

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

**DEMOCRATIC REPUBLIC OF THE CONGO-
The Case of the University of Kinshasa**

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September, 2005

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

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List of Abbreviations

AFRICASO	:	African Council of AIDS Service Organizations
AIDS	:	Acquired Immunodeficiency Syndrome
ART	:	Antiretroviral Therapy
BCC-SIDA	:	Bureau central de coordination SIDA
BTC	:	Belgian Technical Cooperation
CCM	:	Country coordination Mechanism
CDC	:	Centres for Disease Control and Prevention
CERDAS	:	Centre de Coordination des Recherches et de la Documentation en Sciences Sociales desservant l’Afrique Sub-saharienne
CNMLS	:	Conseil National Multisectoriel de lutte contre le VIH/SIDA
DRC	:	Democratic Republic of the Congo
FOSI	:	Forum SIDA
GFATM	:	Global Fund to Fight AIDS, Tuberculosis and Malaria
GLIA	:	Great Lakes Initiative on AIDS
GRAIM	:	Groupe de Réflexion, d’Action et d’Information Médicale
GTZ	:	Gesellschaft fur Technische Zusammenarbeit
HIV	:	Human Immunodeficiency Virus
IEC	:	Information, Education and Communication
IMT	:	Institute of Tropical Medicine of Antwerp
ISTM	:	Institut Supérieur des Techniques Médicales (ISTM)
KAPB	:	Knowledge Attitude Practices and Behaviour
MAP	:	Multi Country AIDS Programme
NIH	:	National Institutes for Health
NGO	:	Non-Governmental Organization
OVEC	:	Organisation pour une Vie Excellente au Congo (OVEC)
PMTCT	:	Prevention of Maternal to Child Transmission
PNLS	:	Programme National de Lutte contre le SIDA
PNMLS	:	Programme National Multisectoriel de lutte contre le VIH/SIDA
PSI	:	Population Services International
RH	:	Reproductive Health
SADC	:	Southern African Development Community
SRAJ	:	Santé de la reproduction des adolescents et jeunes
STI	:	Sexually Transmitted Infection
SW	:	Sex Worker
SWAA	:	Society of African Women Against AIDS
UNAIDS	:	Joint United Nations Programme on HIV/AIDS
UNFPA	:	United Nation Fund for Population
UNDP	:	United Nation Development Programme
UPC	:	Protestant University of the Congo
VCT	:	Voluntary Counseling and Testing
WB	:	The World Bank
WHO	:	World Health Organization

Executive Summary

Of the four universities studied in this review, the University of Kinshasa is the only one that has elicited a response to HIV/AIDS. The University of Kinshasa, established in 1949, is the oldest and the largest university in the Democratic Republic of Congo (DRC) in terms of the number of students enrolled (24,083) and the size of the teaching body (1,433). The student/professor ratio is constantly increasing as the career of professor is no longer attractive due to poor working conditions.

Data on the impact of HIV/AIDS on the institution are lacking. Data on student and staff morbidity are not collected, while mortality data are available but incomplete as the cause of death cannot be obtained due to a “culture of secrecy”. There is some indication that sick leave and deaths among professors are impacting the quality of education.

Universities can be considered potential HIV high transmission areas. There is anecdotal evidence that a few female students are having sex with a least three partners: one who pays for the school fees, another who writes exams, and one or more professors to get good marks.

The first behavioural survey was conducted on this campus in 1991 by the School of Public Health to determine students’ knowledge, attitudes and practices related to HIV/AIDS. Since the university authorities did not initiate the study, the information generated did not lead to action.

The University of Kinshasa took a long time to respond to the threat of HIV/AIDS. One of the reasons is the lack of impact data on the institution that could be used to raise awareness among university authorities. Though slow to start, the response has been gradual and can be seen as a three-step process.

First, in 1993, the university allowed student-run NGOs to operate on campus with the objective of educating other students on HIV/AIDS. The university was not directly participating in the activities conducted by students, and could neither raise funds nor monitor or evaluate the ongoing activities.

The second step was the participation of university authorities in the administrative body on HIV/AIDS. In 2003, the School of Public Health received funds by the Joint United Nations Programme on HIV/AIDS (UNAIDS) to implement a pilot project on campus on HIV/AIDS. The project had three objectives: 1) to increase knowledge of modes of HIV transmission on campus; 2) to diagnose and treat sexually transmitted infections (STIs) and to establish a Voluntary Counselling and Testing (VCT) centre on campus; and 3) to provide psychosocial support to students living with HIV.

The Vice-Chancellor of the university was one of the members of the steering committee of the project. The project provided the student-run NGO with technical and logistical assistance. Under this project, students were trained as peer-educators or counsellors, and nurses working at the students' health centre and at the hospital were trained in the syndromic management of STIs. The final evaluation of this 2-year project showed that knowledge of HIV/AIDS increased among students, and the proportion of students having sex without using condoms decreased. However, attendance at the VCT centre did not increase dramatically.

The third step is the institutionalisation of the response. When the UNAIDS-funded pilot project was completed, the University of Kinshasa received funding from the United Nations Population Fund (UNFPA) to establish a project on the reproductive health of adolescents and young people (SRAJ-Unikin). This project inaugurates the beginning of the institutional response at the University of Kinshasa. The office of the Vice-Chancellor chairs the project; and deans of some of the faculties are members of the steering committee. For the first time, HIV/AIDS will be integrated into the curriculum in three faculties. Professors will be trained for the first time to integrate HIV/AIDS, students are being trained as peer educators, services for students are being implemented, and the university will monitor the implementation process and will evaluate the program impact.

Despite this progress, there are a number of concerns. First, the response is partial as the administrative body is not included in the initiative. Second, only select faculties will be involved; HIV/AIDS is not mainstreamed across all departments. Third, no funds have been secured to promote research on the impact of HIV/AIDS on the institution, and fourth, no community outreach activities are planned.

In conclusion, the University of Kinshasa has been very slow to react to the threat of HIV/AIDS as evidenced by the lack of a specific policy and action plan to fight HIV/AIDS by 2004. Students at the University of Kinshasa have contributed to the fight against HIV/AIDS and proved to be a valuable asset in the university's response. The institutionalisation of the response is very recent and lessons cannot be drawn at this stage. More research should be conducted to monitor the project's impact and to draw conclusions. This information will be useful for advocacy for university authorities across the country as well as for the Ministry of Higher Education.

Introduction

This study is part of a UNESCO review in 12 countries to identify promising approaches undertaken by higher education institutions to prevent the 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, campuses and communities. These approaches will be analysed to identify lessons learned and to make recommendations to higher education institutions to respond appropriately and effectively to HIV/AIDS.

The Democratic Republic of the Congo (DRC) is among the three African countries and 12 countries globally selected for the study. In the DRC, four universities (two public and two private) were reviewed. This study highlights the responses, if any, undertaken by these universities with regard to:

- Establishment and implementation of institutional HIV/AIDS policies and plans;
- Demonstrated leadership on HIV/AIDS;
- Education programmes related to HIV/AIDS (including pre and in-service training for university staff, formal and informal education programmes);
- Research on HIV/AIDS;
- Development of partnerships and networks;
- HIV/AIDS programmes and services (prevention, treatment, care, and support);
- Community outreach;
- Monitoring and evaluation the institution's response.

Methods used:

Data used for this case study were collected through different methods including:

- Document search and review (including those available in University libraries, on the Internet, and those procured during visits to Vice-Chancellor and administrative offices, and the Ministry of Higher Education);
- Email and telephone calls to resource persons;
- Semi-structured interviews with various persons (e.g., Vice-Chancellors, Deans, administrative officers, professors, representative of the professor's body, student body representatives, public relation personnel);
- Visits to students' health facilities, where available.

A. NATIONAL CONTEXT OF HIV/AIDS IN THE DEMOCRATIC REPUBLIC OF THE CONGO (DRC)

Demographic and health situation

With an area of 905,351 square miles and a population estimated at 60 million, the DRC is the second largest and the third most populous country in Africa. The majority (70%) of the population live in rural areas. Approximately half (48%) of the population are under 15 years of age, and according to demographic projections, the DRC will have 104.9 million inhabitants in 2025 and 181.3 million in 2050.¹

Demographic and health indicators are shown in table 1. The country has a high birth rate (46 births per 1,000 inhabitants), which is likely due to low contraceptive use as only 4% of the women of childbearing age use modern contraceptive methods.^{1,2} Mortality among infants and mothers is also very higher: the infant mortality rate is 128 per 1,000 live births, while there are 1,289 maternal deaths for 100,000 live births.^{1,2} Life expectancy has fallen from 52 years in 1994 to 49 years in 2002.

Table 1: DRC demographic and health indicators

Population	58.3 million*
Life expectancy	Males: 46 years Females: 51 years
Population < 15 years of age (%)	48
Urban Population (%)	30
Birth per 1,000 inhabitants	46
Mortality rate per 1,000 inhabitants	15
Total fertility rate	6.8
Infant mortality rate	128
Child mortality rate	220
Maternal mortality ratio (maternal deaths per 100,000 live births)	1289
Contraceptive Prevalence (modern methods, %)	4
Rate of women/men illiteracy (aged 15–24 years old)	80/77
Prevalence of HIV/AIDS among persons aged 15 – 49 years	4.2%

**Projections: 104.9 in 2025, 181.3 in 2050*

The DRC is categorised among the poorest countries in the world. The country gross national income (GNI) purchasing power parity (PPP) per capita was \$630 in 2002. The country is in a post-conflict period following two successive wars (1996 – 1997 and 1998 – 2003), which led to the collapse of the economic and social infrastructure. Poverty, the lack of appropriate medical system and migration of the population because of the war may have fuelled the spread of HIV/AIDS.

Scale of the HIV epidemic and trends

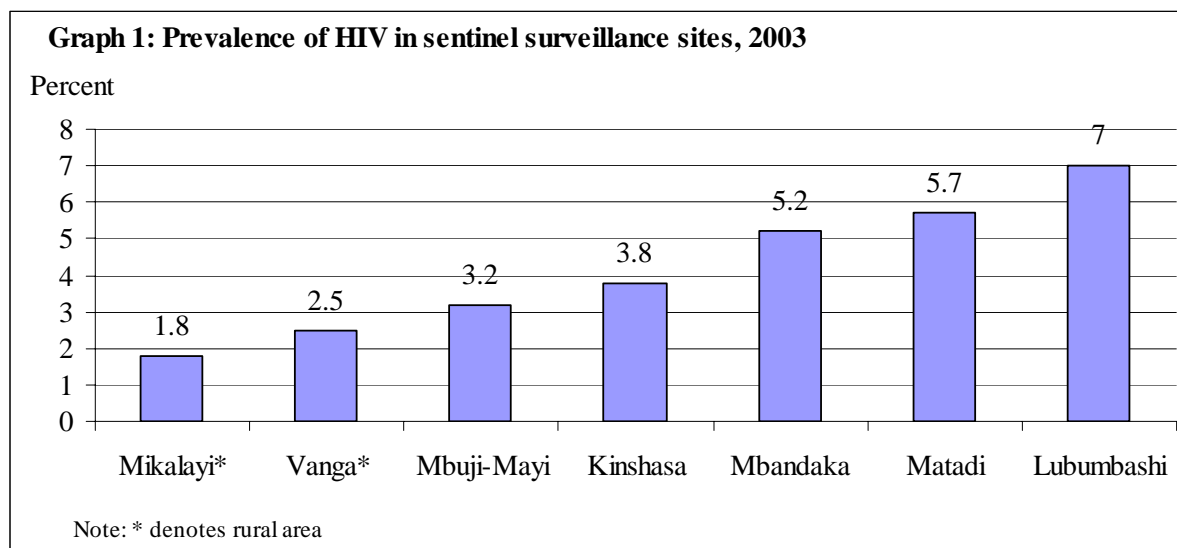
The HIV prevalence rate among the population aged 15 - 49 years is estimated at 4.2% and the number of people aged 0 - 49 years living with HIV is estimated at 1,100,000.³ It is also estimated that around 100,000 persons have died of HIV/AIDS as of December 2003 and that the number of orphans of HIV is at least 520,000. The statistics published by the National Programme to Fight HIV/AIDS (*Programme National de Lutte contre le SIDA*, PNLS) show that more than 60% of reported cases are people between the ages of 20 and 49.⁵

Table 2 : DRC HIV and AIDS estimates, end 2003*

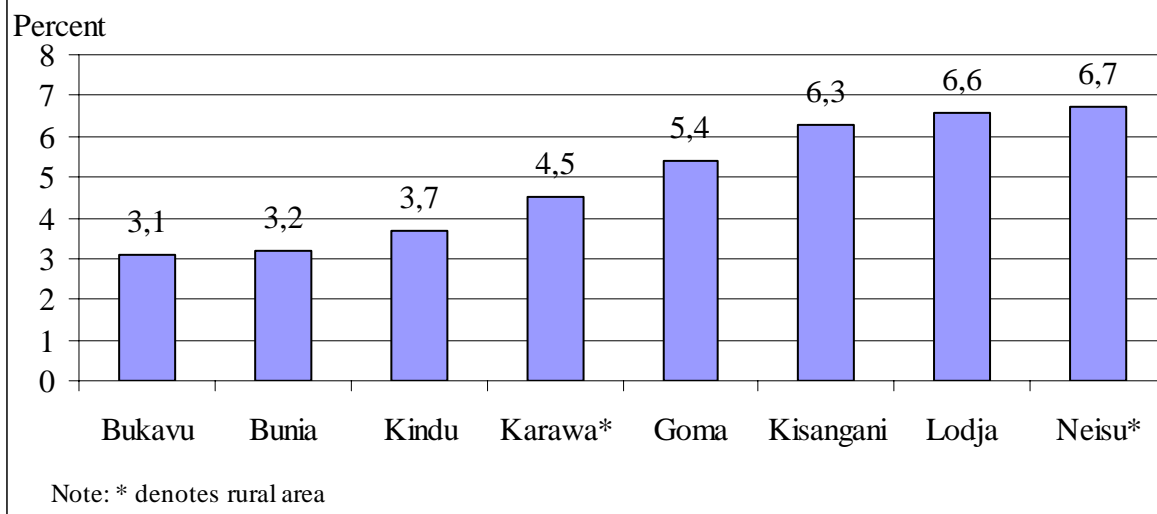
Adult (15-49) HIV prevalence rate	4.2%	(range : 1.7 – 9.9%)
Adults (15-49) living with HIV	1,000,000	(range : 410,000 – 2,400,000)
Adults and children (0 – 49) living with HIV	1,100,000	(range : 450,000 – 2,600,000)
Women (15-49) living with HIV	570,000	(range : 230,000 – 1,300,000)
AIDS deaths (adults and children) in 2003	100,000	(range : 50,000 – 220,000)
Orphans	770,000	(range : 520,000 – 1,100,000)

*UNAIDS/WHO Epidemiological Fact sheet – update 2004

Sentinel surveillance data show that the urban areas have higher prevalence rates compared to rural areas. Nevertheless as can be seen in graph 1 and 2, in some rural areas the HIV prevalence rate is similar to the rate in urban areas or is higher.⁴ The data that could be used to monitor the trends of HIV in DRC is scarce. Nevertheless, there is some evidence that the prevalence of HIV at antenatal clinics (ANC) in Kinshasa has remained stable, 3,1% in 1997²² and 3.8 in 2004.



Graph 2: Prevalence of HIV in sentinel surveillance sites, 2004



HIV/AIDS is mainly transmitted through sexual intercourse. With the prevalence rate above 10%, Sex Workers (SWs) are the most infected population group.²¹ Behavioural studies indicate that a sizeable proportion of sexual active persons experience high risk behaviours. The proportions of persons who did not use a condom at last sexual intercourse with commercial and/or occasional partners was estimated at 76% among teenagers and young adults, 75% among street children, 46% among truck drivers, 79% among miners and 54% among the military.^{6,21}

It is believed that the two successive wars that the country has experienced in 1996 and in 1998 will impact the HIV epidemic since the country was occupied by armed troops from neighbouring countries where the prevalence rate is higher than the average prevalence rate in the DRC.

National response

The DRC was one of the first African countries to acknowledge the existence of HIV/AIDS in its territory. The first HIV/AIDS case in DRC was reported in 1983 by an international team that worked with Congolese researchers.⁷ One year later, the government allowed the establishment of the “Projet SIDA”, in Mama-Yemo hospital, currently the Kinshasa General Hospital, the biggest hospital in the country. “Projet SIDA” was a joint project between the United State-based Centres for Disease Control and Prevention (CDC), the National Institutes for Health (NIH), The Institute of Tropical Medicine of Antwerp (IMT), and the Government of the DRC. The mission of the project was to conduct epidemiological and clinical research to better understand the patterns of the disease, the modes of transmission and its natural history.

The DRC officially reported its first cases of HIV/AIDS to the World Health Organization (WHO) in 1987. During this same year, the Government established a central office to coordinate the national

response (*Bureau central de coordination SIDA*, BCC-SIDA) and the National Committee on HIV/AIDS, a steering committee whose members were from different sectors including public and private sectors, civil society, was also established. During this initial period, the Ministry of Health was primarily involved in the HIV/AIDS response, because HIV/AIDS was perceived essentially as a medical problem.

BCC-SIDA elaborated several plans of action, including short-term plans and a mid-term plan. The first short-term programme was elaborated in 1987 and covered a six month period. The key components of the plan were related to surveillance of the disease. The short-term plan (1988-1992) had four key components, 1) to prevent the spread HIV; 2) to mitigate its impact on individuals and communities; 3) to promote blood safety; and 4) to conduct operational research. The mid-term plan was revised many times according to the changes in strategies. The current strategic plan (1999-2008) stresses prevention, care, advocacy activities that highlight community participation, human rights and ethics, and needs of persons living with HIV/AIDS.

For more than a decade, the national HIV response was based primarily on information, education and communication (IEC) campaigns. Population Services International (PSI), a US-based NGO, implemented a social marketing programme to promote condom use. Television, which the former President, Mobutu, used for political propaganda, was also widely used for this purpose.

In the 1990s, NGOs joined the national response. Some of them were established to address different HIV-related issues such as education, psychosocial support and assistance to orphans and vulnerable children. Quickly, the need to coordinate the NGOs was felt. In 1994, BCC-SIDA established Forum SIDA, or FOSI in 1994, a coordinating body for all NGOs involved in HIV/AIDS programmes.

For a very long time, the other components of the public and private sectors and the religious sectors were not involved. Even though the religious sector was represented at the National Committee on HIV/AIDS, this sector did not undertake specific actions against HIV/AIDS.

One criticism of the services provided through the National Programme on AIDS (PNLS) (formerly BCC-SIDA), has been that the services provided, including IEC, prevention of maternal to child transmission (PMTCT), and VCT, cover primarily the urban areas. They hardly exist in the rural areas where 70% of the population resides. More efforts are needed to reach out to this underserved population.

Antiretroviral therapy (ART), using generic medicines was introduced in 2002 thanks to public-private partnership. The Minister of Health signed an agreement with a private company, “la Générale Congolaise des Services de Santé, GSS” to import and distribute generic antiretroviral drugs

throughout the country. Under this agreement, the imported medicines are cleared from customs free of charge and GSS has the obligation to sell them at a lower price agreed upon with the Ministry of Health.

In 2004, the President signed a decree establishing The National Multisectoral Programme on HIV/AIDS (PNMLS), which operates under the coordination of his cabinet.¹⁹ This has set up the basis for the involvement of all sectors.^{19,20} The PNMLS has four components: 1) the public sector which includes all ministries including the Ministry of Higher Education; 2) the private sector; 3) the community; and 4) the monitoring and evaluation component. The first three components are expected to implement services (prevention, treatment, care and support for their personnel and/or clients). The fourth component is coordinating, monitoring and evaluating activities implemented by the three components.²⁰

Government leadership and political commitment—initially less visible—is slowly growing and can be seen at all levels from the top of the government hierarchy down to the community. The President of the DRC attended a United Nations (UN) special session on HIV/AIDS in 2003, inaugurated the blood bank building in Kinshasa and started to talk about HIV/AIDS in his public speeches. Every year, the government is actively involved in the celebration of the World AIDS Day.

Contributions of civil society, international donors, development agencies and PLHA networks to the response

Since the existence of the epidemic in its territory, the government of the DRC is financing indirectly the fight against the HIV/AIDS through the payment of wages to medical staff appointed to coordinating units (PNLS) and directly through the exoneration of goods and equipment intended for the prevention and/or treatment of HIV/AIDS and related opportunistic infections.

The government of the DRC was unable to adequately finance the national response against HIV/AIDS for many years. This was largely due to the lack of sufficient funds, as only the total expenditure on health in 2002 was only 4.1% of gross domestic product and the general government expenditure on health as percentage total government expenditure was 16.4%.ⁱ

As such, the Government of the DRC has had to rely largely on outside funding arrangements.

ⁱ WHO Health Report 2005

The US Agency for International Development (USAID) has financed the purchase and distribution of condoms through social marketing programmes since 1990. The CDC and WHO have financed the establishment and maintenance of sero-surveillance programmes. The European Union (EU) and the United Nations Development Programme (UNDP) financially supported operations at a crucial moment when all external funding was stopped (1991 – 1998) due to internal conflict.

Recently, the country has submitted proposals to the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (GFATM) and to the World Bank (WB) and has secured funds in the amount of US \$250 million dollars to finance HIV/AIDS activities (prevention, ART,) for a five year period (2004 - 2008). These funds will be used to extend services (VCT, PMTCT, ART, Condoms, blood safety equipment) to rural areas.

Other major contributors to the financing of HIV/AIDS activities in DRC include the Belgian Technical Cooperation (BTC) and the German Technical Cooperation (GTZ). GTZ helped to establish blood safety services in the country and BTC is funding HIV/AIDS activities in two provinces (Equateur and Bas-Congo).

Some networks of people living with HIV/AIDS have been established in DRC and are contributing to the development of positive attitudes towards people living with HIV/AIDS and to reduced stigma and discrimination. With the creation of the Association of Women Living with AIDS (Fondation Femme Plus) in 1990, many people living with HIV/AIDS have been able to step out from the silence surrounding the disease. However, more efforts are needed to this end.

To date, the private sector has not contributed much to the national response. One notable exception has been an initiative undertaken since 1998 by one of the local breweries (BraCongo), a subsidiary of the Heineken International, which established a PMTCT and ART programmes for employees and their families.

For several years, religious bodies have remained passive. It is only in 2003 that the religious sector made a move by setting up a committee, “le comité interconfessionnel, CIC” to coordinate its actions against HIV/AIDS. Other charitable organizations, religious or otherwise, are contributing to the national response largely through the provision of psychosocial support to people affected by the epidemic.

The DRC has also established connections with several existing networks in Africa. The DRC is a member of the Southern African Development Community (SADC), the African Council of AIDS Service Organizations (AFRICASO), the Society of African Women Against AIDS (SWAA), and

participates in multi-lateral projects on HIV/AIDS such as the Ubangui-Chari Project, a joint project with three other African countries (Central African Republic, Chad, and Congo Brazzaville) and the Great Lakes Initiative on AIDS (GLIA) Project where the DRC works in partnership with the five other Great Lakes countries (Burundi, Kenya, Rwanda, Tanzania, Uganda) to fight HIV/AIDS across the migratory axes.

B. IMPACT OF HIV ON THE HIGHER EDUCATION SECTOR

In DRC, the higher education sector is under the scope of the Ministry of Higher Education and includes universities, institutes and university centres. Before 1991, the majority of educational institutions were state-owned. Since then, some private organizations were authorized to establish private universities. In 2004, 284 institutions were officially authorized to operate; among them 144 private institutions.^{15, 18} More than 100,000 students were registered in 2004.

In the public sector, the following five universities are among the largest in terms of the number of registered students: the University of Kinshasa, the University of Lubumbashi, the University of Kisangani, “the Université Pédagogique National, IPN” and the “Institut Supérieur des Techniques Médicales, ISTM”. The number of private sector universities has been growing of late, and includes, for example, the Protestant University of the Congo (UPC), the Catholic Faculties of Kinshasa, the Catholic University of Bukavu, The Kongo University, and the University of Mbuji-Mayi.

Four universities were selected for this review, including two from the public sector, the University of Kinshasa (the largest and oldest university in DRC), the University of Lubumbashi (the second largest university) and two from the private sector, the Protestant University of Congo and the University of Mbuji-Mayi. These universities were selected due to their location, the size of the institution or the existence of an HIV/AIDS awareness programme on their campuses.

Impact of HIV/AIDS on enrolment

In general, HIV/AIDS does not seem to have any impact on the enrolment of students in the university, since the number of registered students is constantly increasing every year. At the University of Kinshasa, for example, the number of students registered in 2001, 2002, 2003 was 21,838, 22,983, and 24,083 respectively. Meanwhile, the trend for the recruitment of professors has been quite different. For the same period of time, the number of professors remained almost the same, 501 in 2002, 493 in 2003, and 509 in 2004*.

Increased mortality cannot be considered as the main reason for the small number of the body of teachers. The main reason for the proportion gap between students and professors is likely that academic careers are no longer attractive to young graduate students due to their poor working conditions. For example, from 2003 to 2005, the number of assistants rose only from 900 to 924*.

* source: association des professeurs de l'Université de Kinshasa, APUKIN

Sick leave and absenteeism, University staff and student HIV/AIDS-related mortality

Data are not collected on the attrition, morbidity or mortality of Professors and Assistants due to HIV/AIDS. The teaching faculty of the University of Kinshasa is regularly off-campus due to teaching or other professional obligations. For example, many teachers also lecture in other private universities outside of Kinshasa in neighbouring provinces. Others work in Ministerial cabinets and private enterprises. So, even if absenteeism at the university were to be recorded among staff, it would not be possible to determine whether this is due to HIV/AIDS.

With regard to students, it is very difficult to have a general idea on the rate of absenteeism among HIV-infected or –affected students, due to the absence of data collection on student attendance. A great number of registered students do not regularly attend courses because they are involved in other activities on campus, mainly in commerce. For example, 20% of students attending the University of Kinshasa are involved in extra academic activities, of which 70% are involved in trade.⁸ In addition, it is also known that there are students who have a remunerative job in town and who, therefore, do not come regularly to the University.

More than 80% of students at the four selected universities do not live on campus but instead commute daily.^{9,10} The universities do not collect information on those who die at home or those who stay home because of illness.

In cases of staff mortality, it is not possible to determine the cause of death, as no data are collected by the University to this end. HIV/AIDS-related deaths are reported anecdotally. At the University of Kinshasa in the past ten years, 49 professors and assistants died, of which 27 died in the last five years alone.¹ The cause of death is usually kept secret; it is considered inappropriate to discuss it publicly.

When asked about the number of professors and the number of students who died from HIV/AIDS the office of the Vice-Chancellor at the University of Lubumbashi said: « *Ce travail n'est pas fait. Mais comme vous insistez pour obtenir les données nous pouvons vous faire ce travail mais vous devez nous payer. Nous ne sommes pas une vache à lait* ». ⁱⁱ

i We do not do it. But because you insist to have this information, we can provide it but you have to pay us. We cannot do it for free
ii Association des Professeurs de l'Université de Kinshasa, APUKIN

Class size

No data were available on the impact of HIV/AIDS on class size in any of the selected universities. However, significant differences can be found on class size, in general, between public and private universities. Classes in the private universities are smaller than in state-owned universities. As an example, during the academic year 2003-2004, 2,645 studentsⁱ were registered in the first year at the School of Medicine at the University of Kinshasa, while at the University of Mbuji-Mayi for the same year, 985 students were registered for the entire university.¹³

The difference between the state-owned universities and the private universities lies in the fact that state-owned universities are older, have more prestige, and are less expensive. Moreover, most of the professors teaching at private universities are visiting or part-time professors mainly from the University of Kinshasa.

Quality of education

It could be true that HIV is impacting the quality of education without the University knowing it since the cause of sick leave and of death are either unknown or kept secret. Quality education depends on the number of the students per class, the students/teacher ratio, the number of assistants in charge of instruction, the availability of laboratory facilities and existing equipment. At the University of Kinshasa, for instance, 900 students are registered in the third year of Medicine, where the School of Medicine does not have microscopes while those classes require microscopy for practice. So, most classes are theoretical and practical training is not organised.

The faculty of sciences at the University of Kinshasa had only one professor specialized in Nuclear Physics. Since 2001, this professor is on sick leave. It is his Assistant who is in charge, although he is not yet qualified to teach such a class. Many faculties of the University of Kinshasa face similar situations.

Stigma and discrimination

Data from a 2004 survey conducted on the campus of Kinshasa show that 90% of students reported not minding sitting next to a student living with HIV, but 57% of students would not accept buying food from a person living with HIV. Moreover, 68% of students reported that they would not want to reveal the HIV status if they had a family member living with HIV.⁹ Similar findings were also reported at the Protestant University of Congo.¹⁰

ⁱ source: Registration office of the school of medicine

At the University of Kinshasa, a VCT centre run by students was established at the Student clinic in 2003. The attendance to this centre did not increase considerably between 2003 and 2005. Roughly 1,000 students attended the centre for that period on a campus, which has 30,000 students when taking into account students registered at ISTM, an institution located on the same campus. The HIV prevalence rate among those tested was 6%.¹⁶ The low numbers of students attending the VCT centre may imply that students are not prepared to have other students working at the centre know their HIV status, or it may imply low quality of services. Additional studies should be undertaken to determine how to promote the use of existing services among the student population.

Staff attrition to other sectors, Staff replacement for AIDS-related deaths

In general, no university professors are believed to have quit going to work in other sectors since professorship is considered as a prestigious profession in the country. However, it is known that many university professors work in Ministerial Offices and in some enterprises while they are titular professors at the universities. Indeed, except for a very few cases, the majority of Advisors in the Ministries of the present government are university professors.

It is, however, important to mention that since the teaching body is getting older and universities no longer attract younger lecturers, it is likely that this sector will lack professors in the very near future.

Fiscal costs (direct and indirect) of HIV/AIDS in the institution

None of the selected universities had any available data on the economic costs of HIV. Universities reported not feeling the need to generate such data. As such, the fiscal cost of losing professors remains unknown.

Aspects of the institution that facilitate or prevent HIV/AIDS transmission

The higher education sector does not seem to be concerned with HIV/AIDS, despite the existence for over a decade of information on students' knowledge and behaviour as related to HIV/AIDS. For example, knowledge and behavioural data were collected among students at the University of Kinshasa in 1991, although the University has not used these data for planning or programming.¹¹

The main reason for nonuse of existing data on HIV/AIDS may be that the University does not see the importance or relevance of HIV/AIDS in their work. They may not think that risk-reductive behaviour is part of their mission. One Dean explained: "*Notre mission est de transmettre le savoir. Nous ne sommes pas ici pour faire l'éducation sexuelle*".* This may also explain why universities have not yet elaborated policies and action plans to prevent HIV/AIDS on campuses.

* *We are here to teach, to transfer knowledge. I do not think we are here for sexual education*

The “culture of silence” is another factor that can facilitate the transmission of HIV on DRC campuses. Since nobody is ready to speak openly about their HIV status, or to speak of whether a person may be ill or dying of HIV/AIDS, there is little knowledge of the HIV threat on the institution. For example, when the Dean of School of Medicine at the University of Kinshasa was asked to give statistics on the professors who died of HIV/AIDS, he said: “*Vous comprenez que vous me posez une question très difficile. Comment voulez que je vous dise qui est décédé du SIDA*”*.

Due to the difficult economic situation, many parents are unable to assist students in paying their school fees and other accompanying costs. Students often must take on additional work while attending university, as demonstrated in the aforementioned data on extracurricular trade activities. Male students get involved in commercial activities while some female students may turn to prostitution to make ends meet.

In a recent news article, for example, some female students reported to have three different sexual partners, i.e. the professor to get good marks, a classmate to write the exams, and a rich man from town who gives money to buy clothes and to pay for university fees.¹² More research is needed on the prevalence of these practices and their impact on the spread of HIV/AIDS within the university.

One of the factors that can prevent HIV/AIDS transmission on campus is improved access to male condoms and reduced costs. At the University of Kinshasa, condoms are readily available on campus. They are sold in student-owned kiosks in all dormitories. But the proportion of students that report using them is low. For example, in a recent study, only 59% of students surveyed reported having used condoms with non-regular partners at last sexual intercourse.⁹ This indicates that there may be social, cultural, or economic barriers to condom use. More research should be undertaken to determine what these barriers are and to identify effective interventions to overcome them.

* *You understand that you are asking me a very difficult question. How can I tell you who died from AIDS?*

C. INSTITUTIONAL RESPONSES OF UNIVERSITIES

Basic information on the four selected universities can be found in table 3. Of note, the University of Kinshasa has the largest student and teacher population, and is the oldest university in the country.

The institutional response was analyzed in depth at the University of Kinshasa where HIV/AIDS is being integrated in the curriculum.

Table 3: Brief information on the universities included in the case study

	University of Kinshasa	University of Lubumbashi	The Protestant University of Congo	University of Mbuji- Mai
Location	Kinshasa	Lubumbashi	Kinshasa	Mbuji Mayi
Status	Public	Public	Private	Private
Established	1949	1955	1997	1990
Number of faculties	10	10	3	4
Total staff	4510	-	-	246
Total teachers*	1533*	774*	-	137*
Total students	24083	20400	5000	985
% students female	30.1%**	-	52%	16%
Student/Teacher Ratio	15,7	26,4	-	7,2

* Professors and assistants

** estimated from the 2004 survey

Institutional Policy and plan

The universities studied do not have well defined policies and action plans on HIV/AIDS. At the University of Kinshasa, the new Vice-Chancellor, appointed in April 2005, could not give any reasoning as to why no policy is in place.

At the University of Lubumbashi, the University did not believe a policy was necessary. As the Director of the cabinet of the Vice-Chancellor explained, « *Pourquoi voulez-vous que nous ayons un programme de lutte contre le VIH/SIDA? Il y a un grand programme du PNMLS qui a commencé dans toute la province* »*.

There seems to also be the belief at the University of Lubumbashi that HIV/AIDS is still perceived as something the school of medicine has to deal with. As the Vice-Chancellor declared: “*Tout ce qui touche au SIDA c’est la responsabilité de notre faculté de médecine*”** .

* *Why should we have a programme on HIV/AIDS? The PNMLS has established a big programme on HIV/AIDS for the entire province.*

** *Everything pertaining to HIV/AIDS is the responsibility of our School of Medicine*

The Protestant University of Congo has neither a policy nor an action plan although academic authorities reported thinking that the time has come for them to start a programme aiming at preventing students from being infected.

The University of Mbuji-Mayi does not have a policy or an action plan, but mentions HIV/AIDS in a booklet presenting problems facing the city of Mbuji-Mayi. This suggests that the university is somewhat aware of the threat of the disease on the community.¹³

Leadership in the domain of HIV/AIDS

When it became clear that DRC was facing an HIV/AIDS epidemic, the University of Kinshasa through its School of Medicine actively participated in clinical and epidemiological research in partnership with “Projet SIDA”. Since then, however, this leadership role has diminished. The university has remained somewhat active only through the School of Public Health, which is conducting behavioural and epidemiological research. Apart from research, there is no other domain where the universities have shown strong leadership.

The University of Kinshasa does have an office (*les oeuvres étudiantes*) in charge of the promotion of students’ well-being and health. The establishment of this office predates the HIV/AIDS impact, and HIV/AIDS has not been incorporated into the mission of the office. The person interviewed at this office was aware that HIV/AIDS could be a problem among students but did not seem to understand that the mission of his office should be dynamic and should include the prevention of AIDS.

It is expected that the Minister of Higher Education will take the leadership role in the fight against HIV/AIDS since the Minister of Higher Education and the President of the University of Kinshasa are members of the “Conseil National Multisectoriel de lutte contre le VIH/SIDA, CNMLS”, which is the new steering committee on the fight against HIV/AIDS.¹⁹

Formal education

HIV/AIDS is taught in the Schools of Medicine at the University of Kinshasa, the University of Lubumbashi and the University of Mbuji-Mayi along with training on STIsⁱ. It is not integrated in the curriculum in other faculties.¹⁷

The University of Kinshasa is the first university in the DRC to integrate reproductive health in the curriculum through the project “Reproductive Health of Adolescents and Youth” (*Santé de la*

ⁱ The Protestant University of the Congo does not yet have a School of Medicine.

Réproduction des Adolescents et des Jeunes, SRAJ - Unikin) established in 2004.¹⁴ The SRAJ-Unikin project is funded by UNFPA, and administered by the Vice-Chancellor of the university. Its objective is to increase access to quality reproductive health services including abortion management, family planning, STI/HIV prevention, IEC and counselling.

Under this project the following interventions will be carried out:

- Advocacy for education on reproductive health (RH);
- Integration of RH topics in the curricula at the university;
- Research on key reproductive health issues;
- Development of ongoing training on reproductive health;
- Integration of reproductive health services for young persons into the university health care system;
- Establishment of a recreational and attractive environment that can promote the exchange of ideas and motivate students to change their behaviour.

The project mainly targets students and not professors. However, professors from three faculties (the School of Medicine, the School of Demography and the School of Social Sciences) will be trained on reproductive health issues and will identify classes in which the integration of RH issues in the curriculum can be undertaken. Of note, RH issues will be integrated only in these faculties, and not across all curricula.

At the Protestant University of the Congo, academic authorities are in the process of designing a programme aiming to prevent students from HIV infection. They conducted a Knowledge, Attitude, Practice and Behaviour (KAPB) study in 2005 to gather basic data and are presently in the process of establishing an educational programme on the campus.¹⁰ A Steering Committee has been established and includes the Vice-Chancellor, the Deans, the representative of the administrative personnel and the students' representatives. This programme will focus largely on students and is not expected to take into account professors or administrative personnel.

Non-formal education

From 1994 to 2003, non-formal education on HIV/AIDS was principally organized by students' groups supported by external NGOs. For example, in 1994, the NGO « 3C-Santé » was the first to be allowed to operate on campus. It provided education on HIV/AIDS through interpersonal communication (group discussions, video forums), distributed condoms and provided diagnosis and treatment of STIs at the students' clinic. Since then, two more NGOs, "Groupe de Réflexion , d'Action et d'Information Médicale, GRAIM" and "Organisation pour une Vie Excellente au Congo,

OVEC” , have been authorized to operate on campus, and have conducted activities aiming to increase student’s knowledge of HIV/AIDS and to induce behaviour change.

One anti-AIDS club, Club des Amis de la Santé Publique (CASP), was established by medical students on campus in 1999. This club aims at promoting public health on campus and the awareness of HIV/AIDS. Its strategy is mainly to invite guest speakers to give conference on HIV/AIDS to increase the knowledge and awareness of HIV/AID among students.

In 2004, the former acting Vice-Chancellor organized the orientation sessions for freshmen, which had to address, among other topics, the sexuality and the risk of contacting HIV on campus. Since he has been removed, it is not clear that the sessions will continue.

In 2003, the School of Public Health implemented a new project, the Small Project Development Fund, SPDF – Unikin funded through UNAIDS. This project had three objectives: 1) to educate students on HIV/AIDS; 2) to improve the diagnosis and treatment of STIs 3) to establish VCT centres on campus. Through this activity:

- The aforementioned students’ NGOs were subcontracted by the School of Public Health to conduct HIV/AIDS activities. Members of the 4 NGOs (286) selected by their colleagues were trained in interpersonal communication and counselling techniques.
- Health personnel at the students’ clinic (located in one of students’ dormitories) and at the Mont-Amba centre, a hospital located on campus 1 kilometre away from students’ dormitories were trained on the syndromic management of STIs.
- Two counselling centres (a counselling box equipped with VCR, videos, written educational material, condoms) were established at the two health facilities.
- Laboratory equipment for the diagnosis of STIs, medicines for the treatment of STIs, and condoms were also provided.
- A behavioural survey was conducted by the School of Public Health using students as interviewers. A workshop was organized with students to analyses the findings and to design education messages and to choose the appropriate media.

The data on Knowledge, Attitude, Practices, and Behaviour (KAPB) showed that very few students were exposed to the strategy of interpersonal communication, the one recommended for an effective communication on behaviour.

The follow-up survey conducted in 2004⁸ at the University of Kinshasa showed that the level of knowledge of HIV/AIDS means of prevention had slightly increased, HIV-related stigma had decreased, and the use of condoms at last sexual intercourse had slightly increased. However,

attendance to VCT centres was not spectacular. The fact that all VCT staff were students might have prevented students from seeking and using testing services.

Under the SRAJ-Unikin project at the University of Kinshasa, more students (200) have been trained to act as peer educators, and counsellors to promote VCT services. The evaluation of this new project will help to assess the impact of the increased number of educators on campus.

Research and data on HIV/AIDS

The Schools of Medicine at the University of Kinshasa and the University of Lubumbashi conduct clinical research and publish some clinical studies. The University of Mbuji-Mayi has a scientific journal, “The Annals of the University of Mbuji-Mayi” that has just published its second volume with two articles on HIV/AIDS.

Non-clinical research is mainly conducted at the University of Kinshasa, where sociological, anthropological, epidemiological, behavioural, and evaluation research are conducted. The “Centre de Coordination des Recherches et de la Documentation en Sciences Sociales desservant l’Afrique Sub-saharienne” (CERDAS), a research centre at the University of Kinshasa, conducted the first ethnography study on AIDS in 1995 with the objective of identifying ethno-cultural factors that facilitate or prevent HIV transmission.

The School of Public Health of the University of Kinshasa has signed a contract with the Ministry of health through the PNLS to conduct the HIV sero-surveillance and to monitor the trends of risky sexual behaviours. These reports are shared with the Vice-Chancellor office and the Ministry of Health, the PNMLS and the PNLS and are available at the School of Public Health library where students can access them.

Students have also participated in research undertaken by the School of Public Health as interviewers. More than 100 students have been trained to date as interviewers, with some also receiving additional training in data entry.

Partnership and networks

The School of Public Health of the University of Kinshasa works in partnership with the PNMLS, the PNLS and some other national and international NGOs represented in DRC. It has also established relationship with foreign universities (e.g., The Tulane University of New Orleans, The Institute of Tropical Medicine of Antwerp, The Catholic University of Louvain, The Johns Hopkins University, and The University of North Carolina at Chapel Hill) on a variety of topics including HIV/AIDS. The

University of Kinshasa is part of the Southern African Development Community (SADC) research network on HIV/AIDS.

Programmes and services (prevention, treatment, care, psychosocial support)

Under the SPDF project, The School of Public Health of the University of Kinshasa established in 2003 two VCT centres on campus, one at the Students health centre and the other at the Hospital. The two centres were equipped with a counselling box, received necessary equipment and medicine for the treatment of STIs and medical personnel were trained on counselling and the syndromic approach of STI management. Treatment for an STI episode (physical exam and medicine) costs 600 Congolese Francs, or the equivalent of US \$1.20. VCT services are offered free of charge. Of note, there are no specific programmes for professors and administrative personnel.

Antiretroviral therapy is not available at the student health facility but students who test positive to HIV are referred to settings where they can get psychological support and ART if they qualify.

With regard to other HIV prevention services, condoms are distributed to students free of charge in education meetings and there are numerous outlets selling condoms at low prices in dormitories. However, condom use is still reported to be low. The other universities studied have not yet established such activities.

Community outreach

Out of the four universities studied, only the University of Mbuji-Mayi has a community outreach programme on HIV/AIDS. The University of Mbuji-Mayi is setting up a project, which intends to reduce the nosocomial transmission of HIV/AIDS in town. Medical students have been trained as trainers to go and train nurses at all health facilities, private and public, on how to prevent HIV transmission in hospital settings. This University is additionally planning to put together a team that can educate the community on the prevention of HIV/AIDS.

It is not surprising that, in general, universities do not have community outreach programmes, since no programme exists targeting their own administrative personnel. However, an outreach programme is necessary since all the four universities studied are in the community and many people from those communities work on the campuses where they sell food and all others kind of things and provide services.

Monitoring and evaluation of response

None of the four universities studied is monitoring or evaluating the institutional response to HIV/AIDS, largely because there is no policy or action plan in place for the response. Monitoring and evaluation activities have been undertaken on an activity by activity basis, and largely by individual donors. For example, in 1995, 3C-Santé, received funds from the European Union (EU) to educate and sensitize others students using interpersonal approaches. An external evaluation and a financial audit where conducted before the end of the project. The report was not shared with the university. The SPDF project that the School of Public Health has established in partnership with student-run NGOs has been evaluated and the report shared with the Vice-Chancellor. The University of Kinshasa has planned monitoring and evaluation activities under the SRAJ project. It is anticipated that these activities will provide valuable information and new ideas for possible institutional responses.

D. LESSONS LEARNED

Before the implementation of the SPDF project the impact of activities conducted by Students' NGO was not evaluated. Some lessons can be drawn only from the University of Kinshasa where activities were largely implemented and were recently evaluated. From January 2003 to February 2005, student-run NGOs carried out activities with the logistical support of the school of the public health, within the framework of the SPDF project. The activities were evaluated before the project ended. Here are some lessons we learned:

Effectiveness of response in advancing knowledge on HIV/AIDS

The majority of students have heard about HIV/AIDS before the beginning of the SPDF project. The sensitization of the general population is made through the media and students are also exposed. This may explain why in general all the students reported having already heard about HIV/AIDS before the launching of SPDF project.⁹

Effectiveness of response in changing behaviour

Results obtained by the SPDF project show that it is possible to change students' behaviour. Indeed, the evaluation of the SPDF project has shown the reduction of the proportion of students who had sexual intercourse with SW and showed even a slight increase in the use of condoms during the last sexual intercourse with such partner.

Effectiveness of response in reducing stigma and discrimination

In general, students have fewer stigmas because many of them accept to sit close to HIV⁺ colleagues. However, the discrimination still remains since only a few accept the idea of buying food from a PLWA and very few students have declared that they would disclose the serological status of a family member living with HIV/AIDS. The reason might be the fear of stigma or discrimination.

Preparation of students for their future roles as professionals, family and community members in a world with HIV/AIDS

It is believed that education campaigns organised by students' NGO somewhat prepared students for their future roles in a society with HIV/AIDS. However, at this stage, it is not possible to draw lessons on the preparation of students as tomorrow's professionals, heads of family and members of the community with HIV/AIDS. The assessment on the impact of the SRAJ project, as a project that includes the training on reproductive health, in the modules will possibly help to respond to this end.

Management of the impact of the HIV/AIDS on the university and effectiveness of response to get the university authorities more aware of the HIV/AIDS threat on the institution

No lesson can be learnt on the management of the impact of the HIV/AIDS in the universities studied since no impact study has been conducted and since the universities were not really involved in the management of what has been done so far.

The awareness of the HIV/AIDS threat on the institution is low. The response so far consisted only of authorization for some HIV/AIDS related activities on the campuses.

Key contributing factors and key impeding factors to an effective response.

The culture of secrecy, stigma, discrimination and lack of awareness about the threat of HIV/AIDS on the institution can be considered as the key factors that can impede any effective response to HIV. Students' willingness to educate their peers can be a key factor that, if it is effectively organized and coordinated, it can really contribute to the fight against HIV/AIDS.

To establish an effective response, efforts must be undertaken to:

- enhance the awareness of the academic authorities at all levels on the impact of HIV/AIDS on the higher education sector;
- develop an effective and adequate policy and strategy for the higher education sector;
- mobilise resources to finance the fight against HIV/AIDS in the academic environment,
- find the best way to advocate for the implementation of HIV/AIDS programmes on campuses since the impact of HIV/AIDS on the higher education sector is likely to slow down the development of the whole nation.

Effect of the collaboration and of the partnership

The structured response to HIV/AIDS is at its very beginning. What have been achieved so far are the student-led interventions with little involvement of the university authorities. Students have proved that they can raise funds, work in partnership with PNLs and other NGOs. The universities should set up a framework within which the students' NGOs have to perform, including structure and full-time personnel to manage their response.

E. RECOMMENDATIONS FOR ACTIONS TO BE TAKEN

None of the Universities studied has an HIV/AIDS policy and an action plan except the University of Kinshasa where the action plan is very recent and was initiated by UNFPA, not by the university itself.

The main reason for the lack of institutional response appears to be the low awareness of the university authorities about the impact that HIV/AIDS can have on their institutions and on the nation as a whole. As such, the starting point should be to enhance the awareness of the university authorities and to advocate for effective policies, appropriate strategies and action plans, and to mobilize funds by taking advantage of the existing funding opportunities, nationally and internationally.

In order to set up an effective programme, one needs to know what the real situation is (data needs), in order to plan effectively, to assess the financial needs, human resources (skills and competencies), and logistics. There is an urgent need for data on the extent of HIV/AIDS in the higher education sector. Factors that accelerate the spread of HIV/AIDS need to be well identified and understood. The socioeconomic cost of HIV should be evaluated to get a clear picture of what will happen if nothing is done. Pilot studies should be conducted and new strategies experienced the find genuine way of tackling the epidemic in this environment.

Qualitative and quantitative research should be undertaken for each specific sub-group in the universities. The appropriate analysis of the data will shed light on the appropriate strategies for each different group. Studies should also be conducted to show how to better use students as key actors and how to remove barriers that refrain students from using available services.

Generally speaking, the higher education sector has the required expertise to generate the necessary data, since there are sociologists, anthropologists, specialists in public health and in reproductive health and economists. It is necessary to sensitize those different actors on the importance to collect such data.

The Congolese universities should take advantage of the existing opportunities for the funding of the fight against HIV. They should take leadership in conducting operations research, in designing and experimenting new strategies that could be duplicated elsewhere. This can also be achieved through networking with other institutions in order to exchange information and experiences. The programme should be monitored, evaluated to identify the cost-effective approaches.

Efforts must also be undertaken to share information. Currently, there are some data and information available but they are not shared with others. The Ministry of Higher Education could be the catalyst that can take the leadership in finding interesting reports on HIV in the higher education sector and share them with all universities.

The inclusion of reproductive health in the course module is not a guarantee as long as the needed expertise is lacking in all faculties. It should be kept in mind that special training should be planned to encourage the university staff to integrate reproductive health in the course modules they are teaching. Seminars on how to integrate HIV/AIDS should be organized; teachers should be trained to become peer educators and mass educator to address HIV/AIDS with empathy. Each university should plan for it and raise the necessary fund for its achievement.

Here also, lessons can be learnt and shared across institutions. For example, the Protestant University of the Congo (UPC) has stated a programme on HIV/AIDS inspired by the experience gained from the SPDF project at the University of Kinshasa. Additional efforts should be undertaken to share lessons learned and to promote the replication of promising projects and innovative interventions.

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Annex

Annex 1: List of persons interviewed

The following persons have been interviewed using a guide that was designed following the guidelines provided by UNESCO.

University of Kinshasa

The acting Rector (the University Vice Chancellor) (1)

The Director of public relation office (1)

The Director of the Oeuvres estudiantines (1)

Deans (7) of different schools (facultés): medicine, law, sciences, polytechnics, economics, demography, and psychology

President of the students' body (1)

President of the professors' body (1)

Member of the Professor's body (1)

Chief in charge of the security on campus (1)

Mayor of students' residencies (13)

Class representatives (14)

Members of NGO that carries out HIV/AIDS activities (3)

University of Lubumbashi

Vice Chancellor of the University of Lubumbashi (1)

Director of the Vice Chancellor office at the University of Lubumbashi (1)

Assistant Professors (2)

University of Mbuji-Mayi

Vice Chancellor, University of Mbuji-Mayi (1)

Deputy Vice Chancellor, University of Mbuji-Mayi (1)

Dean of the medical school at the University of Mbuji-Mai (1)

Dean of the faculty of Applied Sciences at the University of Mbuji-Mai (1)

Protestant University of Congo

Members of the executive body (2)

Director of the Project on HIV/AIDS (1)

Annex 2: Form used for data collection

EVALUATION DE LA REPOSE INSTITUTIONNELLE DE L'UNIVERSITE DE KINSHASA FACE A LA TRANSMISSION DU VIH/SIDA AU SEIN DU CORPS ACADEMIQUE, DU CORPS SICENTIFIQUE ET PARMIS LES ETUDIANTS

NATURE DE PERSONNE INTERVIEWEE : _____ Date _____

1. L'université connaît chaque année des décès des professeurs, des membres du corps scientifique (chefs des travaux, assistants) et des étudiants. Au cours des 5 dernières années combien des membres du corps académique, du corps scientifique et des étudiants de votre faculté sont-ils décédés. (remplir le tableau ci-dessous)

	2000	2001	2002	2003	2004
Professeurs					
Décès par autre cause					
Décès par SIDA					
Corps scientifique					
Décès par autre cause					
Décès par SIDA					
Etudiants					
Décès par autre cause					
Décès par SIDA					

2. En rapportant le nombre cumulé des décès des suites de VIH/SIDA, sur le nombre total d'enseignants encore actifs quel pourcentage représente les décès par VIH/SIDA

Corps académique _____%

Corps scientifique _____%

Etudiants _____%

3. D'après votre avis les professeurs décédés du VIH/SIDA ont-ils attrapés l'infection sur ce site universitaire ?

Oui Non Ne sait pas

4. D'après votre avis les étudiants décédés du VIH/SIDA ont-ils attrapés l'infection sur ce site universitaire ?

Oui Non Ne sait pas

5. En considérant le dernier professeur décédé en date au sein de votre université/faculté, pouvez-vous dire comment cela a-t-il affecté les enseignements (cochez une ou plusieurs options de réponse ci-après).

1. Cela n'avait pas du tout affecté les enseignements car un autre professeur avec les mêmes qualifications/compétences a pris la relève
2. On a dû confier le cours à un autre professeur n'étant pas du domaine
3. On a dû confier le cours à un chef des travaux

- 4. On a dû confier le cours a un assistant
- 5. On a dû confier le cours à un professeur visiteur
- 6. Autre (spécifier), _____

6) A votre avis comment l'université/la faculté a-t-elle riposté à la menace de perdre ses professeurs et les membres du corps scientifique ?

6.1. En matière de sensibilisation ?

6.2. En matière de dépistage volontaire ?

6.3. En matière de prise en charge médicale de personnes affectées ?

6.4. En matière de prise en charge psychosociale des personnes affectées ?

7) Existe-il un plan d'action pour la réduction de la transmission du VIH/SIDA au sein de votre université/faculté ?

Oui non ne sait pas

Si oui, Quelles en sont les grandes lignes ?

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

8. A votre avis faut-il élaborer un programme spécifique de lutte contre le VIH/SIDA ciblant le corps académique et scientifique de l'université ?

oui non

9. Qui à votre avis devra participer à l'élaboration d'un tel programme ?

10. Qui devra le mettre en œuvre ?

11. Y-a-t-il des cours qui ont intégré le VIH/SIDA et les ISTs dans leur contenu ?

Oui non Ne sait pas

12. Etes-vous membre d'un comité/d'une association de lutte contre le VIH/SIDA ?

Oui non Ne sait pas

13. Si oui, quel rôle jouez-vous dans le comité/association ?