

# **HIV/AIDS: Towards a Strategy for Commonwealth Universities**

An ACU project funded by the UK Department for International Development

## **REPORT of the ASIAN SUB-REGIONAL WORKSHOP**

at the Taj Exotica Hotel, Goa, India

**9 — 10 May 2002**

### **1. The Context of the Project**

To place this project in context, it is necessary to reiterate that the Commonwealth, which encompasses less than 30% of the world's population, now has, according to UNAIDS statistics, more than 60% of global HIV infection; and to note that about half of the 500 member universities in the Association of Commonwealth Universities (ACU) are in parts of the world where the HIV/AIDS pandemic poses a very serious threat.

These are disturbing realities in the light of which ACU recognised its responsibility, as a pan-Commonwealth NGO, to exercise its capacity for advocacy both within the university sector and as an active member of a multi-sectoral, multi-disciplinary organisation called the *Para 55 Group*. The *Para 55 Group* came into being following the Commonwealth Heads of Government meeting in Durban in November 1999 at which the Heads of Government, in paragraph 55 of their communiqu<sup>e</sup>, acknowledged that the devastating social and economic impact of HIV/AIDS constituted a Global Emergency pledged themselves personally to lead the fight against HIV/AIDS within their countries and internationally . ( and urged) all sectors in government, international agencies and the private sector to co-operate in increased efforts to tackle the problem .

Within this overarching mandate, and with the financial support of the Department for International Development, ACU has been able over the last 18 months to set about translating into action its vision of a scenario in which the universities of the affected Commonwealth countries are fully engaged, from the top down and from the grass roots up, in their efforts to pre-empt the potentially devastating impact of the HIV/AIDS pandemic on the universities themselves, on the communities in which they are located and which they serve, and ultimately on national development.

ACU, by virtue of the breadth of its membership right across the Commonwealth, is able to draw people together internationally and to share best practice across national boundaries. And because it has strong relationships with, and direct access to, the executive heads of its member institutions, it is able not only to enlist the support of its Vice-Chancellors but also, through them, to engage the active involvement of participants from every level of the university community - thereby encouraging a collaborative, interactive response between those different levels.

## **2. The Context of this Workshop**

The overall aim of the project is to open the debate in the higher education sector among those who may be as yet unaware of the potential implications and broad impact of HIV/AIDS on their institutions; to eradicate the tendency towards denial and stigmatisation - which is still a major barrier even within the university world; to motivate action that will lead towards the prevention of further infection and the appropriate care and support of those who are already living with, or affected by, HIV/AIDS; and to leave a legacy of materials that will provide guidelines and offer examples of good practice that can be used and applied in a wide variety of environments. In sum, and to quote the ACU Secretary General, Professor Michael Gibbons, it is time to bring HIV/AIDS out of the doctor's surgery and into the Council Chambers .

The first four stages of the project are now complete. An initial mapping survey sought to establish the extent to which HIV/AIDS is, or is recognised as, a problem in the universities around the Commonwealth, to identify some of the strategies that are in place for dealing with it, and to give examples of some of the policies that already exist. This survey (which is published under the title *Issues in Policy Development*) provided very valuable background information for the second stage of the project - a round-table meeting of interested parties that was hosted by WHO/UNAIDS in Geneva in March 2001. Attended by participants from DFID and UNESCO as well as from the university sector in southern Africa, India, Latin America, Malaysia, the UK and the West Indies, the aim of the consultation was to scope the problem, share experiences of what activities and strategies have proven effective in the regions represented, critique the original project proposal and agree a detailed programme that would have a real, long-term impact and provide lasting materials.

The agreed next steps were to run two regional workshops - the first in southern Africa (in November 2001) and the second in Asia - and to produce a workshop publication which will both facilitate a cascade programme of such workshops within the university sector, and provide a source of reference to good practice on which institutions right across the Commonwealth will be able to draw. The essence of this publication will be its flexibility for use in a wide variety of academic, cultural and religious contexts.

## **3. The Objectives of this Workshop**

The objectives of this workshop were ambitious. In essence, the aim was to:

- Open the debate about HIV/AIDS at leadership level in a sub-region of Asia
- Identify how universities in this region can demonstrate leadership and inspire hope in responding to the HIV/AIDS challenge.
- Find out who is doing what in the university sector in this region *vis- -vis* incorporating issues relating to HIV/AIDS in their teaching, research, internal management and community outreach; and in instances where nothing is being done in these areas, develop awareness of what strategies might be introduced.

- Share what strategies are good and what doesn't work in the Asian university context.
- Promote the development of (possibly collaborative) research that will benefit the local, national and regional communities.
- Promote best practice in providing care for staff and students (especially people living with AIDS).
- Promote outreach, connectivity and collaboration between universities and their wider community - NGOs, industry, business etc.
- Incorporate material emerging from this workshop into the publication that will derive from the overall project.
- Inspire those who attend the workshop to authorise the running of cascade workshops in their own institutions.

It was also intended that this workshop and its outcomes would not only be of value as a means of advancing the battle against the HIV/AIDS pandemic in this region but would also provide the universities participating in it with the opportunity further to enhance their reputations as engaged, responsive and pro-active institutions.

#### **4. Who Participated?**

Participation was by invitation to the executive head of a cross section of ACU member universities in Bangladesh, India, Pakistan and Sri Lanka; and, at the particular request of DFID, to one in Nepal. While circumstances beyond their control prevented the two expected delegates from Pakistan from attending the meeting, 15 other universities were represented by their current (or, in one instance, former) vice-chancellor. A further three universities were represented, at the request of their VCs, by a senior member of staff. For the full list of 26 participants (including three international facilitators and the ACU resource team) and their contact details, please see *Appendix 1*.

#### **5. Structure of the Workshop**

The workshop was structured so that, during the first session, priority was given to examining the extent to which HIV/AIDS is recognised as an issue of concern in the countries and universities represented, and the strategies (if any) that have been introduced to respond to that concern. Using the draft workshop publication as a template, subsequent sessions concentrated on why and how the university sector should respond to the HIV/AIDS imperative within the context of teaching, community outreach, research and management; and this was effected through a combination of introductory presentations, specific examples of good practice and plenary discussions. The final afternoon presented the opportunity in plenary session to review and summarise the key issues that had arisen during the workshop (see *Appendix 2* for the slides from the powerpoint presentation); and individually to consider how best to turn the rhetoric into practice upon returning home. For a copy of the workshop programme please refer to *Appendix 3*.

## **6. Scale and scope of the problem: Break the Silence**

As was found at the workshop in Southern Africa, there is a grave shortage of demographic data about the incidence of HIV/AIDS. Frequent mention was made of people's unwillingness to acknowledge their infection, of doctors' disinclination to disclose AIDS as a cause of death (it is only when the body comes back in a zipped bag that it is clear the person died of an AIDS-related disease), and of the terrible stigma that attaches to those who are known to be infected. Indeed, so great is the fear of the disease and of the stigma that there are reported instances of even young children being ostracised by their families and removed to live alone outside their villages when they fall ill with HIV/AIDS.

There is clearly much confusion and uncertainty about the disease and it is this that leads to the fear, denial and discrimination. Moreover, it is the inability to come to terms with the problem and respond to it that gives the disease so strong a foothold. Many of the universities represented at this meeting are already well aware of the important role they can play in working with their communities and their governments to educate society about the implications of HIV/AIDS; and it was recognised that, if all the universities in a country or region were to work together, they would form a strong, massive structure with the power to effect tremendous changes in society.

While only one of the delegates was able (or chose) to make reference to the incidence of HIV in his/her own university, there was great diversity of experience amongst the delegates regarding the prevalence of HIV/AIDS in the areas served by their universities. In Arunachal, for instance, there are as yet no identified cases (even though HIV/AIDS is known to be a huge problem in their neighbouring countries) whereas in Mumbai, where the first case in India was detected in 1986, 22.8% of the population is HIV+ (*cf* 10% across the State of Maharashtra) - and this is thought to be the tip of the iceberg. In both these states, however, the universities represented are actively involved in HIV/AIDS related programmes: the one as a preventive measure, the other, in collaboration with the State, in an effort to combat the further spread of the disease.

The Vice-Chancellors of the women's universities reported the particular need to recognise that women are doubly affected, being both vulnerable to infection through sexual activity (whether as wives/partners or as sex workers) and customarily the carers of those who fall sick. It was argued (and agreed) that it is therefore essential to ensure that women students are educated and informed about HIV/AIDS, that they are empowered to resist unwanted sex, and have the capacity to earn a decent living. It was noted that while AIDS is a man's disease, women bear the brunt of it (Kelly).

Illiteracy, poverty, malnutrition, mobility (in Nepal, for instance, AIDS is known as the Mumbai disease because it is brought there by the migrant workers), joblessness, hopelessness, sex work (both hetero- and homosexual), drug abuse and paedophilia all contribute, to a greater or lesser extent, to the spread of HIV/AIDS in this sub-region; and the disease has the capacity to run very rapidly from the high prevalence groups to the other parts of the population. There is already evidence in India that it is spreading

from the less economically advantaged to the middle-class population. It also has the capacity to spread very rapidly from one country to another and it was pointed out that if, for instance, prevalence rates were allowed to rise dramatically in this region and spread across the borders to China, the implications for that population would be catastrophic. It was recognised as essential, therefore, that universities act now to ensure that prevalence in this region is contained at its current, relatively modest, levels. Given, however, that 40 million people are officially infected globally, of whom four million happen to be in India; and given that there are reportedly 16 thousand new infections every day, of which one quarter are in India, it is clear that much work will be required to forestall the development of a major problem in this region.

There is already evidence that universities are involving themselves in a wide variety of ways: some are working directly with their communities (e.g. with groups of women at risk, truck drivers, street children and orphans) to provide information, condoms and support as applicable; some have developed each one teach one peer group counselling programmes; some are developing testing and counselling services - not least for the many who, fearing stigmatisation, attempt suicide; some are introducing more sports activities for their students; some are working with traditional healers to find better, alternative or complementary approaches; some medical faculties are setting an example by treating HIV/AIDS as a regular communicable disease; some attempts are being made to address issues relating to confidentiality, disclosure and human rights; and many are introducing either compulsory first year courses or changes in the curriculum to embrace issues relating to HIV/AIDS.

All agreed, however, that the response to the pandemic would be infinitely more powerful if it were more coordinated, if more were known about who is doing what, if there were more (and more committed) leadership from both the state and national governments, and if there were more collaboration between the universities themselves and between the universities and the state.

## **7. What emerged from the discussions?**

### ***We need a roadmap***

And a roadmap is a very good description of what the (draft) workshop publication aims to be. As far as HIV/AIDS is concerned, there is as yet no option but to live with uncertainty for there are far too few answers to the overwhelming number of questions that exist and will continue to arise. It is essential, however, that universities are fearless in asking those questions and endeavouring to help themselves and society to find the answers. To this end, and in a world in which no two universities and no two cultural contexts are the same, the workshop publication (the final version of which will incorporate material emerging from this workshop) will offer guidelines to the kinds of questions that need to be asked and approaches that might be adopted or adapted, as well as providing examples of good practice.

## ***Institutional Responses***

In the 21 years since AIDS was first identified, there has been a tendency in all societies to think of it as a purely medical problem and to ignore the much wider developmental and economic implications. T S Eliot's Fourth Quartet was quoted during the workshop as being particularly apt in articulating that *humankind cannot bear much reality*; and it was recognised that universities have in effect shielded themselves from facing too much reality by placing the problem firmly within the confines of their medical schools. It is becoming increasingly clear, however, that the ramifications of the disease have the capacity to impact on every level and on every aspect of society and of economic development. Thus, irrespective of whether there is as yet sufficient demographic data to convince the sceptic, universities everywhere have a responsibility to respond proactively, to make a start, to collaborate with others and build on current initiatives and, above all, to take the lead in removing AIDS from the silo of the medical faculty in favour of adopting a multi-disciplinary approach.

The issues are, however, so multi-faceted and the potential responses so wide-ranging that, while recognising the importance of making a start, it is also essential to take stock of what it is possible to achieve with the resources that are available, and to prioritise. It may be that the most sensible place to start is to develop a policy as a framework for good practice at institutional level; but this could develop at the same time as the student body is encouraged to set up a peer group counselling project, or a group of academics from different disciplines set up a collaborative research project, or the media and communications unit produces materials and slogans for use in the community, or there are moves to introduce HIV/AIDS into the curricula. The over-riding message is that it is not especially important what happens first but that something happens at all; and that the whole university community is aware of the vision, commitment and support of the Vice-Chancellor. From small beginnings, word will spread and discussions can begin to take place about how to strategise for the future and make the best use of whatever human and financial resources can be accessed.

## ***Knowledge is the university's principal currency***

What is ultimately required is a strategy that is systematic and sustainable and linked to the core business of the university. If it is argued that the core business of universities is the generation, exploitation and dissemination of knowledge, then it could similarly be argued that the core elements of the HIV/AIDS strategy should be to generate, collect, transmit and expand AIDS-relevant knowledge, wisdom, understanding and practice. This implies a responsibility to engage in research that will inform and subsequently enhance practices related to prevention, care, treatment and impact management and ultimately lead to the defeat of HIV/AIDS. It also implies a responsibility to share, both with students and with the community, the knowledge that is gained; and to do so not only through the curricula and community outreach programmes but also through the practical care and treatment of those infected with or affected by the disease.

Reference was made to the very wide variety of modes of transmitting knowledge and information about HIV/AIDS. These include compulsory first year courses; including it as a core element in every discipline; offering it as an optional, non-formal extra-curricular course; putting on seminars, conferences and workshops; providing CD Roms and distance learning materials; promoting peer group counselling; and developing promotional materials. It was noted, moreover, that graduates who are AIDS literate , and aware of how to manage the consequences and impact of the disease on the workplace, are likely to become increasingly marketable as the effects of the pandemic become more visible.

***Universities say: Thus far and no further to the spread of the disease***

There are, however, other respects in which, armed with their principal currency - knowledge, universities have the power to be effective agents for halting the spread of the disease and improving the quality of life in the community. First, they are in the business of capacity building: not just the capacity of students and staff (at all levels), but also - by virtue of providing qualified personnel and future leaders - of institutions and governments. The capacity of the men, women and children in the community can be strengthened, too, through collaborative endeavours; and universities should exploit every possible opportunity to include AIDS literacy as a core element in all those processes of capacity building.

Second, universities should be asking two questions of their communities (whether of government, other universities and colleges, the non-governmental organisations, charitable trusts, drugs manufacturers or trade and commerce): Can we work alongside you in identifying the problems? and Can we work alongside you in identifying the solution to the problems? In such a way, universities are able not only to provide leadership and demonstrate their concern but also to enter into partnerships and collaborative projects that may prove to be mutually beneficial. Moreover, a university whose students and staff are actively involved in community work (whether voluntarily or, as may be the case for some students, on a credit based system) is offering to that community a measure of hope that together we will overcome this pandemic .

***Vice-Chancellors can ask very difficult questions***

Under the guise of academic freedom, and as the leaders of their institutions, Vice-Chancellors are able to ask very challenging questions of society and, notably, of governments; and, because they are likely to be heard when they speak, they are able to act, to an extent, as the conscience of society. There are numerous issues over which universities can and should be influencing the debate - not least among which are questions relating to the patenting of anti-retroviral therapies and compulsory licensing; and there are similarly numerous areas in which universities should be stimulating research and endeavouring to resolve some of the key ethical, moral and human rights issues. There was much discussion during the workshop, for instance, about the conflict between the need to protect the personal dignity and confidentiality of HIV/AIDS infected people at the same time as protecting the safety of those who live and work with

them; about the arguments for and against pre-marital testing and disclosure; and about the lack of treatment at affordable prices.

As the workshop progressed, participants became increasingly aware of the vast range of disciplines that offer - or in many instances *demand* - research from an HIV/AIDS perspective. A small handful would include, in addition to the biomedical sciences, economics, impact studies, demographics, epidemiology, sociology, behavioural sciences, philosophy, theology, law, ethics, sports science, business studies, architecture, agriculture, mining and engineering. It became similarly clear that far more can be achieved if research is cross-disciplinary and multi-dimensional. Moreover, while no-one would deny the value of in-depth research in a single disciplinary area, it was argued that such research is likely to be of infinitely greater value if it is informed by a wide range of disciplines. It was also noted that HIV/AIDS provides opportunities for mutually advantageous international collaborative work (*vide* the ongoing project between the Universities of Oxford and Nairobi on the African strain of the virus) and for interaction between universities - which customarily have the research capacity - and the NGO sector, which is often in possession of the trust of, and data about, particular sections of the community. A key example of the need for a multi-disciplinary, multi-level collaborative approach is the problem of the growing number of AIDS orphans.

It is not only, however, for the benefit of the external environment that universities should be engaging in HIV/AIDS-related research. It was pointed out that sub-Saharan African universities are already losing 2% of their senior academic staff to AIDS every year and it is thus in every institution's interests to look upon research as an investment in its future by protecting its most valuable resource - its highly qualified personnel.

### ***The power of advocacy***

Delegates were reminded, during the workshop, of the power of advocacy regarding the issue of smoking. The reversal of public opinion in the West, and the consequent change in behaviour, were driven by the health economists who made clear to governments what the cost impact would be of sustaining health care if smoking were to continue at the then current rates. In response, governments pumped billions of dollars into (very effective) anti-smoking advertising campaigns. However, as the countries most seriously affected by HIV/AIDS are in the less economically advantaged parts of the world, there is little money available for huge advertising campaigns. It is thus even more important that universities play their part in researching and communicating - on the one hand to their governments and on the other to their communities - the message about the potentially devastating economic and social impact of failing to stop the pandemic in its tracks.

## **8. Outcomes and Recommendations**

The nine objectives of the workshop were to a large extent met. Before their departure, delegates were invited to complete not only a workshop evaluation questionnaire but also

a form which asked them two questions: What initiative(s) can I introduce that will be of potential long-term benefit to my staff, my students, my community, my region or my nation? ; and In what ways can my institution most usefully collaborate with other partners (whether educational, governmental, in the private sector or any other part of the community)? . The paragraphs which follow incorporate some of the feed-back both from the evaluations and from those two questions.

i. *Was the workshop successful in raising awareness at leadership level?*

Participants openly acknowledged that they now recognised the gravity of the emerging HIV/AIDS problem and how important it is that they, as university leaders, take the lead in initiating institution-wide responses if they are to forestall a situation developing on a par with that in southern Africa. One Vice-Chancellor described the workshop as having challenged the stigma, shame and silence, sensitised them to the issues, and converted them to a more positive approach.

ii. *Did the workshop demonstrate how universities can provide leadership and inspire hope in responding to the HIV/AIDS challenge?*

It was agreed that, through their ability to strategise and prioritise, to make changes to the curricula, to promote (collaborative) research and to engage with their communities, there were myriad opportunities for providing leadership and inspiring hope both within their institutions and within their communities. Eleven of the participants undertook variously to raise the issues in their academic council meetings, to introduce AIDS literacy programmes for their staff, to introduce HIV/AIDS into the curricula, to produce interactive CDs on HIV/AIDS education, to introduce HIV/AIDS counselling services and to develop working relationships with various NGOs and government agencies in the battle against the pandemic.

Moreover, while it was recognised that, on balance, most students see their university years as a time to exploit their newly won freedom , and become easily bored with talk about the value of healthy life-styles, their idealism and their concern for those who suffer can be a phenomenal asset if it is sensitively harnessed and channelled into such activities as peer group counselling or work in the community (whether on a voluntary or credit-based system). In promoting this kind of involvement, universities have the opportunity overtly to affirm their faith in young people while the students themselves gain a real sense of achievement from helping to halt the spread of the disease and caring for those in need. Such involvement has the added advantage of deepening the students' awareness of the issues and inclining them to want to change their own behaviour.

iii. *Did the workshop ascertain the extent to which universities in this region are including issues relating to HIV/AIDS in their teaching, research, internal management and community outreach?*

It became clear that, while the majority of participants were hearing for the first time about what can be achieved, some of the universities represented are already very heavily

engaged in, and committed to, embracing HIV/AIDS-related issues in their strategies and activities. Specific examples of identified good practice will be included in the workshop publication. It emerged from the (14) evaluations of the workshop, however, that in four instances delegates would have welcomed more information about AIDS policies, in nine an interest was expressed in more, and more specific, information about strategies, while in a further nine instances a desire for more examples of existing programmes was iterated. These requests will be addressed in the revised workshop publication, which will also include a listing of websites on which examples of policy documents can be accessed.

*iv. Did any strategies emerge as being particularly effective in the Asian university context?*

Three of the respondents declared particular enthusiasm for following up on the presentation by the delegate from Gujarat Ayurved University with a view to learning more about the Ayurvedic approach to prevention, treatment and care, and the possible value of combining traditional and western clinical approaches.

*v. The promotion of (possibly collaborative) research*

*vi. The promotion of good practice in providing care for staff and students*

*vii. The promotion of engagement with the community*

Running through all fourteen of the responses is the message that in each of these three areas the workshop was successful in generating not only interest and enthusiasm but also determination to work personally and/or collaboratively towards the development of such strategies as will contain the further spread of the pandemic and improve the quality of life of those infected or affected by HIV/AIDS. Many reported that the contacts made at this workshop will be of real value to them in developing their strategies and collaborative networks; two universities declared themselves likely to choose HIV/AIDS Awareness as the theme for their community engagement in 2003; and all the Indian delegates at the meeting agreed that, in order to raise the issue more widely amongst the Indian universities, they would write to the Secretary General of the Association of Indian Universities to request that HIV/AIDS be a key topic at the next AIU conference (in Mumbai in December 2002).

*viii. The Workshop Publication*

As has been mentioned more than once above, the material emerging from this workshop will be used further to inform and amplify the publication that will derive from this overall project.

*ix. Cascade Workshops*

While only two of the respondents specifically commented on their intention to run similar workshops in their own institutions, it is anticipated that many will find the eventual workshop publication a stimulus and a valuable tool for doing so in the future.

## **9. Evaluations of the Workshop**

Fourteen of the eighteen delegates completed evaluation questionnaires and some of the feed-back has already been referred to above. Of the rest: all fourteen respondents found the structure of the workshop appropriate and that it gave them a better understanding of the issues; and all bar one (whose university is not yet under threat) found the workshop relevant and appropriate to their needs. 71% thought the length of the workshop about right, 21% found it too long and 7% too short. Two people felt that time was poorly managed; one that there should have been more time for interaction; and another that more health science universities should have been invited to participate. Two other comments were that there should have been specific presentations on HIV/AIDS (presumably this person meant from a clinical perspective) and that the workshop should have had intense media coverage.

As far as the perceived major benefits of the workshop were concerned, *networking* was quoted by 3 people, *new information* by 6, *establishing new relationships* by 12, while others reported developing new perspectives and strategies for developmental activities, newer insights and the reinforcement of some thoughts and beliefs .

The draft workshop document was found to be a useful resource by 12 respondents; one made no comment and one did not find it useful. A number of suggestions were made as to what else might be included in it, and these will be considered by the editor.

One respondent remarked how useful it would be if such workshops could be held in different parts of India and another suggested that one be held in Bangladesh.

## **10. Conclusion**

Although this workshop was self-standing, it took place immediately after a one-day seminar on the subject of *Universities Engaging with their Communities*. This was planned so that participants could focus on the HIV/AIDS pandemic as a very clear example of why and how universities should engage with their communities. In preparation for the seminar and workshop, delegates were provided with a copy of the consultation document, *Engagement as a Core Value for the University*, which was produced by the ACU to stimulate and inform discussion on this topic; and at the start of that document Commonwealth universities are challenged thus: They will be judged, and learn to judge themselves by the very variety and vitality of their interactions with society .

If the universities in this sub-region of Asia commit themselves to addressing the multiple issues that are touched on in this report, there is no doubt whatever that in due course they will be able to judge themselves with pride as having enhanced their reputations as engaged, responsive and pro-active institutions.

## **11. Acknowledgements**

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August 2002

*Attachments:*

- Appendix 1: Participant Contact List*
- Appendix 2: Workshop Summary (Powerpoint Presentation)*
- Appendix 3: Workshop Programme*