

***UNESCO REVIEW OF HIGHER EDUCATION INSTITUTIONS'  
RESPONSES TO HIV AND AIDS***

**BURKINA FASO- The Case of the University of Ouagadougou**

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The findings, interpretations, and conclusions expressed in this paper are those of the authors and do not necessarily reflect the views of UNESCO.

INTRODUCTION.....	3
A. NATIONAL CONTEXT OF HIV .....	4
1. Demographic and health situation .....	4
2. Socio-economic situation.....	5
2. HIV/AIDS: The history of the epidemic.....	6
3. Current prevalence of HIV/AIDS.....	7
4. Level of leadership and political commitment to address the epidemic .....	7
5. National responses such as National Strategic Plans for HIV/AIDS.....	8
6. Civil society response .....	8
7. International donors.....	9
8. Networks, including PLHA networks .....	9
B. HIV IMPACT ON HIGHER EDUCATION .....	10
1. General information on the sector of higher education.....	10
2. HIV impact on the education sector .....	10
C. INSTITUTIONAL RESPONSE .....	14
I. HIV/AIDS policies and Plan.....	14
II. Leadership on HIV/AIDS .....	14
III. EDUCATION RELATED TO HIV/AIDS .....	15
1. Continuous training on HIV/AIDS for the University staff.....	15
2. Formal Education on HIV/AIDS .....	15
3. Non- Formal Education on HIV/AIDS.....	16
4. Impact of Educational Activities .....	16
IV. RESEARCH ON HIV/AIDS .....	16
V. PARTNERSHIP AND NETWORKS .....	17
VI. PROGRAMMES AND SERVICES .....	17
1. Prevention .....	17
2. Community assistance.....	18
VII. MONITORING AND EVALUATION OF THE RESPONSE.....	18
D. LESSONS LEARNED.....	18
E. RECOMMENDATION FOR ACTION .....	19
F. BIBLIOGRAPHY .....	21
G. APPENDICES .....	23
1. Structures contacted.....	23
2. Persons contacted .....	24

## INTRODUCTION

Increasingly, education is considered as effective tool to control the HIV/AIDS epidemic. However the impact of HIV/AIDS on education, especially on the higher education sector, has not yet been well- documented. Although some case studies have recently been undertaken in sub-Saharan Africa and the Caribbean, there is little known about the situation in West Africa. The UNESCO review of *Universities Responses to HIV/AIDS* aims to fill some of this knowledge gap, through this study in Burkina Faso. The results are expected to have implications not only for the country itself, but for the wider international community involved in developing comprehensive responses to HIV/AIDS.

The objective of this study is to evaluate the effects of HIV/AIDS on, and the response by, the higher education sector in Burkina Faso. The research involves the perspectives and experiences of teachers, students and administrative personnel in the higher education sector, with particularly focus on the University of Ouagadougou.

Methods employed in this review include: document review (including those related to higher education, HIV/AIDS, programme evaluations, policies, etc.); interviews and focus group discussions with University of Ouagadougou staff and students, and a self-administered questionnaire to students and staff of the University of Ouagadougou. Six focus group discussions were done and 30 people were interviewed. The survey started in February and ended in April, 2005.

## A. NATIONAL CONTEXT OF HIV

### 1. Demographic and health situation

Burkina Faso, a landlocked country, is located in the heart of West Africa, and surrounded by Benin, Côte d'Ivoire, Ghana, Mali, Niger, and Togo. It covers a surface area of 274,000 square kilometres and is home to an estimated 13.6 million people. Burkina Faso is considered to be an epicentre of migratory movement toward coastal countries and it also home to large number of refugees, displaced or repatriated persons. In recent years this has included refugees from the conflict-affected areas in Côte d'Ivoire, the West African country most-affected by HIV, with an adult HIV prevalence rate of over ten percent.

The general mortality rate is higher than that of many neighbouring countries, at 19 deaths per 1,000 population (PRB, 2004). According to the 1998-1999 Demographic and Health Survey (DHS BF I), the rate was higher (16.6 per 1,000) among men than among women (14.7 per 1,000) and in rural areas (17 per 1,000) than in urban areas (11 per 1,000).

Infant and maternal mortality are also notable concerns. The infant mortality rate is 83 per 1,000 live births while the maternal mortality ratio is 484 maternal deaths per 100,000 births. Life expectancy at birth is 45 years overall, and by sex, 46 years for women and 44 for men (see Table 1).

Total population, mid-2004 (millions) <sup>a</sup>	13.6
Rate of natural increase, 2004 (%) <sup>a</sup>	2.6
Total fertility rate, 2004 <sup>a</sup>	6.2
Percent of population under 15 years of age, 2004 <sup>a</sup>	46
Percent urban, 2004 <sup>a</sup>	1
Births per 1000, 2004 <sup>a</sup>	45
Deaths per 1000, 2004 <sup>a</sup>	19
Infant mortality rate (per 1,000 live births), 2004 <sup>a</sup>	83
Child mortality rate (per 1,000 live births), 2003 <sup>b</sup>	184
Maternal mortality ratio (maternal deaths per 100,000 live births), 2004 <sup>c</sup>	484
Life expectancy at birth, 2004 <sup>a</sup>	
Total	45
Male	46
Female	44
% of married women using contraception <sup>a</sup>	14

The use of contraceptives is very low in Burkina Faso. Around 14% of married women report currently using contraception, including 9% using a modern method (e.g., pills, condoms, injectables) (DHS-BF 2003). Modern contraceptive use has increased in recent years from 5% in 1998-1999 (DHS-BF 1998-1999); however, only one in five women (20%) report ever using a modern contraceptive method.

Condom use among non-marital partners is low, suggesting a high risk of HIV transmission. Sexual intercourse with nonmarital partners is believed to carry a high risk of HIV/AIDS transmission as such relationships are usually more temporary and are often associated with exposure to multiple partners. Among women who report knowing about HIV and having had sex during the last 12 months preceding the 2003 DHS survey, only 7% report having used a condom with any partner. This proportion was higher among men (23%) but still low overall (DHSBF-III).

Low contraceptive use contributes to a high total fertility rate (TFR). According to the DHS-BF 2003, TFR among women aged 15-49 is 6.2, meaning that the average woman has around 6 children in her lifetime. Of note, rural women have more children on average (6.5) than their urban counterparts (3.4).

## 2. Socio-economic situation

The socio-economic indicators of Burkina Faso, a developing country, are among the lowest in the West African sub-region (see Table 2). The gross domestic product (GDP) per capita at 2004 is about \$1,100, which classifies Burkina Faso among the Least Developed Countries in the World (LDC). According to the United Nations Development Programme's (UNDP) Human Development Index, which measures a country's achievements in terms of life expectancy, educational attainment and adjusted real income, Burkina Faso ranks among the lowest-at 175 out of 177 countries (UNDP 2004).

GDP per capita <sup>a</sup> US\$, 2004	1,100
Human Development Index, 2002 <sup>a</sup>	0.302
% of the population living below the poverty line (US\$1 a day), 2003 <sup>b</sup>	
Total	46
Urban	20
Rural	52
Source: a UNDP 2004 b INSD 2003	

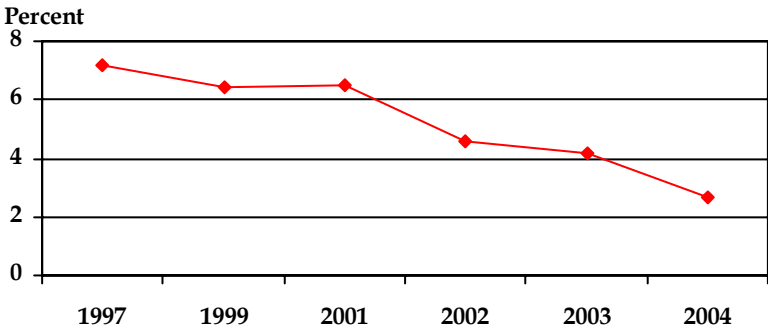
Agriculture and livestock are the main sources of employment and income, and contribute to about 30% of GDP (FAO 1999). Furthermore, 75% of the population is engaged primarily in subsistence agriculture, based on archaic growing techniques and tools. Subsistence agriculture in semi-arid regions such as Burkina Faso is a

highly vulnerable activity, as it is sensitive to climatic fluctuations. Poverty is common, affecting 46% of the population. Rural areas (52%) are affected more than urban areas (20%) (INSD, 2003).

### 3. HIV/AIDS: The history of the epidemic

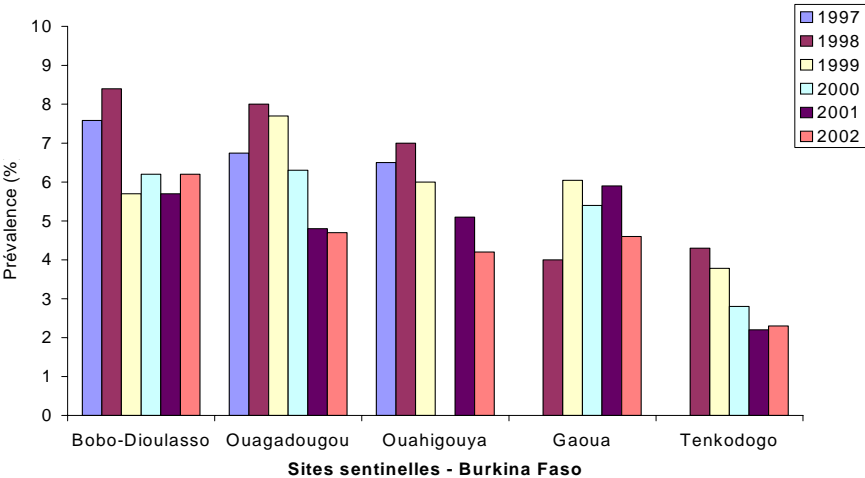
In 1986, the first cases (10) of HIV/AIDS were declared (CNLS, 2001). Since this time, HIV has spread rapidly. HIV prevalence among pregnant women attending antenatal care (ANC) clinics in five sentinel surveillance sites was found to be 7.3% in 1994. This figure stabilised from 1997-2000, and since 2001, the HIV prevalence rates are believed to be on the decline (see Chart 1). The adult HIV prevalence rate has dropped from 6.5% in 2001 to 4.2% in 2003 to 2.7% in 2004.

Chart 1: Adult HIV prevalence rates, Burkina Faso



These declines have also been seen in ANC sites, although not in a systematic manner. For example, in ANC testing sites in urban areas HIV prevalence has actually risen in Gaoua and fluctuated substantially in other sites (see Chart 2). This may also be due, however, to changes in use of ANC services and reporting.

Chart 2 : HIV prevalence among pregnant women attending antenatal clinics in the main urban centres of Burkina Faso.



#### **4. Current prevalence of HIV/AIDS**

There are wide ranges of estimations on HIV prevalence in Burkina Faso. The rate of HIV general seroprevalence determined by the 2003 DHS is 1.8% including women aged 15-49 and 1.9% among men aged 15-59 years. Higher rates of HIV prevalence are reported in urban areas (3.7%) than in rural areas (1.3%) and the hardest-hit regions include Ouagadougou (4.4%), the South-West (3.8%), the Waterfall regions (2.5%), the Mouhoun Loop (2.4%) and the Central-West (2.2%).

For comparison, data collected from pregnant women attending the surveillance protective sites for prenatal visits in 2004 gave an estimation of HIV prevalence of 4.4% in Ouagadougou town and 4.1% in other urban areas. Prevalence rate within the general population is currently estimated, according to national figures, to be 2.7%.

No matter which figures are used, the number should be interpreted with some caution as underreporting may be common. The Health Information System reported that 10% of AIDS cases are not often recorded (UNDP, 2001). Further examinations of these trends are required using epidemiological, behavioural, and sentinel surveillance data to determine whether observed declines are real and sustainable and to determine the roots of behaviour change and risk reduction.

At present, reductions have been largely attributed to prevention efforts undertaken at all levels from government agencies down to community based organisations (CBOs). However, it does not mean that the epidemic has been overcome. Among certain groups, HIV prevalence remains high. For example, the HIV prevalence rate among commercial sex workers is estimated at around 20% (SIDA III project, 2004). Education and health workers may also be at risk. Recent results from Centre Muraz (2005) found HIV prevalence of 2.4% among teachers nationwide and 3.4% among health workers (including doctors, nurses, midwives, laboratory technicians, etc.).

Women and girls are also facing special risks. In Burkina Faso, HIV/AIDS prevalence rate among girls and women is 5 to 8 times that of their male counterparts (Grégoire et al., 2003). In addition, girls risk becoming infected at a younger age than boys. Girls' and women's increased vulnerability is partly due to biological factors that lead to increased vulnerability for HIV transmission, but unequal power relations are also a major contributing factor in the rapid spread of the virus. Interventions to reduce risk must put gender relations at the centre of their plans and programmes.

#### **5. Level of leadership and political commitment to address the epidemic**

In Burkina Faso, there is a high level political commitment to address the epidemic. The HIV/AIDS national response is coordinated by the National Council for AIDS Control (CNLS), presided over by the Head of State. Established in 1991, all of the ministries participate in this Council including the Ministries of Health and Social

Action. In addition, representatives of international institutions and civil society also contribute.

## **6. National responses such as National Strategic Plans for HIV/AIDS**

The Government of Burkina Faso's responses can be organised in three phases from:

- Phase 1, 198-1997: Creation of a technical committee, elaboration of the National Programme for AIDS Control (PNLS) and implementation of three intervention plans: the first, a short term plan executed from 1987 to 1989, the second, a medium term plan (PMT1) executed from 1990 to 1992 and the third (PMT2), designed as a continuation of the previous plan for 1993 to 1995;
- Phase 2, 1996-1998: Government demonstrates stronger political, material and financial commitments with a change in the organization of AIDS control in Burkina Faso, and the launch of the Population and AIDS Control Project (PPLS);
- Phase 3, 1999-today: Includes the adoption of multi-sectoral approaches to develop strategies within ministries, provinces and villages. This allowed the establishment of 18 Ministerial Committees for AIDS Control (CMLS); 45 Provincial Committees for AIDS Control (CPLS) and over 8,000 Village Committees for AIDS Control. These Committees was part of a decentralised approach to planning activities and the increasing involvement of CBOs (UNDP, 2003). This stage also includes the elaboration of the elaboration of the National Strategic Plan against AIDS 2001-2005.

## **7. Civil society response**

During the last decade (1995-2004), the number of civil society organizations (CSOs) has grown and their involvement has increased considerably in the national response (UNDP, 2003). As of June, 2005, there are over 600 CSOs countrywide (Spong, 2004), although only 153 are legally registered. Most of them intervene in the field of HIV/AIDS control in Burkina Faso. Many of these associations target young people, women and adolescents, and specific groups such as prostitutes, migrants and gold diggers (UNDP, 2003).

Among the 153 registered associations, 48% are non profit-making, 35% are CBOs, 5% are said to be local NGOs, and 2% intervene as development associations or professional associations. Of note, 10% of the CSO do not have any legal status (UNDP, 2003).

The main HIV-related activities of these CSOs include Information Education and Communication (IEC) campaigns, awareness-raising, and home-based care (IRSS, 1999). Several associations such as the AIDS Information, Counselling and Documentation Center (CICDOC) and the Association for the Promotion of Testing within the Community (APRODEC) have been involved in the promotion and



delivery of voluntary counseling and testing (VCT) centres. Others, including the National Network to support people living with HIV (REGIPIV), the Association Laafi La Viim (ALAVI), and the Association African Solidarity (AAS) have been involved in medical care and supporting antiretroviral therapy (ART).

The private sector is also playing a role in providing medical care and support for people living with HIV; however, this role is inadequately documented and beyond the scope of this paper. .

## **8. International donors**

Burkina Faso counts on its bilateral and multilateral partners for raising funds to sustain programmes and projects on HIV/AIDS. Among numerous bilateral partners, the Deutsch embassy is considered to be the main donor for HIV/AIDS activities in Burkina Faso while the World Bank plays the same role among multilateral donors.

## **9. Networks, including PLHA networks**

Numerous CSOs have established networks to improve coordination and monitor activities. Donors have encouraged this process, recognizing that networks can improve the management of funds by minimising the duplication of efforts and wasted resources. Since 2000, the following networks have been established over all the country:

- Coordination Board for AIDS Control Associations (BURCASO)
- Coordination of AIDS Control Associations (CALSI)
- Young People African Network against AIDS (RAJS)
- Associations Networks for STI and AIDS Control (RALIS)
- National Network to support people living with HIV (REGIPIV)
- AIDS Information, Counselling and Documentation Center (CICDOC).

## B. HIV IMPACT ON HIGHER EDUCATION

### 1. General information on the sector of higher education

There are two universities in Burkina Faso—the University of Ouagadougou (UO) and the Polytechnical University of Bobo-Dioulasso (UPB). In addition to these universities, there is a Higher Training Institute, which trains secondary school teachers as well as secondary and primary administrative officials (e.g., pedagogical advisers, inspectors). There are other higher learning institutes that train magistrates and public administrators (ENAM), in the treasury and taxes professionals (ENAREF) and health sector professionals (ENSP). Additionally, since 1990, due to the liberalisation of higher education, many high learning institutes have been created, providing training primarily in computer science maintenance (ISIG, CEFIG, ESSA), accounting and banking and finances.

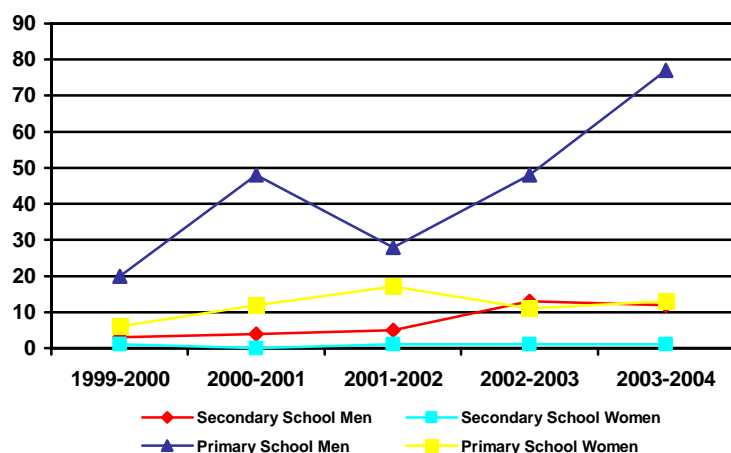
This analysis focuses on the impact of HIV/AIDS on, and the institutional response undertaken by, the University of Ouagadougou. The University of Ouagadougou (UO) was created in 1974 by the decision of national authorities (Law N°74-031 19<sup>th</sup> April 1974). The University of Ouagadougou comprises eight faculties and institutes including: Health faculty (UFR/SDS), Law faculty (UFR/SJP), Economic Science faculty (UFR/SEG), Environmental faculty (UFR/SEA), Communication, art and linguistic faculty (UFR/LAC), Sociology and anthropology faculty (UFR/SH), Earth and Life Science faculty (UFR/SVT), Management and business Institute (IBAM). The enrolment rate is nowadays about 57% (MEBA, 2004) for primary school. The general literacy rate is 26%. The secondary school rate is 13% and for the university, the rate is about 1% (Ilboudo and al, 2004).

Students	19,393
Teachers	393
Administrative and support personnel	398
Others	197
Source: DEP of MESSRS	

### 2. HIV impact on the education sector

Data on HIV/AIDS-related morbidity and mortality are not collected systematically for the education sector, and no analyses have been undertaken in tertiary education institutions. A recent evaluation of the impact of HIV/AIDS in primary and secondary schools suggested that the overall death toll has been increasing among teachers, particularly among male teachers (see Chart 3) (MEBA, 2005). For example, in 2003-2004, 90 primary teachers died. While the cause of death was not determined, the Minister in charge of Education believed that half of these deaths could likely be attributed to AIDS.

**Chart 3: Deaths among MEBA and MESSRS  
1999-2004**



VCT campaigns undertaken by the education sector have also yielded some information regarding the impact of HIV on the education sector. In December 2004, the Programme to Support CBOs and CSOs (PAMAC) implemented VCT campaigns at the University of Ouagadougou and in selected secondary schools across the country. The overall HIV prevalence rate within the education sector; based on those tested, was 1.3%. Notable differences could be found between men (1%) and women (1.6%) tested. Specifically, the prevalence rates recorded at different sites included 0.8% for the students of the University of Ouagadougou, 1.3% among secondary schools students, 2.3% for teachers (University and secondary schools) and 11% for the administrative and serving clerk.

It is difficult to estimate the effect of HIV-related morbidity mortality on the University of Ouagadougou as there are no data collected systematically and there is a large stigma still surrounding HIV/AIDS. Among those surveyed in this review, some said that people with HIV, particularly teachers and technical staff members are likely to be frequently absent. HIV-related absences among students were reported to be difficult to evaluate, due to the large number of students at the University.

Some cases of discrimination and stigmatisation at the University against people living with HIV/AIDS were reported during the course of this review. Some students were observed to not want to sit at the same table with a classmate suspected to be infected with HIV. *"When he came, people avoided meeting him"*, said one university official. Students explained, during focus groups discussions, that people are afraid to get close to a person with HIV. Said one female Sociology student, *"it's not really discrimination. It's a way to protect yourself due to fear. You don't know how a person with HIV might react regarding his situation. To be physically far away from him is a better way of being careful. Better safe than sorry"*.

In the last decade, the University of Ouagadougou believes to have lost at least six permanent teachers to HIV/AIDS, and in the past year alone, three AIDS-related deaths are believed to have been observed, including one professor and two

members of the technical staff. To respond to these losses, the administration has asked for part-time teachers from other universities before hiring permanent teachers with the required profile.

One should note that it is difficult to confirm that deaths are AIDS-related, because due to stigma and discrimination, people with HIV refuse to reveal their status. A male lecturer in the Department of Sociology explained, *"No one is a so crazy as to mention his disease [AIDS] to a colleague because the whole city of Ouagadougou will quickly be informed! Then rumours and gossip will cause your rapid death. That is one of the fundamental reasons for not declaring openly."* Another male teacher in the Health Department added that *"sometimes all the colleagues suspect someone is living with AIDS, but the infected guy will insist on saying that he has hepatitis or a liver problem or any other disease other than AIDS."*

It is difficult to evaluate costs related to HIV/AIDS but medical care and support, especially ART, is very expensive for teachers and technical staff and beyond the reach of most students. Several initiatives have been taken to improve access to ART, including initiatives in "Centre de Traitement Ambulatoire-CTA" the outpatient treatment centres, and those undertaken by "Medecins Sans Frontières", the Physicians without Borders and "Ensemble pour une Solidarité Thérapeutique" Together for the Therapeutic Solidarity-ESTHER-.

These have reduced ART to a monthly cost of 10 US\$ to 15 US\$; instead of the 20 US\$ and 30 US\$ price at the Medicine Purchase Centre (CAMEG).

Since the Global Fund has been funding, the ART the cost is lessened (10 US\$) in the public health facilities.

In addition to these costs, those related to additional medical tests and food must be considered as well as death-related costs. The University assists families with some of these costs, included those related to the purchase of the coffin and fees pertaining to funerals and religious ceremonies.

In order to reduce the impact of HIV on the education sector, steps must be taken to minimise risk and vulnerability. At the University of Ouagadougou, the following factors have been cited as contributing to the spread of HIV include:

- the lack of reliable information on HIV/AIDS. University students and teachers think that they are well-informed, yet, erroneous information and fear is common;
- female and male students usually live and work very close to each other ;
- poor female students are often compelled to practice occasional prostitution for survival.

Certain projects have been envisaged at the University to permit a wider dissemination of information pertaining to HIV/AIDS and enhance prevention such as condoms use but implementation has been slow. The question related to the improvement of students' living conditions has yet to be considered, nor have gender dynamics and socioeconomic vulnerabilities leading to increased among young women been addressed.



## C. INSTITUTIONAL RESPONSE

### I. HIV/AIDS policies and Plan

The University of Ouagadougou has no institutional policy but recently elaborated a five year institutional plan (2005-2009) entitled "*University Strategic Plan for HIV/AIDS Control through Training and Research.*" This plan aims to:

- Raise awareness among staff and students on HIV/AIDS
- Develop modules on AIDS to be included in all students' training
- Conduct relevant research related to: opportunistic infections (e.g., tuberculosis, skin disorders, diarrhoea), socio-economic impact of the HIV/AIDS, and nutrition and food of people living with HIV/AIDS.

The plan was developed in 2004 with the participation of administrative personnel, faculty, support staff, and students. The estimated budget for this plan is US\$ 2 million. The plan is, however, still at its early stages and has not yet been funded for implementation. Moreover, some administrative officials report knowing little of the content, while students are not familiar with the plan.

Other higher education institutes in Burkina Faso (Computer and management Institute- ISIG-, Free University of Burkina-ULB, National Magistracy and Administration School-ENAM-) do not have any institutional policy on HIV/AIDS, and no plans have been made to elaborate such a policy. The heads of these institutions reported thinking that this would be additional work for the administration.

### II. Leadership on HIV/AIDS

The organization of HIV/AIDS control is based on a pyramid system including the:

- National council for AIDS control (CNLS);
- Ministerial Committees for AIDS Control including the Committee of the Ministry of Secondary and Higher Education and Scientific Research (CMLS/MESSRS). This Committee is the main structure in charge of implementing sectoral policies and activities within the Ministry of Education, including the University of Ouagadougou.
- Units within the central and regional directorates of the MESSRS and related services such as the University, CENOU and CNRST. Therefore, a "cellule relais" the relay unit, which plays the interface role between the CMLS and target groups, such as lecturers, administrative clerks and researchers. It's made up of 5 members and has been set up within each institute or Training and Research Department ;
- University of Ouagadougou comprises twelve relay units that report directly to the CMLS/MESSRS. There is no coordination between these units.

There is no coordination between the units at the University level, and no University-wide structures to coordinate and implement an institutional response. According to one administrator, "*the administration isn't involved in the process*" and leaders are not

committed to the institutional response. To date, HIV/AIDS has not been addressed in the annual report of the University of Ouagadougou.

The teachers of the University of Ouagadougou are grouped in unions such as the Union of Education and Research Workers (SYNTHER) and the Secondary and Higher Institution Teachers' Union (SNESS); however, these unions do not play a major role in the institutional response.

Some student organizations are involved in disseminating HIV preventive messages through departmental associations and clubs. The Students' Pharmacy Circle (CEPHARM), the Students' Association in Health Sciences (AESS) and the Students' Sociology Club and other specific groups such as the N'Kosi Association and the AIDS Info Club support such activities. However, they are reported to be sporadic – occurring once or twice a year – and have not been evaluated to determine their impact on HIV-related knowledge, attitudes and behaviour.

### **III. EDUCATION RELATED TO HIV/AIDS**

#### **1. Continuous training on HIV/AIDS for the University staff**

University personnel have received no training on HIV/AIDS prevention and mitigation and little training and support on the integration of HIV/AIDS into curricula. Those who have received training on teaching techniques and methodologies on HIV/AIDS report that the training was limited in scope and did not result in curriculum change. Others reported only receiving HIV-related information through the media. At the same time, teachers do not seem to be motivated to include the issue in their programmes.

#### **2. Formal Education on HIV/AIDS**

HIV/AIDS is integrated into coursework in the Medical Science and Pharmacy faculties, and facilitated by on-site learning through partnerships with other university hospitals and health centres in Ouagadougou and Bobo-Dioulasso (see section on partnerships). Coursework is largely biomedical and technical, and does not include life skills education aimed at strengthening students' capacities including decision making and problem resolution, stress and test management as well as communication and negotiation.

HIV/AIDS is also addressed briefly in some of the Sociology and Psychology courses, but it is not an integral study component. Those who have introduced HIV/AIDS in their curriculum report doing so on a voluntary basis; no directives have been made by the University to do so and no support (e.g., technical or material support) has been provided.

The University of Ouagadougou provides a graduate course entitled "*Training in Care and Support for Patients Infected by HIV in sub-Saharan Africa*" for general practitioners and specialists, paramedical and psychological professionals, and

voluntary associations. The course is compulsory for the interuniversity degree on HIV/AIDS and aims to *“improve medical care and support for patients infected with HIV in francophone Africa through post-graduate multidisciplinary training for professionals responsible for the care of people living with HIV who are likely to train others in their home countries.”* The course was recently introduced, exactly in 2004, and has, as of June, 2005, trained 80 physicians and leaders of civil society organisations.

### **3. Non- Formal Education on HIV/AIDS**

Non formal education programmes on HIV/AIDS at the University and in the higher institutes are implemented by students' associations involved in AIDS control and focus primarily on the dissemination of HIV prevention messages.

Students participate in these clubs at different levels; but increasingly during cultural events. On these occasions, IEC campaigns on HIV/AIDS are widely conducted to reach other students. However, these events are sporadic – occurring once or twice a year – and have not, to date, built on national or international celebrations (i.e. World AIDS Day, Woman International Day, Human Rights International Day) to focus attention to the issues. Moreover, these activities have not been evaluated to determine their impact on HIV-related knowledge, attitudes and behaviour.

Similarly, information provided through these venues does not sufficiently orient them to HIV/AIDS-related services such as voluntary counselling and testing (VCT), psychological and psychosocial support, and drug and alcohol abuse counselling. Such information is only provided exceptionally during periodic VCT campaigns on the campus.

### **4. Impact of Educational Activities**

The University has not conducted an evaluation of educational campaigns impact on the students' knowledge, attitudes and practices (KAP); however, a recent study helps to shed light on some of these issues. In 2000, the Public Health Department of the Faculty of Medicine (UFR/SDS), conducted a KAP study on a sample of 400 students, including around 80 students per faculty. Of those included in the sample, around 75% of students wanted to know their serologic status and 40% agreed to take a blood test for screening. On the whole, 70-90% of students declared that they would share the same bedroom, the same means of transport, the same toilets, the same dining table or the same kitchen utensils with a person living with HIV. These proportions varied from 49% to 83%, when the question was rephrased to be a person living at the advanced stage of the disease (Sondo, 2002).

## **IV. RESEARCH ON HIV/AIDS**

HIV/AIDS research has been undertaken by individual professors and students and supported through international partnerships including those established with



Belgian Cooperation, the French National Agency for Research on HIV/AIDS (ANRS), and the University of Brescia (Italy). This has enabled researchers to undertake biomedical research (e.g., virology and immunology studies, a feasibility study on the use of medicinal plants for ART), health systems research, and sociological studies related to HIV/AIDS. Students have also conducted dissertations on HIV/AIDS (such as the situation of orphans and vulnerable children, and the impact of HIV/AIDS on the economic and social sectors in Burkina Faso). Some of the results have been published in scientific reviews and presented at national or international conferences; however, students report having difficulty accessing this information at the University level.

Apart from a register of student theses, there is no databank on research undertaken at the University. Research results are generally not available in the libraries and accessible only through medical databases on the Internet. Students preparing their theses on HIV/AIDS usually use these data.

## **V. PARTNERSHIP AND NETWORKS**

All higher institutions in Burkina Faso are included in the Ministerial Committee for AIDS Control of the Ministry of Secondary and Higher Education and Scientific Research. They are all represented by relay units of their faculties or institutes to take part in the design and implementation of the action plans of the CMLS/MESSRS.

Thanks to its position, the Faculty of Medicine has also established partnerships with the national hospitals also called university hospitals (the National Hospital Yalgado Ouedraogo and the National Pediatric Center Charles De Gaulle in Ouagadougou; and the National Hospital Sourou Sanon in Bobo-Dioulasso). These health centres provide training for students in medicine and also offer opportunities to teachers and students to care for AIDS patients and conduct research.

The University Of Ouagadougou is member of the African Universities Associations (AAU) but no HIV/AIDS related programme has been implemented in this framework.

## **VI. PROGRAMMES AND SERVICES**

### **1. Prevention**

UO has no HIV-related programmes or services, apart from periodic condom promotion and HIV testing campaigns. Condoms can be purchased at the National Medical Center for University Works (CENOU) and in certain university kiosks, but not in University dormitories. Those testing positive are referred to the Mobile Treatment Centre (CTA) or to the National Hospital Yalgado Ouedraogo for counselling, and referrals to care and support services including ARV. The

University does not monitor or follow-up on this process and no records are kept on file.

## **2. Community assistance**

As stated above, the University has not been actively involved in community-based educational programmes. The institute doesn't have any home care programmes, any community-based development programmes, nor radio discussion programmes for young people.

## **VII. MONITORING AND EVALUATION OF THE RESPONSE**

As the University's institutional response has not been formalised, there are no monitoring and evaluation mechanisms in place to measure the response.

## **D. LESSONS LEARNED**

The University of Ouagadougou's institutional response in relation to HIV consists of small-scale activities lacking structural organisations and strategic planning. Moreover, most of the activities focus on awareness-raising, and do coherently and adequately prepare students for their future roles as professionals, family and community members living in a world with HIV/AIDS

The following generalisations can be made based on this review:

- Because of their high educational level, academic staff and students are more likely to be well-informed about HIV/AIDS through reading and awareness of AIDS control activities carried out at the national level. However, there have been no steps taken to ascertain the depth of knowledge, including ways to prevent the spread of HIV, where to access testing services, and other care and support-related issues.
- There have also been no steps taken to measure the sexual behaviour of the student population, seen to be critical to design and monitor interventions. Moreover, current behaviour change interventions seem to focus on condom promotion without including other components of HIV prevention such as encouraging abstinence or monogamous relationships, STI control, discouraging multiple sex partners, and promoting harm reduction approaches.
- Stigma and discrimination continue to make it difficult for those who are willing to disclose their serostatus to do so. Failure to create a climate of acceptance of those living with HIV contributes to the further spread of the disease, as it makes it more difficult for people to discuss openly their HIV status with their partners. It also contributes to the absence of PLHA groups, which have been found to have a critical role to play in designing,

implementing and evaluating HIV/AIDS prevention, treatment and care programmes;

- There are no measures taken by the administration to mitigate the spread of HIV on campus. No analysis has been undertaken of specific practices that may be taking place on campus such as unprotected casual sex, “sugar daddy” practices, prostitution, or alcohol and drug abuse that may increase young people’s risk. Leadership and guidance from senior levels is lacking to guide such an analysis and to develop appropriate responses.

Universities are, per essence, places of “knowledge”. They could help in strategic thinking and planning and in developing appropriate strategies and materials for various target groups through action-research, forum and other channels that will support the various stakeholders’ efforts in combating the epidemic.

Bold interventions are required in areas of prevention (e.g., the development of information centres on HIV, the integration of HIV programmes into the university medical centre), care and support (registration of HIV infected patients at the universities medical centres) are absolutely necessary for a better control of the epidemic at the universities.

Human means are available but it is absolutely necessary for the university officials to have a strong political will to conduct these initiatives. The potential partners will not be indifferent to the situation of universities regarding HIV/AIDS since students constitute the young and intellectual proportion of a country; if the country's future officials are sick today one can guess the cost that will be paid in a medium and long term for its economy.

## **E. RECOMMENDATIONS FOR ACTION**

- The strong involvement of universities and higher institutes officials, as well as students' and teachers' associations, is required in the fight against HIV/AIDS. This can be made by the mobilisation of teacher trade unions and youth and students associations acting at the University of Ouagadougou.
- A Coordination Unit should be established, linking faculties, departments and institutes, and student organizations to ensure the effective planning and implementation of activities;
- Awareness raising of the content of the Strategic Plan of the universities to ensure the cooperation and involvement in multiple stakeholders in its effective implementation;
- Capacity building of the University’s medical centres in prevention activities and care and support for HIV infected patients;
- Improved availability of prevention means: including counselling and information centres on the campus, increased availability of condoms, especially in university dwellings. This could be established through automatic distributors of condoms in rest rooms, sale in kiosks and coffee shops;

- Improved information and dissemination activities to ensure that accurate and reliable information on HIV/AIDS is being disseminated to students and staff. There is evidence that there is erroneous information, rumours, and myths circulating among staff and students. IEC campaigns and life skills education can contribute in correcting these;
- Organise activities to break the silence and to reduce stigma surrounding HIV/AIDS. Stigma and fear of people living with HIV can deeply decrease, if students and teachers can have more opportunities to exchange on this topic. The use of existing networks, including National Network to support people living with HIV (REGIPIV) should be encouraged to facilitate these interactions.

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## **G. APPENDICES**

### **1. Structures contacted :**

Bureau de Coordination des Associations de Lutte contre le SIDA (BURCASO) ;

Coordination des Associations de Lutte contre le SIDA (CALSI)

Réseau Africain des Jeunes contre le SIDA (RAJS)

Réseau des Associations de Lutte contre les IST et le SIDA (RALIS)

Réseau National pour une plus grande des Personnes Infectées par le VIH dans la lutte contre le SIDA (REGIPIV)

Centre d'Information, de Conseil et de Documentation sur le SIDA (CICDOC)

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5 étudiants de l'Université de Ouagadougou



<b>University of Ouagadougou</b>	
<b>Basic Facts</b>	
Established:	1974
Status:	Public
Location:	Ouagadougou
Number of faculties:	8
Total staff:	361
Total teachers:	430
Total students:	19 393
% female students:	26,29
Student/Teacher Ratio:	49/1