

S A U V C A
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**Institutionalising the Response to HIV/AIDS in
the South African University Sector: A SAUVCA
Analysis**

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Foreword

Minister Kader Asmal's initiative in October 1999, the "Tertiary Institutions against AIDS Conference", clearly signalled that AIDS is everyone's problem and we need to ensure that every institution responds to the expressed and unexpressed needs of its internal constituencies and the needs of its broader external community.

The conference marked an important national milestone which underlined the need for a concerted intervention requiring creative, well-informed leadership from a sector potentially well-resourced to shape sectoral, institutional and inter-institutional responses. Minister Asmal appealed for the mobilisation of our institutions in tangible deeds to ensure that our interventions are not viewed "purely as an administrative function that is lightly delegated when it comes to the welfare of specially our youth, our future" but for mobilisation at the highest levels so that the scale and nature of the pandemic can be stemmed effectively by developing concrete and substantive mechanisms.

SAUVCA, at this event, acknowledged that a systemic policy and implementation vision was urgently required. It is towards this end that key multiple conversations were initiated and a concept paper with terms of reference was developed over a period of 3 months between June – August 2000 in the National Directorate of SAUVCA.

During this period, it became clear that SAUVCA required dedicated human and financial resources to implement the project and we are fortunate to have secured the professional assistance of Dhianaraj Chetty. It is pleasing to announce that considerable data and networks have been established and the project is now poised to develop a strategic plan for the HE sector in 2001, in collaboration with the CTP and the Ministry.

Piyushi Kotecha
Chief Executive Officer
SAUVCA

December 2000

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The project team has been extensively assisted by members of the Reference Group who have given valuable input into the conceptualisation of the project. Barbara Payne of the UK Department for International Development (DfID) has generously assisted us with both funding and advice. Ben McGarry of the United Nations has been instrumental and dedicated in his role as an advisor and has facilitated valuable introductions. Prof. Alan Whiteside has been generous in his encouragement since the project's inception and both he and Mary Crewe have shared their expertise and extensive experience in the university sector.

Wilhemina May, as the advisor to the Minister of Education, and Margie Keeton have both provided their perspectives and agreed to facilitate future support. Anthony Kinghorn of Abt Associates was an invaluable source of information and expertise in interpreting data and trends in the AIDS epidemic.

In addition to the Reference Group members, Dr George Subotzky and Dr Terry Barnes of the Education Policy Unit at the University of the Western Cape have given assistance by sharing their collection of materials and experience in the ADEA research study. Justice Edwin Cameron, Chairperson of Council of the University of the Witwatersrand, gave this project a sense of purpose and urgency which will undoubtedly have an effect in time to come on all those who attended the workshop by SAUVCA in October 2000.

Finally, the project was conceptualised and driven by the Chief Executive Officer of SAUVCA, Piyushi Kotecha, and the small, highly efficient team in the National Directorate were invaluable at all stages of the work. Particular thanks to Tessa Yeowart for her smooth and effective co-ordination of all key discussions and drafts, Mokete Masilo for his efficient compilation of information and resources and Hannalie Mouton for the thorough organisation of a lengthy series of interviews and ongoing assistance to all involved.

Abstract

This report documents responses to the HIV/AIDS epidemic by South African universities. It reflects on the dynamics behind these responses and focuses on the findings of an investigation by the South African Universities Vice Chancellors Association (SAUVCA). The investigation examined institutional responses in four areas: management, planning, programmes and policy. The report analyses key strategy issues including leadership, capacity, resources and the system-level impacts that HIV/AIDS will have on higher education. The findings were presented to a workshop with member institutions on 26 October 2000 and agreement was reached on the elements of a co-ordinated strategy for the near future. It argues for a sector-wide response to HIV/AIDS to strengthen a co-ordinated response.

Introduction

Opening a workshop with university Vice Chancellors on a wet and dreary morning in Johannesburg on 26 October 2000, Justice Edwin Cameron struck a deeply personal chord when he spoke about how one has to face discomfort in taking up the challenge of leadership in the fight against AIDS. Justice Cameron is Chairperson of Council of the University of the Witwatersrand and a Judge-designate of the Appellate Court; he is also a person living with AIDS. He was, he said, one of the few people with power enough to speak in a society still clinging to the denial and the silence surrounding HIV/AIDS, and so he had no choice but to face the discomfort of disclosure, given his leadership role in the higher education community.

He spoke of truth-telling and independent thought as core values of higher education. In this world affected by HIV/AIDS, these values have gained new meaning. Judge Cameron's message was clear and forthright: higher education in South Africa not only has a responsibility to join the fight against the AIDS pandemic – it has a responsibility to take a prominent leadership position in this fight.

As the organisation representing the interests of all twenty one of the country's universities, the South African Universities Vice Chancellors Association (SAUVCA) is determined to respond to this challenge as part of its commitment to innovative leadership, scholarship and service within the higher education community and in South African society. As this report seeks to demonstrate, responding to the AIDS epidemic is more than an ethical responsibility, it is an opportunity for universities to regenerate and reposition themselves in a rapidly changing social and economic climate which brings both challenges and rewards.

This report reflects on the way in which the debate on HIV/AIDS has developed in the higher education community since 1999, the situation at present and the way in which SAUVCA plans to develop its own work in the sector in the near future. Part I of the report provides a summary of key issues in the background to this project, and then a synopsis of selected aspects of the literature and current research initiatives. The core of the report (Part II) is divided into sections which analyse responses to HIV/AIDS in the university sector in four dimensions: management, policy, planning and programmes. Part III outlines SAUVCA's follow up to its October 2000 workshop with Vice Chancellors and the work it plans to undertake in 2001/2002. Appendix One contains a set of institutional profiles detailing the range of responses at institutional level, services and details of key contact people. Appendix Two contains a list of those who attended the SAUVCA Workshop on 26 October 2000.

Part I - Background

In 1999 a conference convened under the banner 'Tertiary Institutions Against AIDS' marked a turning-point in the engagement, by education authorities and higher education institutions, with HIV/AIDS. It was clear that many institutions had put effort, thought and resources into a wide range of prevention and education strategies for a few years already. What was missing was a sense that the issue was being dealt with systematically, across the sector and with a consistent sense of priority.

At the conference, the Minister of Education, Prof Kader Asmal, challenged institutional leaders on what they were doing in response to HIV/AIDS, and why they were not doing more. Speaking at the conference, Piyushi Kotecha, the CEO of SAUVCA, began to outline an approach to the issue of HIV/AIDS. She observed that "...the sector had been out of synch with the degree of intellectual debate on issues of transformation, restructuring, curricula changes, quality assurance, equity and funding, to name but a few of the topical concerns. HIV/AIDS needed to feature prominently in this list."

In essence, the approach acknowledged that higher education's response to HIV/AIDS was still inadequate and that the responses had to take a stronger institutional form. SAUVCA proposed the following:

- a monitoring mechanism that would keep track of all current and new initiatives focused on HIV/AIDS;
- identification of best practice models for dissemination;
- promotion of collaborative initiatives between institutions;
- a focus on institutional leadership, curriculum change and policy development;
- support for research and community oriented development initiatives.

For SAUVCA, this occasion marked an important point in the mobilisation of higher education leaders. The conference set off a chain of reactions, some of which fizzled out and others that have borne interesting results. In May 2000, after an intensive period of consultations within the higher education sector and with experts in the area of AIDS, SAUVCA began a process of assessing the extent of responses to HIV/AIDS in the sector in terms of management, policy, planning and programmes.

The process was overshadowed by a vibrant debate taking place, in the higher education system, in response to proposals aimed at restructuring the size and shape of higher education in South Africa made by the Council for Higher Education. It suggested that the Council on Higher Education had made its proposals for restructuring without any reference to the possible impact of the AIDS pandemic on the future of higher education. No data was available, and little thinking had been done on the issue for the sector as whole.

Furthermore, individual institutions have been preparing and working with three-year institutional plans, initiated in 1998, which do not require planning or programmatic commitments with respect to HIV/AIDS.

In this context, SAUVCA launched a project focused on the following:

- to identify the elements of a comprehensive strategy to address HIV/AIDS at a national and institutional level; with short, medium and longer term goals;
- to encourage the university sector to recognise that HIV/AIDS is unlike any other issue in that it brings with it significant health, education, social, economic, management and planning consequences for South African higher education;
- to monitor the extent to which effective programmes and strategies exist within the institutions, and the extent to which there is an awareness of the issues within the system;
- to facilitate creative responses to the epidemic towards the development of a strategy to mitigate the impact of the epidemic on institutions and society;
- to provide a forum for open discussion and debate on the impact of HIV/AIDS on higher education institutions in other countries;
- to explore whether and how HIV/AIDS is affecting institutional management, operations, planning and programmes;
- to examine how institutions are responding within their own environments, and how they could contribute to wider initiatives in AIDS prevention, care and impact mitigation;
- to assess the anticipated information needs of universities to project the likely institutional impacts of HIV/AIDS;
- and lastly, to identify regional collaboration initiatives.

Method

Phase I of the project involved a series of consultations between SAUVCA and all 21 universities – in most cases with the Vice-Chancellor and the Registrar. A series of interviews was also arranged with leading figures based in the university community, in government and in non-governmental organisations. All published material available on higher education responses to HIV/AIDS, with a specific focus on Africa and South Africa was collected. The findings of the project were presented to a workshop of the Vice Chancellors at the SAUVCA pre-AGM workshop on 26 October 2000 and comments were incorporated thereafter. A Reference Group comprising individuals working in the NGO sector, the donor community, university research centres and business provided guidance and feedback. The members of the Reference Group are named in the Acknowledgement at the beginning of the document.

The International Context

The issue of education's responses to the HIV/AIDS pandemic has come under the spotlight increasingly in the international arena. In the case of African higher education, both the Association of Commonwealth Universities (ACU) and the Association for the Development of Education in Africa (ADEA) have made significant contributions to the policy debate, and have launched research and strategy projects which will bear fruit in 2001.

Firstly, the ACU took up the issue at a seminar which preceded the Commonwealth Heads of Government (CHOGM) meeting in November 1999. The University of Natal acted as the local partner institution.

The CHOGM communiqué that followed noted that the social and economic impact of HIV/AIDS constitutes a global emergency. The statement in paragraph 55 of the communiqué led to the formation of a grouping named the 'Para 55 Working Group', which has set itself the task of taking forward the ACU's work on HIV/AIDS. The ACU has now embarked on a series of substantial projects aimed at capacity building, training and research for institutions in the Commonwealth network.

Three studies of the impact of HIV/AIDS have also been commissioned by the ACU on Makerere University (Uganda), the University of Botswana and the University of Natal.

After the ADEA meeting in December 1999, the Higher Education Working Group of the ADEA began a series of ten case studies of higher education institutions in Africa, to examine their responses to HIV/AIDS. The participating South African institution is the University of the Western Cape. The other nine are: the University of Nairobi, Jomo Kenyatta University College of Agriculture and Technology, University of Zambia, University of Namibia, University of Benin (Cotonou), University of Abobo Adjame (Cote D'Ivoire), University of Ghana, Nnamdi Azikiwe University (Nigeria) and the University of Agriculture/Makurdi (Nigeria).

The studies are focused on a range of core questions:

- In what ways have the universities concerned been affected by HIV/AIDS?
- How have the universities reacted to these impacts?
- What steps are the universities taking to control and limit the further spread of the disease on their campuses?
- What HIV/AIDS-related teaching, research, publication and advisory services have the universities undertaken?
- How do the universities propose to anticipate and address the larger impact of HIV/AIDS on the national labour market for university graduates? Should university access, including via distance education, be consciously increased to compensate for expected national losses in skilled professional personnel?

The case studies are further expected to provide information on the impacts and responses to HIV/AIDS with respect to: university management, staff benefit policies, personnel, core operations, functioning, costs, financial impacts, social life and the image and influence of the university. A report on the studies will be tabled at a joint meeting of ADEA and the ACU in Nairobi in February 2001.

Literature

The international literature on AIDS and education is growing rapidly. However, much of it is dominated by a focus on schooling, debates on curriculum change and a focus on prevention. Another strand in the literature is driven by the research conducted by international agencies and looks at macro-economic and human resource implications for the continent and the implications for development programmes.

A newer strand of writing is beginning to take hold which focuses more directly on the system-level effects of AIDS on education in terms of management, human resources implications and planning.

Writing in an African context and with a planning perspective, Kelly (2000a) has lucidly elaborated the imperatives facing African universities and the shortcomings of their responses to date.

Kelly argues that most institutional responses are still characterised by:

- Notional awareness but lack of concrete action from universities;
- Lack of information and hard data;
- Silence at institutional and individual level;
- Stigma and discrimination;
- HIV/AIDS is not being mainstreamed into the management of the institution;
- Little done to replenish society's AIDS-depleted skills;
- HIV/AIDS is being treated as a health problem;
- Imperfect knowledge of the disease and its impact;
- Little sign of behaviour change in individuals and in institutions; and
- Focus on prevention rather than on pro-active control.

As this paper demonstrates SAUVCA has come to very similar conclusions in its study of the South African university sector.

Coombe (2000) has written specifically of the planning and management issues facing education in South Africa, in the wake of the AIDS pandemic. Though the arguments are based mostly on issues and evidence from the school sector, they are applicable to the higher education context. Coombe gives a comprehensive account of the policy, strategy and management approaches which have been deployed and the factors which have impeded action on HIV/AIDS. These include:

- lack of political commitment
- concentration of human and other resources on post apartheid transformation
- lack of understanding of the social – as opposed to health – impact
- lack of management capacity at national and provincial levels
- lack of trust amongst potential partners, and
- lack of focus and concentration.

For Coombe, a response to the current situation requires more systematic information, a greater sense of collective dedication, adequate planning and strategy, more efficient funding mechanisms, effective partnerships and improved capacity to manage the crisis.

Writing with a broader planning perspective, Kelly has broached many of the same issues in a sectoral approach to education (2000b) – again with a focus on the school sector. He argues for an HIV/AIDS-driven approach to education planning and management which encompasses some of the following:

- greater flexibility
- tolerance of a diversity of solutions and models
- a willingness to loosen bureaucratic constraints
- meaningful decentralisation
- a more purposeful use of the resources inherent in people living with HIV/AIDS
- sensitivity to the need of those infected or affected by HIV/AIDS.

In another vein, another recent document has had a major impact on the broader discourse of AIDS and politics in South Africa. Marais (1999) gives the most incisive analysis to date of how national responses to HIV/AIDS have been shaped by the way government has dealt with the pandemic in the recent past. This commentary has been superseded by a far more complex debate since the formation of the Presidential AIDS Review Panel and the controversy sparked by President Mbeki's own views on HIV/AIDS.

Since the "Tertiary Institutions Against AIDS" Conference in 1999, the national Department of Education has commissioned an impact assessment on the entire education system, which will have important consequences for the way in which government, and institutions, respond to HIV/AIDS. The assessment has been completed and the Department is expected to respond to its findings in early 2001. Although the assessment does not provide profiles of the probable impact on an institution-specific basis, it does indicate the probable impact on students and staff in higher education by age, financial aid status and occupational category.

International research on AIDS and higher education appears to be based, for the moment, on case studies of knowledge attitudes and practice amongst students. The management dimensions of the problem are less well-defined or understood.

Research on Africa reveals a narrow response by most governments. A disproportionate amount of effort has gone into curriculum-based prevention strategies which rely on a 'life-skills' intervention. In South Africa, a few small KAP studies (knowledge, attitude and practices) have been done and ongoing research is being conducted by the producers of media-based prevention programmes such as *Soul City* and *Love Life* (Heunis, 1994, Perkel et al, 1991, Strebel et al, 1991, Visser et al, 1995).

The problem statement

Why should HIV/AIDS be of particular relevance to higher education?

1. HIV/AIDS is a development issue, not just a health issue. AIDS is a problem that affects not just the health status, but the social, economic and psychological wellbeing of people and organisations too. If there is agreement on this fundamental principle, then institutional responses needed to be formulated in a substantively different way to the way they are at present.

2. HIV/AIDS affects not just individuals, but organisations and systems. The epidemic will have an effect on all the categories of people that make up a university community: students, academic staff, clerical and administrative staff, support staff and parents. These effects will manifest themselves in host of different ways. Illness, death, trauma, and reduced capacity to work and study will affect both students and staff. Institutions will lose students and staff through mortalities; illness and absenteeism will affect productivity. The pool of skills and knowledge that sustains organisations will be depleted and the loss of both staff and students may ultimately call into question the viability of the institution.

3. HIV/AIDS affects human resource development. The life-blood of universities is the crop of students they enrol every year. These 18-30 year olds are the amongst the most capable and promising members of all societies. They represent the future corps of the highly skilled base of any economy. They are also the age group at the highest risk of contracting the HIV-virus. Many may arrive at university already infected; others will become infected whilst at university, because of a range of factors which make higher education institutional environments a focal point of social and sexual interaction.

4. Preventing the spread of HIV/AIDS and managing its impact requires knowledge. Simply put, universities are about teaching, learning and the generation of new knowledge. In a context where every aspect of society is being affected by the pandemic, the role of the university as a teaching institution which shapes the attitudes and practices of future decision-makers is critical. In the same vein, the university has at its core the responsibility of generating and disseminating new knowledge, which will affect its prospects of limiting and mitigating the effects of the pandemic. Universities have the capability of influencing policy and shaping the national development agenda: research can be mobilised as a decision-making tool, best practise can be advocated, and new standards can be set.

5. Successful institutional and societal responses to HIV/AIDS requires leadership. Lastly, universities play a role in the leadership of their communities. They represent and defend values which are essential in the fight against HIV/AIDS. These include openness, freedom of choice, the value of knowledge and a belief in the beneficial effects of social and economic progress.

What are the dimensions of this epidemic?

In global terms, South Africa is known to have one of the fastest growing AIDS epidemics. Approximately 1700 people are estimated to be infected each day. Nearly 12% of the adult workforce is assumed to be HIV infected. By 2005, about 6 million people will be HIV+ and 2,5 million will have died of AIDS or an AIDS related illness.

Until recently, no projections were available which could indicate what the implications are for the age cohort of young men and women who make up the majority of higher education students and the probable impact on the institutions. Only one study had been commissioned in early 1999, by the University of Natal, and that too was only able to make projections using national data – not hard data on levels of HIV prevalence from the university itself. The Metropolitan Doyle model was used on 1998 profiles of staff and students. Amongst its findings were:

- that up to 50 students might develop AIDS in 1999
- up to 240 student could develop AIDS by 2005
- with no substantial behaviour change, almost 1 in 5 students could be HIV+ in five years time – even in the best case scenario
- and, that between 1998 and 2010, an estimated 4850 students could become newly infected with HIV whilst at the University. A particularly high incidence is anticipated amongst young women.

Anonymous sampling of blood samples from 240 had been tried previously and revealed a 13.4% infection rate for men and 16.3% for women. These small-scale samples are now backed by estimates from the Department of Education's impact assessment (Kinghorn, 2000).

The impact assessment for the system indicates:

- the infection levels for university undergraduates in 2000 is estimated at around 22%. By 2005 this will reach 33%.
- the infection level amongst university post graduate students is currently at around 11% and will rise to 21% by 2005.
- the infection level for technikon undergraduates students is currently close to 24.5% and will increase to 36% by 2005.

With respect to the estimated number of students with AIDS:

- in 2000, around 0,7% of university undergraduates have AIDS. This will increase to 3.7% in 2010.
- Currently, around 0.5% of post graduate students have AIDS. This will increase to around 4.2% by the end of the decade.

Even in the absence of projections using data on prevalence HIV levels specific to institutions, these figures are cause for alarm – and purposeful actions.

Part II – Analysis of the Responses of the University Sector

Management

▪ Uneven and ad hoc responses

South African higher education has been engaged in a process of major transformation since the end of apartheid. Institutions have been changing at a rapid pace in terms of who their students are, where they come from, what they study, what modalities they study through, what higher education costs, and what their new mission is in a post-apartheid dispensation. Needless to say, the historical lines of cleavage between them still shape the higher education landscape, but much has been done in terms of policy and organisation to overcome such boundaries. Though legally and operationally part of a single system, higher education institutions vary widely in terms of their management capacity, their resources, their research capability and their institutional cultures. All of these have a direct bearing on the way in which they have responded to the AIDS epidemic.

Students and staff at universities have, in fact, been responding to the AIDS epidemic since the late 1980s (Perkel and Strebel, 1989). Small-scale but important initiatives are reflected in work like Perkel and Strebel (1991). There may well be other such examples which have not yet come to light. A decade later, South African institutions are now host to recognised centres of research and practice in the fight against AIDS. The University of the Free State has recently moved to establish an AIDS Centre and the University of Natal has an international reputation for research in paediatric AIDS. The University of Durban-Westville has an intensive counselling and support programme. The Medical University of Southern Africa (Medunsa) is a recognised centre of vaccine research. The University of Pretoria hosts a Centre for the Study of AIDS in Southern Africa and the University of the Witwatersrand is home to the AIDS Law Project. The University of Zululand is host to the Dramaide Project which has developed innovative approaches to AIDS education using drama and performance.

All these initiatives have put higher education under the spotlight, but there are many problems too. In some respects South Africa institutions have advanced quickly enough to set important precedents whilst in other respects, they are not moving at all.

By mid 2000 it is clear that the picture across the South African higher education system has some defining features:

- Responses to HIV/AIDS are often driven by individuals and small groupings which have often committed huge efforts
- Responses to HIV/AIDS are typically focused on prevention strategies and programmes
- Responses to HIV/AIDS take the form in many instances of ad hoc activities with no backing by an institutional framework or plan
- There is a radically uneven spread across the sector – while some institutions have highly developed policy and programmes, others have neither in place
- The context in which these responses occur is weakened by the absence of national policy or guidelines that are specific to higher education

- National government had a temporary support mechanism in place which has yielded no results
- There are no incentives to make HIV/AIDS an institutional priority or to keep it as such
- In the absence of available models, some institutions are struggling to define their response to HIV/AIDS because of problems of capacity, resources or a lack of leadership

Recommendation: It is time for the university sector and its partners to take stock of a situation that might quickly outpace the institutions. Within the next five years, AIDS will become an everyday reality in the university system. There is a need for a clearer, more forceful definition of roles and responsibilities amongst all the partners in responses to the epidemic. The responses to date need evaluation and those that work need to be deepened and further developed on a systematic basis.

▪ Leadership

Much of the analysis generated to date has found that the critical factor, in dealing with an emergency of the scale of the AIDS pandemic, is the presence and quality of institutional leadership. In the broader social and political context, the absence of such leadership has been heavily criticised. Of late government's position, particularly on the issue of treatment and the connections between AIDS and poverty, has created a climate of confusion, and has acted to dilute the sense of emergency.

Where institutional leaders within the university community have made AIDS a priority, the effect on their institutions has been immediate and visible. Decision-making and programme management structures have been established, networks have been created, resources have been found and the climate of silence and denial about AIDS has begun to be reversed. In large complex institutions like universities, it is apparent 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.

Recommendation: At institutional level, it is essential for all management and supervisory level employees to be 'AIDS literate' at the very least. They must be made to recognise that their leadership role in combating and managing the impact of HIV/AIDS is an integral part of their responsibilities, and a core value in the ethos of the organisations they represent. Training and capacity building can be provided through SAUVCA and the CTP or through other capacity building and research programmes and higher education organisations. Institutions must be made aware of and supported in their efforts to use other resources such as the Association of Commonwealth Universities. In the final analysis, HIV/AIDS will require more than a managerial response: it calls for Vice Chancellors, senior managers and their academic staff to act as 'public intellectuals'.

▪ **Institutional Culture and Student Participation**

Cohen (1999) provides some important insights into the complex of factors making up institutional cultures in education which will precipitate the spread of HIV unless the reality of the lives of young people in schools and colleges are changed:

‘The issue is how to bring about such a change in the functioning of educational institutions – a requirement that the culture of education be re-aligned with the needs of young people living in a world of HIV and AIDS. Defining the problem as one of making sex education part of the school and college curriculum misses the point entirely. Rather the issue is how to ensure that young persons are provided with the opportunity to act responsibly “tout court” (in entirety), and not just in their sexual lives. It also means giving meaning to their lives – and not just in an educational context.’

In South African higher education, student responses to HIV/AIDS are widely divergent. Some institutions report a persistent difficulty in mobilising students beyond once-off activities, and a low level of interest from student organisations. Others have been able to engage students through their professional interests and volunteer projects. These examples suggest that getting a trainee engineer interested in AIDS as a professional challenge has higher chances of success than a call merely to moral imperatives (Interview: Crewe, 2000). Likewise, if students can be convinced that the skills they develop through prevention, awareness or support programmes are actually desirable and marketable in the workplace their responses are visibly different.

Programme managers concede that even when student participation is high, they cannot be assured of any changes in behaviour. Few, if any, evaluations have been done to establish whether such activities do lead to meaningful modification in attitudes and practices. They also agree that activities planned and executed with student involvement are far more effective in reaching an audience. Peer-educator projects are held up as the exemplars.

A process of mobilising students and managers of student services was initiated during after a 1999 conference at Technikon South Africa. It was aimed at bringing student leaders into the debate about institutional responses and raising the level of awareness of the issues confronting students (TSA Conference Report, November 1999). The government-sponsored Beyond Awareness Campaign also managed to reach substantial numbers of students through a variety of activities: Youth Summits, the placing of men and women living with AIDS on university campuses for a period of time, quilting workshops, leadership workshops, etc (1999). The difficulty is that these valuable initiatives cannot be sustained from external sources alone: they need to be fully integrated into an institutional response. Student leadership is also in constant flux, as students complete their programmes and move off campus.

The prospect is becoming more real that students will become infected with HIV, will be unable to continue studying, will be unable to work and may be abandoned by their families. This scenario will raise important questions for institutions as to their role as guardians ‘in loco parentis’. More thought needs to be given to these challenges to institutional culture.

Recommendation: There is much potential, to date relatively untapped, to mobilise students as part of a strategy of dealing with HIV/AIDS - particularly given the history of student activism in South Africa, the relative strength of student organizations, and the student ethos of engaging in the problems of wider society. All the evidence points to the advantages of having students involved in the planning, implementation and delivery of programmes aimed at their peers. The networks of students activated in the 1999 Conference of Tertiary Institutions Against AIDS, through the Beyond Awareness Campaign and through the work of the grouping at Technikon SA, needs to be recognised, sustained and developed as part of a co-ordinated strategy. One viable programme might be to continue the deployment of the small but growing number of youth living publicly with AIDS onto campuses. These young people are able to articulate a vision of life with AIDS that inspires confidence and possibility rather than well-intended messages premised on suffering and death.

▪ Gender and Sexuality

“It was easy to relate to students because I was once a student myself and I was also trained how to handle and interact with people. They had lots of questions, for example: Now that you are HIV positive do you still have sex? Do you plan your future? Do you still regard yourself as a whole person? I am planning my future because I won't die today and I still regard myself as a whole being... The constitution protects me...”

Lungile Mazibuko, a woman living with AIDS who spent a week at Esikhawini College in Kwa Zulu Natal as part of the Beyond Awareness Campaign.

It has been proven that women in the age cohort attending universities are more vulnerable to infection and the impact of HIV/AIDS than men. However, the evidence from institutional responses does not provide clear signals of how to address this threat or whether universities are responding adequately. Campuses remain spaces where the safety of women cannot be guaranteed and university residences have earned a reputation – perhaps undeserved - as being ‘hot spots’ for rape, sexual violence, harassment and unprotected sex.

Another dynamic of gender relations has implications for women students: sex work. At least two institutions reported this as a problem. Women who are compelled to engage in sex work to sustain themselves are at serious risk. In the school system this dynamic is mirrored in the incidence of students who are forced into sexual relationships by male teachers.

HIV/AIDS plays into the most complex sexual, social and cultural behaviours which define our notions of femininity and masculinity. Evidence from Botswana (Odirile, 2000), which could very easily be transposed to South Africa, reflects the social pressures on women – even students – to marry, have unprotected sex and bear children as early as possible. In a similar way, one student affairs manager has remarked on the difficulties which students have in negotiating sexual and social relationships: ‘[they] are shattered if they don't have a partner by Easter’. Another counsellor has observed an important dynamic in relationships once HIV infection is a reality. Married women are expected to be compassionate and loyal to their infected husbands. Women, on the other hand, are often abandoned by their male partners.

An issue that affects both men and women students and staff alike, is the extent to which repeated exposure to sexually transmitted infections makes them vulnerable to HIV infection. STDs typify the health problems which students present. Research is being done at institutional level on the incidence of STDs and ways of lowering the level of repeat infections. Campus health service providers are trying to get across a message that emphasises the importance of treating and avoiding exposure to these infections with the aim of impeding the transmission of HIV.

Lastly, even if the focus of attention remains on heterosexual transmission, it should not preclude specific attention to male bi-sexuality and homosexuality given that these practices exist on all campuses.

Recommendation: The knowledge that the HIV/AIDS epidemic will have a differential impact on women, particularly in the university age cohort, is adequate warning that any intervention must take account the specific needs of young women and the points at which women are made vulnerable by institutional, sexual or social practices.

Policy

▪ **Policy and Programme Development**

South African higher education institutions operate within a tradition of institutional autonomy and self-regulation, with government playing the role of regulator in the last instance. To date, policy on HIV/AIDS has been left to institutions to define and implement. There have been pros and cons to this approach.

One of the positive outcomes of the conference held in 1999 was a set of draft guidelines to be used by institutions. Even though the guidelines were never formally adopted or endorsed by government, they have been used with some success as a template for policy development in a number of institutions. At present, four institutions have approved and adopted an HIV/AIDS policy: the University of Port Elizabeth, Rand Afrikaans University, University of Cape Town and Potchefstroom University for CHE. A further 10 institutions have draft policy: MEDUNSA, University of Durban-Westville, UNISA, University of Natal, University of Pretoria, University of the Free State, University of the Witwatersrand, University of Stellenbosch, Rhodes University, and University of the Western Cape. The other seven institutions have no policy at all yet.

Given the pace and the premium on social and institutional change in South Africa since 1994, a situation has arisen, across many sectors in our society, where policies are drawn up even though there is often neither the capacity nor the will to implement them. In education specifically, a debate has developed about 'policy overload' – especially in the school sector where managers are increasingly burdened with complex new policy imperatives and instruments. The gap between the intentions behind policy and what is possible in practice becomes all too visible.

With respect to policy on HIV/AIDS within the university sector, where the institutional response has focused too heavily on policy, the policy by itself has not been a sufficient pre-condition for good programmes or success. Some institutions take the view that programmes can be launched and delivered successfully without a fully developed policy framework. However, where the framework does exist, it acts to strengthen the response.

Recommendation: Higher education institutions ought not to operate in a social and organisational context which has no form of policy or framework to address HIV/AIDS. This should not preclude them from acting on the issue in the interim, but policy is important as part of an institutional response. The skills needed for developing policy are available with the university community and can easily be made available with the assistance of the umbrella bodies. Institutions must be mindful of the obligations which come with policy. If there is no visible commitment to resources and programmes in tandem with policy, it will easily become a worthless exercise. The Department and the Ministry need to provide guidance on this issue before placing a requirement on institutions to respond.

▪ Policy Imperatives

The content of policy has generated debate about where the emphasis should lie among human rights considerations (support and confidentiality), legal obligations surrounding HIV (Employment Equity Act of 1998, Labour Relations Act of 1995, Occupational Health and Safety Act of 1993) and the economic implications for institutions (benefits, conditions of service). Aside from the draft guidelines developed by the Conference in 1999, most institutions have found the Department of Labour's Draft Code of Good Practice on Key Aspects of HIV/AIDS and Employment a useful tool (Gazette No 21089, April 2000). Government has also developed 'Technical Assistance Guidelines on Managing HIV/AIDS in the Workplace', gazetted in December 2000.

A number of institutional managers have struggled with an approach based on confidentiality. Self-disclosure happens in very few cases because of the fear of discrimination but, however much confidentiality is a constraint, it is an established legal and ethical principle in managing HIV/AIDS. Aside from the legal sanctions, undermining confidentiality will have immediate effects, at the institutional level; on the level of trust, the willingness to disclose and seek assistance and the integrity of institutional policy.

Recommendation: As the epidemic unfolds, the imperatives will change and policy will have to adapt. We operate with an imperfect understanding of AIDS at this time. For many institutional managers the difficulty is that AIDS is not visible or quantifiable but that should not be a reason for inactivity. When students and staff infected with HIV eventually feel free enough to disclose their status and ask for institutional support, it will be too late. The absence of a response or demands around HIV/AIDS from trades unions at institutional level is puzzling and requires attention by institutional managers. Staff need to be aware of their rights and obligations and how to deal with AIDS in the workplace and in their lives and in the lives of students. Institutions which have made no provision yet for such intervention need to include such measures as part of their minimum standards.

Planning

▪ **Size and Shape**

In June 2000 the Council on Higher Education released much-awaited proposals on the restructuring of the higher education system. In the flurry of responses to the proposals, a few commentators noted the absence of any comment or analysis on the possible impacts of HIV/AIDS on the future of the higher education system. The Council's response was that it had no data upon which to base an analysis at the time the proposals were developed.

Much of the response to the 'size and shape' document, as it has become known, focused on the numbers driving the higher education system and proposals to create categories of institutions. In submitting suggestions for the terms of reference for the size and shape task team in February 2000, SAUVCA indicated the importance of taking into account the likely effect of HIV/AIDS on the system.

The SAUVCA submission to the final CHE recommendations also reiterated the need to acknowledge the severity of the epidemic in any systemic planning or strategic activities. As this report argues, there is much more at stake than subsidies. HIV/AIDS will undoubtedly affect the size and shape of the sector, but its impacts will be far more widespread and pernicious than a decline in student enrolment.

The Higher Education White Paper requires institutions to prepare and submit institutional plans, a process started in 1998. But, despite evidence of significant commitment to addressing HIV/AIDS, few institutions have done more than mention HIV/AIDS in these plans. Rarely has it been made a core focus or a management function, cutting across all sectors of a university's operations. No provision has yet been made in the information system most institutions operate, and no instruments have been put in place to identify or track the impact of HIV/AIDS. Once-off surveys and analyses have been attempted by institutions such as the University of Durban-Westville.

Consider the following example: A few years ago the education system included more than 100 teacher education colleges which were under the control of provincial authorities. Following the decision to move teacher education institutions into higher education, 27 colleges are awaiting incorporation. Yet this process has not been linked to a study of supply and demand for new teachers related to the impact of HIV/AIDS. Is downsizing as a short-term response to oversupply the appropriate planning response to HIV/AIDS? How do we respond to the possible impacts on teachers and nurses?

In the meantime, there are clear signs of stress in parts of the system. Aside from a pressing concern with the declining numbers of qualified matriculants, students are dropping out in 2nd and 3rd year in significant numbers without any plausible explanation. Changes in enrolment and progression need to be adequately monitored and projections of enrolments need to be re-evaluated as the spread of HIV is better understood.

Recommendation: Institutions should begin to plan purposefully in anticipation of the Ministry's decisions on the HIV/AIDS impact assessment. Institution specific profiles – which are not part of the Department's impact assessment - such as the exercise conducted by the University of Natal and presented at the 1999 Conference are useful, necessary and worthwhile investments. They act to focus attention and to bring strategic considerations to the forefront.

Economic Dimensions

HIV/AIDS will have both direct and indirect costs for institutions. These have been well documented in the research but are not yet quantified. The direct costs include increased loads on employee benefits (medical and pension schemes), while the indirect costs range from absenteeism and sick leave to reduced capacity, loss of skills, and higher training costs. The implications of these costs are that institutions will need to plan for changes in the level of their liabilities as this pandemic unfolds.

In some areas, assessments of risk are already underway:

Firstly, group life cover policies have now become mandatory for health science students at most institutions with medical and dental faculties (e.g. Medunsa, WITS, Stellenbosch). A debate has developed about debt recovery at institutions where student debt looms as the larger problem. A related debate is developing about the possibility of pre-testing students in the health sciences because of the level of investment in these students.

Secondly, in the case of staff, a few institutions have had to respond to HIV infections in changing between medical aid schemes. All new members of the schemes are required to take an HIV test. The difficulty here is that institutions are likely to be confronted with the reality of levels of infection they had not anticipated and all the management and policy issues related to confidentiality, support and treatment which follow.

Thirdly, the University of Durban-Westville has successfully included burial insurance as part of its registration fees. Where it has been used in the case of the death of a student, the response from parents has been very positive.

Fourthly, the risk to students in clinical training at state health facilities has also come under the spotlight. Though the risk of infection is considered low, there are weaknesses in the current arrangements regarding liability. State institutions indemnify themselves against liability and provide some form of post-exposure prophylaxis; thereafter, the higher education institution is expected to take on the responsibility for treatment. All institutions need to make provision for such a possibility.

Recommendation: Provision for medical aid cover and pension and other group cover schemes is handled in a variety of different forms at institutional level. Given that few institutions have yet thought through the full implications in terms of direct costs, this requires urgent attention in the immediate future.

▪ Capacity

An 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.

In the current scenario few people at institutional level are designated with full-time responsibility for AIDS, but this is a growing trend. The University of the North West has a voluntary co-ordinator, the University of the Free State has allocated a full-time post to an AIDS centre, as has the University of Pretoria. Many others are hesitant to adopt a similar approach, largely because of the cost factor. Providing adequate capacity is a key strategy issue because the longer it remains an add-on responsibility, the lower the chances of success.

There is a real danger of overtaxing existing services and personnel which currently take on the bulk of the responsibility through campus health centres and the like. One of the benefits of the sector-wide approach is to explore: 1) the possibility of capacity being shared across institutions, 2) different levels of capacity being based within government (the Department and the Ministry of Education) and the umbrella organisations (CTP and SAUVCA), and, 3) ways of developing capacity in the short term.

Recommendation: Capacity needs to be established, as a priority, at the national and institutional levels. The umbrella bodies (SAUVCA and CTP) could play an important facilitating role as a base for a dedicated group of AIDS professionals who would service institutions on demand for a period of two years in which individual institutions would develop their own capacity and programmes. Partnerships with AIDS services organisations are expected to be a key aspect of this capacity building thrust.

▪ Research and Data

To date, only two institutions (University of the Western Cape and the University of the Witwatersrand) are tracking their output of research related to HIV/AIDS and the Universities of Natal and Pretoria show a visible commitment to programmes of social science research on HIV/AIDS. In 2001 the University of the Witwatersrand will host a major conference on the history of AIDS. There is evidence of research done by a range of individual departments at a number of institutions but these are not part of a programmatic response.

The picture of course, is very different in scientific research. It is difficult to capture the range and complexity of scientific research in a snapshot but three categories are discernible: 1) bio-medical research, 2) clinical trials 3) health systems and policy. Through the Medical Research Council and other partnerships the universities of Cape Town, Witwatersrand, Stellenbosch, Natal, Transkei and MEDUNSA are involved in vaccine development and trials. The universities of Pretoria, Natal and Witwatersrand are also engaged in research on the responses by health systems and on health policy related to HIV/AIDS.

Major research programmes into mother to child transmission and sexual and reproductive health are based at the universities of Natal and the Witwatersrand respectively.

Research requires leadership, a supportive climate and resources but the truth is that researchers tend to rely heavily on externally generated resources – where they are lucky enough to get them. It is worth noting that the level of investment in scientific research programmes is rarely matched by what goes into prevention, support and treatment at institutional level.

Recommendation: The possibilities for research required and offered by the epidemic could be viewed as a challenge for our universities. This could act towards reversing the current decline in research in the higher education sector.

▪ **Equity**

Equity remains, perhaps, the thorniest issue in South African higher education. Though official policy aims at developing a 'single, co-ordinated' higher education system, the sector remains marked by a history of racial division and inequality. For historically black institutions particularly, a response to HIV/AIDS has to be thought through in a context of competing priorities and the differential impact the epidemic will have on the sector. Their resources to meet the impact of the epidemic are thus negligible.

All indications are that a number of factors will result in historically black institutions being more heavily affected by the epidemic. This assumption brings the issue of race to the fore. As documented by Marais (1999) and others, discourse about AIDS plays into the complex of racial and identity politics in South Africa. There is a concern that HIV/AIDS has readily been interpreted as a 'black problem' – in some higher education institutions too. This is not surprising given South Africa's history, but it does call into question what higher education is doing to counter the perception in societal and institutional terms.

Feedback from the historically black institutions is testimony to the skewed distribution of AIDS services and resources across the country. This maldistribution affects historically black institutions disproportionately. Partnerships are not easy to sustain when considerable distances separate organisations that require regular contact. In the Northern Province, for example, the government established and funded AIDS Training and Information Centre (ATIC) has a staff of 2 for the entire province. Institutions struggle to find supplies of the free condoms provided by the Department of Health. AIDS service organisations, which are easily accessible to those institutions close to the major urban centres of Johannesburg, Cape Town and Durban, give urban institutions a major advantage over the rurally located ones.

A debate is also emerging about the way in which HIV/AIDS will play into the dynamics of student life and welfare at historically black campuses. Historically, these campuses have been isolated from towns/cities, transport and have few on-campus recreation facilities. The use of recreational drugs – particularly cheap alcohol - and unprotected sex are a threat in this context of isolation.

Recommendation: If the assumption that historically black institutions will be disproportionately affected by the epidemic holds true, equity considerations are critical in ensuring that these institutions are as well prepared to respond.

▪ Resources

Human, material and intellectual resources are undoubtedly important in dealing with HIV/AIDS. No institution can claim to be adequately prepared, and the threat of competing financial priorities is constant. A few institutions have taken the step of creating a budget for HIV/AIDS related activities. A costing of what the universities will need over the next five to ten years to respond adequately to the epidemic has yet to be done. It will need to be informed by what interventions work, under what conditions and at what cost. Regional and local networks might also make it possible to share critical resources in the short term. To date, the international donor community has been relatively uninvolved in higher education responses to HIV/AIDS. USAID has supported the Department of Education's impact assessment and DfID has supported work by SAUVCA and the ACU. Signals from the donor community suggest that sector-wide approaches will be given preference rather than bi-lateral agreements. Though commitment now seems to be forthcoming from the donor community, it depends on government and the institutions in the sector defining their approach to HIV/AIDS, their priorities and their plans.

Recommendation: SAUVCA supports the view that dedicated resources are necessary at institutional and sectoral level if universities are to respond adequately. As has been noted in analyses of government's funding mechanisms, a flexible and impact (rather than process) driven approach is a priority. In the absence of a mechanism linked to the funding formula for higher education, a system of competitive grants seems the most viable short-term option.

Programmes

▪ Responses

Where do South African universities stand in this context of debate about higher education's responses to HIV/AIDS?

The range and scale of programmes is impressive and growing daily but remains uneven in coverage across the sector. Programmes include prevention, treatment, care, support, policy, research, media, curriculum, community outreach etc.

From a critical perspective, the weakness of the programmes is in their concentration at the level of awareness campaigns and prevention through health services.

▪ **Student profiles – A Moving Target**

A great deal has been written on the difficulties of changing the social and sexual behaviours which contribute to the spread of HIV/AIDS. Well - intended messages on the need for young people to 'act responsibly' fall all-too-often on deaf ears because of countervailing social and cultural factors as well as institutional arrangements in which the messages is being propagated (Cohen, 1999). In the case of the 18-25 year olds who make up the bulk of students in higher education, it is clear from this project that our assumptions about them need to be revised.

Though in many respects they are the ideal target for a message about responsibility, students' attitudes and behaviours indicate a high-risk profile. Because of institutional, social and cultural factors, university students – especially those on residential campuses - take risks. Students take risks with sex, alcohol and other recreational drugs because that is part of what being 18 years old is about. It is about being freed from the strictures of parental control and defining oneself as an autonomous social and sexual being. Students are also not uniformly middle class – even if they aspire to that norm – and their responsiveness to information alone cannot be relied up on to stimulate behaviour change.

The challenge is for programme designers and implementers to find the hook that will grab students' attention, hold them and compel them to take notice of a world in which AIDS is part of their lives. Some success stories in public awareness campaigns are emerging in South Africa, but it is still difficult to pinpoint their impact on sustained changes in behaviour.

▪ **Distance Education**

More than a third of enrolments in higher education are in distance education programmes offered by both distance institutions and residential universities. Indications are that unless government puts limitations on distance mode programmes, this sector will continue to expand.

Distance education institutions in South Africa have traditionally not been inclined to provide services to students which might be extended to deal with HIV/AIDS. As a result, the development of programmes within these institutions lags behind those of the residential universities.

The distance providers have the advantage of being able to reach huge numbers of students at relatively low cost and on a fairly regular basis. To what extent services related to prevention, treatment and support are the responsibility of these institutions is still open to debate. The reality remains, however, that their students will be affected by the epidemic, as will their staff, and so they too will need policy and programmes that define the extent of their obligations and the principles on which they will respond. Unlike staff who will be by covered by standard provisions within legislation, students affected by HIV/AIDS cannot simply be left to rely on themselves and the public health system in dealing with HIV/AIDS: their wellbeing is directly linked to the institutions' sustainability and its mission as an education institution in a world where HIV is a reality.

International research has little to offer at this point as to how distance education institutions, programmes or strategies can be used as a means to limit the spread and mitigate the impact of HIV/AIDS.

Recommendation: Given the number of students reached through distance education programmes and institutions, this population is of critical strategic importance and a creative response is urgently required to reach them and support them. Just as distance education programmes have used the advantages of scale, low cost and an appropriate pedagogy, the same advantages must be exploited in the fight against HIV/AIDS.

▪ **Partnerships and Networks**

The institutions that have taken a lead in addressing AIDS, have usually invested substantial time and effort in building partnerships. In the fight against AIDS these partnerships could be with other higher education institutions, provincial departments of education and health, non-government organisations, local hospitals, private funders, private sector corporations or AIDS service organisations.

External partnerships, aimed at bringing in institutional or professional expertise and funding, have in most cases been the focus. The danger, however, is that funding alone often drives these partnerships, and that internal partnerships – that may in some respects be more important as part of an institutional response-- receive less attention. In contrast, the University of Pretoria's Centre for the Study of AIDS was set up on the principle of operating through internal partnerships across faculties and disciplines.

A few regionally and locally based networks have been established which need better support and development. Two networks, which cut across the university/technikon divide, are notable: one in the Western Cape (ACTIW) and the other in the Gauteng area which is supported by the University of Pretoria's AIDS Centre. A number of institutions also participate in networks driven by local and/or provincial government departments.

Recommendation: This report and government's response to its impact assessment will create the essential preconditions for good partnerships: commitment, clear priorities, needs and roles of the partners. The university sector's commitments are now evident, so are its strengths, and its priorities are beginning to take shape. Partners in the donor community and within institutions can make a significant impact by building on these strengths.

▪ **Curriculum Change**

As the following institutional profiles show, curriculum change has been pursued by a number of institutions. It is a complex area of change which requires a fuller exploration than is possible in this report. A debate already exists about the merits of curriculum change strategies focused on developing and implementing core curricula. Given the recency of such experiments, it is still too early to judge what works best. The other defining feature of the current picture is that curriculum change tends to be confined to the health sciences and allied professions. This is predictable in that they are the most in touch with the immediate impact of HIV/AIDS.

The pace of change in the social sciences looks likely to be slower. Perhaps what needs to happen is a realisation that skills that are developed by universities in understanding and managing HIV/AIDS – as a professional competence – will rapidly become desirable and marketable in a labour market affected by the epidemic.

Recommendation: The Beyond Awareness Campaign and partnerships between institutions have begun to explore this issue. The challenge to universities is to develop curricula and programmes that prepare their students for a new reality. As the fundamentals of our thinking about human resource needs adapt to the unfolding of the AIDS epidemic, universities will need to respond to new skill demands from employers, the scientific community and students themselves.

Part III – The Way Forward

Implicit in SAUVCA's approach to this project, and its future role in supporting higher education's response to HIV/AIDS, is a commitment to a sector-wide approach that acts to facilitate and enable responses by institutions taking the lead. A response that relies solely on institution level responses may put the entire system at risk. Given the historical imbalances in the sector, levelling the playing fields sufficiently so that those with fewer resources (both human and material) can be provided with the support they need, is a short term strategic imperative.

Institutional autonomy is a closely guarded principle in higher education – and so it should be. In keeping with this tradition some institutions have argued strongly against the possibility of an approach that is slow, cumbersome, bureaucratic and that stifles their efforts. That argument has merit in the public sector. However, there are instances where a dynamic equivalent to market failure takes hold in education. Higher education is a public good and the resources and skills to combat AIDS have to be considered in the same way.

SAUVCA's plans for the way forward are aimed at a simple but far-reaching objective. At the very minimum, a collective response in the next 12 months must ensure that every South African university is able to say:

“We have policy and programmes in place to provide prevention, support and treatment for our students and staff based on an agreed minimum standard in the sector”

In doing so, a part of the battle against HIV/AIDS will be won. The minimum requirements, or standards, for these programmes will be agreed to amongst the institutions and reflect a core of commitment in our responses to the epidemic. Our actions will articulate a sense of common purpose, build public confidence in universities as responsible institutions and provide a basis for a co-ordinated response.

With the approval of the member institutions which was obtained at the workshop on 26 October 2000, SAUVCA will:

- develop a sector-wide response
- establish capacity at national and institutional levels
- engage with the Department and Ministry on key issues such as resources and capacity
- engage with the donor community on sector-wide partnerships
- develop a mechanism and criteria for enabling institutions to better access donor resources
- develop a work plan with the existing Reference Group for 2001
- continue to liaise with and support the SADC region universities
- further develop collaboration with the CTP, and
- define a 3 year strategy for the sector within 12 months

Appendix One – Institutional Profiles

The appendix gives a short synopsis of programmes and responses across the university sector. It is not intended to be an exhaustive account of all the activity in the sector. For each institution, contact names and details of people who will be able to provide more detailed information are listed.

University of Zululand

The University is host to the Dramaide Project, which was a component of the Department of Health's Beyond Awareness Campaign. The University participated in the higher education activities run by Dramaide and is now focusing on curriculum change.

The University has a clinic which provides testing and counselling. In the Nursing Sciences department, some staff are being trained as counsellors and there are moves to start a peer educators project along the same lines as the 'befrienders' model at the University of Pretoria. The student counselling service provides condoms to students. The Department of Psychology is involved in some research.

No institutional plan or policy exists at present for addressing HIV/AIDS.

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Rhodes University

- **Programmes.** The University started responding to HIV related issues in 1996. Initiatives were initially led by the sanatorium (health centre) as a student health initiative in partnership with the Beyond Awareness Campaign. HIV + people have been invited onto campus two years in row. There is an annual 10-day focus of activities and programmes on HIV/AIDS. Several student societies have taken their own initiative including the religious society, pharmacy students and the debating society. The library acts as a major condom distribution point and condoms are also distributed at the residences and the sanatorium as well.
- **Services.** Counselling and testing is available on campus. All sub-wardens and house committees go through an orientation on sexuality issues, including HIV/AIDS. The vice chancellor also does a public address to 1st year students.
- **Curriculum.** Some curriculum change has taken place in the fields of geography, economics, microbiology, pharmacy, journalism/media studies, human movement sciences. The University has also been involved in training for lay counsellors of the Department of Health.
- **Research.** Research on HIV/AIDS is active at the university but no register exists at present.

- **Partnerships.** Rhodes is working with number of partners including HEARD, University of Pretoria, Eastern Cape Department of Health, the national Department of Health and Bambisinani (a home based care project) focused on retrenched miners.

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University of the North West

- **Programmes.** Work on the HIV/AIDS prevention programmes started in 1997. In addition to participating in the provincial Beyond Awareness Campaign it initially focused on awareness campaigns like condom weeks. In 1998, the University hosted a workshop for provincial youth and institutions. As part of the 2nd Beyond Awareness Campaign in 1999 it established links with teacher education colleges. Awareness days on campus, outreach with schools and communities have since been prioritised. A management task group on HIV/AIDS has been established. Campus has an HIV co-ordinator.
- **Services.** A counselling centre offers services to staff and students. Health Centre does training for staff.
- **Outreach.** The University is working with two local colleges which previously had no programmes. Different religious groups are also involved in HIV/AIDS outreach activities.
- **Research.** The University has supported research in law, nursing science, chemistry, sociology and social work.
- **Curriculum.** Some curriculum changes have been made in the fields of psychology, social work and education. The University plans to offer a diploma in Life Skills in 2001.
- **Partnerships.** Partnerships exist with the provincial Department of Health, local government, NGOs – Lifeline, Bread for Life, Modisa Otsile, Planned Parenthood, Alliance Media, Dramaide, churches and schools.

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University of Stellenbosch

The University started working on an institutional response in 1992, mostly with a human resources focus.

- **Services.** Most of the university's effort is currently in the area of student support and services. Student Affairs runs a general orientation for 1st year students on HIV/AIDS and sexuality. The SRC has also become involved in awareness and prevention campaigns. Condom distribution is active mainly through the student centre. Health service staff members are being trained to deal with HIV.
- **Curriculum.** A recent proposal with MEDUNSA to offer a multidisciplinary programme (including law, sociology, medicine) in the management of HIV/AIDS has been successful.
- **Partnerships.** The University is a member of ACTIW (AIDS Committee for Tertiary Institutions in the Western Cape) which involves 7 institutions including technikons. Partnerships also exist with UNAIDS and ATIC which did some work with the SRC.

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University of Transkei (UNITRA)

- **Programmes.** In 1996 science students established an Environment and AIDS Awareness Committee. Awareness campaigns were organised on campus and in Umtata partnership with the National AIDS Committee (NACOSA) MEDUNSA and ASAYO. Since 1997, in partnership with Hope World Wide and Planned Parenthood, training sessions on HIV/AIDS for students have been offered. Students have also been involved in AIDS awareness campaigns linked to the SRC and have established AIDS and environmental awareness clubs at local schools. Activists use UNITRA open days for awareness programmes. An ex-student now hosts a Junior AIDS Council on UNITRA Community Radio every Friday and is a local NAPWA representative. Health science students have also run their own programmes.
- **Outreach.** More recently, the University's Gender Studies programme has established radio schools for women. One of their first activities was on HIV/AIDS. Deutsche Welle, the German governments' external radio service, has worked with the university to produce radio programmes on HIV/AIDS. NAPWA has hosted a conference at UNITRA and has asked UNITRA to host a branch for the region. The university uses other occasions such as Women's Day to promote AIDS awareness.
- **Services.** The guidance and counselling section offers a service to students. Condom distribution takes place through the clinic and health studio. The clinic used to do an orientation for students and provided materials but is no longer operating.
- **Partnerships.** Partnerships exist with Deutsche Welle, TSA, NAPWA, the Free University of Berlin and the Beyond Awareness Campaign. Health sciences staff are involved in a local partnership with AIDS organisations for which the university provides secretariat services. Research on HIV/AIDS is being done in the health sciences faculty and in social work.

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University of the Western Cape

The university has been engaged in research and other activities related to HIV/AIDS since the late 1980's. Most services are driven through the Institute of Student Counselling and the Campus Health Service.

- **Research.** A recently compiled database of activity and research related to HIV/AIDS provides a wide-ranging account of the institution's response. The School of Public Health is involved in research and training on HIV/AIDS, sexually transmitted diseases (STD's). The Department of Nursing offers a range of coursework related to AIDS and supervised research. The Faculty of Dentistry shows an extensive set of faculty publications. In Education, a high level of expertise has been developed in life skills curriculum and material development.
- **Services.** The Campus Health Centre offers:
 - clinical services (contraception)
 - STD treatment service
 - Condom distribution (150 000 per year free of charge)
 - Free HIV pre-test counselling and testing
 - PAP smear services
 - Two focus weeks on campus
 - AIDS memorial candlelight events
 - one day health awareness programmes
 - Pamphlets
- **Partnerships.** The Centre is also an active member of ACTIW – the Western Cape regional alliance of higher education institutions on HIV/AIDS. HIV awareness programmes are run during orientation week by the counselling centre, which concentrates on therapy related services.

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Potchefstroom University for CHE

The University has responded to HIV/AIDS primarily in the form of policy. Some change has taken place in curriculum –specifically in nursing, the lead department in dealing with HIV/AIDS. An orientation has been done for student leaders and the SRC has begun working on AIDS. Nursing is also planning an outreach programme in local townships. Some counselling services are provided at the Vaal campus.

The University has no health facility for student and staff. No planned prevention, support or treatment services have yet been established.

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University of Fort Hare

- **Programmes.** The Health Centre has run campaigns since 1998 including AIDS day, workshops once a year, AIDS awareness days run by students, public meetings, marches through town and free condom distribution. HIV+ people have been placed on campus for two years in row. New students are given an orientation.
- **Services.** The local hospital in town does testing and counselling.
- **Outreach.** In 1999, the Street Law Project on campus started working on AIDS awareness. It has done training for nurses from 5 regions on human rights issues. The UNESCO Human Rights Centre is also engaged in advocacy and research related activity.
- **Curriculum.** Some changes in curricula have taken place, notably in nursing.

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University of the North

The student health centre is the locus and the driving force behind most AIDS related responses at the University. The health sciences faculty is also involved in significant ways.

- **Services.** The health centre provides infected students and staff with immune boosters. A peer educator programme has an intake of 50 per year. Peer educators are relied on take the prevention message to the residences. Condom distribution is from peer educator's rooms and health centre. A home based care project for employees 10 households is supported by the centre. An AIDS Awareness Club has been established. Student health does STD treatments and has 2 staff trained to do counselling. The Nursing Department has also run an AIDS related outreach programme for the past 3 years.
- **Policy.** The University is working on a draft policy and will the tackle employment equity issues.
- **Curriculum.** There are no curriculum changes at present but there is research being done in psychology, social work and sociology.
- **Partnerships.** The university has worked with local hospitals, the Department of Health, ATIC, Society of Family Health, Planned Parenthood, Dramaide, and the Beyond Awareness Campaign.

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University of Durban-Westville

Services and training for students and staff for prevention, support and treatment and curriculum are high priorities in the University's response to date.

- **Curriculum.** A Core Curriculum is in place for all first year students which addresses HIV/AIDS.
- **Services.** The Student Health Clinic and Wellness Centre runs a comprehensive range of services which covers education and awareness programmes on human sexuality, negotiating condom use, staff development, student training and a peer educator programme. Condoms are being distributed by the SRC, Counselling Unit, Residences and the Student Health Clinic. Residences run their own programme as well. 190 student mentors and 80 faculty have been trained to date. All first year dentistry students orientated/trained. Department level training on pre-test, post test counselling and bereavement has been offered across the campus. A personal Counselling Unit is in place. Some research is being done through the Wellness Centre.
- **Partnerships.** The University is involved with Upward Bound and the Kellogg Foundation, amongst others.

The Vice-Chancellor has also taken an active role in student mobilisation using the motto 'Graduate Alive'.

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University of Cape Town

UCT has been working on AIDS since around 1993. Its programmes to date have emphasised prevention, support and capacity building and have a locus in the student development and support services.

Since 1993 its activities have included:

- A peer education group which was set up and trained 100 students a year – students also did workshops for schools
- Testing and counselling also made available from 1993
- A students' orientation programme
- HIV/AIDS education workshops first started in 1997 as well as residence workshops
- Condom distribution at residences and at the health centre
- STD treatment available through health service

Student involvement is a priority. SHARP, a student-led HIV/AIDS initiative, trains 40 students twice a year. The university's plan for 2001 involves active use of campus media to disseminate information, a plan to set up a resource centre and interactive website, a 'Party Campaign'; and annual events like the Candlelight memorial.

In partnership with the Medical Research Council and other health science faculties around the country, the university has been very involved in bio-medical and other AIDS related research for a while.

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University of the Witwatersrand

The University's response to date emphasises advocacy, research and services.

- **Advocacy.** WITS is host to the AIDS Law Project and the Centre for Applied Legal Studies, which have established international reputations for research and advocacy in human rights and HIV/AIDS.
- **Research.** High level research on vaccine development, clinical trials, reproductive health and mother-to-child transmission have been a major focus of work done through the health science faculties at the university. In 2001, the University will host a conference on the History of AIDS.
- **Services.** Condoms are dispensed from the campus health service. Free STD treatment, drugs, condoms and training are available and subsidised by the state. HIV testing also available but not free. The staff medical aid provides comprehensive benefits through Aid for AIDS Programme. The campus health centre provides ambulatory HIV/AIDS care services. Counselling is available through Counselling and Careers Development Unit, Student Crisis Centre, the Department of Social Work and Campus Health. Post exposure prophylaxis is available through the medical scheme for staff.
- **Partnerships.** Partnerships exist with the University of Pretoria, the Hillbrow Partnership, FOTIM and the Medical Research Council.
- **Curriculum.** Curriculum changes across all disciplines have been proposed but are mostly in the health sciences at present.

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Medical University of Southern Africa – MEDUNSA

- **Research.** MEDUNSA's focus is currently in research where it is involved in vaccine development and biomedical research. Its partners include the University of Stellenbosch, University of Venda, University of the North, Technikon Pretoria and the University of Pretoria. It has recently proposed offering a graduate programme with the University Stellenbosch in the management of HIV/AIDS which will include aspects of law, medicine and sociology. Research is active in the following departments: Virology, Dentistry, Pharmacology, School of Public Health, Microbiology and Psychology.
- **Outreach.** MEDUNSA's science faculties are involved in teacher education with local schools.

No specific programmes exist yet for prevention, support or treatment. Draft policy is in place for students and staff.

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University of the Free State

The University has responded to HIV/AIDS in the areas of curriculum change, services, partnerships, outreach and prevention programmes.

- **Prevention.** A programme is in development for dealing with HIV in the hostels. All 1st year students expected to undergo an orientation programme on HIV. HIV testing and counselling is available to students and staff. Peer group training has been running for three months involving five students per group and small group orientations are planned for 2001.
- **Curriculum.** Curriculum changes have already been made in law, agriculture, law, economics, social sciences, arts and social work. There are plans to have HIV/AIDS as part of a core curriculum.
- **Outreach.** Community outreach programmes are run through a community partnership facility in Mangaung township and includes home based care, teenage clinics, support groups and a STD clinic. The Social Work department is working on a project in the Springfontein area focused on home based care.
- **Partnerships.** The University has a contract with Red Cross for the training of 480 health workers. The newly established AIDS Centre AIDS maintains a database of all services and support groups in the area. Partnerships exist with the Red Cross, ATIC, PPASA, Hospice, NAPWA, provincial department of Health, Education and Welfare, unions, mining companies, the Chamber of Commerce, support groups in the Bloemfontein area and the Tempe Military Hospital.

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University of Natal

- **Research.** The University has made its biggest investment in research and has established an international population in the fields of paediatric AIDS, mother-to-child transmission, population studies and reproductive health. It is also the host institution for the Health Economics Research Division (HEARD), a research unit for economic and human resources analyses related to HIV/AIDS. It plans to set up an in-house AIDS Support Unit as part of a Research Centre on HIV/AIDS.
- **Partnerships.** Its major partnerships are with the University of Pretoria's Centre for the Study of AIDS and the Wellcome Trust, which has supported the establishment of the Africa Centre. Its other partners include the Medical Research Council and the Department of Health.
- **Services.** The following services are provided by the Campus Health Clinic – specifically for HIV/AIDS:
 - HIV testing at a nominal charge of R25.00
 - Pre and post test counselling which can also be extended to spouses/partners of the student or staff member
 - Counselling as and when necessary
 - Referral of infected persons to other services
 - Referral of infected persons to hospitals/ doctors doing drug trials
 - Medical support to treat opportunistic diseases / infections
 - Blood tests to monitor progression of disease
 - Condom distribution at various points around campus
 - A needlestick injury service with the Department of Virology (24 hour hotline)
 - AZT starter packs
 - assistance for terminally ill students to return home
 - assistance with hospital admissions
 - assistance is provided to students with academic matters if the status of the patient is known and is HIV related.
- **Programmes.** The Health Clinic is also involved in a range of programmes:
 - Annual weeklong AIDS awareness campaign. Various activities e.g. plays, HIV+ speakers, distribution of educational material – posters, pamphlets, ribbons
 - Inclusion of HIV / AIDS awareness with all other orientation programmes
 - Inclusion of AIDS awareness at other awareness days e.g. Women's Day, National TB day
 - Annual distribution of educational material, posters, pamphlets and ribbons
 - Staff training and Development with health education/ promotion especially for staff
 - Awareness campaigns aimed at both staff and students

These services are provided at the Medical School, Pietermaritzburg and Durban campuses.

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University of South Africa (UNISA)

A task team is in operation. Students have run safe sex campaigns through the decentralised SRCs. Research expertise has developed in law and nursing and the science faculty have been working on media related to HIV/AIDS. No health related services are available at this time and no plan of services or programmes for prevention, support and treatment have been developed.

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Rand Afrikaans University

- **Programmes.** AIDS has been part of the SRCs programmes for at least 3 years and students have been involved in material development and distribution all linked to prevention and awareness raising. Students take the lead in awareness campaigns which include a wide range of activities. A counselling service is available but not for HIV related issues.
- **Curriculum.** Changes in curriculum have take place notably in social work, nursing and education.
- **Partnership.** The University has worked with the University of Pretoria and its Nursing Department is expected to be the lead agency on campus.

Policy has been adopted by the University on HIV/AIDS and a decision making structure is in place, but no dedicated prevention, support or treatment programmes have been established.

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VISTA University

The University has decided upon a four-pronged approach with a focus on:

- socio-behavioural studies and post graduate programmes
- partnerships with COTLANDS baby sanctuary on palliative care/research
- partnerships with National Institute of Community Development and Management (NICDAM) for the training of community leaders in townships around Pretoria
- projects planned for Vista Health Centre based in Mamelodi

Most of the University's effort is in the development of new course offerings and some research. No prevention, support or treatment programmes and services have yet been established.

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University of Port Elizabeth

- **Services.** In terms of campus services, the following are available:
 - the health science faculty provides counselling and STD treatments
 - a student counselling service and psychology clinic are available
 - condoms are freely available in residences and at the health centre
 - STD treatment services are available
 - HIV tests are available for R25.
- **Programmes.** Activities for 2000 included:
 - orientation for students in Feb 2000
 - house committees are active and involved in workshops for 1st year students
 - May 2000 Students presented AIDS talks in the residences
 - August 2000 – AIDS awareness week
 - the university's outreach programme includes home based care, training for health care workers and outreach involving teachers
 - the awareness campaign in 2000 reached roughly 500 students.
- **Curriculum.** A core curriculum has been implemented in health sciences.
- **Research.** No major research focus has yet been defined.
- **Partnerships.** Partnerships exist with Hospice, FAMSA, ATIC, Planned Parenthood, House of Resurrection and NAPWA. The University is involved in training funded by Eastern Cape Department of Health for HIV/AIDS and STD counsellors.

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University of Pretoria

- **Programmes.** The University has established itself as a leading institution through a number of partnerships and innovations. It hosts the Centre for the Study of AIDS, the first such centre to be established in South Africa. The Centre runs and oversees a number of projects and services.

These include a monthly AIDS Forum, a home based care project, the 'befrienders' project, capacity building, seminars, publications etc. Its wider purpose is to promote an interest in research in a number of faculties through internal partnerships. Deans have been given training in managing HIV/AIDS as well as faculty.

500+/- student volunteers have been trained, all of who have had some form of contact with HIV/AIDS personally. Student support is also part of the centre's programmes. Students are being trained as peer educators, peer counsellors, community outreach workers for prevention and in capacity building for business development in communities affected by AIDS, and with workplace skills. Staff are being trained to deal with AIDS as a workplace issue, in counselling and support, and in the social and political aspects of AIDS.

- **Services.** Campus health provides a range of services and a 24 counselling service is available.
- **Curriculum.** Curriculum changes are a priority for the university and the Centre has been involved in various partnerships aimed at curriculum development related to HIV/AIDS.
- **Partnerships.** Pretoria's principal partnership is with the University of Natal. Its also maintains partnerships with universities in the SADC region, and the universities of Toronto, New South Wales and Yale. SASOL has funded a programme on AIDS in the workplace.
- **Outreach.** The University runs a telematic education programme which is transmitted to local schools and has carried programmes on HIV/AIDS.

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University of Venda

The University's interest in HIV/AIDS has its first public expression in a conference hosted in 1997. An Interdisciplinary committee now exists but no dedicated prevention, treatment or support programmes have yet been proposed. The Faculty of Health Sciences and the Youth Studies Department have shown an active interest in research.

Services. Condoms are available through the campus clinic as well as STD treatment services. The counselling unit on campus deals with referrals. The SRC has an AIDS desk and held a summit in 2000. The SRC distributes condoms in residences when they are available.

Curriculum. The most visible areas of curriculum change are in Youth Studies where components are focused on HIV/AIDS. No other information on curriculum change is currently available.

Partnerships. The Department of Health has done some capacity building work and the university has a partnership with MEDUNSA in the health sciences.

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Partners

SAUVCA has established a link with the AIDS Consortium which maintains a comprehensive database of AIDS service organisations across South Africa that will be useful partners for universities in their work on HIV/AIDS.

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Appendix Two – SAUVCA Workshop Participants 26 October 2000

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Wendy Orr	University of the Witwatersrand
Colin Bundy	University of the Witwatersrand
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Anton Kok	University of Pretoria
Julian Smith	University of Stellenbosch
Victor Mothobi	University of Natal
Brenda Gourley	University of Natal
C. Tsehwane Keto	Vista University
Dolina Dowling	Vista University
Laetitia King	University of South Africa
Nasima Badsha	Department of Education
Lulama Mbobo	Department of Education
N. Ndebele	University of Cape Town
Wieland Gevers	University of Cape Town
L. Kaunda	University of Cape Town
B.M Khotseng	University of the Free State
Carel.W. Berndt	Medunsa
R.A Mogotlane	Medunsa
M.M Dyasi	Medunsa
Willie de Wet	Rand Afrikaans University
Michael Smout	Rhodes University
C.L. Machethe	University of the North
M.W Legotlo	University of North-West
Barnabas Otaala	University of Namibia
M.J. Kelly	University of Zambia
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Appendix Three - References

Asmal, Prof. K (1999) Introductory address by Prof Kader Asmal, MP, Minister of Education, Tertiary Institutions Against Aids conference, 1 October 1999

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

Beyond Awareness Campaign, (1999), Tertiary Institution Activities Dramaide Report, HIV/AIDS and STD Directorate, Department of Health, South Africa.

Badcock-Walters, P, (1999), AIDS Brief for Sectoral Planners and Managers: Education Sector, HEARD, University of Natal.

Buyla, R, Kasozi, C, Mawejje, D, Namyalo G and Asekenye, C, (1996), The effects of HIV/AIDS on Tertiary Education in Uganda, paper presented at the 11th International Conference on AIDS, Vancouver, Canada

Chetty, D, (2000a), HIV/AIDS and South African Universities: Current Issues and Future Challenges, Discussion Document, Presentation to the South African Universities' Vice-Chancellors' Association Workshop, Johannesburg, 26 October 2000

Chetty, D,(2000b), HIV/AIDS and South Africa Universities, Presentation to the CHET/CTP/SAUVCA National Workshop – Leading Change and Managing Transformation in Higher Education, Benoni, 27 November 2000.

Cohen, D, (1999), The HIV Epidemic and the Education Sector in Sub Saharan Africa, Issues Paper no 22, HIV and Development Programme, UNDP

Coombe, C, (2000), Keeping Education Healthy: Managing the Impact of HIV/AIDS on Education in South Africa, draft, Current Issues in Comparative Education (December 2000).

Council on Higher Education, (2000), Towards a new Higher Education Landscape: meeting the Equity, Quality and Social Development Imperatives of South Africa in the 21st Century, Shape and Size of Higher Education Task Team, Pretoria.

Crewe, M (2000) Personal Interview, University of Pretoria.

Crewe, M, (2000), HIV/AIDS and Tertiary Education: New Possibilities, New Hope, SAFAIDS News, Vol 8, No 2.

Friedland et al, (1991), Perceptions and knowledge about the acquired immunodeficiency syndrome amongst students in university residences, SAMJ, Vol 79, Feb

Kaya, H and Kau, M, (1994), Knowledge, Attitudes and Practice in Regard to AIDS -The case of Science Students at the University of Botswana, Curationis, Vol 17 , No 2

Kelly, M, (2000a), HIV/AIDS and African Universities, paper presented to a workshop of the South African Association of Universities' Vice Chancellors', October 26, Johannesburg.

Kelly, M., (2000b), Planning for Education in the Context of AIDS, draft, Fundamentals of Education Planning Series, IIEP/UNESCO Paris.

Kinghorn, A, (2000), The Impact of HIV/AIDS on Tertiary Institutions, Presentation to the South African University Vice Chancellors Association, 26 October 2000, Abt Associates, Johannesburg.

Kotecha P, (2000) SAUVCA Contribution Towards the Work of the CHE's Size and Shape Task Team: Workshop of 26-27 February 2000

Kotecha, P (2000) SAUVCA's Response to the CHE's Report "Towards a New Higher Education Landscape: Meeting the Equity, Quality and Social Development Imperatives of South Africa in the 21st Century, September 2000

Harding, A, Anadu, E, Gray L, and Champeau, D, (1999), Nigerian university student knowledge, perceptions and behaviours about HIV/AIDS: are these students at risk?, Journal of the Royal Society for the Promotion of Health, 119 (1) pp23-31.

Heunis, C, (1994), AIDS related knowledge, attitudes, beliefs and behaviour among students: survey results, Acta Academica 26 (2&3): 134-153

MacLachlan, M, Namangala, J, Kabambe, S, (1995), Towards AIDS prevention and education at the University of Malawi, The Central African Journal of Medicine, Vol 41, No 6

Marais, H, (2000), To the Edge: AIDS Review 2000, University of Pretoria, South Africa.

Maswanya, E, et al, (1999), Knowledge, risk perception of AIDS and reported sexual behaviour among students in the secondary schools and colleges in Tanzania, Health Education Research, Vol 14, No 2

Matlin, S, (2000), HIV/AIDS in Africa: Placing it High on the Agenda of ADEA, ADEA Newsletter, April – June

Odirile, L, (2000), HIV/AIDS: Knowledge, Attitudes and Beliefs Among University of Botswana Undergraduate Students, draft.

Perkel, A and Strebel, A, (1989) AIDS Report – Results of the 1989 UWC AIDS Survey, Department of Psychology, University of the Western Cape.

Perkel, A and Strebel, A, Joubert, G, (1991), The psychology of AIDS transmission – issues for intervention, Suid Afrikaanse Tydskrifte, 21, (3)

SAUVCA, (2000), SAUVCA's response to the CHE's report, "Towards a New Higher Education Landscape: Meeting the Equity, Quality and Social Development Imperatives of South Africa in the 21st Century", unpublished.

SAUVCA statement (1999) at Tertiary Institutions Against Aids Conference, unpublished

Strebel, A and Perkel, A, (1991), Not our Problem: AIDS Knowledge, Attitudes, Practices, and Psychological Factors at UWC, Psychology Resource Centre, Occasional Paper Series, University of the Western Cape.

South Africa, Department of Labour, (2000), Draft Code of Good Practice on Key Aspects of HIV/AIDS and Employment, Government Gazette 6782, Pretoria.

TSA Conference Report, HIV/AIDS Conference Proceedings, 25-27 November 1999, Technikon South Africa, Roodepoort, South Africa.

Visser, M, Roos, J, and Korg, L, (1995), AIDS Prevention on Campus, SAJHE/SATHO, Vol 9, No , 1995.