

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

PEOPLE'S REPUBLIC OF CHINA- THE CASE OF RENMIN UNIVERSITY OF CHINA

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ACRONYMS

AIDS	Acquired immunodeficiency syndrome
CFPA	China Family Planning Association
GNI	Gross National Income
HIV	Human immunodeficiency virus
IPPF	International Planned Parenthood Federation
IDU	Injecting drug user
KAP	Knowledge, attitude and practice
MOE	Ministry of Education
MOH	Ministry of Health
MSM	Men who have sex with men
MTCT	Mother-to-child transmission
NGO	Non-governmental organization
PLWHA	People living with HIV or AIDS
RTI	Reproductive Track Infection
RUC	Renmin University of China
STD	Sexually transmitted disease
STI	Sexually transmitted infection
TOT	Training of teachers/trainers
SW	Sex worker
UNAIDS	United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational, Cultural and Scientific Organization
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
VCT	Voluntary counseling and testing
WHO	World Health Organization
YVA	Youth Volunteers' Association

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EXECUTIVE SUMMARY

Although overall HIV prevalence in China remains relatively low since the first AIDS case was reported in 1985, there are clusters of high prevalence among former blood and plasma sellers in several central provinces and injecting drug users (IDU) in the southern and southwestern parts of the country. Case reports indicate that the epidemic continues to grow at a steady rate, and is spreading into the general population, with the proportion of sexually transmitted HIV infections continuing to increase.

The Government response to HIV/AIDS was belated, but has been gaining full momentum in recent years, as demonstrated by the implementation of the policy to provide free treatment and care to rural and poor populations, and free voluntary counseling and testing (VCT) being expanded nationwide. Central government funding for HIV/AIDS efforts has more than doubled in a year, from \$47 million in 2003 to \$98 million in 2004.

An Education Sectoral response to HIV/AIDS has been called for in the national government strategic and action plans for HIV/AIDS prevention and control. Since 2001, the Ministry of Education has issued 4 official directives that provide guidelines, recommendations and standards to local education authorities for the implementation of the school-based HIV/AIDS prevention education.

This study reviews how a higher education institution in China – Renmin University of China (RUC) has been responding to HIV/AIDS. By doing so, it is expected to formulate lessons learned and recommendations for higher education institutions in China to respond sensitively, appropriately, and effectively to the HIV/AIDS epidemic.

RUC is a comprehensive research-intensive university focusing on humanities, social and management sciences. The following is a summary of the findings of the RUC's responses to HIV/AIDS:

- 1. Policies and Plans:** RUC's responses to HIV/AIDS have been guided mainly with the open mind, supportive attitude and awareness of the national policies and guidelines of the RUC leaders, rather than a clear-cut university-based policies and strategic plan.
- 2. Leadership and Coordination:** Leadership support manifested at university level has mainly taken the form of presence and supportive statements by RUC's top leaders at HIV/AIDS awareness events and campaigns organised by the various sectors of the University. While there are no university-wide structures specially designated for coordinating and implementing the institutional responses, the existing leadership and coordination mechanisms for social- and health-related programs assume such responsibility.
- 3. HIV/AIDS Education Programs:** HIV/AIDS is not part of the core curricula. The students are taking the leading role in the HIV/AIDS education programs for students. Since 2000, the Youth Volunteer Association of RUC (YVA) has been implementing a peer education program, which has reached all of the undergraduate students in the university. HIV/AIDS prevention education is mainly included in (1) the 36-hour Health Education course offered by the RUC Community Health Centre, including four hours covering HIV/AIDS-related issues; and (2) Psychology and Character Development, offered by the Psychological Health Counselling Centre of RUC. Both are optional courses for students to select. Notably, the overall coverage of this formal

education approach is limited, and its impact has not been evaluated and documented.

4. **Research:** RUC's contribution to HIV/AIDS research has been made mainly through the Institute of Gender and Sexuality of the RUC, with a strong emphasis on sociological perspectives. Another research institute, the Centre for Population and Development Studies of RUC, has been involved in HIV/AIDS prevention education since 2003, and has been designated by the Ministry of Education to execute a pilot project on HIV/AIDS prevention education in rural secondary schools.
5. **Partnerships and Networks:** The partnership and network for HIV/AIDS programmes are developed mainly at RUC's sectoral level, through its research projects and peer education programme.
6. **HIV/AIDS Programmes and Services:** Multiple sectors of the RUC are involved in providing HIV/AIDS-related services. Information, counselling, condoms and referral services for HIV/AIDS are provided at the Community Health Centre, the Psychological Health Counselling Centre and the Family Planning Office.
7. **Community Outreach:** The University strongly encourages all sectors to develop close linkage to communities. For HIV/AIDS, outreach activities are organised as part of the abovementioned HIV/AIDS education and research activities.
8. **Monitoring and Evaluation:** In general, there is no systematic monitoring and evaluation mechanism for the University-wide responses to HIV/AIDS. However, the performance appraisal system may include part of the performance related to HIV/AIDS research, education and services of the institutes and individuals involved in such areas. The peer education programme is one of the major components to be assessed in appraising the performance of the leadership of the YVA by youth volunteers and its supporting organizations (mainly the Youth League and the Party Commission of the University).

Among the above-mentioned responses, the student-led peer education programme has been seen as the most successful—evaluated, institutionalised, sustained, with a large coverage reaching the entire undergraduate student population. The following factors have contributed to the success of the peer education programme:

- Political support from credible international and national organizations (UNFPA and CFPA) and positive media coverage of the initial activities of the project assisted in attracting the attention, involvement and subsequent support from the University leadership.
- Young people are involved in the whole process of planning, implementation and monitoring and evaluation of the activities.
- The content and methods of the peer education programme were formulated according to the interest of the students.
- In the partnership between youth peer educators and adult professionals and professional organizations, professionals eventually converted their role from authoritative educators to that of supporting partners.
- The peer education programme serves not only the purpose of HIV/AIDS prevention and health promotion, but acts also as a platform whereby both learners and educators can develop their life skills or psychological competencies in a broader sense.

The RUC response to HIV/AIDS could be considered systematic only within certain sector (YVA) for a certain programme (peer education) to certain population (students). The intervention requires a more deepened and sharpened response, targeting the whole campus community. University-wide, the response needs to be more comprehensive, holistic, effective, relevant, sustainable and culturally relevant. At the same time, it needs to be realistic and practical.

As seen from the preliminary review of the RUC experiences, the university can play the following roles in responding to, or preventing in a low prevalence setting, the HIV/AIDS crisis:

1. Protecting the university community, the faculty (including their families) and students, from HIV infection by reducing their vulnerability and risks;
2. Preparing students to protect themselves on a long-term basis by adopting risk reductive behaviours;
3. Combating stigma and discrimination against people with HIV;
4. Providing advocacy and technical support to local and national HIV/AIDS prevention and care programme through research.

The following steps are recommended for the University to strengthen its responses to HIV/AIDS:

- Assessment of the vulnerability of the university community (faculty and students) to HIV/AIDS. Existing studies largely cover quantitative findings of sexual KAP of students, while that of the faculty population is rarely taken as a subject for study. Do they really stand free from risk? The Institute of Gender and Sexuality of RUC is fully capable of carrying out this assessment.
- Identification of the key information, skills and services needed by different sub-groups of the university community for HIV/AIDS prevention and care, and formulate minimum learning packages for them respectively.
- Strengthening and integration of HIV/AIDS interventions within existing information, education, communication, counselling and primary health care services, using the existing structures as much as possible. Such as:
 - Strengthening of interventions targeting students, by sustaining and scaling up (to unmarried graduate/post graduate students), while sharpening and deepening, the existing peer education programme. The peer education programme should strengthen its linkage to the Psychological Counselling Centre and RUC Community Health Centre for service referrals, and that to the relevant research centres/institutes for better monitoring, evaluation and documentation. Vice versa, the service providers of the Counselling Centre and Health Centre should be trained to be able to interact with young people about HIV/AIDS and sexually sensitive issues.

In the university setting, it may not be easy or necessary to reshape the highly specialised curriculum and overloaded professional teaching staff to mainstream HIV/AIDS into their programmes. Instead, efforts should focus on supporting peer education and strengthening existing standards of information provision (the *Health Education Prescription*, lectures, billboard, resource centres, etc.), which have already proven to be more effective and efficient to reach the student

population.

- HIV/AIDS prevention information, education and counselling services targeting the faculty can be developed and launched through the Family Planning Programme run by the Family Planning Office, and through the Community Health Promotion Programme run by the RUC Community Health Centre. Both have the mandate to cover the adult population with family planning and health services. HIV/AIDS information and counselling could be mainstreamed in these existing programme and networks.
- Create a coordination mechanism to strengthen the linkages among IEC and counselling services and research programmes across different institutes/sectors of the university.
- Strengthening partnership and networking with outside stakeholders to support the existing services and structures in the university.

In addition, RUC can also contribute to the HIV/AIDS efforts outside of the University by:

- Carefully examining the expertise and resources possessed by the University, and identify the areas of interest and priority for the University to respond, in light of the national situation and strategy of HIV/AIDS prevention and care.
- Expanding the in-campus responses to the whole community, not only targeting the groups identified vulnerable or potentially at risk, but also targeting the whole faculty and student population, to improve their awareness of HIV/AIDS related policy, legal and human rights issues, so as to expanding a critical mass in the society for fighting against AIDS-related stigma and discrimination.
- Establishing and strengthening the partnership and networking with other relevant organizations and sectors of the society.

Development and implementation of the strategies suggested requires a strong leadership commitment and support, and a mechanism to coordinate all the initiatives. It is recommended that RUC formalise a university-wide structure/mechanism (e.g., a steering committee) to lead and coordinate the university-wide programmes and activities of HIV/AIDS prevention and care.

INTRODUCTION: CONTEXT OF THIS REVIEW

HIV/AIDS is placing enormous challenges on the higher education sector by weakening demand for and access to education, depleting institutional and human capacity, reducing availability of financial resources for the sector, and impeding the delivery of quality education. At the same time, evidence is increasingly showing that education can be one of the best defences against HIV/AIDS as it equips young people with invaluable tools to increase self-confidence, social and negotiation skills, to improve earning capacity and family well-being, to fight poverty and to promote social progress. Investing in quality education for girls and young women has also been shown to reduce their vulnerability to domestic violence, sexual abuse, and trafficking, and to provide benefits in terms of better health and educational outcomes for both present and future generations. Efforts made over the past 20 years to reduce HIV transmission have also demonstrated that HIV prevention education among youth in secondary and tertiary schools (institutions) is one of the most cost-effective approaches, as both groups are particularly vulnerable but particularly valuable in terms of their future contribution to society.

The tertiary education sector has an important role to play in ensuring that education reduces risk and vulnerability while providing all learners a quality education that prepares them for their future roles as professionals, family and community members, and potential leaders of the 21st Century. An estimated 10 million people aged 15-24 are living with HIV/AIDS and half of all new HIV infections (more than 6,000 daily) occur among young people.¹ A variety of factors contribute to this increased vulnerability including limited access to HIV information, education and services; gender power imbalances; poverty and limited educational and employment opportunities; risk-taking behaviour including drug and alcohol use, and commercial sex; and increased biological vulnerability to HIV infection, particularly among young women.

Despite this increased vulnerability, young people are considered by the World Bank to be a “window of hope” for preventing the spread of HIV. The higher education sector has a key role to play in implementing “education efforts [that] can yield maximum results”² to advance knowledge about AIDS and changing attitudes and social norms toward safer sexual behaviours.

The overall objective of this review is to identify promising approaches undertaken by higher education institutions worldwide to prevent the further spread of HIV, to manage the impact of HIV/AIDS on the higher education sector, and to mitigate the effects of HIV/AIDS on individuals and communities.

These approaches will be analysed to formulate lessons learned and recommendations for higher education institutions to respond sensitively, appropriately, and effectively to the HIV/AIDS epidemic.

The author remains grateful to those who contributed to this study. They are listed in the Annex 2.

1 2004 Report on the Global AIDS Epidemic, UNAIDS 2004

2 Education and HIV/AIDS: A Window of Hope, The World Bank 2002

A. NATIONAL CONTEXT OF HIV/AIDS

China is a socialist republic in East Asia. Over the last two decades, China achieved remarkable economic growth – an average 9.4% per year – which has resulted in increasing the per capita annual income to US\$1,100, lifting over 300 million people out of poverty and a dramatic improvement in the lives of people.

However, there are growing inequalities between urban and rural areas, between rich and the poor, and between the underdeveloped west and the relatively advanced east. Approximately 30 million people remain poor. In addition, as the economy becomes more market-driven, many groups are increasingly falling outside of existing social safety nets.

These and many other challenges have prompted the government of China to put renewed emphasis on its vision of balanced development, referred to as Xiaokang - an ‘all around’ society by 2020. This vision focuses on achieving five balances: between urban and rural areas and across regions, between economic and social development, between man and nature and between domestic development and opening up.

1. Demographic and health situation

China has also undergone dramatic demographic transitions over the last half century. Currently, China’s population of 1.3 billion grows at the rate of 7 million each year. Given the large numbers of people in child-bearing ages, growth is presently projected to continue until around 2035. With market liberalisation and a relaxation of the controls on movement, migration has sharply increased: some 120 million of the Chinese people are now migrants. Urbanisation stands at about 37%.

The government has endorsed a national family planning policy to promote late marriages and fewer but healthier births, advocate the practice of "one couple, one child", and encourage appropriate birth spacing among couples who would have practical difficulties if they had only one child.

Table 1 Demographic and Health Situation in China

GNI Per Capita, 2002 (US\$)	\$4,520
Population Mid-2004	1,300,060,000
Population below US \$1 per day in 2002 (%)	18.8
Annual Birth Rate (per 1,000 total population)	12
Annual Death Rate (per 1,000 total population)	6
Rate of Natural Increase (%)	0.6
Projected Population	
■ In 2025	1,476,000,000
■ In 2050	1,437,000,000
Life Expectancy at Birth (years)	
■ Total	71
■ Male	70
■ Female	73
Contraceptive Use Among Married Women 15-49 (%)	
■ All Methods	83
■ Modern Methods	83
Population Aged 15-49 with HIV/AIDS, end 2003 (%)	0.1

Source: <http://www.prb.org/datafind/> (citation dated 6 March 2005)

2. Scale of the epidemic and trends

The first AIDS-related death in China was officially announced in June 1985.³ According to Chinese HIV/AIDS case reports, the number of HIV/AIDS cases has increased significantly, and has spread to all the provinces (autonomous regions and municipalities) by 1998, to 48% of counties by the end of 2003. At the end of 2003, the HIV prevalence was estimated to be 0.07%, suggesting that 840,000 people are living with HIV/AIDS in the country.

The HIV epidemic in China is characterised by an increasing trend over the past years (Figure 1) and a wide disparity between high and low prevalence regions (Figure 2).

Figure 1. Reported HIV and AIDS cases in China (1985-Sept. 2004)

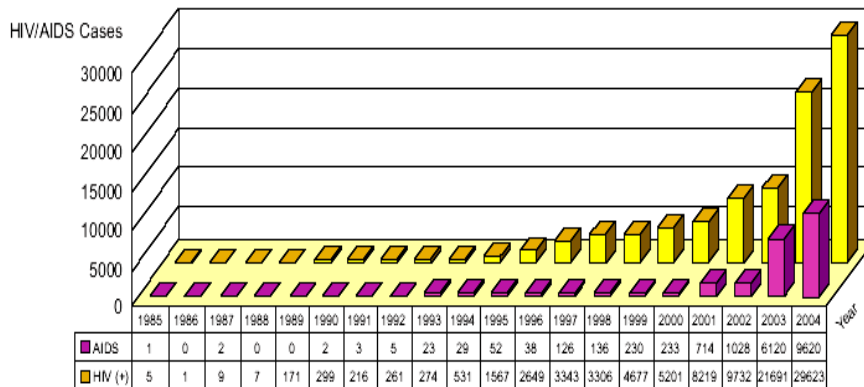
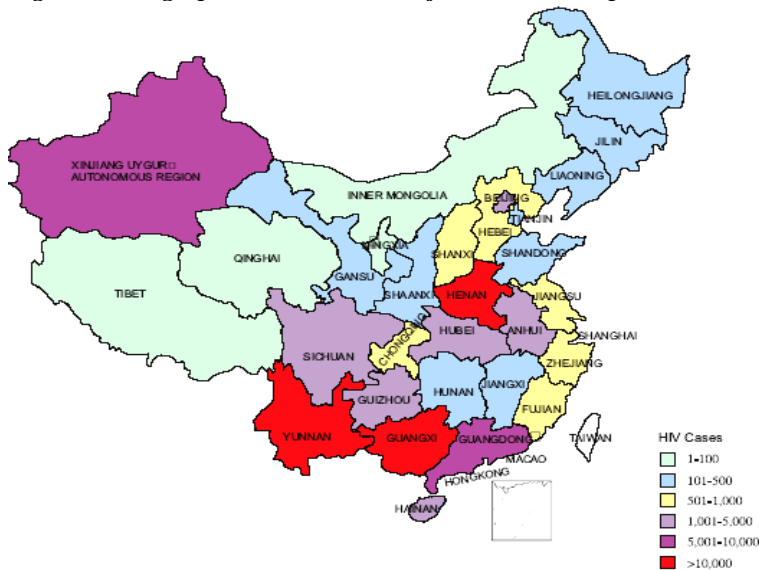


Figure 2. Geographical Distribution of Cumulative Reported HIV Cases in China (1985- Sept. 2004)



Former commercial blood and plasma sellers remain a large group among the reported cases. Most of these cases were infected before 1996, mainly in central China. Currently, the main HIV transmission route is through injecting drug use, with the proportion of sexually transmitted HIV infections and mother-to-child transmission (MTCT) increasing in recent years (see Figures 3, 4 and 5, following page).

Figure 3. HIV Prevalence among Injecting Drug Users 1995-2004 (National Sentinel Surveillance Data)

³ "China says Argentine Died of AIDS", New York Times, 30 July 1985.

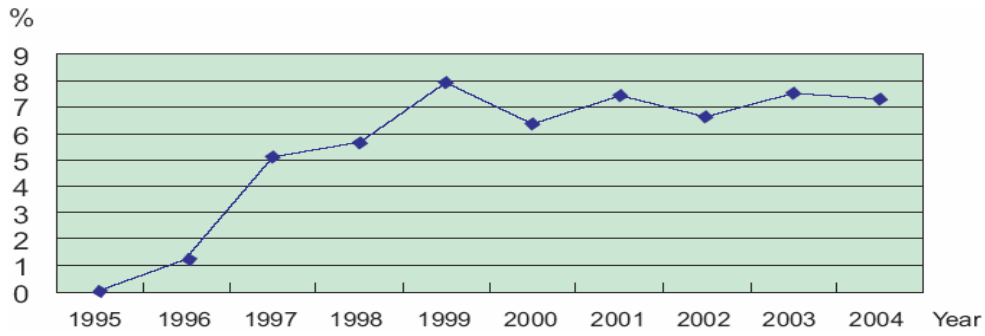


Figure 4. HIV Prevalence among Sex Workers, STD Outpatients and Pregnant Women 1995-2004 (National Sentinel Surveillance Data)

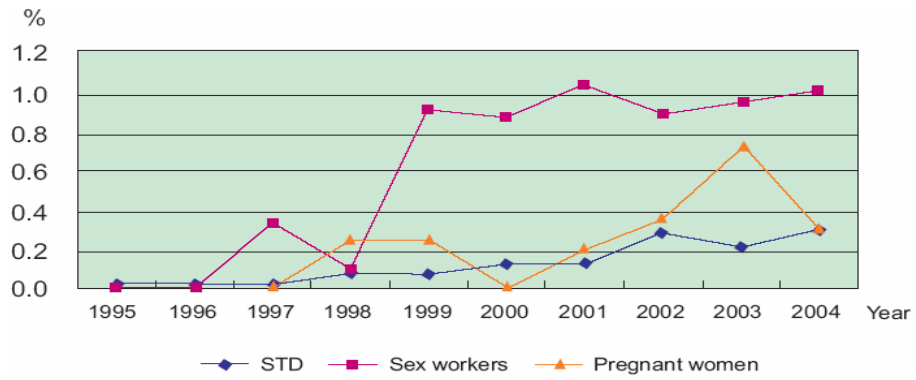
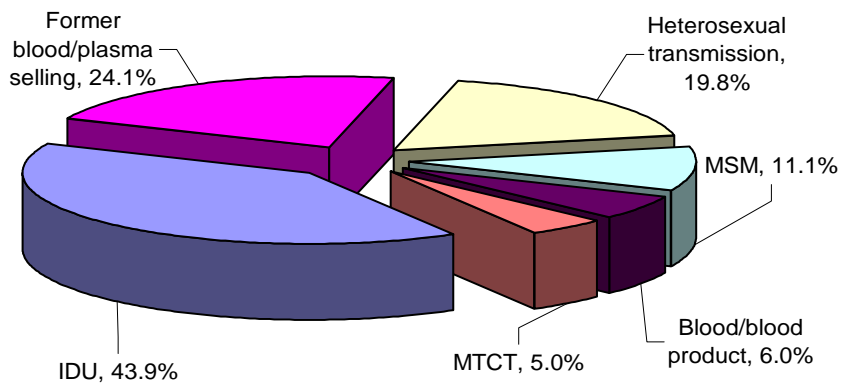
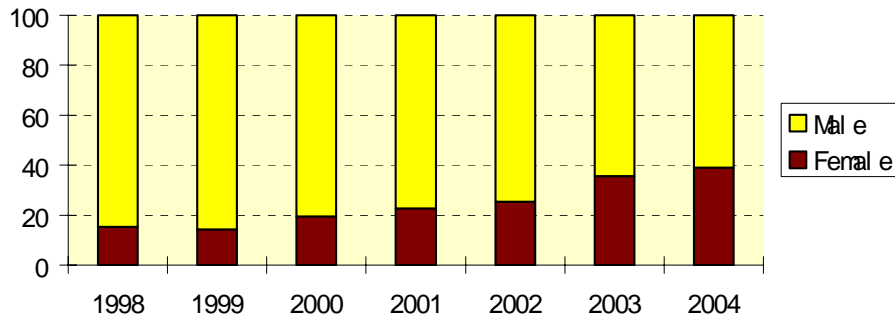


Figure 5. Modes of Transmission among HIV/AIDS Cases (2003 Estimates)



According to case reports, the proportion of female to total HIV cases has been increasing rapidly in recent years. (Figure 6)

Figure 6. Proportion of Female HIV Cases 1998-2004



Overall, the relative proportion of HIV cases infected through sexual transmission is expected to rise. In the future, MSM may become a high prevalence group due to the large number of men who have sex with men and their continued high-risk behaviour.⁴

⁴ This conclusion and the data presented above are drawn from A Joint Assessment of HIV/AIDS Prevention, Treatment and Care in China (2004), jointly prepared by the State Council AIDS Working Committee Office and UN Theme Group on HIV/AIDS in China, December 2004

3. Government Response

Three phases can be identified in the government response to HIV/AIDS in China.⁵

From the mid 1980s to the beginning of the 1990s, a relatively small number of HIV/AIDS cases were diagnosed, and all of them were believed to be linked to abroad. The Government strictly limited the entry of foreigners to China and banned the import of blood products in an attempt to prevent the spread of HIV/AIDS into the country.

Then, from the beginning of 1990s to the start of 2000, not fully recognising and acknowledging the extent of the HIV/AIDS crisis, the Government set up a limited policy for supervising drug users and prostitutes and for promoting a 'healthy' sexual morality.

Finally, the SARS outbreak in 2003 facilitated the acknowledgement by authorities of the extent of the HIV/AIDS epidemic. Since then, the government commitment to HIV/AIDS has been strengthened significantly.

A recent expression of this commitment was the establishment of the State Council HIV/AIDS Working Committee (See Box 1) in February 2004. Since then, a

national policy for conducting comprehensive health education through mass media has been developed. A national condom promotion strategy and guidelines for piloting harm reduction projects have also been developed, and a methadone treatment initiative has been initiated in five provinces. Policies on partially free or free treatment of opportunistic infections and free VCT have been issued. Tariffs and value-added taxes of imported ARV drugs have been waived.

In line with the gradual rise in political commitment to address the HIV epidemic, financial commitment has been increasing annually since 2002 - US \$272 million has been allocated for the construction of blood centres to ensure the safe collection of blood, an additional US\$351 million has been allocated to poorer areas of central and western China to improve public health infrastructure. The Government also decided to allocate more than US\$1.2 billion to HIV/AIDS prevention, treatment and care for 2003-2004.

In July 2004, Premier Wen Jiabao called on the Government and the whole society to give high priority to HIV/AIDS prevention and treatment, recognising that 'in some areas, the epidemic is already quite serious and is spreading from the high-risk groups to the general population'.⁶ The Premier called for immediate action in a number of key areas, including increased surveillance, education, and prevention.

Despite this sort of high-level attention, there are a number of key constraints preventing full implementation of the central government's policies. They include: lack of technical competency of local service providers; low level of awareness and commitment at the

Box 1: State Council AIDS Working Committee

Chairperson: Wu Yi, Vice Premier

Vice Chairpersons: Executive Vice-Minister of Health;
Vice-Secretary General of the State Council

Institutional Members:

- Publicity Department, CCP Central Committee;
- 18 ministries and administrations under the State Council
- The government offices of 7 high HIV prevalence provinces;
- 4 national-level mass organizations

Responsibilities:

- Develop the key guidelines, strategies and plans for HIV/AIDS interventions;
- Coordinate and help solve problems in the national program for HIV/AIDS prevention, treatment, care and support; and
- Mobilise and promote multi-sectoral responses and the participation of the entire society.

5 China: 'At a Critical Stage', Alternative Report to the Committee on Economic, Social and Cultural Rights, International Federation for Human Rights, April 2005.

6 Chinese Premier Wen Jiabao: The whole society makes concerted efforts to effectively prevent and control the AIDS epidemic. July 9, 2004.

provincial and lower levels; severe stigma and discrimination throughout society; and a lack of adequate legislation that would assist in work with high risk groups such as injecting drug users (IDUs) and sex workers (SWs). While there have been significant progress made in pilot programmes for methadone replacement therapy and needle exchange, for example, they are limited to a small number of sites. The challenge remains to scale up and adapt interventions on a larger scale.

4. Civil society's contribution

Since 1993, a number of AIDS-related non-governmental organizations (NGOs) have been set up at national level, including the China Association of Prevention of Sexually Transmitted Diseases (STDs) and AIDS and the Chinese Foundation for the Prevention of STD and AIDS. These associations, together with some previously established organizations, such as the Chinese Medical Association and the China Preventive Medicine Association, have formed a network. These associations are mainly involved in raising public awareness, interventions in high-risk populations, patient care and treatment, as well as promotion of social concern on HIV/AIDS prevention, treatment and care.

China's key mass organizations are members of the State Council AIDS Working Committee and actively join in the response to HIV/AIDS. The All China Women's Federation and the All China Youth League, in collaboration with Ministry of Health, periodically launch national information and education campaigns targeting women and young people.

Informal grassroots NGOs and community-based organizations have also emerged in recent years, mainly providing care and support to key populations infected and/or affected by HIV/AIDS.

5. International donor and development agencies

International support from the Global Fund to fight AIDS, TB and Malaria (GFATM), the UN system and bilateral agencies to China's HIV/AIDS response has increased in recent years. Budgeted international support jumped from 256 million yuan in 2003 to 421 million yuan in 2004.

International collaboration activities on HIV/AIDS cover all 31 provinces, with particular focus on 5 provinces reporting high HIV prevalence levels, Yunnan, Guangxi, Xinjiang, Sichuan and Shanxi. At the national level, international assistance covers leadership development, policy advocacy and development and strategic planning, as well as promoting multi-sectoral collaboration. At the local level, training of HIV/AIDS project managers and workers, pilot interventions targeting key populations (injecting drug users, sex workers and migrants), surveillance and screening, and care and support are priorities.

The expanded UN Theme Group on HIV/AIDS and its sub-groups in various thematic areas, and the Country Coordination Mechanism for the GFATM provide active platforms for dialogue and collaboration between and among international donor and development agencies and domestic organizations, which also facilitate the integration of international resources with national priorities and strategies.

6. PLHA networks' contribution

Severe stigma and discrimination still prevent many people with HIV from publicly disclosing their HIV status. It is only recently that there have been some informal groups and networks of PLHA emerging and increasingly active. However, most of the networks are informal, not officially registered, and need more legal and policy support.

The roles of PLWHA networks have been seen as: (1) providing support among people living with HIV/AIDS; (2) supporting advocacy for access to treatment and care; (3) participating in HIV/AIDS prevention education activities (shown to be effective in sensitising the public and dispel fear, misconception and misinformation); (4) advising on policy change and programme development, as exemplified by Mangrove Support Group as a member of the Country Coordination Mechanism in China for GFATM. (See Box 2)

Box 2: Mangrove Support Group

The Mangrove Support Group (MSG) under the China Association of STD and HIV/AIDS Prevention and Control, is the first network organization created by people living with HIV/AIDS (PLWHA). Its main purpose is to improve the quality of life for PLWHA through life-skills training and to undertake activities to publicize messages related to HIV/AIDS prevention and control. Established in 2002, the organization has been involved in a number of beneficial events held in Beijing and its program has now reached Guangdong, Sichuan and Henan.

B. IMPACT OF HIV/AIDS ON HIGHER EDUCATION SECTOR

1. General Information

In China, a student obtains a secondary school graduation certificate after the successful completion of 6 years of primary and 6 years of secondary education. To continue on to higher education, be it a university, technical institute, vocational college or teachers' training college, the student must then pass a national entrance examination.

The following table shows the number of students in / number of institutions of higher education in China as of 2003.

Table 2: Educational situation of China

1. Illiterate/Literate Rates ^[1] :	
a) Illiterate rate males ages 15-19 (%)	8
b) Illiterate females ages 15-19 (%)	3
c) Literate males ages 15-24 (%)	99
d) Literate females ages 15-24 (%)	99
2. No. of higher education institutions ^[2]	2110
a) General university/college/institute	1552
i. Affiliated to Ministries	111
b) Adult university/college	558
i. Affiliated to Ministries	19
3. No. of research institutes hosting postgraduates ^[2]	313
4. No. of postgraduate students (in 1,000) ^[2]	
a) Enrolled in 2003	268.9
b) On-campus in 2003	651.3
c) Graduated in 2003	111.1
5. No. of undergraduate students (in 1,000) ^[2]	
a) Enrolled in 2003	3,820.2
b) On-campus in 2003	11,085.6
c) Graduated in 2003	1,877.5
6. No. of students in adult colleges in 2003 (1,000) ^[2]	5,591.6
7. Average No. of student per general university/college ^[2]	7,143
8. Student-Teacher Ratio ^[2]	17.0 : 1
9. No. of Register in self-taught H.E. exams ^[2]	11,562
a) No. of students graduated in 2003 (in 1,000)	705

Source: [1] <http://www.prb.org/datafind/> (citation dated 6 March 2005)

[2] National Education Development Statistics Communiqué 2003, Ministry of Education

2. Impact of HIV/AIDS on Higher Education

In certain areas, a relatively high rate of HIV prevalence was found among premarital youth. In 1997, anonymous, un-linked HIV testing of premarital youth was started in Yining, Xinjiang Autonomous Region. Findings showed a prevalence rate of 1.7% that year.⁷ However, there are no official data on HIV infection among population in the higher education sector, nor any assessments on the impact of HIV/AIDS on higher education. There has been only sporadic media coverage of individual stories about university students living with HIV. The first article reporting two separate cases of sexually transmitted HIV infections to university students in Fujian Province (not the same college) was seen in a national newspaper *China Youth Daily* on 2 December 2003. According to the report, the two students (one male and one female) had been found infected two years ago. Both of them graduated.

3. Policy Guidelines for Higher Education Responses

Higher education institutions are required to implement HIV/AIDS prevention education, as specified by the National Strategic Plan 1998-2010, Action Plan 2001-2005 and the State Council Communication Strategy 2004-2008 for HIV/AIDS Prevention and Control, as well as the directives issued annually by the Ministry of Education since 2001.

The following guidelines on HIV/AIDS education in tertiary schools (institutions) were formulated and distributed by the Ministry of Education in 2002:

- The objective is to equip students with correct knowledge of STIs and HIV/AIDS, enhance awareness and skills for self-protection from STIs and HIV infection and encourage the adoption of a healthy lifestyle.
- Key messages include: basic concepts of STI/HIV/AIDS; modes of STI/HIV/AIDS transmission; ways and measures to prevent STI/HIV infection; information about blood donation; non-discrimination, care and support for people with HIV/AIDS; sources of related information, services and help; related national policies, laws and strategies.
- Suggested approaches: optional courses, thematic lectures, peer education, online education, on-campus broadcasting, school newsletters, on-campus billboards, quizzes and contests on STI/HIV/AIDS prevention, etc.

Specific targets for higher education institutions to accomplish by 2005, as specified in the above-mentioned documents, include:

- All school doctors and health education teachers should be trained in HIV/AIDS prevention and related knowledge;
- An information sheet - “*Health Education Prescription for STI/HIV Prevention*” should be provided to every first year students in universities, colleges and occupational training schools.
- HIV/AIDS prevention and control knowledge should be disseminated through thematic lectures or incorporated into health education or related curriculum, at

⁷ A Joint Assessment of HIV/AIDS Prevention, Treatment and Care in China (2003), jointly prepared by the Chinese Ministry of Health and UN Theme Group on HIV/AIDS in China, December 2003

least one hour per academic year;

- 80% by 2005, and 100% by 2008, of tertiary schools (institutions) should have a collection of HIV/AIDS prevention learning materials in the libraries and reading rooms;
- 70% by 2005, and 85% by 2008, of tertiary schools (institutions) should have in-campus information billboards specifically for HIV/AIDS education.

According to an evaluation conducted by the Ministry of Education in 2003, over 90% university students knew the modes of HIV transmission, 85% knew that HIV does not transmit through eating together, coughing or sneezing, and 83.2% mentioned correct use of condom can reduce the risk of HIV infection.⁸

⁸ MOE Briefing Notes, May 2005

C. INSTITUTIONAL RESPONSE OF UNIVERSITIES

1. Introduction

Renmin University of China (RUC), officially established in 1950, is a comprehensive research-intensive university, located in Beijing, China. It focuses on the humanities, social and management sciences, while natural, information and environmental sciences programmes also exist.

The university comprises 17 schools, 8 departments, 13 college-level research institutes/centres, as well as numerous research institutes/centres affiliated to schools and departments. There are 59 specialties for undergraduates and 8 specialties for the second bachelor's degree. The university is entitled to confer Master's degrees in 91 programmes and doctoral degrees in 64 programmes and ranks the top two among all of the universities in China in terms of the number of the postgraduate programmes. In addition, it has authorisation of 9 first-level disciplines and 8 post-doctoral programmes. It encompasses 25 national key disciplines. It has 12 National Key Research Bases of Humanities and Social Sciences, and 6 National Talents Training Bases for Basic Disciplines.

The university faculty includes 347 professors, 517 associate professors and 326 doctoral supervisors, plus 378 honoured, guest or part-time professors recruited nationally and internationally. Since 2001, enrolment of postgraduates has surpassed undergraduates with the ratio of the former to the latter 1:1.3. The total number of students on campus is 17,500.

As a key research base for the humanities and the social sciences, RUC actively conducts research on crucial political, economic and social issues facing China's modernisation, plays the role of a "think tank" and provides strong academic and intellectual support.

RUC has cooperation and exchange relationship with approximately 80 universities in more than 30 countries and regions, and currently hosts about 600 international students. It conferred honorary professorship to Nobel Prize laureates, distinguished economists J.C. Harsanyi, Robert Mundell, Joseph E. Stiglitz who are invited as honorary professors, and honorary Ph.Ds. to former Argentine president de la Lengua, Turkmenistan president Saparmurat Niyazov, former Japanese Prime Minister Takeshita Noboru, and UNESCO Director-General Koïchiro Matsuura.

RUC has been selected for this study, to demonstrate the present and potential role of a non-medical university in the national HIV/AIDS prevention and control programme.

2. Policies and Plans

RUC does not have a written overall policy or strategy to guide its response to HIV/AIDS. However, RUC has integrated sexual and reproductive health into other strategies, such as *RUC Strategy for Improving and Strengthening Ideological and Ethical Education among Students*. Promulgated in April 2005, this document acknowledges the peer education programme developed and implemented by the RUC Youth Volunteers' Association to promote sexual and reproductive health including prevention of STI/HIV infection. Prof. Ma Junjie, Vice Secretary of RUC Communist Party Commission (CPC), explained that "it is incumbent on every member of the society to respond to HIV/AIDS and any other major issues concerning the society, and RUC is definitely not an exception. RUC holds many responsibilities for the society, education, research and social services, all requiring

attention to any issues including HIV/AIDS that threaten the well-being of the members of the university.”

RUC has no personnel policy with specific reference to HIV/AIDS-related issues. The existing RUC workplace health and safety policies carry no special articles neither supporting nor restricting/discriminating against people with HIV/AIDS. Persons interviewed for this study seemed to take it for granted that the national laws and policies could be consulted to guide decisions or conducts when necessary. For instance, when asked the question “What if a RUC student was found to be HIV positive?” Prof. Ma Junjie replied: “We should inform the concerned health authority, as the Law on Infectious Diseases stipulates. Of course we should also arrange necessary help like counselling and referrals.” He then added, “Confidentiality should be ensured to avoid panic among other students.”

3. Leadership and Coordination

There are no University-wide structures for coordinating and implementing the institution’s response, no HIV/AIDS Coordination Unit or Committee nor Institution-wide Task Team. The people interviewed for this study did not mention the need for a university-wide coordination structure, since there seemed to be no University-wide programme to coordinate. HIV/AIDS-related activities and services are mentioned as incorporated in the research and education programmes of the different units of the University, with focuses and approaches as neither duplicating nor conflicting. Besides, they do not compete for resources, since the University does not have a specific budget allocation to HIV/AIDS-related activities, and their activities are mainly funded from external sources.

Although no organisational structure exists to lead the universities’ response, a number of persons and units were put forward as providing a leadership role. Prof. Ma Junjie, CPC Vice Secretary was reported as overseeing all of the policies and programmes related to, *inter alia*, health and welfare issues; The Trade Union and Student Union are responsible for protecting the rights and interests of the faculties and students; The Family Planning Office is responsible to make condoms available; The RUC Hospital distributes the “*Health Education Prescription*” to the newly enrolled students, and organises lectures on HIV/AIDS prevention.

Leadership support manifested at the university level mainly took the form of the presence of RUC top leaders at special events, including the World AIDS Day campaigns organised on the campus by the Youth Volunteers’ Association since 2001. At such events, RUC leaders have delivered speeches to acknowledge the importance of responding to HIV/AIDS, and encouraged and commended the initiatives and accomplishments of the activities of the youth volunteers.

HIV/AIDS prevention is a comprehensive undertaking, in which every group, entity and every citizen is obliged to be involved. I am very pleased to see university students actively involved in the campaign against HIV/AIDS as fresh activists. Caring and responsible, RUC students have demonstrated again their fine qualities as role models for the citizens and pillars for the society, a RUC quality developed throughout the ages.

*Statement by Prof. Ji Baocheng,
RUC President, at the RUC
On-Campus World AIDS Day
campaign, December 2003*

The involvement of administrative leaders of the University in the formulation, planning, implementation and evaluation of the activities is subject to the nature and scale of each activity. Most activities are planned at lower level by interested institutes or individuals, and approved by the administrative leaders at higher hierarchies.

4. HIV/AIDS education programmes

Health-related subjects are not part of the core curriculum for students majoring in different subjects. HIV/AIDS prevention education is reported to be integrated into health-related curriculum.

HIV/AIDS is part of the 36-hour health education curriculum, with four hours covering HIV/AIDS-related issues. The Vice President of the Hospital, a senior surgeon, reported that he and another doctor from the Hospital, trained in a Training of Trainers workshop organised by the Ministry of Education in 2004, were designated to run the course in the University. However, this course can accommodate only approximately 100 students per semester. Sporadic lectures on sexual and reproductive health have also been organised by some of the other sections of the University, mainly the Centre for Population and Development Studies and the Psychological Health Counselling Centre affiliated to the Student Affairs Department.

Prof. Zhao Yin, Director of the Psychological Health Counselling Centre, mentioned that the courses offered by the Centre, such as Psychology and Character Development, often cover some elements of life skills for young people to cope with peer pressures, construct healthy interpersonal relations and negotiate for safer practice necessary for reducing their vulnerability.

The overall coverage and impact of these formal approaches to HIV/AIDS education are not well documented and evaluated. The most impressive education programme is the peer education programme initiated by the Youth Volunteers' Association (YVA) of RUC in early 2000, within the framework of a pilot project on adolescent/youth reproductive health funded by UNFPA and implemented by China Family Planning Association (CFPA) (1998-2001). Four years after the completion of the pilot project, the peer education programme remains

Box 3: Peer Educators Wanted!

The Phase VI Peer Education Program is now being launched, and volunteer recruiting will start on May 14. Approximately 40 sessions of participatory peer education sessions will be organized this semester for first year students enrolled in 2004, to share information and build skills for health and HIV/AIDS prevention.

What is Peer Education?

Students of a similar age and background meeting together to discuss issues of common interest, so as to obtain knowledge, clarify values, develop skills and influence attitudes and behaviours, with an emphasis on reproductive health, life skills and HIV/AIDS prevention and care.

Why become a facilitator?

As a facilitator of the peer education sessions, you can:

- Make more friends
- Develop your communication skills and confidence
- Improve your knowledge, experience and skills in health, life and HIV/AIDS prevention
- Enrich your university life experiences
- And much more....

Do you have the potential to be a good facilitator?

Are you:

- Interested in public health issues, especially issues related to reproductive health and HIV/AIDS prevention and care
- Committed to participate in voluntary work on an ongoing basis
- Open minded and enthusiastic
- Ready to face challenges
- Available
- Second year students are preferred

What is the facilitator expected to do?

- Participate in training activities to learn relevant knowledge and facilitating skills
- Facilitate peer education sessions with assistance from other volunteers
- Complete monitoring forms of peer education activities
- Attend regular meetings of peer educators (once or twice a month)

Are there any incentives for the facilitator?

Yes, of course. Peer education facilitators will be appraised according to their performance, and issued a certificate by the Youth Volunteers' Association and its supporting organizations.

When and where to apply and be interviewed?

19:00-21:30, 14-18 March 2005
Room 108B, Student Activity Centre

Posted on the RUC Campus and website

active and is being scaled up to other schools and communities by the YVA. As shown in the Box 3 (previous page), during the time of the study, YVA was recruiting the sixth generation of the peer educators to continue the programme.

Every year, the YVA recruits and train 30-40 peer educators (half boys and half girls) and more supporting volunteers. The trained peer educators then are paired (one boy and one girl) and supported to organise and facilitate small workshops targeting the first year students on campus. Each workshop covers 25-30 participants and lasts for 3 hours. Ground rules of the workshop include: open, respect, confidentiality, sharing, non-judgemental, cooperative, equal participation, stating one's own opinions ("I Statements".) Lively activities involving games, questions and answers, mini-lectures, case studies, group discussions, role plays and debates, etc. ensure the participatory nature of the workshop, and are most attractive to young people. Topics covered in the workshop include: love, marriage, sexuality, HIV/AIDS, value clarification, decision making skills, etc.

Feedback from the students is usually collected at the end of each session of the peer education workshop. The YVA also developed newsletters to promote the peer education programme by sharing the feedback and comments of the participating students. Most participants have reacted positively to the programme stating that it: is very meaningful, enables students to discuss openly the issues they are usually willing but embarrassed to discuss, helps them to learn the knowledge and skills they need to protect their sexual and reproductive health, and to share and clarify values with fellow students around sensitive issues. Peer educators also reported benefiting from the process, including improved communication and organising skills, reproductive health knowledge and self-confidence.

Since the completion of the pilot project in 2001, the peer education programme has become a regular activity of the YVA and been supported by the Youth League of RUC. At the end of 2004, they also reported having trained peer educators for many other universities and middle schools in Beijing (Tsinghua University, Beijing University of Science and Technology, Beijing Aviation University, Beijing Forestry University, Beijing Chang'an Middle School, Beijing Bayi Middle School and Hua'ao Middle School for Migrant Children).

In addition, YVC also organised numerous campaigns and special events to increase HIV/AIDS awareness within and outside the University. Examples include:

- HIV/AIDS education sessions for residents)in selected districts;
- A music concert to promote adolescent reproductive health and HIV/AIDS prevention (2001), supported by CFPA and broadcast by Music Channel V;
- Donation of HIV/AIDS IEC materials to western provinces
- Basketball game involving 4 universities under the theme of Health, Life and HIV/AIDS, supported by UNICEF and National Centre for Disease Control (2001)
- A series of lectures under the theme of "I care, do you?"
- World AIDS Day Campaigns (2001-2004)
- Summer Camps under the theme of "Red Ribbon for Love", demonstrating the peer education approach to representatives of university/college youth volunteers from other cities across the country (2002, 2003)

- Poster design contest and exhibition

These activities were widely covered by national media (TV and newspapers).

5. Research

Research on HIV/AIDS at RUC is based, primarily, in two research centres. Due to the non-medical nature of the University, the research is focused less on the biomedical aspects of HIV/AIDS and more on the social aspects.

RUC's contribution to HIV/AIDS research has been made mainly through the Institute of Gender and Sexuality with strong sociological perspectives. The Institute began to offer a Sexual Sociology Course in 1985, which became a 54-hour Master's optional course of the University in 1988. In 1996, the Institute opened a Sexology Resource Centre, to provide information service to scholars and researchers across the country. It started a Master's Programme in Sexual Sociology/Anthropology in 1996, and a Doctoral Programme in Sociological Study of Sexuality and Gender in 1999.

The aims of the Institute are to: construct the Chinese disciplinary system of sexual sociology; conduct empirical based applied research; disseminate research findings; and collaborate with and introduce the state-of-the-art research accomplishments of, international societies of sexology and sociology.

Currently the Institute is headed by Prof. Pan Suiming, a well-known sociologist and sexologist in China, and supported by 7 researchers, 1 post-doctoral fellow, 6 Ph.D students, 4 Master students and 3 supporting staff.

The Institute completed national research projects with support from the State Fund for Social Sciences, National HIV/AIDS Committee, Ministry of Education, etc., and some international collaborating projects in cooperation with WHO, the Ford Foundation and universities in USA, Britain, Canada, Italy and the Philippines.

The following themes were found to be primarily covered by the Institute's research findings:

- Sexual knowledge, attitude and practice (KAP) studies, including a national survey on sexual relations and sexual behaviour completed in August 2000; Four national surveys on university students' sexual knowledge, attitude and behaviour, respectively in 1991, 1995, 1997 and 2001
- Status and risks of the commercial sex industry and commercial sex workers in China, and related programmatic interventions, and policy and legal issues
- Homosexual behaviour in contemporary China, and its risks and vulnerability as related to HIV/AIDS
- Changing sexual behaviour/relationships in Chinese cities and HIV/AIDS risk
- HIV/AIDS and sociology e.g., the application of sociological qualitative research to support HIV/AIDS prevention and care programmes
- Approaches to sexual health education
- Care and support for people living with HIV/AIDS.

The research findings of the Institute were extensively published abroad and in China, and many presented at international and national HIV/AIDS conferences, seminars and

consultations.

In addition to a monthly Sexuality Research Newsletter, the Institute distributes an e-newsletter – Sex Workers - once or twice a week, to disseminate information about commercial sex workers and advocate for their rights. An AIDS Working Centre was formally established within the Institute in April 2005, to focus on supporting HIV/AIDS interventions among female sex workers across the country.

The Centre for Population and Development Studies, another research institute affiliated to RUC, has been involved in HIV/AIDS prevention education since 2003, when it was designated by Ministry of Education to execute a sub-project of the 5th China/UNFPA Country Programme – pilot study on HIV/AIDS prevention education in Chinese rural schools (CPR/03/P02). The goal of the project is to develop and pilot innovative and effective approaches to HIV/AIDS prevention education in 10 rural middle schools selected from 5 provinces. A baseline study was conducted by the end of 2003 to assess the knowledge, attitude and behaviour of rural middle school students in HIV/AIDS.

6. Partnerships and Networks

The partnership and networks for RUC to respond to HIV/AIDS are developed mainly through (1) the research projects and (2) the peer education programme previously mentioned, at both institutional level and student level.

The Research Institute of Gender and Sexuality had collaborating research projects with WHO, the Ford Foundation, and universities in other countries (USA, Canada, Italy, Britain and the Philippines.)

The youth volunteers are extensively involved in the programmes and projects of the following organizations:

- UNFPA
- UNAIDS
- UNICEF
- Marie Stopes China
- National Centre for Disease Control
- China-UK HIV/AIDS Prevention and Care Project
- China Family Planning Association and its local affiliates

Representatives of the YVA have been intensively involved in numerous international and national conferences, seminars and training workshops, to voice the needs and opinions of young people, to share their experiences, to train youth peer educators, and to help organise educational campaigns and special events.

With support from UNFPA and CFPA, the YVA established a network of youth volunteers, initially with representative of youth organizations of 15 universities in Beijing, and eventually extended to youth representatives selected from the 30 pilot counties in 30 provinces of the China/UNFPA Country Programme on adolescent reproductive health and HIV/AIDS prevention.

The YVA has also established networking with the youth activist network supported and coordinated by UNFPA and IPPF since its Vice President Ms. Hang Can is represented at

UNFPA's Youth Advocacy Group and IPPF's Youth Council.

Within the University, the Campus Hospital (renamed RUC Community Health Centre in 2002) and the Psychological Health Counselling Centre has established a referral system between their centre and the Haidian District Hospital, a general hospital nearby the University.

7. HIV/AIDS Programmes and Services

HIV/AIDS programmes and services are primarily provided through the RUC Community Health Centre (formally called RUC Hospital), although HIV-related information and educational materials can also be found at the Psychological Health Counselling Centre and other programmes or facilities.

A. The RUC Community Health Centre

The RUC Community Health Centre is affiliated with the Ministry of Education, supervised by RUC and technically monitored and supported by the District Health Department. Staffed with 73 persons (82% of whom are medical and health professionals), its catchment area includes the entire RUC community – 17,650 students (including 850 international students), 5,750 faculty and supporting staff (including 2,200 retired staff), and over 10,000 family members of the faculty as well as migrant workers residing in the campus area.

The Centre is responsible for conducting health education in the community. This includes: distributing *HIV/AIDS Health Education Prescription* to newly enrolled students, offering health education lectures on an optional basis to students, distributing information, education and communication (IEC) materials and providing consultations on HIV/AIDS during the World AIDS Day campaigns.

The Centre is also responsible to conduct health check up to the newly enrolled students, and each year approximately 15,000 health check-ups are conducted.

HIV/AIDS-related leaflets and pamphlets were seen in the waiting area of the hospital. Counselling service is available in the Centre, but it was reported that HIV/AIDS and sexuality had rarely been issues for students to seek for counselling.

The Director of the Community Health Centre mentioned there was no compelling reason at the moment for them to provide VCT and HIV-related or ARV treatment services, as no HIV cases have been detected at the centre, to date. When asked how the centre would handle a person testing positive for HIV infection, the Director responded that they would report to their superior authority (a surveillance system required by the Law on Infectious Diseases), and refer the person to other hospitals when necessary.

B. The Psychological Health Counselling Centre

The Psychological Health Counselling Centre affiliated to the Student Affairs Department was established in 1988, designated to provide counselling and health education to students. It is open in the afternoon and evening, Monday through Friday. Each working day, there are one or two professional counsellors on duty, supported with volunteer students. Counselling is provided one-on-one on an appointment basis. Last semester there were 334 individual counselling sessions conducted in the Centre. The main issues addressed were reported by the centre to be related to psychological/psychological and emotional problems, while medical cases are referred to the Campus Community Centre. They also have an online platform (BBS) on the campus website, where questions and answers relating to sexual and reproductive health issues are provided. HIV/AIDS education materials

produced by China Centre for Disease Control (CDC) and other organizations were seen available in the Centre.

C. The Family Planning Office

Contraceptives and condoms are available to married couples from the Family Planning Office of the Campus. There is one condom vending machine set up and maintained by the family planning office in 2001, driven by a pilot project on condom social marketing funded by UNFPA (as the “sister project” of the pilot project on youth reproductive health previously mentioned). Initially, the condom vending machine was meant to make condoms available and accessible to unmarried young people, as it is placed in the faculty dormitory area, distant from the student dormitory area. However, it was not known who exactly were getting condoms from there. Condoms are also easily accessible from the vending machines and shops around the university area.

D. Other Programmes and Services

There is a collection of HIV/AIDS books and references in the University’s library. The Institute of Gender and Sexuality holds a special collection of books and references on studies related to sexuality studies, many directly linked to HIV/AIDS. Information billboards are popular on campus, but mainly devoted to other topics than HIV/AIDS except when there is an awareness campaign on HIV/AIDS (mainly during the week of World AIDS Day).

The University has a cable TV system. HIV/AIDS programmes were occasionally broadcast, mainly during the World AIDS Day campaigns.

8. Community outreach

The University strongly encourages all sectors to develop close linkage with communities. For HIV/AIDS, outreach programmes are linked to the HIV/AIDS education and research activities and networks mentioned above.

Various student organizations are involved in initiatives to donate books to children in AIDS-affected areas. The Youth Volunteers’ Association has established a linkage with several middle schools and communities, to help train peer educators on adolescent reproductive health issues.

The Institute of Gender and Sexuality has strong links with certain key populations at risk – mainly female sex workers and the gay communities. The primary purpose of the newly established AIDS Working Centre previously mentioned within the Institute is to reach the community of female sex workers with research, advocacy and health education interventions. Supported by the Ford Foundation and some individuals since 1995, the Institute has been supervising and supporting the development and distribution of a bimonthly periodical – *Friends* – to a network of gay communities across the country. Not an official publication, *Friends* means to provide a platform for the gay population to exchange information and ideas about issues of rights, health, relationships and so on, promoting safer sex practice for HIV/AIDS prevention. The circulation of the *Friends* reached was reported as 5,000 copies per issue by 2003.

Students can get course credits for outreach programmes that are linked to their majors. Since HIV/AIDS and health is not part of the curriculum for any majors of the university, youth volunteers do not obtain course credits from their involvement in the peer education outreach programme. However, they can be certified by the Youth League, an official youth organization in the university, as evidence of their personal qualifications to help with their

pursuit of a career upon graduation.

The Youth League established a funding scheme for students' social practice, to which students can apply for their outreach programmes for HIV/AIDS prevention education activities.

9. Monitoring and Evaluation

In general, there is no systematic monitoring and evaluation mechanism for the university-wide HIV/AIDS responses. The annual appraisal system may cover part of the performance related to HIV/AIDS research, education and services of the institutes and individuals involved in such areas. For instance, the peer education programme is one of the major components to be assessed in appraising the performance of the leadership of the Youth Volunteers' Association by the youth volunteers, as well as by its supporting organizations, mainly the Youth League and the Party Commission of the University.

In addition to the annual report, the Youth Volunteers' Association keeps all the records of the peer education sessions, including a completed monitoring form after each session, indicating the number and type of participants, topics covered, and initial feedback and recommendation from the participants.

Besides sporadic KAP assessments undertaken among students for various purposes, a final evaluation of the peer education approach was conducted for the pilot phase of implementation (1998-2001) by selected students with professional assistance, using both qualitative and quantitative methods.⁹

As "Think Tank" of the society, the University demonstrated its institutional capacity for monitoring the responses of other institutions. In 2001, the Institute of Gender and Health was requested by CFPA to conduct an independent final evaluation on a HIV/AIDS education project to reach 400,000 migrants through its extensive volunteers' network at the grassroots level.

⁹ The evaluation report is available at: http://hivaidsclearinghouse.unescobkk.org/ips/arh-web/news/pdf/unfpa_cfpa.pdf

D. LESSONS LEARNED

In general, HIV/AIDS is not seen as an immediate threat to the general population in China, and much less threatening to higher education institutions, as they are traditionally regarded as the cradle of outstanding elements of the society. With such assumptions among some academic staff, administration and students, the public spirit driven university responses to HIV/AIDS may hardly go beyond certain limits to become systematic, comprehensive and well coordinated.

The HIV/AIDS response was seen initiated mainly from a few segments of the university population/institutions:

- (1) The Campus University Community Health Centre: While serving the whole community (students, faculty and their families, and other temporary residents/migrant workers on campus) with primary health care, this Centre takes the responsibility of implementing the HIV/AIDS education policy guidelines of the Ministry of Education, by distributing the leaflet *Health Education Prescription* to newly enrolled students and conducting health education lectures on an optional basis. This is rather a one-way information-giving approach, with coverage and effectiveness rarely evaluated.
- (2) The Psychological Counselling Centre: Supported with online questions and answers and optional lectures, this service targets students only and focuses on a wide range of psychological health issues. In theory, this service could be instrumental to developing students' psychological competency, which is an essential quality for behavioural development and change.
- (3) The Research Institutes/Centres: Currently there are only two out of numerous research institutes/centres in the University involved in HIV/AIDS-related research: the Institute of Gender and Sexuality and the Centre for Population and Development Studies. All of the research projects were done to contribute to the knowledge body and to influence decision/policy making outside the University. Much of the research, especially that which is conducted by the Institute of Gender and Sexuality, addressed the sensitive taboo issues of the Chinese society (sexual behaviour, homosexuality, sex work, and their vulnerability to HIV/AIDS), and exerted considerable impact to help the government and public break the silence and denial around such issues.
- (4) The Youth Volunteers' Association (YVA): Initially driven by an externally funded pilot project, YVA has institutionalised peer education as one its regular programmes since the completion of the pilot project in 2001. Since then, it has been gradually extended to other universities, secondary schools and communities, even without steady funding commitment from donors. This programme had virtually reached all the students on campus with in-depth participatory learning activities by 2004, as each previous five generations of the recruited and trained peer educators reached almost the whole first year student population on the campus each year. In addition to the initial evaluation findings, the success of this youth-centred approach has been proven by the sustained enthusiasm of the youth to be involved (either as peer educators or as learners) in the programme, the constant request from other universities, secondary school and communities, as

well as organizations involved in HIV/AIDS and adolescent health programmes, for the YVA to provide technical and advocacy support.

While there was attitudinal support from the university leadership for the sectors of the university to develop various responses based on their own interest, only a thin minority of the sectors of the university developed substantial responses, and they are not well coordinated. For example, while a referral network has been established between the University Community Health Centre and the Psychological Health Counselling Centre, the linkage between the peer education programme and the services did not look strong, and virtually of non-existence between the peer education programme and the research agenda of the Institute of Gender and Sexuality.

In such a low HIV prevalence setting, there appears to be no compelling motivation and visible capacity to develop VCT, treatment and care responses and AIDS-related clinical research and training programmes in the University. Interventions remain mainly at awareness and information level, targeting mainly the undergraduate student population, less than a quarter of the campus population.

The YVA has been very active and effective to promote HIV/AIDS prevention education among the students. The following factors contributed to the initial success and subsequent sustainability and scaling up of the peer education programme in the University:

- Political support from outside credible international and national organizations (UNFPA and CFPA) and positive media coverage of the initial activities of the project facilitated attracting the attention, involvement and subsequent support from the University leadership. Although there was no written University-level policy or strategy to promote peer education, the presence and supportive statements made by the top leaders of the University at various events organised by the YVA did make a difference in encouraging the students to openly discuss about sensitive issues like safer sex.
- Young people are involved in the whole process of planning, implementation and monitoring and evaluation of the activities. During the first year of the pilot project, CPFA approached to the University authorities at various levels and worked through the campus family planning workers only, without involving youth, and succeeded in only organising a few lectures and billboard exhibitions in which very few students showed interest. It was difficult to convince the adult educators to develop more interactive approaches and address more sensitive issues related to sexuality and sexual behaviour. Then starting from the second year, CFPA approached the YVA directly. Within two weeks the peer education programme was formulated and launched.
- The 3-hour life skills based training package, covering a wide range of topics (values clarification, relationship, HIV/AIDS prevention and reproductive health information, decision-making skills, etc.) and adopting a participatory approach, delivered by trained youth volunteers as peer educators, is reported to be more interesting than traditional one-way lectures, distribution of reading materials or display of information billboards. However, it was also found subsequently that the 3-hour participatory peer education training session stimulated the students' desire for more information, which could not be fully satisfied by the peer educators. Interestingly, the peer educators had to organise some lectures to meet their own information needs, whereas such lectures had been rarely attended or interested by the students prior to their participation in peer education activities.

- Another enabling factor is the partnership between youth peer educators and adult professionals and professional organisations. In this partnership, professionals eventually convert their role as authoritative educators to that as supporting partners to the peer educators.
- The networking with youth organisations of other universities, secondary schools and communities significantly facilitated the scaling up of the experiences developed by RUC.
- The peer education programme serves not only the purpose of HIV/AIDS prevention and health promotion, but acts also as a platform whereby both learners and educators can develop their life skills or psychological competencies in a broader sense. For example, Hang Can attended a peer education session in when she was a first year student 3 years ago, became a peer educator the next year, and is now a member of IPPF Youth Council and UNFPA Youth Advocacy Group, and an active participant in various international forums and the UN Theme Group on HIV/AIDS and Young People in China. She said: *“I used to be a very shy girl, knowing and doing nothing other than staying in the room studying and playing piano. I could hardly speak out in the public. It is peer education that built up my confidence and my ability.”*
- However, the peer education programme needs further review and evaluation with regard to deepening and sharpening the focus of interventions with the behaviour of the young people. The standardised curriculum used by the peer educator has begun to show its inadequacy. One student mentioned when asked about how he felt about this activity: *“I really enjoy the session, learning and sharing about what is usually too embarrassing to talk about otherwise. I attended six sessions, always expecting to learn something new from the next session. But to my disappointment, at every session the topics are the same.”*

E. RECOMMENDATIONS FOR ACTION

The RUC response to HIV/AIDS could be considered systematic only within certain sector (YVA) for a certain programme (peer education) to certain population (students). The intervention requires a deepened and sharpened response, targeting the whole campus community. University-wide, the response needs to be more comprehensive, holistic, effective, relevant, sustainable and culturally relevant. At the same time, it needs to be realistic and practical.

As seen from the preliminary review of the RUC experiences, the university can play the following roles in responding to, or preventing in a low prevalence setting, the HIV/AIDS crisis:

5. Protecting the university community, the faculty (including their families) and students, from HIV infection (reducing their vulnerability and risks);
6. Preparing students to protect themselves on a long-term basis by adopting risk reductive behaviours;
7. Combating stigma and discrimination against people with HIV;
8. Providing advocacy and technical support to local and national HIV/AIDS prevention and care programme through research.

Correspondingly, it is recommended that the strategic plan include two components: “*Inward Strategy*” and “*Outward Strategy*”.¹⁰ The Inward Strategy should be formulated primarily based on the rights and needs of the university faculty and students to information, service and skills necessary for reducing their vulnerability and risks to HIV/AIDS. The Outward Strategy could be based on the mandate, public spirit, expertise and available resources of the faculty and students, within the framework of national strategy for HIV/AIDS control.

Inward responses that are recommended for the RUC include:

- Assessment of the vulnerability of the university community (faculty and students) to HIV/AIDS. Existing studies largely cover quantitative findings of sexual KAP of students, while that of the faculty population is rarely taken as a subject for study. Do they really stand free from risk? The Institute of Gender and Sexuality of RUC is fully capable of carrying out such an assessment.
- Identification of the key information, skills and services needed by different sub-groups of the university community for HIV/AIDS prevention and care, and formulate minimum learning packages for them respectively.
- Integration of the HIV/AIDS intervention with the existing information, education, communication, counselling and primary health care services with the existing systems as much as possible. Such as:
- Interventions targeting students can be strengthened by sustaining and scaling up (to unmarried graduate/post graduate students), while sharpening and deepening, the

¹⁰ 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 (http://www.adeanet.org/publications/wghe/Univ_AIDS_rept_en.html)

existing peer education programme. The peer education programme should strengthen its linkage to the Psychological Counselling Centre and RUC Community Health Centre for service referrals, and that to the relevant research centres/institutes for better monitoring, evaluation and documentation. Vice versa, the service providers of the Counselling Centre and Health Centre should be trained to be able to interact with young people with HIV/AIDS and sexually sensitive issues.

In the university setting, it may not be easy or necessary to reshape the highly specialised curriculum and overloaded professional teaching staff to mainstream HIV/AIDS into their programmes. Instead, efforts should focus on supporting peer education and strengthening existing standards of information provision (the *Health Education Prescription*, lectures, billboard, resource centres, etc.), which have already proven to be more effective and efficient to reach the student population.

- HIV/AIDS prevention information, education and counselling services targeting the faculty can be developed and launched through the Family Planning Programme run by the Family Planning Office, and through the Community Health Promotion Programme run by the RUC Community Health Centre. Both have the mandate to blanket cover the adult population with family planning and health services. HIV/AIDS information and counselling could be mainstreamed in these existing programme and networks.
- Create and strengthen a coordination mechanism to strengthen the linkage among the information, education, counselling, service and research programmes across different institutes/sectors of the university. Especially, responses and contribution of the research institutes/centres to the “inward” university HIV/AIDS interventions should be strengthened.
- Strengthening partnership and networking with outside stakeholders to support the existing services and structures in the university.

While focusing on the inward responses suggested above, RUC can develop its outward responses following steps below:

- Carefully examine the expertise and resources possessed by the University, and identify the areas of interest and priority for the University to respond, in light of the national situation and strategy of HIV/AIDS prevention and care.
- Expand the inward responses to the whole community, not only targeting the groups identified as vulnerable or potentially at risk, but also targeting the whole faculty and student population, to improve their awareness of HIV/AIDS related policy, legal and human rights issues and to expanding a critical mass in the society for combating AIDS-related stigma and discrimination.
- Establish and strengthen the partnership and networking with other relevant organizations and sectors of the society.

Development and implementation of the strategies suggested requires a strong leadership commitment and support, and a mechanism to coordinate all the initiatives. It is recommended that RUC formalise a university-wide structure/mechanism (e.g., a steering committee) to lead and coordinate the university-wide programmes and activities of HIV/AIDS prevention and care.

F. REFERENCES

A Joint Assessment of HIV/AIDS Prevention, Treatment and Care in China (2003), jointly prepared by the Chinese Ministry of Health and UN Theme Group on HIV/AIDS in China, December 2003

A Joint Assessment of HIV/AIDS Prevention, Treatment and Care in China (2004), jointly prepared by the State Council AIDS Working Committee Office of China and UN Theme Group on HIV/AIDS in China, December 2004

Education and HIV/AIDS: A Window of Hope, World Bank 2002.

Challenging the Challenger: Understanding and Expanding the Response of Universities in Africa to HIV/AIDS, Kelly, M. J., 2001

Strategy for Improving and Strengthening Ideological and Ethical Education among Students, Renmin University of China, April 2005

National Education Development Statistics Communiqué 2003, Ministry of Education

Basic statistics of the national context, available at <http://www.prb.org/datafind>

Basic information of Renmin University of China, available at <http://www.ruc.edu.cn>

China's Long- and Medium-Term Plan for HIV/AIDS Prevention and Control (1998-2010), China State Council, 1998

China Plan of Action for Containment and Control of HIV/AIDS (2001-2005), China State Council, 2000

Guidance on Enforcing the Actions on Preventing HIV/AIDS in China (2001-2005), Chinese Ministry of Education, 2001

Notification of Reinforcing HIV/AIDS Control in Schools, Chinese Ministry of Education, 2002

Outline of HIV/AIDS Prevention in Schools, Chinese Ministry of Education, 2003

Notification on Further Strengthen HIV/AIDS Prevention and Control, China State Council, 2004

ANNEX I: OVERVIEW OF THE EDUCATION PROGRAMMES OF RUC

Discipline	Ph.D. Programmes	Master Programmes	Bachelor Programmes
Philosophy	<ol style="list-style-type: none"> 1. Marxist Philosophy 2. Chinese Philosophy 3. Foreign Philosophies 4. Logic 5. Ethics 6. Aesthetics 7. Religious Studies 8. Philosophy of Science & Technology 	<ol style="list-style-type: none"> 1. Marxist Philosophy 2. Chinese Philosophy 3. Foreign Philosophies 4. Logic 5. Ethics 6. Aesthetics 7. Religious Studies 8. Philosophy of Science & Technology 	<ol style="list-style-type: none"> 1. Philosophy 2. Ethics 3. Religious Studies
Economics	<ol style="list-style-type: none"> 1. Political Economics 2. History of Economic Thought 3. History of Economics 4. World Economy 5. International Economics 6. Economics on Population, Resources & Environment 7. National Economy 8. Regional Economics 9. Public Finance (Incl. Taxation) 10. Monetary Finance/Insurance 11. Industrial Economics 12. International Trade 13. Labor Economics 14. Statistics 15. Econometrics 	<ol style="list-style-type: none"> 1. Political Economics 2. History of Economic Thought 3. History of Economics 4. Western Economics 5. International Economics 6. Economics on Population, Resources and the Environment 7. National Economy 8. Regional Economics 9. Public Finance (Including: Taxation) 10. Monetary Finance (Incl.: Insurance) 11. Industrial Economics 12. International Trade 13. Labor Economics 14. Statistics 15. Econometrics 16. Economics of Defense 	<ol style="list-style-type: none"> 1. Economics 2. International Economy & Trade 3. National Economy Administration 4. Public Finance 5. Finance 6. Insurance 7. Financial engineering 8. Credit Management
Law	<ol style="list-style-type: none"> 1. Jurisprudence 2. History of Legal System 3. Constitutional & Admin. Law 4. Criminal Law 5. Civil & Commercial Law 6. Procedural Law 7. Economic Law 	<ol style="list-style-type: none"> 1. Jurisprudence 2. History of Legal System 3. Constitutional & Administrative Law 4. Criminal Law 5. Civil & Commercial Law 6. Procedural Law 7. Economic Law 8. International Law 9. Juris Master 	<ol style="list-style-type: none"> 1. Jurisprudence
Political Science	<ol style="list-style-type: none"> 1. Political Science 2. Scientific Socialism & International Communist Movement 3. History of Chinese Communist Party 4. Marxist Theory & Ideology Education 5. International Politics 6. International Relations 7. Sociology 8. Studies on Demography 9. Anthropology 	<ol style="list-style-type: none"> 1. Theory of Political Science 2. Political Comparison 3. Scientific Socialism & Communist Movement 4. History of the Chinese Communist Party 5. Management & Political Education 6. International Politics 7. International Relations 8. Studies on Diplomacy 9. Sociology 10. Demography 11. Anthropology 12. Folklore (Incl.: Chinese Folk Literature) 	<ol style="list-style-type: none"> 1. History of Chinese Revolutions and the Chinese Communist Party 2. Politics and Public Administration 3. Scientific Socialism & Communist Movement 4. International Politics 5. Studies on Diplomacy
Education		<ol style="list-style-type: none"> 1. Educational Law 2. Educational Economics & Management 	
Literature	<ol style="list-style-type: none"> 1. Literature & Art 2. Journalism 3. Media and Communication 	<ol style="list-style-type: none"> 1. Literature & Art 2. Linguistics & Applied Linguistics 3. Chinese Linguistics & Graphemics 4. Chinese Classical Literary Historiography 5. Chinese Ancient Literature 	<ol style="list-style-type: none"> 1. Chinese Language and Literature 2. Journalism 3. Broadcasting Media Studies 4. Advertisement Studies 5. English

		<ul style="list-style-type: none"> 6. Chinese Contemporary Literature 7. Comparative Literature & World Literature 8. English Linguistics & Literature 9. Russian Linguistics & Literature 10. Japanese Linguistics & Literature 11. Journalism 12. Media and Communication 	<ul style="list-style-type: none"> 6. Russian 7. Japanese 8. German 9. French
History	<ul style="list-style-type: none"> 1. Theories & History of Historical Studies 2. History of Particular Subject 3. History of Ancient China 4. History of Modern & Contemporary China 5. World History 	<ul style="list-style-type: none"> 1. Theories & History of Historical Studies 2. Historical Geography 3. Historical Literature 4. History of Particular Subject 5. History of Ancient China 6. History of Modern & Contemporary China 7. World History 	<ul style="list-style-type: none"> 1. History Studies
Science		<ul style="list-style-type: none"> 1. Basic Mathematical Science 2. Probability and Statistics 3. Operational Research & Cybernetics 4. System Theories 	<ul style="list-style-type: none"> 1. Information Systems and Management 2. Mathematics and Applied Mathematics 4. Statistics
Engineering	<ul style="list-style-type: none"> 1. Computer Applications 	<ul style="list-style-type: none"> 1. Theory of Computer software 2. Computer Applications 3. Applied Chemistry 4. Food Science 	<ul style="list-style-type: none"> 1. Computer Science and Technology
Management	<ul style="list-style-type: none"> 1. Accounting 2. Business Administration 3. Technological Economy & Management 4. Agricultural Economy & Management 5. Public Administration 6. Land Resources Management 7. Archive Studies 8. Tourism Management 	<ul style="list-style-type: none"> 1. Managerial Science & Engineering 2. Accounting 3. Business Administration 4. Tourism Administration 5. Technological Economy & Management 6. Agricultural Economy & Management 7. Forestry Economy & Management 8. Public Administration 9. Social Security 10. Land Resources Management 11. Library Science 12. Information Science 13. Archive Studies 14. MBA 15. MPA 	<ul style="list-style-type: none"> 1. Accounting 2. Business Administration 3. Marketing 4. Commercial Economics 5. Land Resources Management 6. Agricultural Economy & Management 7. Public Administration 8. Public Administration (Environmental Economy Management Orientation) Public Administration (Demography Orientation) 9. Development of Rural Regions 10. Commodity Studies 11. Social Work 12. Sociology 13. Human Resource Management 14. Labor and Social Security 15. Archive Studies
Fine Arts			<ul style="list-style-type: none"> 1. Painting 2. Art Design & Landscape 3. Architecture 4. Animation Design 5. Music & Performance

ANNEX II: PERSONS CONTACTED AND INTERVIEWED

1. Prof. Ma Junjie, Vice Secretary of the Party Commission, RUC
2. Prof. Liu Shuang, Deputy Director, Centre of Population and Development Studies and Vice President of the Trade Union, RUC
3. Mr. Liu Peng, Deputy Director, Student Affairs Division, RUC
4. Prof. Zhang Yin, Director, Psychological Health Counseling Centre, RUC
5. Dr. Chen Yue, Director of Community Health Centre, RUC
6. Ms. Hang Can, former Vice President of Youth Volunteers' Association, RUC
7. Ms. Zhang Xin, former Vice President of Youth Volunteers' Association, RUC
8. Mr. Chen Zuo, Vice President of Youth Volunteers' Association, RUC
9. Dr. Ma Yinhua, Life Skills Education Consultant, UNICEF China