

Crafting the Response of a University to HIV/AIDS

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and

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by

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The Mandate of a University

The heart of a university's business is knowledge. Its teaching and research functions are both essentially concerned with knowledge. Its ability to serve society is based ultimately on its knowledge. Society invests heavily in its universities so that they may accumulate knowledge, transmit it through teaching and training, develop, elaborate and evaluate it through study, expand and generate it through research, disseminate and spread it through publications and conferences, promote its utilization through engagement with institutions and individuals within and outside the university world. Although the emphasis may vary from one university to another, each of these knowledge-oriented endeavours is found in every university worthy of the name.

The presence of HIV/AIDS in a society does not change this mandate. However, the imperious demands of such a pernicious disease necessitate that a university in a society affected by AIDS recognize that HIV/AIDS adds specific qualifications to its mandate. It is frequently stated that in a world with AIDS it can no longer be business as usual. Similarly, in a university that serves a society with AIDS it can no longer be university business as usual. The HIV/AIDS dimension must enter into every facet of the university's business, especially its core business of knowledge transmission (teaching), knowledge generation (research), and knowledge sharing (engagement with society).

In view of this, universities, such as those in the Caribbean Region, that serve societies where HIV/AIDS has become a crucial public concern must interpret their basic mandate in terms of HIV/AIDS and its many implications. Such universities could express the key task that has been entrusted to them by society as being to respond to the needs of an AIDS-affected society through HIV/AIDS-informed knowledge, training, research and engagement with external agencies and individuals (Box 1).

Box 1: The Mandate of a University in an AIDS-affected Society

1. Respond to the needs of an AIDS-affected society
2. Do so through HIV/AIDS-informed knowledge and training
3. Protect, transmit and expand the storehouse of wisdom and knowledge
4. Adapt what is best from outside
5. Generate further knowledge, understanding, wisdom and practice
6. Engage with society by applying old and new knowledge to the identification and solution of problems occasioned by HIV/AIDS

How a University Should Respond to HIV/AIDS

An all too frequent response to HIV/AIDS is denial. There may be notional assent to all that is said about the epidemic, but this is accompanied by a practical denial that the disease is a matter for major personal or institutional concern, denial that the situation is as bad as is made out, denial that there is urgent need to take steps aimed at prevention, care, impact management and mitigation. Such practical denial can be found in a university as much as elsewhere, even in a university in a country with high HIV prevalence.

One of the first elements of a university response to HIV/AIDS is the honest recognition that it confronts a major problem and challenge—a problem that could jeopardize its own ability to survive as a functioning institution, a challenge to what it perceives as its core business in the AIDS-affected circumstances of society. No university is an AIDS-free enclave in a society where HIV is on the rampage. Quite the contrary, the university may well be more severely affected than the surrounding society. This is because the great majority of those who form the university community are young, in their late teens or early twenties, ages where the prevalence of HIV infection is particularly high. The risks for a university are also heightened by the liberal atmosphere that tends to be characteristic and by campus cultures which may be open to activities and life-styles which facilitate HIV transmission.

In crafting its response to the AIDS epidemic it is necessary, therefore, for a university to recognize that HIV/AIDS is a matter of vital concern that demands a coordinated university response. This response must comprise two dimensions. One dimension looks inward and relates to the concern that the university should have to maintain itself as a functioning institution when it is already experiencing HIV/AIDS within itself. HIV/AIDS does to institutions what it does to the human body: it undermines the capacity to defend itself against what would otherwise be relatively tractable problems. Ultimately it destroys the potential to function and deliver mandated services. The university needs to take full cognizance of this and hence to take whatever steps are necessary to ensure that, notwithstanding HIV/AIDS, it keeps itself in good working order.

The second dimension is outward looking and relates more strongly to the university's core functions of teaching, training, research, engagement with society, and service to the community. As indicated in Box 1, in a society which is affected by HIV/AIDS, the operations of a university in each of these areas must take full account of the disease.

How Universities in Africa have Responded to HIV/AIDS

The epicentre of the AIDS epidemic currently lies in Africa, and more particularly in the countries of Southern Africa. Sixteen sub-Saharan African countries report overall

HIV prevalence rates of more than 10%, while in several areas data show that more than 30% of the pregnant women visiting antenatal clinics are HIV-positive.

Given this calamitous situation, it is instructive to know how universities in the region have tended to respond.

Reports coming from a number of institutions speak of the absence of good information on the extent and impacts of the disease on campus. In practical terms, there is much denial and secrecy, but this cannot mask the increase in the number of deaths, more extensive sickness, and some faltering in teaching and research functions (with older members of staff having to fill in for the absence through sickness or death of their younger colleagues). While there is increasing student sickness on campus, there is less evidence about student deaths. But this is offset by considerable evidence of high death rates among recent graduates from the universities. Thus, more than 30% of nurses graduating from the University of Natal in Durban Natal are dying within three years of completing their study programme. This tremendous loss corroborates the estimates for South Africa, which are that by 2005 more than 30 percent of undergraduate students in the country's 25 public universities and more than 35 percent of those in its polytechnics will be infected with HIV. Evidence on death rates among academic and support staff is patchy, but seems to suggest that approximately two percent of academic staff and three percent of non-academic staff may be dying each year.

In this climate of death within or very proximate to university years, it is astonishing that there is so much silence at institutional, academic and personal levels. This is partly due to the colossal overwhelming nature of the problem and the difficulty of coming forward with any coherent solution. It is also partly due to the fear of openness, anxiety about stigmatization, and some tendency to petty but hurtful discrimination.

The result is that responses tend to be very piecemeal and uncoordinated. It is only within the past twelve to eighteen months that universities have begun to develop worthwhile institutional responses, and even today many are taking little formal action. However, the absence of strong institutional response is compensated for by many generous individual initiatives, with academic members of staff valiantly striving to incorporate HIV/AIDS issues in their courses, a reasonably healthy corpus of research undertakings, several student-initiated anti-AIDS programmes (unfortunately, often short-lived), and considerable involvement of knowledgeable academics with agencies dealing with the disease in the non-university sector.

Notwithstanding staff losses, universities have tended to regard the disease as being principally a student problem that should be dealt with through campus student support and health services. There is extensive student awareness of the problem, even to the extent of AIDS fatigue, with students not welcoming any initiatives that have the manifest objective of encouraging them to develop a personal lifestyle in which they will not put themselves or others at risk of HIV infection. In addition to this, student attitudes are frequently characterized by denial, fatalism, inevitability, and invulnerability.

The Components of a Comprehensive University Response

A comprehensive university response to HIV/AIDS will affect all areas of its operations. The experience from Africa and our own understanding of the way the disease insinuates itself and its impacts into every facet of life show that there are implications for the university's internal management, personnel, and social arrangements.

Responding to the disease, promoting its prevention, coping with its impacts, and creatively trying to get ahead of it also affect the university's core activities of teaching and student preparation, knowledge creation and sharing, and outreach and engagement with society.

Consideration of these four dimensions reveals that a comprehensive university response to HIV/AIDS has extensive implications for university policy and planning.

Management and Personnel Issues

The overriding management consideration for a university response to HIV/AIDS is that every aspect of the disease must be factored into university planning, at both strategic and operational levels. Because of the long lead-time between infection and any visible sign of illness, the disease can be working away silently on a campus. Planning and management structures have to take this into account. One can see that at the management level there is need for the following provisions, among others:

- Mobilizing HIV awareness and commitment to dealing with the problem among all sectors of the university community
- The establishment of AIDS-informed management and financial information systems
- Arrangements for meeting the direct and indirect costs arising from the disease
- A review of policies and procedures governing medical insurance, sick leave, loans, benefits, and pensions
- Procedures for the speedy recruitment and training of replacement staff
- A review of policies governing the admission, progression, and performance of students, and the employment, promotion, and performance of staff.

At the level of social and working relations in the university there is need to consider:

- Establishing partnerships with staff and students that will rally the involvement of the entire university community
- The engagement of all campus cultures—student, staff, language, religious, interest groups, etc—in the common struggle against the disease
- How to respond to values and practices in campus life that may facilitate HIV transmission
- The adequacy of provisions for staff and student welfare
- Making special provision for HIV prevention, treatment, care (including issues relating to the provision of antiretrovirals)

- Provision of health, counselling, and testing services, including voluntary counselling and testing (VCT)
- Occupational safety procedures for students, academic staff and support staff
- Workplace education for staff
- Challenging denial and stigma.

The University Teaching and Training Response to HIV/AIDS

If it is to respond to the needs of an AIDS-affected society a university must seek to produce graduates who are competent to manage and control HIV/AIDS within their respective professions. This calls for the mainstreaming of professional aspects of HIV/AIDS into every training programme. The majority of medical and health science programmes already do this, but there is need for programmes in other knowledge areas to follow suit. The purpose would be to prepare participating students to address the HIV/AIDS issues they will encounter in their professional lives after graduation. Integrating HIV/AIDS in this way into the professional aspects of the curriculum makes heavy demands on staff, since it necessitates a good general understanding of the epidemic and its effects, but at the same time requires specific understanding of the interaction between HIV/AIDS and the area of professional expertise. Staff need to be assisted and encouraged to develop a clear understanding and knowledge of specific aspects of HIV/AIDS in the workplace where their graduates will be employed, and to be aware of the relevant precautions, support and care provisions.

HIV/AIDS imposes other teaching and training responsibilities on a university. In an AIDS-affected society, the disease frequently makes it necessary for others to cover for the absence (through sickness or death) of qualified colleagues. This points to the desirability of ensuring greater flexibility in graduates so that they can more readily assume roles and responsibilities for which they may not have been explicitly prepared. One way of achieving this is to adjust teaching methodologies to foster more independent and self-motivated learning on the part of graduates, thereby equipping them with the intellectual tools that will enable them to be more adaptable and innovative in responding to the needs of a fast-changing and unpredictable world with AIDS.

There may also be need to introduce new areas for study, training and research. The rapid growth of the AIDS epidemic is calling for professionals in new areas, and for more professionals in many traditional areas. The CARICOM initiative with UWI requires the University to focus on long-term capacity building in a variety of areas. However, it is not always clear that the science of capacity building is well-developed or that a university is actually equipped to provide professional training in this area. Responding to the AIDS crisis is throwing up a host of ethical issues that require rigorous thinking and examination by university personnel. In medicine, there is need for a more widespread infusion of immunology into undergraduate programmes and for the practical training of all medical personnel in recognizing, responding to and treating HIV and AIDS cases in people's homes. The exponential increase in the number of children being orphaned by AIDS also points to an area where deeper and more extensive professional understanding is needed.

The teaching and training response of a university also needs to take account of the way HIV/AIDS is depleting national stocks of skilled and qualified personnel. Severe losses are being experienced among health and education workers, and also among others such as mining and engineering personnel. Because of the impact of the disease on human welfare, countries are now foreseeing the need for more medical and social welfare personnel. It is the responsibility of a university to assess these and similar likely needs arising from the epidemic, to plan accordingly, and consequently to adjust staff and student numbers, and possibly even facilities, so that it may respond to the needs of society several years into the future.

One might ask whether the university teaching response should include orientation and information programmes that seek to inform students about HIV/AIDS, largely with a view to promoting the knowledge and understanding that will bring about personal behaviour change (or help in maintaining behaviour that avoids the risk of HIV infection). It is probably correct to say that such programmes would be inappropriate for the majority of students, partly because they would be coming too late, partly because students, fatigued by personal HIV/AIDS messages, might resist them. Much more value is likely to come from the professional integration of aspects of HIV/AIDS into the formal training programmes and the clear recognition by students that knowledge and expertise in this area contribute positively to their marketability and career prospects.

A university might also grapple with the question of whether to establish a campus-wide course on HIV/AIDS which all students would be required to take at some point in their training. This has advantages and disadvantages. Mounting such a course would be a firm affirmation of the seriousness with which the university takes the HIV/AIDS problem. It would also ensure the exposure of all students to well-developed presentations and materials, and thereby could help in correcting ignorance and misunderstandings. Such a campus-wide course would also help to bring the topic out into open, thereby helping to disable the fatal triad of shame, secrecy and stigma. On the other hand the establishment of a course that was to cater for all students could hinder the mainstreaming of HIV/AIDS into professional programmes and could lead to a belief that such mainstreaming was superfluous. There would also be some danger of superficiality because of the need to treat in a general way of a variety of different areas. If the course was mandatory, it could defeat its own purpose, because of student fatigue or resentment.

While some universities seem to be considering the introduction of such courses, the general practice so far seems to concentrate AIDS issues within the short period of orientation undergone by new students. Possibly a more suitable approach is to encourage the development of extra-curricular activities and programmes for the transmission of the knowledge and skills that such a course would seek to develop. But even here, one has to face the problem that those who would participate in such programmes may quite likely be those who have the least need of them.

HIV/AIDS and University Research

Globally, HIV/AIDS is the world's fourth biggest killer, while in Africa it is the leading cause of death. In addition to constituting a formidable challenge to human

dignity the disease has set development work back by years and, in this region, continues to unravel the very significant human and economic gains achieved by the Caribbean Community over the past three decades. Part of the reason for the purposeful stride forward of HIV/AIDS is that we do not yet know enough about it. In June 2001, the UN General Assembly Special Session on HIV/AIDS drew attention to this when it stated that "With no cure for HIV/AIDS yet found, further research and development are crucial," and went on to call for the development of national and international research infrastructure, laboratory capacity, improved surveillance systems, data collection, processing and dissemination, and training of basic and clinical researchers, social scientists, health-care providers and technicians.

Universities are particularly well equipped to respond to this challenge. Their heavy concentration of intellectual expertise places them in the forefront of the global search for an improved bio-medical, epidemiological, scientific, social and economic understanding of HIV/AIDS. They are duty bound to make their own unique contribution to the various areas of prevention, care, treatment and impact management, and thereby to improvements in the quality of life for significant numbers of human beings. They must provide this contribution by dedication to HIV/AIDS-relevant theoretical, scientific, applied, and action research, to the extent that their human, physical and financial resources allow. The ultimate aim must be that the research efforts of universities and the personnel in them should contribute to technical advancement, new products, improved diagnosis and treatment, new understandings, improved economic growth, accelerated industrial and agricultural growth, and an improvement in the quality of life of those who live in an HIV/AIDS-infected society.

Much of the HIV/AIDS research within a university will be externally oriented, focusing on the knowledge, understanding and information needs of society. But there is also considerable need for research that is directed towards the information needs of the university itself. The experience from Africa shows that poor information on the extent of HIV/AIDS on campus, and on perceptions relating to it, greatly hampers universities in their efforts to respond to the disease. An area that is usually in need of very special attention is the gender dimension of HIV transmission, the participation of women in sexual decision-making, and the evidence about this on campus.

Certain features should characterise a university's HIV/AIDS research. First is the recognition that HIV/AIDS is not simply a medical problem. Neither is it just a scientific problem. It is a multidimensional human problem that cannot be adequately understood unless it is put under the combined spotlights of several disciplines. This calls for greater teamwork involving researchers from the medical, pure science and social science fields. Good HIV/AIDS research work will regularly cross disciplinary boundaries and, at the very least, will take account of findings from a broad spectrum of investigations.

Second, HIV/AIDS is an area of investigation that lends itself particularly well to collaborative efforts between universities themselves, and between universities and various bodies in society. It is also an area where institutions that are less well resourced can work jointly with colleagues from those that are better endowed. Collaborative

research is a powerful tool that helps to bring international academic recognition to universities in developing countries. It also helps in overcoming many of the constraints of funding. Currently, for instance, the University of Nairobi is working in conjunction with Oxford University on the development of an AIDS vaccine that would control the HIV viral strain that occurs in East Africa. We know also that UWI's Department of Pathology is engaged in collaborative research with the Viral Epidemiology Branch of the United States National Cancer Institute/National Institutes of Health on several aspects of infection in Jamaica, particularly the natural history of infection in children and adults and the clinical and pathological manifestations of the major disease outcomes.

It is clear that cooperation of this kind enhances global ability to manage the AIDS crisis. It also contributes to strengthening the research capacity of university departments that suffer from a dearth of human and financial resources.

The costs of advanced scientific research sometimes discourage universities in developing countries from making extensive research efforts, in the field of HIV/AIDS as in other fields. But HIV/AIDS research has a number of answers for this problem. First, the pandemic is of such tremendous human import that investigating it attracts considerable human and financial research resources. The EU/CARICOM assistance for the extension of UWI's HIV/AIDS-related research is testimony to this. Second, as the NCI-NHI/UWI collaboration shows, well-resourced institutions elsewhere welcome opportunities to work on well-conceived research ventures in partnership with universities in regions that are severely affected by HIV. Thirdly, much research of great significance in the area of HIV/AIDS can be conducted without the need for major start-up costs and highly developed research infrastructure. This includes what the Association of Commonwealth Universities refers to as "the crucial scholarly role of scanning the frontiers of knowledge and weighing the implications of new insights for policy development and innovation." Thus, aside from costly biomedical and similar research, there is an expanding need for a variety of investigations into various social, legal, ethical, economic and other aspects of HIV/AIDS.

HIV/AIDS may be unique in the way every facet of the disease is studied with ethical questions and problems. These arise in the areas of prevention, care and treatment. They also arise in investigations into epidemiological and behavioural aspects of the disease. They must be confronted when decisions have to be made about providing drug therapy, whether in order to prevent mother-to-child transmission or to treat others who are HIV infected. Major ethical questions arise when using human groups for the testing of new drugs and possible vaccines, and ensuring that the benefits of research and development actually get to the sub-populations who have contributed to their development. Because the behaviours that spread HIV infection take place in private, and one's HIV status is normally a very closely guarded personal secret, a range of ethical considerations surround issues of confidentiality and the rights of those living with AIDS. Hence, the call by the United Nations that all HIV-related research protocols be evaluated by independent ethics committees, and the need for a university, as it develops its research agenda on HIV/AIDS to keep under constant review the ethical principles

governing this research so that the rights of those infected or affected by the disease, as well as the rights of research personnel themselves, may be safeguarded.

HIV/AIDS and the Engagement of a University with Society

A number of high-level meetings in the past two years have ushered in a new phase of HIV/AIDS awareness and visibility. Globally, crucial United Nation meetings have considered the problem—the Security Council in January 2001, followed by the Special General Assembly in June. Regionally, the Caribbean Group on Cooperation in Economic Development has identified HIV/AIDS as a key development issue for the coming two decades, while within the past year CARICOM has launched a Caribbean partnership on HIV/AIDS. Clearly, the epidemic ranks high among the concerns and challenges acknowledged by the global community and faced by regional and local communities.

In this climate of heightened HIV/AIDS awareness, a university must ensure that it becomes the engine of development, progress, understanding and hope for people, institutions, and society in all that relates to the disease. History will judge a university by the vitality and variety of its cooperative efforts with society to confront HIV/AIDS aggressively and proactively. To accomplish this, it must ensure that in addition to its teaching and research functions it pays adequate attention to the third area of its mandate: unstinting engagement with public and private agencies and with individuals in confronting the destructive power of the epidemic.

In its multiple interactions with society across a wide HIV/AIDS spectrum, the university should play a leadership role and a learning role. As the highest concentration of intellectual expertise in an area, the university should serve agencies, communities and individuals with knowledge, understanding, skills, and capacity in accessing the most up-to-date information and developments. But HIV/AIDS is also a new area where agencies and communities may well be better informed, especially on details, than the university. This points to the learning role of the university in its engagement with society. It cannot afford to be arrogant and to act as if it were the controller and sole dispenser of knowledge. Instead it must work respectfully with agencies, communities and individuals, seeking jointly with them to identify the problems that need to be addressed and working jointly with them towards a solution of these problems.

Some practical conclusions flow from these considerations. It is highly desirable that in its outreach to society the university goes out of its way to ensure the involvement of persons living with HIV/AIDS (PLAs), whether these be members of the university community or of the wider society. PLAs can contribute insights and articulate needs at depths that those who are not infected cannot plumb.

It is also important that training and teaching incorporate AIDS-related engagement with and service to society into professional programme requirements. The needs of an affected society are too great to leave either to chance or to individual benevolence. University students who are required by their programmes to serve society in the AIDS domain proclaim loud and clear that the university is serious in its intention

to engage with and overcome the epidemic. The knowledge and skills that students would develop when providing this service should later increase their marketability, since in an AIDS-affected society employers attach special value to those with some experience in coping with and managing the disease and its impacts.

Procedures for staff advancement should also pay special attention to evidence on the AIDS-related accomplishments of a member of staff in working with communities, government departments, non-governmental agencies, and other bodies. Once again, attaching special value to these is eloquent testimony that a university wishes to match its expressions of concern by action that will spur extensive involvement of its staff in working with others for the prevention, control and management of HIV/AIDS.

Facilitating a Comprehensive University Response

The investigations conducted in Africa are unanimous in reporting that committed leadership at a sufficiently high level is the most critical factor for driving a strong university response to HIV/AIDS. Given the right leadership it is possible to inspire key stakeholders, mobilize resources, establish policies, establish management structures. Above all, it is possible to demonstrate that until the disease has been overcome, responding creatively and proactively to HIV/AIDS will stand at the heart of a university's business.

In turning their universities round to become leading institutions in the combat with HIV/AIDS, university executives and senior managers will have to be courageous: even at university level, HIV/AIDS continues to thrive in an atmosphere of secrecy, denial, stigma and discrimination, all of which will contribute to resistance and misunderstanding. The senior management will have to be innovative and resourceful, given that the impacts of HIV/AIDS frequently tend to be complex and surprising. Their leadership and commitment will have to be sustained, since the impacts of the disease are likely to be long-term.

If this leadership is present, the university can hope to accomplish much. If it is deficient, the university response will be far from what it should be and may consist in no more than the uncoordinated initiatives of individuals and interested groups.

This personal commitment on the part of the university's top leadership should translate into a total management commitment that manifests itself in

- an authoritative strategic planning and policy development approach,
- the commitment of resources,
- the establishment of the necessary implementation structures within an appropriate institutional framework,
- the elaboration of monitoring and evaluation procedures to ensure that steps continue to be taken in the right direction, and
- a sustained challenge to all forms of on-campus denial, stigma and discrimination, accompanied by steps to facilitate HIV openness.

It will also be important to establish realistic targets, ensuring that these correspond with those that appear in national policy guidelines and frameworks and also with those that have been established internationally by the United Nations, such as achieving a 25% reduction in HIV infection among 15–25 year-olds by 2005.

Lastly, the university leadership must ensure that commitment to the prevention, control and management of the disease is widely diffused throughout the institution. Hence it must take whatever steps are needed to bring about university-wide ownership of all HIV/AIDS policies, strategies and interventions, and to secure the dedicated involvement of all sectors of university community.

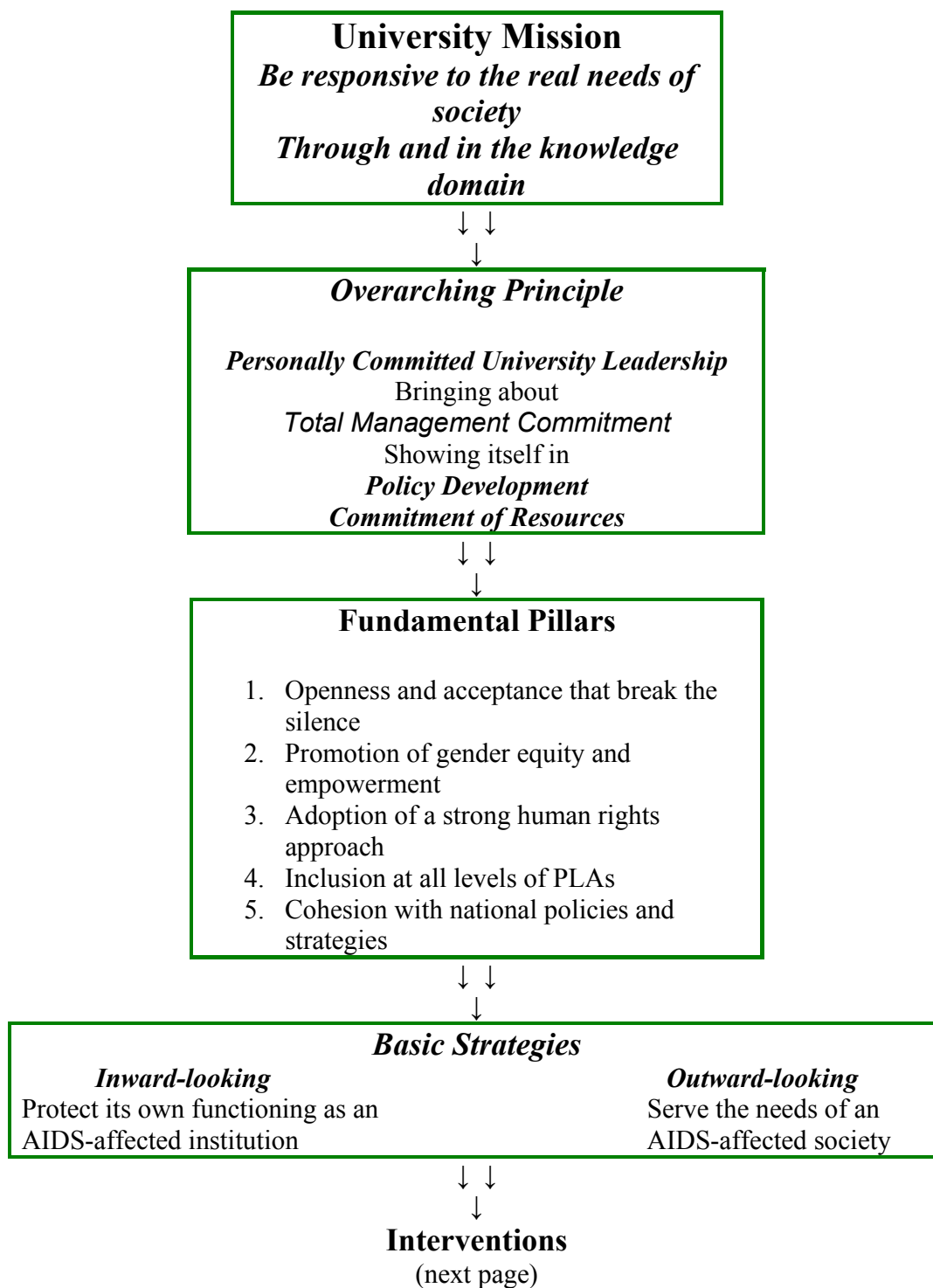
Finally, the strategic approach of a university to responding comprehensively to HIV/AIDS needs to be informed by certain fundamental principles:

1. The importance of getting HIV/AIDS out into the open and breaking every form of silence, secrecy and shame that envelops it.
2. Recognition of the extent to which HIV/AIDS has been feminised and thrives in situations where women are subordinate to men socially, culturally and economically, and in particular where they do not have an equal say with men in sexual decision-making. Hence, there is need to act urgently to promote greater gender equity, to overcome the social and other constraints to enhanced female participation, and to lead by word and example in transferring power and responsibility to women.
3. Ensuring that the entire university culture is enlightened by human rights principles so that, by deliberate and conscientious adherence to these, vulnerability to HIV/AIDS may be reduced, those infected or affected by the disease may live in dignity, and no form of stigma or discrimination may find a haven within the institution.
4. Acknowledging that persons living with HIV/AIDS are among the most important actors in any programme to contain and control the disease. Without in any way using or manipulating them, the university should draw upon their unique expertise and insights, and fully involve them in every aspect of its HIV/AIDS campaign.
5. The importance of coordinating university plans and programmes with those at national level so as to ensure greater synergy, unity of direction, complementarity of activities, access to resources, and more efficient use of these resources.

The Comprehensive Response of a University to HIV/AIDS

The diagram below (Figure 1) pulls together the ideas explored in the previous pages in the form of a conceptual framework for a comprehensive university response to HIV/AIDS.

Figure 1
Conceptual Framework for a Comprehensive
University Response to HIV/AIDS



Interventions	
<u>Inward-looking</u>	<u>Outward-looking</u>
<p><i>Link prevention to care:</i></p> <ul style="list-style-type: none"> • Establish partnerships with staff and students • Sustain awareness • Challenge denial and stigma • Engage all campus cultures (student, traditional, linguistic, faith) • Provide VCT, counselling, guidance • Provide adequately resourced HIV/AIDS-friendly health services • Address values and practices in campus life • Provide workplace education for staff • Establish or strengthen occupational safety systems and procedures 	<p><i>Produce highly flexible, top quality, AIDS-competent graduates:</i></p> <ul style="list-style-type: none"> • Mainstream professional HIV/AIDS issues into the curriculum of all fields • Readjust programmes to promote more flexible graduate preparedness for a rapidly-changing AIDS-world • Introduce new fields of study in response to HIV/AIDS imperatives • Adjust student intake and numbers in programmes to respond to projected professional needs in an AIDS-affected society
<p><i>Tackle management-related factors:</i></p> <ul style="list-style-type: none"> • Establish AIDS-informed management and financial information systems • Provide for direct costs of HIV/AIDS • Provide for indirect costs of HIV/AIDS • Establish dedicated HIV/AIDS budget • Keep loan systems under constant review • Establish procedures for speedy recruitment and training of replacement staff 	<p><i>Reflect vigorously on the needs and challenges of an AIDS-affected society:</i></p> <ul style="list-style-type: none"> • Conduct AIDS-relevant pure, applied and action research • Conduct AIDS-relevant research in scientific, medical, social, ethical and cultural areas • Encourage cross-fertilising and/or multidisciplinary research • Establish high-level AIDS-related cross-discipline seminars
	<p><i>Place expertise at the service of an AIDS-affected society:</i></p> <ul style="list-style-type: none"> • Disseminate and communicate research and study findings • Share knowledge, experience and expertise • Provide service, advice, consultancy, training
	<p><i>Further develop AIDS-relevant expertise:</i></p> <ul style="list-style-type: none"> • Train staff and build capacity • Establish local, regional and international partnerships • Develop information-sharing and other networks

Literature on Universities and HIV/AIDS

1. **Documents prepared by or on behalf of the Association of Commonwealth Universities (ACU)**, 36 Gordon Square, London WC1H 0PF, UK (<info@acu.ac.uk>; www.acu.ac.uk):
 - 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, Durban, South Africa (processed).
 - July 2001. *HIV/AIDS. Towards a Strategy for Commonwealth Universities: Issues in Policy Development*.
 - July 2001. *HIV/AIDS. Towards a Strategy for Commonwealth Universities: Report of the Geneva Consultation: 11–13 March 2001*.
 - November 2001. *Commonwealth Universities in the age of HIV/AIDS: what every senior executive needs to know*. Working draft in progress.
 - November 2001. *HIV/AIDS: Towards a Strategy for Commonwealth Universities. An ACU project funded by the UK Department for International Development. Report of the Lusaka Workshop Hosted by the University of Zambia, from 7 – 10 November 2001*
 - Policy statements on HIV/AIDS from various Commonwealth Universities. Available by going to "Policy" at www.acu.ac.uk.

2. **Studies prepared for the Association for the Development of Education in Africa (ADEA)**, available from Tara Bukow, HIV/AIDS and Education Clearinghouse, International Institute of Educational Planning, 7-9 rue Eugène-Delacroix, 75116 Paris, France (t.bukow@iiep.unesco.org). <http://www.unesco.org/iiep>
 - Anarfi, John K., 2000, *Universities and HIV/AIDS in Sub-Saharan Africa – A Case Study of the University of Ghana, Legon*.
 - Barnes, Teresa, 2000, *The Impact of HIV/AIDS on the University of the Western Cape. A Report for the Association for the Development of Education in Africa*.
 - Magambo, Japhet K., 2000 *HIV/AIDS in Jomo Kenyatta University of Agriculture and Technology*.
 - Mwape, Gertrude & Kathuria, Ravinder, 2000, *Universities and HIV/AIDS in Sub-Saharan Africa: University of Zambia*.
 - Nzioka, Charles, 2000, *The Impact of HIV/AIDS on the University of Nairobi*.
 - Otaala, Barnabas, 2000, *Impact of HIV/AIDS on the University of Namibia and the University's Response*.
 - Seclonde, Hospice, 2000, *Universities and HIV/AIDS in Sub-Saharan Africa: The Case of Benin*.

3. *Other Documents and Reports*

- American College Health Association, 1989. (1) Responding to HIV Infection and AIDS: Campus Assessment Inventory; (2) General Statement on Institutional Response to AIDS; (3) Statement on AIDS and International Education Issues. American College Health Association, Box 28937, Baltimore, MD, USA (available from pubs@acha.org).
- Bollag, Burton, 2001. "African universities begin to face the enormity of their losses to AIDS." *The Chronicle of Higher Education* (USA), Issue of 2nd March 2001.
- Chetty, D., December 2000. *Institutionalising the Response to HIV/AIDS in the South African University Sector: A SAUVCA Analysis*. Pretoria: SAUVCA (South African Universities Vice Chancellors Association) Occasional Publications and Reports (2) (admin@sauvca.org.z; also available from t.bukow@iiep.unesco.org; <http://www.unesco.org/iiep>).
- Chilisa, Bagele, with Paul Bennell, April 2001. The Impact of HIV/AIDS on the University of Botswana: Developing a Comprehensive Strategic Response. Faculty of Education, University of Botswana, and Department for International Development, United Kingdom.
- Du Pisani, A, & Otaala, B., 2001. UNAM HIV/AIDS Policy. Windhoek: University of Namibia HIV/AIDS Task-Force.
- Kelly, M. J., 2000. Universities and HIV/AIDS. Terms of Reference for Studies on HIV/AIDS and the Response of Selected Universities in Africa. Commissioned by the Association for the Development of Education in Africa. Available at: <http://www.worldbank.org/education/tertiary/univaidstor.htm>
- Kelly, M. J., 2001. *Challenging the Challenger. Understanding and Expanding the Response of Universities in Africa to HIV/AIDS*. Washington, DC: The World Bank for the ADEA Working Group on Higher Education (available at http://www.adeanet.org/publications/wghe/Univ_AIDS_rept_en.html) (also available in French as *Défier le mal qui nous défie. Comprendre et amplifier la riposte des universités africaines au VIH/SIDA*).
- Netherton, Robin, 2001. "When silence speaks volumes." *Currents*, October 2001, pp. 26–32 (Washington: Council for Advancement and Support of Education).
- Odirile, L. W., 2000. HIV/AIDS: Knowledge, attitudes and beliefs among University of Botswana undergraduate students. Unpublished PhD Dissertation, Ohio University, June 2000).
- Otaala, B. December 2000. HIV/AIDS. *The Challenge for Tertiary Institutions in Namibia*. Proceedings of a Workshop held from 9th to 11th October 2000 at Safari Hotel Court Conference Centre, Windhoek, Namibia. Unit for Improving Teaching & Learning, University of Namibia, Private Bag 13301, Windhoek, Namibia (botaala@un-----am.na).
- Owino, Philip O., November 2001. Kenyatta University Policy Document on HIV/AIDS (Draft). AIDS Control Unit, Kenyatta University, Box 43844, Nairobi, Kenya.
- University of Natal, 2001. HIVAN: Centre for HIV/AIDS Networking. The University of Natal's Response to HIV/AIDS. HIVAN, University of Natal, Durban 4041, South Africa.

University of North Carolina, 2000. *AIDS: Principles, Practices, and Politics*. A course taught at the University of North Carolina at Chapel Hill since 1987. Presentation at International AIDS Conference, Durban, South Africa, June 2000.

World Bank, August 2001. "Sub-Saharan Africa: HIV/AIDS on University Campuses." *Findings*, No. 188. Washington, D.C.: The World Bank.