

**TOWARDS HEALTH PROMOTING SCHOOLS IN AFRICA:
AN EXAMINATION OF SELECTED HEALTH ISSUES
IN
AFRICAN UNIVERSITIES AND SCHOOLS**

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INTRODUCTION

“HIV/AIDS is unequivocally the most devastating disease we have faced, and it will get worse before it gets better”, Dr Peter Piot, Executive Director (UNAIDS) November 2001.

“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.”

This paper will provide an overview of the HIV/AIDS situation globally and in Africa. It will then provide the present status of HIV/AIDS in higher education institutions and schools in Africa, including examples of good practice with respect to teaching, research and community service, and present barriers and challenges.

The section entitled “where do we go from here?” deals with how higher education institutions might dramatically increase their efforts to comprehensively “Challenge the Challenger”, the HIV/AIDS epidemic. The paper ends with concluding remarks reiterating the position of the Association of African Universities adopted at their Nairobi, Kenya, meeting in February 2001. References as well as appendices are provided.

OVERVIEW OF THE HIV/AIDS SITUATION GLOBALLY AND IN AFRICA

AIDS is turning back the clock on development. In too many countries the gains in life expectancy won are being wiped out. In too many countries more teachers are dying each week than can be trained. We will mainstream AIDS in all World Bank work ...

The President of the World Bank, James D Wolfensohn, address to the U.N. Security Council, January, 2000.

HIV/AIDS is without doubt one of the most tragic and challenging health problems of our days. Africa certainly carries the heaviest burden with respect to HIV/AIDS. For a continent representing one tenth of the world's population, nine out of ten HIV positive cases originate from Africa (FAO, Focus 2000).

The pandemic is a "threat that puts in balance the future of nations" (Nelson Mandela, 1997). AIDS kills those on whom society relies to grow the crops, work in the mines and factories, run the schools and hospitals and govern the countries ... It creates new pockets of poverty when parents and bread winners die and children leave school earlier so support remaining children – themselves affected and infected by HIV/AIDS!!!

The statistics make grim reading. HIV/AIDS is the deadliest scourge on the African continent. And for those who are unable to contemplate the scope of the disaster, these numbers will shock. An estimated 25.8 million people are currently (2005) living with AIDS in Sub-Saharan Africa and that's nearly two thirds of all AIDS cases reported globally; in 2001 there were 2.4 million new infections and 2.3 million deaths.

The AIDS pandemic killed 2.4 million Africans in 2005. More than 13 million children under the age of 15 have been orphaned by HIV/AIDS, and this number is projected to double by 2010. Southern Africa including Namibia is the region worst affected by the disease.

At the sub-regional level, the continent harbours 21 countries with the highest prevalence of HIV in the world, while in at least 10 countries, prevalence rates among adults exceed 10 percent. To bring the matter down to individual level, 44 percent of pregnant urban women in Botswana were HIV+ in 2001; one in four adults in Zimbabwe and Botswana carries the virus and of the 13 million AIDS orphans worldwide, 10 million of them are in Sub-Saharan Africa (Africa Today, Vol.9 No.5, May 2003, p.19). Madavo emphasizes this tragic situation differently. He states: "Let us not get caught up only in numbers - - HIV infection rates, HIV prevalence rates, mortality rates. Behind these numbers there is flesh and blood. Behind these numbers there are husbands, wives, parents, children, farmers, teachers, doctors. It's the wellspring of African knowledge and wisdom being drained before our eyes. According to a West African proverb, every time an elder dies, it's as if a library has burned down."

**TABLE 1: GLOBAL SUMMARY OF THE HIV/AIDS EPIDEMIC
DECEMBER 2005**

Number of people living with HIV in 2005	Total	40.3 million
	Adults	38.0 million
	Women	17.5 million
	Children under 15 years	2.3 million
People newly infected with HIV in 2005	Total	4.9 million
	Adults	4.2 million
	Children under 15 years	700 000
AIDS deaths in 2005	Total	3.1 million
	Adults	2.6 million
	Children under 15 years	570 000

**TABLE 2: ADULTS AND CHILDREN ESTIMATED TO BE LIVING WITH
HIV AS OF END OF 2005, BY CONTINENT**

1. North America	1.2 million
2. Caribbean	300 000
3. Latin America	1.8 million
4. Western and Central Europe	720 000
5. North Africa & Middle East	510 000
6. Sub-Saharan Africa	25.8 million
7. Eastern Europe & Central Asia	1.6 million
8. East Asia	870 000
9. South & South-East Asia	7.4 million
10. Oceania	74 000

**TABLE 3: ESTIMATED NUMBER OF ADULTS AND CHILDREN NEWLY
INFECTED WITH HIV DURING 2005**

1. North America	43 000
2. Caribbean	30 000
3. Latin America	200 000
4. Western and Central Europe	22 000
5. North Africa & Middle East	67 000
6. Sub-Saharan Africa	3.2 million
7. Eastern Europe & Central Asia	270 000
8. East Asia	140 000
9. South & South-East Asia	990 000
10. Oceania	8 200

**TABLE 4: ESTIMATED ADULT AND CHILD DEATHS
FROM AIDS DURING 2005**

1. North America	18 000
2. Caribbean	24 000
3. Latin America	66 000
4. Western and Central Europe	12 000
5. North Africa & Middle East	58 000
6. Sub-Saharan Africa	2.4 million
7. Eastern Europe & Central Asia	62 000
8. East Asia	41 000
9. South & South-East Asia	480 000
10. Oceania	3 600

**TABLE 5: CHILDREN (<15 YEARS) ESTIMATED TO BE
LIVING WITH HIV AS END OF 2005**

1. North America	9 000
2. Caribbean	17 000
3. Latin America	50 000
4. Western and Central Europe	5 300
5. North Africa & Middle East	37 000
6. Sub-Saharan Africa	2.1 million
7. Eastern Europe & Central Asia	7 800
8. East Asia	5 000
9. South & South-East Asia	130 000
10. Oceania	3 300

**TABLE 6: ESTIMATED DEATHS OF CHILDREN (<15 YEARS)
FROM AIDS-RELATED ILLNESSES DURING 2005**

1. North America	< 100
2. Caribbean	3 600
3. Latin America	3 200
4. Western and Central Europe	< 100
5. North Africa & Middle East	11 000
6. Sub-Saharan Africa	520 000
7. Eastern Europe & Central Asia	2 100
8. East Asia	1 300
9. South & South-East Asia	31 000
10. Oceania	700

**TABLE 7: ESTIMATED NUMBER OF CHILDREN (<15 YEARS)
NEWLY INFECTED WITH HIV DURING 2005**

1. North America	500
2. Caribbean	3 800
3. Latin America	7 700
4. Western and Central Europe	200
5. North Africa & Middle East	8 900
6. Sub-Saharan Africa	630 000
7. Eastern Europe & Central Asia	3 700
8. East Asia	2 300
9. South & South-East Asia	44 000
10. Oceania	1 100

The teaching profession has been severely affected:

- In Zambia, more teachers died of HIV/AIDS in 1996 than were produced by the country's colleges that year. And 1 300 teachers died in the first 10 months of 1998 compared with 680 teachers in 1996.
- In Kenya, teacher deaths rose from 450 in 1995 to 1 500 in 1999.
- HIV-positive teachers are estimated at over 30 percent in parts of Malawi and Uganda, 20 percent in Zambia, and 12 percent in South Africa. (HIV/AIDS: A Strategic Approach, 2001).

The Education Labour Relations Council, a statutory body which facilitates negotiations between Teacher Unions and the Department of Education in South Africa, commissioned the Human Sciences Research Council of South Africa (HSRC) to conduct a study on "*Survey of South African Public Educators on Impact of HIV/AIDS on educators, 2004*". Educators indicated that:

- There was a shortage of educators
- The number of learners per class increased

- Their ability to teach effectively decreased
- They had less time for preparation and marking
- They had to teach subjects they were not trained in, on behalf of ill colleagues
- They felt depressed

Because of HIV/AIDS children's right to quality education was compromised due to:

- Educators having to deal with orphans who were mostly heading households.
- Children who became vulnerable due to their parents either working away from home or AIDS related diseases such as TB that require parents to be away in hospital.
- Children being expected to provide care to sick persons or take on additional responsibilities.

The impact of the HIV/AIDS is that the quality of education suffers because:

- A significant percentage of educators are infected and die prematurely.
- The death of colleagues, learners, family members and community members affects their ability to teach effectively.
- They find themselves with large class sizes, and therefore unable to attend to all the learners.
- Children affected and infected are not able to concentrate well to receive good quality education.

HIV/AIDS is not just numbers, staggering and frightening though these are. It is our lives.

Those who have died through AIDS were fathers, and mothers, and brothers and sisters, dear friends; they were doctors and nurses; primary school teachers, electrical engineers; community leaders; finance managers; entrepreneurs, researchers, and communal farmers trying to lift their families out of poverty (World Bank, 2000). They

were our students in higher education institutions. They were our members of academic staff. They were our workers.

HIV/AIDS therefore goes beyond statistics. It is at the heart of our lives, touching things we touch and affecting people we love. As Mungai (2001) puts it "They (statistics) do not describe the processes of the lives, the illnesses and deaths of people tested. It is the lives of whole generations of AIDS orphans who will miss education, including the lives of those who end up in the streets, in prostitution and in deeper poverty unless they are cared for. It is the overwhelming problems experienced by relatives due to the sheer number of AIDS orphans under their care.

It is the agony of children who watch their lonely parents die in pain. In other families the parents are unable to earn a living yet in others the extended family has broken down.

It is the economic problem of orphans managing households as well as the nutritional problems involved and the efforts made by AIDS orphans to grow food. It is concerned with the poor health care that AIDS orphans get.

It is the sexuality, especially the process of adolescent development, which underlies sexual maturation, marriage and family development. It is the patterns of sexual activities which lead to HIV infection. Of particular interest are the lives of commercial and forced sexual activities. (p. 261 – 62).

As long as there is no cure for HIV/AIDS, one of the most important lines of battle against the epidemic is effective HIV/AIDS education. Awareness has so far been created of the activities that increase risk and transmission. However, it is now necessary to be much more effective in promoting prevention of STDs and HIV/AIDS through a structured education which people can internalize. (Mungai, 2001, p. 239).

The challenge posed by the HIV/AIDS pandemic is threefold: stopping the further spread of the disease; providing care and support for those infected and affected, and offsetting the negative impacts of the disease on individuals, institutions, and society's social systems.

Many Governments in Africa have developed and are developing responses to the pandemic. Michael Kelly in his paper, "*African Universities and HIV/AIDS*" identifies

three reasons why any responsible academic should be centrally concerned about HIV/AIDS. Kelly argues that “First, AIDS has changed the world as we know it. Second, AIDS makes it imperative that a university takes the special steps needed to maintain itself as a functioning institution. Third, AIDS calls on a university to exercise certain responsibilities to the society within which it operates”. (Kelly, 2000)

What have higher education institutions done in this respect? First we turn to a consideration of what the situation is with respect to HIV/AIDS in higher education institutions.

HIGHER EDUCATION INSTITUTIONS AND HIV/AIDS: PRESENT STATUS

The dangers of HIV/AIDS to all peoples around the world, but particularly to people in Africa are now a matter of public record. So are the dangers posed to institutions such as Universities which are vulnerable to many adverse effects of HIV/AIDS. In recognition of this situation the Working Group on Higher Education (WGHE) of the Association for the Development of Education in Africa (ADEA) decided to undertake case studies on the way HIV/AIDS affects some individual universities in Africa, and to document the responses and coping mechanisms that these institutions had developed. The purpose of the studies was describe as well as to “generate understanding of the way that HIV/AIDS is affecting universities and to identify responses of staff, students, and management that might profitably be shared with sister institutions in similar circumstance.” (Anarfi, J.H. 2000; Barnes, T. 2000; Magambu, J.K. 2000; Mwape, G. & Kathuria, R. 2000; Nzioka, C. 2000; Otaala, B. 2000; Seclonde, H. 2000).

The terms of reference were inter alia to respond to the following questions:

1. In what ways have the universities concerned been affected by HIV/AIDS?
2. How have the universities reacted to these impacts?
3. What steps are the universities taking to control and limit the further spread of the disease on their campuses?
4. What HIV/AIDS-related teaching, research, publication and advisory services have the universities undertaken?

5. How do the universities propose to anticipate and address the larger impact of HIV/AIDS on the national labour market for university graduates?

Out of the case studies Professor Michael Kelly of the University of Zambia made a synthesis entitled "*Challenging the Challenger: Understanding and Expanding the Response of Universities in Africa to HIV/AIDS.*" (Kelly, 2001)

The report paints a disquieting picture, as it indicates that many of the institutions studied remain in the dark concerning the HIV/AIDS situation on their own campuses: "*A thick cloak of ignorance surrounds the presence of the disease in the Universities. This cloak is amply lined with layers of secrecy, silence, denial, and fear of stigmatization and discrimination*".

In spite of difference in details, the studies show that HIV/AIDS is having a serious impact on the fiscal situation of the universities in much the same way as it does on other institutions. The disease increases operating costs, reduces productivity (especially through high absenteeism), diverts resources, and threatens sources of income. Although the case studies provide limited evidence in these areas (university record-keeping does not enable it), they make it clear that universities are experiencing all four effects.

Evidence from the case studies suggests that the university in Africa is a high risk institution for the transmission of HIV. "*Sugar-daddy practices, sexual experimentation, prostitution on campus, unprotected casual sex, gender violence, multiple partners, and similar high-risk activities are all manifested to a greater or lesser degree.*" Therefore, the report recommends, the entire university community – but in particular the university management – needs to face this threat squarely. "In the HIV/AIDS context of university life today the university culture is in danger of affirming risk more than safety. It is in danger of affirming death more than life".

One unsettling finding that emerges from the report concerns the social life of students on campus and the extreme vulnerability of female students, workers, and those in precarious circumstances. *Kelly says the case studies "are shot through with concern about the subordinate status of female students and, in particular, their inability to negotiate for either no sex or safer sexual practices." He speaks about "consensual rape", consents under duress to intercourse in order to preserve a relationship, avoid a*

beating, ensure financial support, or repay favours. The case studies suggest the prevailing climate on university campuses may encourage such violence and thereby facilitate the spread of HIV/AIDS.

In 2004, The Association of African Universities (AAU) commissioned a study entitled:

“The response of universities to HIV/AIDS in the Global AIDS Initiative Countries of Africa-“.

The purpose of the study was:

- to assess African Universities’ capacity to contribute to solutions not only through the teachers and other professionals they produce but also through their impact in policy and in the communities they serve.

- To examine how African universities in the target countries address HIV/AIDS.

The study covered 81 High Education Institutions in the Global AIDS initiative countries: Botswana, Cote d’Ivoire, Ethiopia, Kenya Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania and Zambia.

Results similar to Kelly’s were obtained. And in 2005 UNESCO published a study entitled:

”Results from the Cross-Country Study of Higher Education Institutions’ responses to HIV and AIDS”.

Overall the case studies demonstrate that there is little known in all the twelve institutions about the situation of HIV and AIDS. Information on staff and student morbidity and mortality is largely unavailable, and AIDS-related deaths are reported anecdotally. While small-scale knowledge, attitudes, and practices surveys have been undertaken on some campuses, no rigorous impact or risk assessments were available in any institution. As such, institutions are dealing with a problem whose magnitude and impact is unknown.

There are promising examples of research programmes contributing to national policies and programmes and a greater understanding of HIV and AIDS at multiple levels. Peer education programmes have expanded HIV preventive education and health promotion, and developed life skills and psychosocial competencies among members. Awareness raising

campaigns appear to have contributed to increased dialogue and improved knowledge, although concomitant changes in behaviour are less certain.

THE SITUATION IN SECONDARY LEVEL EDUCATION

In Namibia, the work of Zimba and Mostert (1993) stands out as a unique example of how their cognitive, attitudinal and behavioral risks among secondary school learners may promote HIV infection and promote the spread of AIDS. The authors sought to find out what the adolescents' understanding of sexual activity and modes of HIV infection as well as ways of preventing infection. 1 471 students from five of Namibia's 13 regions completed questionnaires and participated in focus group discussions.

Several risks were identified, for instance:

- 50 % of the students did not know the meaning of AIDS;
- 18 % thought there was a cure for AIDS;
- 42 % thought that some people were immune to HIV infection; and
- 46 % thought that HIV-infected persons did not look and feel healthy.

These results revealed the existence of misconceptions and a lack of accurate knowledge on the meaning and causes of HIV/AIDS; how infection occurs and a diminished perception of being at risk. In terms of behavioral misconceptions, a third of the sample feared getting infection from kissing, mosquito bites, public toilets, and swimming pools. 20 % of the sample took drugs, and 78 % took alcohol, thus increasing risks of HIV infection.

The authors made a number of recommendations:

1. Establishment of a school curriculum based on HIV/AIDS prevention programme for Namibian schools.
2. A systematic research project on secondary schools teachers' readiness to participate in the conception, design and running the HIV/AIDS prevention programme.
3. A survey to ascertain parents' fears, misconceptions and risks and to determine objections/support for introduction of HIV programmes.

Based on the clear findings that students expressed various risks, the authors recommend that once in place, the HIV/AIDS prevention programme should create opportunities for engaging the students into direct, active, sustained and focused risk reduction activities.

This is based on the assumption, supported by this study's findings, that increasing HIV/AIDS knowledge per se would not take care of attitudinal and behavioral risks. (Zimba & Mostert (1993 – p. 64)

“Our results revealed that several potential HIV infection risks emanated from normal social-cognitive developmental demands for love, acceptance, peer conformity, conflict resolution, adolescent stress management and the quest for excitement and new experience. Given this, we recommend that efforts to reduce HIV infection risks among the students should be located in their “world”. Media messages and HVI/AIDS prevention strategies meant for the general public would be less effective when used in programmes for the youth.” (p. 64 – 65)

“Differences in responses to questions on sex meant that HIV infection risks were not always uniformly shared by boys and girls. Because of this, we recommend that school HIV/AIDS prevention efforts should partly aim at enhancing girls' self-concept and empowering them to resist seduction and sexual abuse. Boys should be helped to change their risky attitudes for the protection of others and themselves (p.65).

As sources of information, education, guidance and advice, parents in our study were not ranked highly. This can be explained by traditional beliefs which discourage parents from discussing sex with their children. Because of the seriousness of the HIV infection, we recommend that parental involvement in school HIV/AIDS prevention efforts be increased. Parents should be sufficiently educated about HIV/AIDS and asked to support and participate in prevention activities to protect their children from infection. (p. 65)

From the various activities described in the previous section, it would be helpful to provide examples of some **good practice** as well as indicating some constraints or barriers to change.

EXAMPLES OF GOOD PRACTICE

From the Kelly report (2001) and the ACU workshop held in Lusaka (ACU, 2001) as well as some recent developments, it is possible to cite illustrative examples of **good practice** in HIV/AIDS policy development in universities and community engagement.

HIV/AIDS POLICY DEVELOPMENT

A number of Universities in South Africa have had HIV/AIDS policies for some time now (Chetty, 2000). More recently other universities in Africa have developed policies, including Kenyatta University, and the University of Namibia.

The University of Namibia (UNAM) has a Policy on HIV/AIDS. This Policy grew out of policy guidelines on HIV/AIDS originally drafted in 1997. The University of Namibia's policy on HIV/AIDS articulates with, and supports, the National Strategic Plan on HIV/AIDS Medium Term Plan II (1999 – 2004) and the 2001 Namibian HIV/AIDS Charter of Rights. The Policy is strongly shaped by normative considerations and the Human Rights provisions embodied in the Constitution of the Republic of Namibia.

The Policy has four principal constitutive components. These are:

- *The rights and responsibilities of staff and student,.*
- *The integration of HIV/AIDS in teaching, research and community service,*
- *Preventive care and support services, and*
- *Policy implementation, monitoring and review.*

At its last meeting in November 2002, the Senate of the University approved the HIV/AIDS Five Year Strategic Plan: 2003 – 2007, for implementation of its policy.

Other universities which have not yet developed HIV/AIDS Policies were invited by the Working Group on Higher Education (WGHE) of the Association for the development of Education in Africa (ADEA) to bid for some modest funding to assist them develop their HIV/AIDS policies. To date four awards have been made to the Mombasa Polytechnic, University of Botswana, Highridge Teachers Training College, Nairobi, and Nkumba University, Entebbe, Uganda (Lamprey, 2003). On Nkumba University, William Saint had this to say:

Prompted by Professor Kelly's report, "*Challenging the Challenger*", stimulated by the example of the University of Namibia AIDS Policy, and financed by a small grant from the ADEA Working Group on Higher Education, the Nkumba University in Uganda has just completed the publication of its policy statement on HIV/AIDS. The policy was approved by Senate on December 13, 2002. (Saint, 2003 personal communication)

COMMUNITY ENGAGEMENT

Home-Based Care Programme

A lecturer at the University of Botswana set up a home-based care programme for HIV/AIDS infected and affected members of the community; and the programme proved so effective that the Government has taken it up as a model.

Youth Radio Station

The University of Namibia established a radio station in 2001 (under the auspices of UNESCO), which uses music, jingles, drama and talk shows as a means of mainstreaming HIV/AIDS issues among youth. It aims both to entertain and educate; and a survey revealed that it is the most popular radio programme for young people. 78 % of young people in the 16 – 24 age bracket and 98 % of the students on campus listen to it. Incidentally, it promotes and enhances the image of the University and provides a range of practical training, skills and experience that are of value to graduates wanting to work in the broadcasting and communications industries.

House to House Counselling

The University of Namibia has started a pilot project whereby school leavers in areas where prevalence is determined to be high are trained to equip them for house to house counseling. Their brief is to go from door to door collecting information about the incidence of STDs and HIV-related sickness and death, and to report back to the clinic, which then takes appropriate action to provide the necessary services.

My Future is My Choice is a University of Namibia initiative which aims to empower students in the 15 – 18 year old age bracket by giving them the information and skills that will enable them to make the personal choice to change their behaviour. It is firmly based on the concept of Child-to-Child transfer of knowledge (i.e., the older child passes information to the younger) – a system which is culturally acceptable and common in Africa; and the government has now adopted the programme for lower grade school children.

Introducing Certificate Courses and/or Modules

Kenyatta University is offering a wide variety of HIV/AIDS-related courses at the certificate, diploma (mainly in the holidays, for teachers) and post-graduate levels, and they are proving to be increasingly popular because of their reputation for helping graduates to secure really good jobs. What is particularly interesting is that full-time programmes are being offered in the evenings by demand and on a “paid for” basis – and it is not only working people from

the community but also students who are opting to register for and pay for these programmes; such is their perceived value and relevance. The fee structure also means that the university can afford to pay for well-qualified and able teachers, thereby perpetuating the success of the programmes.

Training Community Leaders in HIV/AIDS

Kenyatta University is also involved through these programmes in spearheading the training of community leaders so that they are sufficiently informed about the issues and can play their part in minimizing the spread of the pandemic.

Involvement in Community Improvement Projects

Another aspect of Kenyatta's involvement with the community is the development of an outreach project called OKUO. This involves students and staff in various community projects such as cleaning the environment, advising on mother-to-child transmission, helping to plan home and family care (including advice on nutrition), providing counseling on HIV/AIDS and assisting with the care of orphans. (ACU, 2001. pp. 10 – 11)

The University of Namibia in collaboration with the University of Tampere, Finland, run a training workshop for Regional Governors, Senior Administrative Officers and Mayors and Town Clerks from all over Namibia, entitled "*The Role of Leaders in the Prevention of HIV/AIDS*". The workshop was designed to sensitize these leaders to various issues on HIV/AIDS and to assist the care of the infected and affected, and the mitigation of the pandemic on individuals and institutions.

The foregoing experiences provide a strong indication that gains and successes are being achieved in the fight against HIV/AIDS. It has become clear, however, that it is necessary to have a structured programme on HIV/AIDS education aimed at bringing about long-term behaviour change in sexual lifestyles. In order to achieve this goal, the HVI/AIDS programme would need to be integrated with both formal and continuing education, with adolescent development being the central topic, in order for it to be stable and sustainable (Mungai, 2001, p. 250).

The approach must be multi-sectoral and multi-disciplinary. And this must be reflected in all the activities, including the HIV/AIDS education programmes.

We turn to a brief consideration of barriers or constraints encountered by higher education institutions and schools.

BARRIERS OR CONSTRAINTS AND CHALLENGES

The ACU (2001) Lusaka report identifies the following as barriers to change:

- Lack of high level commitment
- Lack of necessary structures for implementation
- Lack of empirical evidence of the scope and scale of the problem
- Lack of resources (human and financial)
- Lack of buy-in from the campus community
- Limited access into the academic curriculum

Kelly (2001) indicates as a challenge the need for a comprehensive HIV Prevention Programme the first requirement of which is total management **commitment** which runs through and drives each of the following:

- HIV/AIDS policy and strategy development
- Developing culturally appropriate prevention messages
- Tackling socio-economic factors
- Establishing partnerships
- Sustaining awareness and education
- Challenging denial and stigma
- Situating prevention in a community context
- Linking care to prevention
- Rigorous scientific reflection

Additional challenges have come from the EFA goals (2000); the Millennium Development Goals (2001); and the UGASS Declaration of Commitment on HIV/AIDS as indicated in boxes **3 and 5**.

BOX 1: EFA GOALS (2000)

- expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children;
- ensuring that by 2015 all children, particularly girls, children in difficult circumstances and those belonging to ethnic minorities, have access to and complete free and compulsory primary education of good quality;
- ensuring that the learning needs of all young people and adults are met through equitable access to appropriate learning and life skills programmes;
- achieving a 50 percent improvement in levels of adult literacy by 2015, especially for women, and equitable access to basic and continuing education for all adults;
- eliminating gender disparities in primary and secondary education by 2005, and achieving gender equality in education by 2015, with a focus on ensuring girls' full and equal access to and achievement in basic education of good quality; and
- improving all aspects of the quality education and ensuring excellence of all so that recognized and measurable learning outcomes are achieved by all, especially in literacy, numeracy and essential life skills.

BOX 2: MILLENNIUM DEVELOPMENT GOALS (2001)

Agreed upon goals include:

- Goal 2:** To achieve universal primary education. Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling;
- Goal 3:** To promote gender equality and empower women. Eliminate gender disparity in primary and secondary education preferably by 2005 and in all levels of education no later than 2015;
- Goal 6:** To combat HIV/AIDS, malaria and other diseases. Have halted by 2015 and begun to reverse the spread of HIV/AIDS. Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases.

BOX 3: UNGASS DECLARATION OF COMMITMENT ON HIV/AIDS (2001)

Agreed upon targets include:

- reducing HIV infection among 15 to 24 year-olds by 25 percent in the most affected countries by 2005 and, globally by 2010;
- developing by 2003, and implementing by 2005, national strategies to provide supportive environment for orphans and children infected and affected by HIV/AIDS;
- ensuring that by 2005 at least 90 percent, and by 2010 at least 95 percent of young men and women aged 15 to 24 have access to the information, education, including peer education and youth-specific HIV education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection; and
- having in place strategies by 2003, to address vulnerability to HIV infection, including under-development, economic insecurity, poverty, lack of empowerment of women, lack of education, social exclusion, illiteracy, discrimination, lack of information and/or commodities for self-protection, and all types of sexual exploitation of women, girls and boys.

Given the above-named constraints/barriers and challenges, one can ask “where do we go from here”? What can higher education institutions do, to respond to the HIV/AIDS pandemic? We briefly deal with this question in the following paragraphs.

WHERE DO WE GO FROM HERE?

In order to respond successfully to challenges and risks implied above, and the vulnerability to which all of us are susceptible, the call is for commitment at personal, moral, political and social levels. Some points in this respect are quite clear for institutions of higher education.

1. Prevention has to be the main priority, especially in countries where the prevalence rates are higher. Prevention has to extend to care and to the mitigation of the impact of the pandemic on individuals and institutions.

As Graca Machel Mandela puts it:

There is a need to design and implement strategies that are as comprehensive as the virus itself. We must have prevention, and a continuum of care and treatment within one paradigm.

2. Top-down commitment and support is essential: from the political, through the institutional, to the local level. In this regard the need for a paradigm shift in terms of instituting health promoting institutions, as described below is axiomatic.

HEALTH PROMOTING EDUCATIONAL INSTITUTIONS

The vision of health promoting educational institutions is derived from existing models of health promoting schools, with a specific emphasis on the practical need for HIV/AIDS to be viewed and addressed holistically in the region. In 1978 the Child-to-Child Programme based at the Institute of Education, University of London, supported the implementation of health-promoting schools. The World Health Organization (WHO) also notes that “although definitions vary, depending on need and circumstance, a Health Promoting School can be characterized as a school constantly strengthening its capacity as a healthy setting for living, learning and working”.

Parson et al (1969) identify three benchmarks of a successful health promoting school. These are:

- (i) an enabling environment (including the management, policies and relationships of the school to community);
- (ii) the provision of a health enhancing physical and social environments in schools and through formal curricula; and
- (iii) quantifying the product of health promotion in terms of knowledge, attitudes, behaviors, competencies, and values.

This last notion of ‘health promotion’ is intimately linked with the concept of “mainstreaming of HIV/AIDS into the curricula” in a university or school setting.

I have adopted the definition of “mainstreaming” as advanced by Michael Kelly (2005). Kelly (2005) defines mainstreaming HIV/AIDS as “ensuring that HIV/AIDS concerns become routine so that policies, programmes, and decisions are informed by, and take full account of, relevant HIV issues”. As such mainstreaming seeks to ensure that staff and students routinely understand the relevance of HIV/AIDS of what they do as members of an institution and ... to establish policies, plans, programmes and activities which effectively address the concerns arising from the epidemic.” A report produced by HEARD on HIV/AIDS mainstreaming into government sectors defines mainstreaming as “the process of analyzing

how HIV and AIDS impacts on all sectors now and in the future, both internally and externally, to determine how each sector should respond based on its comparative advantage” (HEARD, 2003). This applies to all educational institutions as part of the educational sectors of a country but also as human resources training centres. Mainstreaming can thus be identified as the dissemination of an issue into every operation of an institution, which finally coalesces in a paradigm shift.

Initiating and developing such a paradigm shift in relation to HIV/AIDS crisis is the most crucial aspect of the creation of a health promoting educational institution environment in many countries in Sub-Saharan Africa. This is because HIV/AIDS is a health crisis that already permeates campus life; it is a health crisis which impacts every discipline and which will impact the future work places of students from the present tertiary educational institutions, including universities. Most significantly, it is a health crisis that has or will have implications for most, if not all, of the tertiary educational institutions’ community personally. Thus, in order to achieve health promotion competency, HIV/AIDS must become mainstreamed in the way that Kelly (2005) and HEARD define the process. The results of this revolutionary approach will have a significant, positive impact on the tertiary educational institutions’ communities, and enable them to serve as models of HIV/AIDS mainstreaming for other institutions.

PARTNERSHIP AND COLLABORATION

The need for partnership and collaboration is axiomatic. The determinants of health lie outside the medical care system. Just as the underlying problems of poverty penetrate every pore of public health analysis the universities and other tertiary institutions as well as other educational institutions have to learn to work across departments, faculties and research interests - - sharing budgets and research funds, teaching programmes and being prepared to modify curricula to meet a common purpose. This also means offering skills and knowledge in non-academic prose to others, including politicians. Externally there is also need for partnership and collaboration with various institutions including:

Partnering to prevent youth infection

The World Bank is a member of the UN Interagency Working Group on schools and education, a partnership that facilitates countries development of strategic plans for HIV/AIDS prevention and impact management in education systems. How best can higher education institutions partner with it in matching teacher supply and demand and in providing

quality skills-based prevention programmes and in enabling all children and youth to receive good quality education?

Collaboration with Commonwealth of Learning (COL)

The Commonwealth of Learning (COL) is already collaborating with UNESCO on a number areas, including distance education. It would be feasible to explore ways that it and UNESCO could support higher education institutions in the use of distance education to train rural communities as well as teachers on various aspects of HIV/AIDS.

Collaboration with UNESCO

Under the UNESCO/UNITWIN Network for Southern Africa, UNESCO “twins” three Universities in Southern Africa (Namibia, Eduardo Mondlane, University of Western Cape) with Universities in the north (Bochum, Lund, Utrecht). UNESCO Chairs have been created for Mathematics and Science Education, Human Rights and Democracy, and Environment. This arrangement has worked extremely well over a number of years and important documentation has been produced, capacity built through training and various programmes addressing these issues developed.

UNESCO could assist in the creation of chairs on HIV/AIDS in a number of institutions, particularly in those countries which have high prevalence rates. It could also assist in developing curricula for schools, tertiary institutions and colleges of education, on HIV/AIDS education, as well as assist in training of counseling for HIV/AIDS, since both the Guidance Unit in UNESCO Headquarters and the Regional Guidance and Training centre in Malawi fall under its remit. In this regard an initiative has been taken by us in consultation with Professor Babatunde Ipaye (University of Ilorin) to develop modules for HIV/AIDS Counselling (Appendix I).

Collaboration with Forum for African Women Educators (FAWE)

The Forum for African Women Educators (FAWE) with Headquarters in Nairobi, Kenya, and with country chapters in many African countries has done extremely commendable work in promoting girls' education and promoting the notion that girls, given support and encouragement, have the potential to succeed in science and science-oriented subjects, including those that have been the preserve of the males, as well as anybody. FAWE has particularly been successful in their work through the Female Education in Mathematics and Science in Africa (FEMSA) Project which is linked to UNESCO's Special Project: “*Scientific, Technical and Vocational Education of Girls in Africa*”. Launched in 1996, it covers activities

in twelve African countries, including eight LDCs (Burkina Faso, Cameroon, Ghana, Kenya, Malawi, Mali, Mozambique, Senegal, Swaziland, United Republic of Tanzania, Uganda, Zambia). The overall objective of the project is to assist in improving girls participation in scientific, technical and vocational education (STVE), so as to give them the impetus necessary to launch into science careers. Specific objectives aim to include more girls in secondary school, notably by improving the quality and effectiveness of STVE, to make an impact on the attitudes and stereotypes which preventing girls from taking advantage of current opportunities in science and technology, and to promote a positive image of women in scientific and technical areas, as well as in social circles.

Higher education institutions could work collaboratively in the achievement of the various goals including the EFA goals (2000); the Millennium goals (2001) and the UNGASS Declaration of Commitment on HIV/AIDS (2001).

Collaboration with Women in Higher Education and Science

Phase I of the project "*Women in Higher Education and Science: African Universities Responding to HIV/AIDS*" was implemented between 2001 and 2004 and involved seven universities.

It started with a workshop in which 55 participants gathered at the meeting in Nairobi, Kenya, to discuss the extent and impacts of the HIV/AIDS crisis in East Africa and to review what responses had been undertaken by universities in the region, to formulate specific proposals to address areas where university action was most urgently needed.

During the workshop it emerged that only one (Kenyatta University) of the attending universities had a curriculum for undergraduate students in place for the teaching of HIV/AIDS course for Education students. It was also noted that universities have the potential and capability to contribute to the control of the spread of HIV/AIDS.

Five universities developed proposal for developing undergraduate curricular in HIV/AIDS. The participants underwent training on how to formulate a common course of HIV/AIDS and how to teach it. In the second year participants attended the Science Education for New Civic Engagement and Responsibilities (SENCER) Institute at Santa Clara University, California. The overall goal of their efforts was to help mainstream HIV/AIDS into the university programmes.

The core of these initiatives is to develop new models of education that connect basic science learning to complex public issues like HIV/AIDS that are appropriate to the conditions on African campuses. By emphasizing these connections in an interdisciplinary manner, students learn basic scientific knowledge (as it becomes more relevant) and engage more responsibly with the issues (as they learn the factual basis for addressing them).

Phase II of the project was implemented through a workshop in 2005, with the following goals:

1. confronting HIV/AIDS pandemic through integration of HIV and AIDS components in curriculum development and education in universities; and
2. improving science and health education in Africa universities

The purpose of the workshop was to infuse or integrate HIV/AIDS into selected university common courses. The three courses that were identified were Communication Skills, Development Studies and Entrepreneurial Skills. These are common undergraduate courses that are compulsory and offered in most Kenyan public and private universities. The expected outcome of the workshop was that the university common courses integrated with HIV and AIDS would be expanded to incorporate HIV/AIDS. This is in line with Ministry of Education HIV/AIDS policy encouraging the mainstreaming HIV/AIDS into the curricular. With financial support this project can be replicated in other African countries outside Kenya.

Collaboration with the UN GIRLS' Education Initiative (UNGEI)

UNGEI is a movement of agencies, governments and civil societies committed to gender equality. It is also an active and growing partnership at regional and national levels. Its objective is to ensure girls as well as boys have opportunity to access and successfully complete a quality education.

In conjunction with the recent EFA High Level Meeting in Cairo (14 – 16 November 2006), UNGEI organized a technical meeting on the 12 November 2006. The starting point of the meeting was the findings of the Global Monitoring Report (GMR) 2007 focusing on Early Childhood Care and Education (ECCE) and the links to girls' education. The GMR clearly states that quality ECCE for girls and boys, in particular the most marginalized and disadvantaged, has a tremendous impact on the achievement of the EFA goals and contributes to the achievement of the MDGs. Findings included:

- Quality ECCE prepares a solid foundation for learning and makes both girls and boys ready to learn and attend school at the right age.
- Quality ECCE programmes have a positive impact on drop-out and repetition rates. The impact is greater for disadvantaged children.
- Quality ECCE programmes include parenting education and improve parents' and caregivers' knowledge and skills in caring for their children.
- ECCE increases girls' motivation, expectations and self-esteem – and these characteristics enable girls to better protect themselves against violence, HIV/AIDS and in emergencies.
- More girls can attend and complete school when they are relieved of child care responsibilities.
- ECCE can help change the roots of discrimination against girls by providing equal opportunities for boys and girls from an early age.

Collaboration with the Association of African Universities (AAU) and Association of Commonwealth Universities (ACU)

The working group on Higher Education (WGHE) of the Association for Development of Education in Africa (ADEA) has already taken initiatives supporting HIV/AIDS work in higher education institutions. It commissioned the study for instance, of seven universities referred to earlier. This role has been passed on to the AAU headquarters. It would be ideal to extend this work to other higher education institutions. The AAU has supported HIV/AIDS policy development in higher education institutions, as witness by the recent awards for this purpose. This commendable support should continue. In addition support for the development of strategic plans to implement HIV/AIDS policies should be initiated, as should tracer studies of past students of tertiary institutions. The Association of Commonwealth University should work hard-in-glove with the AAU in these endeavours.

Collaboration with the New Partnership for African Development (NEPAD)

The New Partnership for Africa's Development (NEPAD) is a vision and strategic framework for Africa's renewal. The strategic framework document arises from a mandate given to the five initiating Heads of State (Algeria, Egypt, Nigeria, Senegal, South Africa) by the

Organization of African Unity (OAU) to develop an integrated socio-economic development framework for Africa. The 37th Summit of the OAU in July 2001 formally adopted the strategic framework document. NEPAD is designed to address the current challenges facing the African continent. Issues such as the escalating poverty levels, underdevelopment and the continued marginalization of Africa needed a new radical intervention, spearheaded by African leaders, to develop a new Vision that would guarantee Africa's Renewal.

Primary Objectives include:

- To eradicate poverty

- To place African countries, both individually and collectively, on a path of sustainable growth and development;

- To halt the marginalization of Africa in the globalization process and enhance its full and beneficial integration into the global economy.

- To accelerate the empowerment of women.

Regional Workshops: Some of its activities and functions of NEPAD is to discuss strategic framework for Africa

Regional workshops to discuss the medium to long-term strategic framework for infrastructure development in Africa will be hosted by the Regional economic communities (RECs) and convened by African Development Bank (ADB) and NEPAD.

Because African economies considered individually are typically too small, **collaboration** and joint action at sub-regional levels are necessary for the development of regional infrastructure to allow for economies of scale through pooling and joint facilities, and to overcome the limitations of small markets and enhance competition. The goal of NEPAD is to develop infrastructure services that are adequate, efficient and of minimum cost, and can therefore support the development of trade and economic growth needed for achieving the NEPAD aim of reversing Africa's marginalization in the global economy.

E-schools launch in Egypt

More than **1 000** people attended the official launch of the NEPAD e-Schools demonstration project in Egypt in February 2007. The project involves 6 schools from **each** of the **16**

participating countries in Africa. The project focuses on providing end-to-end Information Communication Technology (ICT) solutions that will connect schools across Africa to the NEPAD e-schools network and internet. It also includes the provision of content, learning material, and the establishment of health points at the schools.

Egypt is the sixth country to launch the project after Uganda, Ghana, Lesotho, Kenya and Rwanda. This initiative is intended to graduate from the schools young people who are strong in body, mind, and character, who will be equipped with ICT skills to meet the challenges of the information society in a globalised world.

Role of ICT in development

Over 80 delegates recently attended a conference in South Africa themed *Achieving Best Value in Human Resources and Skills Management Using Information Communication and Technology*. Organized by NEPAD, the Commonwealth Secretariat and Africa Recruit the conference examined the business case for e-HR as well as a review of best practices, challenges, policies and case studies aimed at strengthening and developing productivity and employment in Africa.

CONCLUDING REMARKS

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. The most critical problems in Africa include the HIV/AIDS pandemic. But some good progress has been made. Also at a meeting in Nairobi, the Association of African universities passed a declaration. In that declaration was an important resolution dealing with the issue of HIV/AIDS.

“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. African Universities must be in the forefront of research, education and action in this area. We recognize that the solution to this problem might well reside in Africa.”

The magnitude of this task is enormous, and, consequently, so is the responsibility taken by the University community through various present and future activities designed to stem and arrest the spread of HIV/AIDS. We believe that the message is not at all bleak, for the future does not have to be like the past. HIV spread can be prevented and we can deal with the consequences of AIDS. We believe that with strong and visible leadership from the University Administration there will be resonance from below. In the words of Human and Tafelberg (2000).

Our key message is that, along with visible leadership from government and big business, the rest is up to each and everyone of us making a small contribution in our own way. The battle against HIV and AIDS will only be won by millions of initiatives at grassroots level. Some will be more effective than others, but every little bit will count. In the process, we have a good chance of creating a civil society – civil in the orthodox sense of building strong and sustainable institutions which are independent of the state; but civil too in the sense of instilling a genuinely caring ethic and feeling of fellowship among all the citizens who make up this remarkable continent - - Africa.

African universities (and other educational institutions) are faced with a dual challenge: on the one hand, the old problems of access and equity, funding, quality, etc., which are generally under control in most other parts of the world; on the other hand, the new demands of the knowledge society, namely curricular adjustments, linkage into industry, high-end research and innovation, as well as international networking for the purpose.

I would like to make a brief itemization on of some the suggestions on the way forward:

1. Investment and aid policy in relation to African HE needs to be adjusted away from what often appears to be an “either/or” approach, so that the education system is seen as such – a system: with the various parts interacting and reinforcing each other, and all contributing to the development process.
2. Africa’s universities should be assisted to link more fully into the global knowledge networks - - this would involve, for instance, easier access for African researchers to global
 - Knowledge through the web - - one of the key action areas will be to tackle the limitations imposed on such access by inadequate bandwidth.

- Greater access of African scholars to the laboratories and experimental sites of the best institutions in the world.
 - More North/South; South/South collaborative teaching and research projects involving African scholars, in true partnership mode.
3. Targeted support aimed at helping renew the African faculty through some of the measures listed above, but also fellowships, split-site graduate programmes and the greater involvement of the substantial numbers of scholars in the African Diaspora - - both in academia and in other spheres.
 4. Facilitation of sub-regional and continent-wide interaction and collective work, and the provision of support, partnership and collaboration for the purpose.
 5. Realistically, governments need to invest in issues related to health, food production, HIV/AIDS education and care, sanitation and clean water. They must also come to realize that technology is a resource that can be built so that African nations can assume control of their internal issues - - technology can indeed facilitate the ways in which action is taken with respect to each of these essential priorities. Africa's Internet infrastructure must be built and expanded in such a way as to facilitate online learning, improve the ability of students and scholars to conduct online scholarly searches, and expand educational opportunities for all learners beyond the confines of the lecture hall. In addition, scientific journals must become more widely available in Africa - - and African schools must be afforded a venue through which they can share their scholarship both with each other and the developed world. Computers and digital technology must no longer be viewed as a luxury; computers and digital technology are an essential component of and contributes to development.
 6. Facilitation of African academic writing to epitomize how African writers continue to diversity from a knowledge consuming group to that of knowledge creators. Generally many African students are heavily dependent on Western research with little or no African studies to compare with.
 7. There is need to establish clear principles of collaboration and partnership. Partnership should clearly state the purpose of collaboration, aim at building mutual trust and create

an enabling environment for collaboration. This should be shared by all participating groups and should contain achievable goals and objectives. Collaborating partners should have the same vision. They should have a clearly agreed upon mission, with accompanying objectives and strategies. While the mission and goals of each of the collaborating partners will be different, their collaborative goals and interests should be shared.

African countries and their institutions have begun tackling the many problems of their University system, and there are many positive and encouraging signs. The rate of progress and the prospects for the renewal of the Universities in Africa will be much enhanced if Africa's friends took an informed interest in the process and followed through some of the commitments they have already made.

I am sure at this conference we wish to reaffirm the declaration of the African Universities quoted earlier. We are optimists by nature, and we believe in the three WWW's that we were introduced to in Nairobi some time ago, That is, We Will Win!, especially if we take to heart the challenges posed to us by Audience Africa (1995) indicated in **Appendix II**.

A favourite quote:

"In a time of drastic change it is the learners who survive; the "learned" find themselves fully equipped to live in a world that no longer exists"

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APPENDIX I

A MODULAR APPROACH TO THE TRAINING OF HIV/AIDS COUNSELORS IN AFRICA

Introduction

Module 1: An overview of counselling

1. Counseling as a helping profession
2. Counseling in Africa: Participants talk of the perceptions and place of counseling in their countries
3. Culture and Counseling
 - Socio-cultural premises of counseling
 - Culture as a facilitator in counseling
 - Inhibiting aspects of culture in counseling
 - Cultural variation in non-verbal communications and body language
 - Cultural silence on sex, and sexuality issues in Africa
4. Religion and Counseling: facilitating, inhibiting; meditative
5. Assessment/evaluation of counseling: Does counseling work?

Module 2: Introduction to health counseling

1. The concept of health and wellness as they relate to psychology and counseling
2. Meaning and purpose of health counseling
3. Enhancing and applying counseling skills to HIV/AIDS prevention work
4. Psychosomatic aspects of health

Module 3: HIV/AIDS: basic information for counselors

1. Basic introduction to the clinical manifestations of HIV infections and the AIDS disease. Methods of transmitting HIV.
2. Basic introduction to HIV antibody testing: concepts of sensitivity and specificity; types of tests available; concepts of sero-conversion and problems of false positive and false negative, etc., the crisis of the “worried well”.

3. Transmission of HIV.
4. Prevention of HIV.
5. Pre-screening and post-screening counseling.
6. Mobilizing people for voluntary testing and counseling.
7. The social sequence of HIV.

Module 4: HIV/AIDS counseling

1. Theories and models in HIV counseling.
 - i) The Health Belief Model (HBM)
 - ii) The theory of reasoned action
 - iii) Social learning and cognitive theories
 - iv) The AIDS risk reduction model
 - v) Stages of change model
 - vi) Hierarchy of effects model
 - vii) Diffusion of innovations
 - viii) Social marketing
 - ix) Handling the case of the worried well
 - x) Hopelessness, helplessness and the existential self: the Biblical book of Job.
2. The psychology and culture of the major risk groups: adolescents; commercial sex workers; men who have sex with men; drug users and drug injectors; compulsive sex seekers; etc.
3. Patterns of communications with high-risk groups.
4. Reactions to HIV-positive results and counseling approaches In handling them.

Module 5: Systematic HIV-counseling

1. Meaning of systemic counseling in HIV/AIDS
2. Theory and practice of systemic counseling in HIV
3. Tasks in systemic counseling

4. Reframing: handling issues of spirituality and the client's belief system; helping to attain balance

Module 6: Psychological healing and the major counselling theories

1. Rational emotive theory
2. Personal construct theory
3. Reality therapy
4. Crisis theory and intervention
5. Logo therapy
6. Therapeutic treatment of existential neurosis
7. Problem solving therapy
8. Management of anxiety, depression, and stress related disorders

Module 7: Crisis counseling

1. Conceptual issues in crisis counseling
2. The philosophical vocabulary of the African in crisis situations and their application in HIV/AIDS counseling
3. The psychology of HIV/AIDS; crisis and crisis intervention; death; fatality and the African culture
4. Palliative counseling

Module 8: Home care and support networks

1. The concept of caring in the African culture
2. Support networks: purpose, functions and roles
3. Mobilizing/forming support networks

Module 9: Ancillary issues in HIV/AIDS counseling

1. Stigmatization and the counselor's role
2. Nutritional therapy in HIV/AIDS
3. Confidentiality and ethical issues in HIV counseling
4. The legal aspects of HIV/AIDS

Module 10: Practical work/project/field work

APPENDIX II
AUDIENCE AFRICA – UNESCO PARIS, 1995

13. We are all in varying degrees responsible, and we must all make a firm and resolute commitment to reverse this trend, by breaking with the past and formulating a completely new endogenous development policy. We can do so provided that we share a number of convictions: the first is that, contrary to the general view, our continent is not poor. We all have to realize that, of all the continents, Africa has the greatest natural wealth, which means that with competent and serious men, capital and know-how, it could catch up with other parts of the world very quickly, as Latin America and Asia are now doing.
14. The second fact of which we must be convinced is that independence is not an end in itself but a means to the end of national liberation; in other words taking oneself in hand.
15. The third is that Africa will never be built by foreigners, whatever emotional, cultural and personal bonds they have formed with the continent, and whatever the terms of the moral contract that might lay the basis for a new type of partnership between our continent and the international community. Incidentally, the end purpose of assistance is to make it possible for assistance to be phased out.
16. The fourth is that only Africa can decide its destiny. Africans – and they above all – must take the initiative in solving their own problems. Africa is neither a 'lost continent' nor 'a continent in distress' inhabited by people incapable of raising themselves to the level of other peoples.
17. The fifth is that as long as Africans have no confidence in themselves, in their brothers and sisters, in their culture, in their abilities or in their values, they will never make full use of the resources of creativity and inventiveness that lie dormant within them.
18. The sixth is that the three decades of difficulties, mistakes, hesitant experimentation, set-backs and partial successes that have brought discredit on our continent will not have been in vain if we have the courage to carry out a critical assessment of the situation, examine our own consciences, recognize our inadequacies and weaknesses and draw, with humility, all the appropriate lessons from it with a view to a new start.

19. The seventh is that, notwithstanding the need for structural adjustment plans, they should rapidly give way to genuine development programmes based on growth, full employment and justice, devised and carried out by the citizens of the countries themselves for the benefit, in particular, of the most disadvantaged sections of society.
20. The eighth is that any centralization of power or seizure of power by a minority operating through a single party or a State-party is harmful. It is contrary to the process of development and represents a form of dictatorship. It must be opposed. Africa needs democracy because it is the missing link between development and peace, democracy being understood not as a model to be copied but as an objective to be attained.
21. The ninth is that as long as the idea of peace is mistreated in Africa, efforts to promote development will never live up to expectations. Armed conflicts, civil wars, border disputes, tribalism and ethnic rivalries, political disputes and the exploitation of religion for partisan ends make it only realistic to regard political instability and war not as epiphenomena but as a serious and ongoing trend. We can reverse this trend, which has gone on for 50 years, but we shall need an inflexible political will.
22. Finally, as compared with Europe, the Americans, and the countries of the Indian Ocean and the Pacific, which are forming economic blocs engaged in cut-throat competition, micro-States have no chance of becoming significant and credible forces unless they unite. With its present population of 640 million people, who will number more than 1.2 thousand million consumers in 23 year's time, we can be sure that Africa, with the wealth of its soil, its subsoil, its seas, its forests and its tourists and cultural potential, will never be marginalized if its people have the necessary negotiating skills to turn such undoubted benefits to commercial advantage. (Audience Africa, pp. 3 – 4).