's diverse activities can hardly be accomplished by one person. Coombe and Kelly (2001) observe that there is need for effective management that provides for the appointment of senior full-time mandated HIV-and-education managers at all levels. So far, no counsellors have been recruited to date although the centre was established in June, 2002.

Apart from the launch of the Centre, the office of the Dean of Student Affairs (DSA) has also encouraged the formation of a students' peer counsellors and educators movement. The goal of the movement is to disseminate information relating to HIV and AIDS, and offer counselling to students. The office of the DSA has so far conducted a number of training seminars in counselling for the peer educators. However, despite equipping the educators and counsellors with these skills, their activities have been hampered by lack of a conducive environment for their work. Since the counsellors do not have an office, they are not easily accessible to those who need their services.

Part of the university response to the epidemic has also entailed the development of an AIDS policy. This document is, however, still at its draft stage despite the process having been initiated about two years ago. As Coombe and Kelly (2001) argue, a creative response to HIV/AIDS requires a policy and regulatory framework that includes common understanding about the nature of the pandemic and its potential impact on education, as well as guidelines, regulations and codes of conduct which clarify the responsibilities of implementers. An investigation of the overall framework within which the document is being developed reveals that there are serious flaws with regard to the coordination of the various offices concerned. For example, the office of the DSA which should ideally be included in the process seems to have been left out.

Despite the fact that the university has no written policy on HIV/AIDS to provide guidelines on how to approach HIV/AIDS issues, the institution needs to take stock of how it is currently responding to the pandemic. For example, the clinics do not provide

treatment of STIs yet these ailments predispose students to HIV infection. Prevalence of STIs among students was confirmed from an in-depth interview with the nurses who indicated that most students who seek medical attention from clinics are STI patients. However, the only thing the clinics do is to refer them to government hospitals. It is therefore difficult to confirm whether they actually get treatment.

In dealing with a serious health problem such as HIV and AIDS, there is need for information on the extent of the problem at the university. So far, the university, like many other institutions and organizations in Africa, lacks data on the impact of HIV/AIDS on the university community. What exists is only anecdotal evidence of the effects of the pandemic on staff productivity. As Coombe and Kelly (2001) argue, a creative response to HIV and AIDS requires an HIV/AIDS in-education research agenda that can develop an understanding of the impact of the disease on the system and provides for the regular monitoring of a set of benchmarks and crisis indicators.

Student participation in the fight against HIV and AIDS

Students' participation as a group as a group in the fight against HIV/AIDS is either lacking or limited. When asked to indicate whether they were aware of any HIV/AIDS relate activities being carried out by any students' group or organization, out of the 432 interviews, only 131 respondents (30.3%) indicated that they were aware of any such activities. The largest percentage of the respondents (62.3%) indicated that they were not aware of any HIV/AIDS related activities being carried out at the university by a group or organization for students. This clearly demonstrates that students lack a collective commitment to the fight against HIV/AIDS and that the student leadership has not been actively involved in mobilising students in the fight against HIV/AIDS. This finding was confirmed by participants in focus group discussions who indicated that collective effort on the part of students was lacking and that they were dealing with the HIV/AIDS issues as individuals. But as Kelly (2001, p.35) points out, efforts that are vested in individuals in the fight against HIV/AIDS lack sustainability. This is consistent with the HEAIDS (2004, p.40) finding that many higher education institutions have other student organizations other than the Student Representative Council (SRC) that prioritise HIV and AIDS. When asked to indicate the HIV/AIDS related activities being undertaken at the university by a group or organization for

students, the respondents identified anti-AIDS clubs and the peer counsellor's movement as the main activities. These activities are not coordinated by the SRC.

The respondents and FGD participants acknowledged that the SRC is the most effective body in mobilizing students on HIV/AIDS related activities since students participate in all meetings convened by the SRC. This finding supports the finding by HEAIDS (2004, p.40) audit report which indicated that the role of SRC in implementing the HEAIDS programme was an area where more attention could be given.   From the audit report, majority of the higher education institutions rate their current SRC as only "somewhat active" and "somewhat effective" in addressing HIV and AIDS issues.

When asked whether they thought students had a role to play in the fight against HIV/AIDS, 77.5% of the respondents said yes. But it is worth noting that 20.4% of the respondents felt that students did not have a role in the fight against HIV/AIDS. This figure is significant and suggests the need for more aggressive campaign to mobilise student participation. When asked to indicate what they perceived to be their role as individuals in the fight against HIV/AIDS, the following were some of the identified roles:

- Abstaining to avoid contracting or spreading the virus (13%)
- Practicing safe sex (27.8%0
- Declaring my HIV status to others (0.5%)
- Talking about AIDS among peers (29.4%)
- Working with organisations outside to link them with students on campus (2.5%)
- Finding more information about HIV/AIDS and sharing it (1.4%).

It is worth noting the proportion of respondents (0.5%) who felt that disclosing their HIV status was essential in the fight against HIV/AIDS. This suggests that a lot of stigma is still associated with disclosing ones HIV status on campus and hence most respondents do not perceive this as a role for the individual in the fight against HIV and AIDS.   This finding is further corroborated by the finding that out the 432 students who were interviewed, only 98 (22.7%) indicated that they knew their HIV status. This finding is consistent with Kelly's (2001, p.iii) argument that a "thick cloak of

ignorance…this cloak is simply lined with layers of secrecy, silence, denial and fear of stigmatisation and discrimination".

On the issue of students' participation as members of an organized group, out of the 260 respondents who answered this question, 31.92% indicated that they were not members of an organized group, 16.9% reported actively participating in all HIV/AIDS related activities, while 20% indicated that they talk freely about sex and HIV/AIDS to other students. The high percentage of students who do not belong to any organized group is a worrying situation because it indicates lack of commitment on the part of students in joining any organized groups which are the best platforms in the fight against the HIV/AIDS pandemic on campus. This finding indicates the need for greater advocacy role by the university administration to get the students to participate both as individuals and as members of organized groups in the fight against HIV/AIDS. From all the focus group discussions, it came out clearly that the university has not done much to address the HIV/AIDS pandemic in the three campuses.

Chetty (2000, p.16) also argues that in South African higher education, student responses to HIV/AIDS are widely divergent. Some institutions report persistent difficulty in mobilising students beyond once-off activities, and low level of interest from student organizations. According to Kelly (2001, p.38), there are sporadic efforts at student activism (through clubs, and societies) aimed at preventing the spread of HIV, but the initiatives tend to be half-hearted and may not be sustained. This calls for the need to mobilise students as part of a strategy of dealing with the HIV/AIDS pandemic.

Participation by academic and non-academic members of staff
Participation by academic and non-academic members of staff in the fight against HIV/AIDS at the University of Swaziland has been minimal. This is because, in the absence of a policy to drive HIV/AIDS related activities, HIV/AIDS issues have not been mainstreamed into university teaching programmes. HIV/AIDS is treated as a students' issue and staff members' welfare and needs with regard to HIV/AIDS are ignored. For example, there is no staff peer education programme at UNISWA nor is there a voluntary counselling and testing service. The only involvement by academic members of staff in HIV/AIDS related issues was the request, through the faculties, for their input into a draft HIV/AIDS policy which had been developed by the UNISWA

Health Information and Counselling Centre. This demonstrates that the involvement of individual members of staff is still minimal and non-committal.

Partnerships in the fight against HIV/AIDS

Institutions that have taken a lead in addressing AIDS, have usually invested substantial time and effort in building partnerships. Partnerships are a key management strategy for assisting in the HIV and AIDS response (HEAIDS 2004, p.38). Such partnerships could be either internal or external (Chetty 2000, p.26). Internal partnerships mainly involve the university administration, academic and non-academic members of staff, faculties, centres, departments, the university clinic, the student affairs office, and students while the external partnerships could involve; other higher education institutions, non-governmental organizations, local hospitals, private funding agencies, private- sector corporations, or HIV/AIDS related service providers In most cases, funding drives the external partnerships and the internal partnerships which are more important as part of an institutional response receive less attention (Chetty, 2000:26). However, internal partnerships are more effective in defining an institutional approach to deal with the HIV/AIDS pandemic.

In the context of UNISWA, internal partnerships in the fight against HIV/AIDS are either lacking or very weak.   For example, an in-depth interview with the campus nurses at Kwaluseni campus revealed that the nurses are not consulted in the procurement of drugs nor are they involved in the decision-making process involving the UNISWA Health and Information Centre since they are not members of the committee. According to the present arrangement, the university clinics are under the jurisdiction of the Dean of Student Affairs office instead of the Health Information and Counselling Centre where they fit best. The nurses also felt that their role in VCT is inadequate since the university lacks a VCT centre and the nurses lack the required training for VCT. As one of the nurses stated:

> Honestly I think the role that we play is insufficient. We would like to have a fully-fledged voluntary counselling and testing centre and somebody trained just for that. We also would like to be more competent in this area.

The nurses felt that they needed more power in the decision-making process on matters that involved the clinic and HIV/AIDS related issues. Similarly, an in-depth interview

with the officer in-charge of students' counselling at the office of the Dean of Student Affairs indicated that their office was not consulted for their input in the preparation of the UNISWA draft HIV/AIDS policy. The officer also felt that the UNISWA Health and Information Centre should be directly responsible for all HIV/AIDS related activities which are currently managed by the office of the Dean of Students Affairs.

From the focus group discussions, the participants pointed out that the university administration does not communicate effectively with students on activities related to HIV/AIDS and that clear lines of communication should be established. They also felt that the university needs to undertake more aggressive campaigns to sensitize students on all HIV/AIDS related activities that are being carried out within the university. As one of the FGD participants from the Faculty of Agriculture said:

> I think they should maybe just write some handouts if they can't get all students for a workshop. Just some handouts and give them to class representatives for the students. Maybe this way someone can be interested in what is being offered at the university and see what they can do about it. But there is nothing like that.

The students went on to add that they needed to be consulted as young adults whenever the university decided to establish any HIV/AIDS related services and facilities. For example, they were not informed as students when the UNISWA Health Information and Counselling Centre was established. This is what one of the FGD participants had to say:

> It is there but many of the students do not know anything about it. I will speak for myself, I mean, I have not seen anything done there. And the counsellors, the people responsible, are not always there. People are not aware of that facility. Some know that something was opened, but they do not know exactly what because they were not involved when it was opened.

With regard to external partnerships, the university has been enjoying partnerships, they have been on an on-off basis since no clear programmes and projects have been developed based on a clearly articulated policy. For example, the Family Life Association of Swaziland (FLAS) has been assisting the university through Voluntary Counselling and Testing (VCT) and training of peer counsellors and educators. However, an in-depth interview with the nurse in-charge of the FLAS clinic indicated that these services are not offered on a regular basis as they only come to the university

by invitation since no standing arrangement exists with the university administration. A similar sentiment was expressed by the Information Education and Communication (I.E.C) manager who felt that it was difficult to reach the university which has a structured curriculum making it difficult to meet students and disseminate HIV/AIDS related information. While FLAS could be a very strong partner in the fight against HIV/AIDS, the I.E.C manager felt that the university has not been collaborating with FLAS in the dissemination of information relating to HIV/AIDS. The manager suggested the need for the university to establish a collaborative plan with all stake holders.

Since the university is lacking in resources and facilities such as Voluntary Counselling and Testing (VCT), treatment for STIs, or treatment for HIV/AIDS related ailments, there is need to establish strong collaborative efforts with external partners. The establishment of such partnerships require the involvement of top university leadership. As Chetty (2000, p. 15) has indicated, a critical factor in dealing with an emergency of the AIDS pandemic requires the presence and quality of institutional leadership. According to Kelly (2001, p. 35) the prime responsibility for mainstreaming HIV/AIDS into all of the university's operations, and in particular into teaching, research and service functions, rests with the senior university executives and their officers. In the absence of such stimulation and leadership, the efforts of staff and students remain uncoordinated and usually un-resourced.

Community Service

Since universities are located in communities, they cannot operate without engaging communities in the life of the institution. Community service is an excellent opportunity for students and staff to provide badly needed services to communities, and to build a stronger basis for the mission of the university (ACU 2001, p.34). A commitment from universities to work with communities sends a powerful signal that the universities are prepared to lead in the fight against HIV/AIDS. In the context of the University of Swaziland, there is no evidence of the university involvement as an institution in community service related to HIV/AIDS. An in-depth interview with one of the key informants (The director of the UNISWA Health Information and Counselling Centre) only revealed a wish to extend the services offered by the centre to neighbouring communities in the future. Besides, given the low level participation by both the staff

and students in the fight against HIV/AIDS pandemic, lack of participation in community service cannot be surprising.

CONCLUSION

From the evidence presented in the foregoing, the response by the university has been minimal and uncoordinated. No university-wide approach to dealing with the epidemic has been put in place. While the university has recognized the threat posed by HIV/AIDS to the institution, there has been no adequate coordination of the structures aimed at dealing with the pandemic. This is attributable to the absence of a guiding framework given the fact the university does not have an HIV/AIDS policy. A policy is critical in developing a coherent basis for decision-making, establishing priorities, and clarifying future direction in terms of strategies and programmes of action needed to comprehensively address the pandemic. The participation of the key stakeholders in the fight against AIDS on campus, namely, students and members of staff has been minimal or non-existent, and the few activities are only carried out either by individuals or small groups without the support of the university administration. According to ACU (2001, p.12), leaders in the university community should engage in a process of self-reflection about whether they have responded to the epidemic and how they may choose to respond in the near future. Universities in Africa should be able to attain minimum standards as a way of addressing the challenge posed by HIV/AIDs pandemic by putting in place policy and programmes which address at least the minimum of what is required in a response to HIV/AIDS. To win the war on HIV/AIDS, interventions must be management-driven and owned by all stakeholders.

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