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How Are African Universities Responding to the HIV/AIDS Pandemic?

African Perspectives



Viewpoints and Perspectives Covering:

- Role and involvement of African universities in the fight against AIDS
- Impact of tertiary education institutions regarding Children Affected by AIDS (CABA)
- Best Practices & Recommendations

A DISCUSSION ON *YAHOO! GROUPS* CONCLUDED ON APRIL 2, 2003

African Perspectives

The *African Perspectives* discussion series is a multi-year initiative, conceived by the Africa-America Institute, to provide a means through which Africans can discuss and debate policy issues among themselves and inform and shape U.S. and Western policies toward Africa. Through the use of discussion sessions in Africa and on-line dialogues, AAI elicits a broad cross-section of African viewpoints on specific topics related to U.S. policy toward Africa.

AAI then summarizes and analyzes these viewpoints to draw out implications for U.S. policy, and disseminates to U.S. policymakers, the news media and others working on matters related to Africa. The dual objective of this program is to inform U.S. policy by heightening policymakers' understanding of their decisions vis-à-vis Africa and to stimulate civil society participation and debate in Africa. Past topics include Western policy approaches to HIV/AIDS in Africa and the link between trade and development.

AAI's *African Perspectives* program is a core component of the organization's program portfolio. Utilizing its unsurpassed access on the African continent, which includes a presence in 50 African countries and an alumni network that cuts across all sectors of society, this program can be utilized by corporations, foundations, and government organizations desiring "on-the-ground" perspectives from African nationals on topics critical to their operational activities.

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“The most striking feature of the university response to HIV/AIDS is what can only be described as the awe-inspiring silence that surrounds the disease at institutional, academic, and personal levels. Notwithstanding some qualifications, for all practical purposes both individuals and institutions conduct themselves as if the disease did not exist.”

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

Those chilling words were delivered to the World Bank-led Association for the Development of Education in Africa’s (ADEA) Working Group on Higher Education in 2001 through commissioned case studies of conditions at African universities in six countries. (To obtain a complete copy of this report, see Appendix E, Reading List.) The report outlined the manner in which the disease was impacting tertiary institutions and identified responses and coping mechanisms for dissemination to other Universities facing similar challenges. The 2001 report provided the academic community with an external examination of a pressing problem. In 2003, concerned organizations sought to “break the silence” identified in this earlier report by gathering self-assessments offered by those coping with the problem most directly – the African higher education community.

Background

The Association of African Universities (AAU) organizes a biennial Conference of Rectors, Vice Chancellors, and Presidents (COREVIP) that brings together over 200 participants including AAU members, its Executive Board, regional academic bodies, donors, and partner institutions interested in the development and growth of higher education in Africa.

At the 2003 COREVIP, in addition to invited papers and presentations by distinguished scholars and practitioners in the field of HIV/AIDS, a number of activities were planned to address the sub-theme: *“African Universities Response to the HIV/AIDS Pandemic.”*

AAU turned to the Africa-America Institute (AAI) for assistance in providing COREVIP participants with a range of views and opinions on this subject. AAI was requested to

moderate an online discussion for presentation during the 2003 COREVIP program, held March 17-21 in Mauritius. The online discussion focused on two central questions:

- How are African universities responding to the HIV/AIDS pandemic?
- What impact can African universities have in addressing the problem of Children Affected by AIDS (CABA)?

Participants, faculty and staff of tertiary institutions, would share frontline impressions detailing the current state of response being offered by universities and provide an opportunity for an internal dialogue among academic colleagues to reach national and international audiences.

Background (continued)

The Africa-America Institute is a multi-racial, multi-ethnic, non-profit organization, with offices in New York and Washington, D.C., and an on-the-ground presence throughout Africa. Its mission is to promote enlightened engagement between Africa and America through education, training and dialogue.

Throughout its history, AAI has blended a focus on advanced training for Africans with efforts to strengthen U.S.-Africa relations and understanding. Accordingly, AAI plays a unique role in facilitating relationships of all kinds between Africa and the United States. A central AAI program is *African Perspectives*, which convenes a broad cross-section of Africans to discuss issues that are critical for US-Africa policy formulation. In addition to informing U.S. policy, this program stimulates debate among concerned African government representatives and civil society stakeholders across sectors.

This *African Perspectives* discussion series was produced as part of the USAID-funded portion of AAI's African Technology for Education and Workforce Development Initiative (AFTECH).

The Association of African Universities (AAU) is an international non-governmental organization and an apex body established in 1967 to promote cooperation among members and to encourage increased contact between its members and the international academic community.

As a means of ensuring coherent and efficient use of human, material, and financial resources in providing services to its members and their constituents, the AAU develops a *Core Program* of activities every four years, a major component of which is the HIV/AIDS interventions comprising: advocacy with and through its leadership, curriculum integration, HIV/AIDS institutional development,

behavior change communication and research.

Methodology

AAI conducted a moderated online discussion from February 10 to March 14, 2003 utilizing the Internet and email as a means of soliciting African perspectives. AAI utilized its broad access within Africa to assemble a group with relevant expertise in the discussion themes. Fifty-four individuals from all regions of Africa signed on to participate in a lively discussion. A full list of participants is included for reference (Appendix B).

In preparation for the discussion AAI provided participants with background articles related to the discussion (Appendix E).

"If our think tanks cannot show by example how to combat an emergent disease then what will become of those with limited literacy and understanding of the disease?"

Breaking the Silence

A distillation of the opinions offered and a summary of recommendations are provided in the following pages.

Utilizing key issues discussed at the 2003 COREVIP as a starting point for discussion, AAI asked participants to focus on several central questions:

- *What is the role and contribution that African tertiary educational institute can/should play in the fight against HIV/AIDS?*
- *What are these institutions currently doing in order to contribute to the fight against HIV/AIDS?*
- *What are the constraints facing these institutions in mounting the fight against HIV/AIDS?*

How are African Universities Responding to the HIV/ AIDS Pandemic

Discussion Questions

The online discussion revealed that some African Universities have policies in place to deal with HIV/AIDS on their campuses. Forum participants provided examples from Tanzania, South Africa, Uganda, Zimbabwe, and Nigeria. There was broad agreement among the group that despite these efforts much more needs to be done. Many clearly feel that tertiary educational institutions should be making a contribution to the fight against HIV/AIDS beyond their own ivy walls. Of real concern to the group are the many institutions of higher education in Africa, which have yet to undertake any serious efforts in meeting the challenge the HIV/AIDS epidemic posed to them.

Why haven't African universities responded?

Chief among the constraints cited by participants were:

- Critical lack of funding and financial support
- Lack of skilled human resources
- Resistance among academics to accept the pervasiveness of the pandemic
- Stigma, discrimination and fear of losing job positions force staff to keep quiet about their HIV status
- Lack of leadership and commitment from senior university staff

Major Discussion Themes

Lack of recognition of HIV/AIDS as a workplace issue

Managa Pillay, reflecting on institutions in South Africa noted, *"It is clear that many do not see HIV/AIDS as a workplace issue. I am not so certain that institutions are feeling the impact yet in terms of staff losses, hence the response is a reactive one."* Pillay cites the Higher Education HIV/AIDS initiative, spearheaded in South Africa by South African Vice Chancellors Association and Committee for Technikon

Principles, as a harbinger of progress. *"I believe that a sense of optimism is beginning to creep in, as is the opportunity for people to start engaging in meaningful dialogue around issues."* However, Pillay warned that while policies are being examined, their effectiveness remains to be seen.

Michelle Mitchell, AIDS Programme Coordinator, University of Natal, Durban, South Africa, voiced the belief of the group when she stated, *"Tertiary institutions do not have an excuse for not addressing HIV/AIDS – we have the knowledge, the skills and the resources."* She cited several characteristics which should make it easier to implement integrated HIV/AIDS programs within a university setting, including: a) a target community which is relatively homogenous and contained in a relatively small geographical area; b) most campuses have their own Campus Health Clinics/Centers, which focus on the health of students; c) students generally are more positive about their future than their peers in the community.

Noting that "lack of leadership commitment and resources" is frequently cited as the main reason given for university inactivity, Mitchell suggests specificity is needed when addressing University officials in these two areas. *"What do you want top management to do? Is it a statement of intention or is commitment sufficient?"*

"Resources will always be few and the needs great," she adds. However, a variety of actions can be taken that do not place significant additional pressures on resources. Examples include placing HIV/AIDS on the agenda of all Dean/ Senate meetings and collaboration

between the counseling centres and the clinics to provide voluntary counseling and testing. "The main requirement," Mitchell says, "is coordinating activities and capitalizing on what resources tertiary institutions have."

Inadequate university response and interventions

"Generally speaking, our institutions of higher learning are at various stages of denial about the presence and impact of HIV on the staff and student population, even when anecdotal evidence continues to point to the obvious," says Emmanuel Olorin. Olorin characterizes many pilot response projects as uncoordinated, donor driven, and aimed only at students. Handbills, posters, and condom distribution comprise the extent of the program. "Trained peer counselors in many of the institutions often become mere vendors of condoms completely ignoring the more important task of counseling for behavior change, especially risk reduction planning and linkage to voluntary counseling and testing (VCT)."

Michelle Mitchell describes intervention response as inadequate and offers an alternative approach to addressing the issue at universities. Mitchell believes that university efforts to prevent the spread of HIV/AIDS have not succeeded despite preventative efforts including condom dispensers, peer education/facilitation, and policy development. "We need to look more holistically at the prevention, treatment and care of HIV/AIDS on our campuses, i.e. the creation of an enabling environment." Mitchell's vision includes access to treatment for staff and students, creation of support groups, and stringent implementation of policies that protect the rights of the infected and affected. She cites the University of Natal's efforts to include all key players resulting in "creative initiatives to respond to HIV/AIDS in an integrated, sustainable, cost effective manner."

A participant from Nigeria feels that many institutions need to take a greater lead in the fight against AIDS. He faulted medical schools/faculties for abrogating their responsibility to take the lead in advocating for a comprehensive HIV/AIDS response in the institutions. He champions medical institutions to view the HIV epidemic as a public health calamity that needs a public health response.

Education Void: Integrate HIV/AIDS education into core curriculum

A participant drew attention to an African university mainstreaming HIV/AIDS education into its curriculum. Social science students at Uganda's Bugema University underwent HIV/AIDS counseling and health care training and now help educate communities on HIV prevention and methods to live positively with the virus. The program has been expanded and is now a compulsory academic element. The AIDS Support Organization in Uganda (TASO) facilitates the program.

While applauding the effort, the participant recommends taking the program further by extending training to ALL university staff – from academic and administrative staff to ancillary staff such as drivers, cleaners, cooks, and grounds people.

Alice Sena Lamptey, Coordinator-WGHE, Association of African Universities describes the program as "a perfect example of 'best practices' and an answer to the cry for relevance of our tertiary institutions in Africa. In Ghana we would say "ayeekoo (meaning more grease to your elbows) to Bugema University!!" Removing the stigmas associated with the disease is a serious impediment to open discussion about

"Universities should provide the larger society with solutions to these problems as they emanate from research efforts."

AIDS in many tertiary institutions. One participant noted, "*Stigma, discrimination and fear of losing job positions force staff to keep quiet about their HIV status.*" As anti-retrovirals (ARV) creep onto the continent, some believe that academic staff will continue to maintain their silence, while discreetly accessing ARVs. Some believe that there may be an increased demand for testing, which is a necessary step for accessing ARVs."

Constraints to Action

Participants shared a common voice when identifying key constraints that prevent Universities from mounting an effective response to the AIDS epidemic. Chief among these are:

- Paucity of visionary leadership -** Participants expressed the belief that many in academia are resistant to accept the prevalence of the pandemic within their midst. Participants feel that some university leaders are swayed by political pressures and believe that admission of an HIV problem will diminish the reputation of an institution and could jeopardize student enrollment levels. In many cases, leaders cede the responsibility for an HIV response to the donor community, refusing to authorize budgetary provisions for HIV-related services.

To overcome leadership resistance, participants recommend the development of a business case that positions HIV/AIDS as a strategic objective of the university; thus ensuring management support and focusing all parties on a collective goal.
- Critical lack of funding -** Many in the group cited university resources strained to meet the basic needs of teaching and research facilities. This fiscal reality often forces administrators to relegate HIV/AIDS activities to the back burner. In an environment where faculty and

departments fight for budget dollars, and both faculty and students question financial expenditures, it is difficult to gain consensus and collective ownership of the disease.

Several suggestions were offered including implementation of an incentive program to motivate staff to become involved in an HIV response. Participants noted that monetary or non-monetary rewards would meet with a receptive audience among over-worked and underpaid staff struggling to provide for their families. Additional suggestions include the establishment of financial transparency at institutions to eliminate questions regarding budget allocations. It was further recommended that universities make use of videos, documentaries and other Information, Education and Communication (IEC) strategies that are easy to comprehend and inexpensive to purchase/reproduce.

- Insufficient collaboration and integration -** Noting that the high cost of advanced scientific research may discourage universities from extensive research efforts in the field of HIV/AIDS, a participant identified collaboration as a viable solution to reducing research costs. Victoria Taiwo Obasaju-Ayo of Nigeria, shared the example of her participation as a field supervisor from Nigeria on a USAID-funded longitudinal research program implemented with the Department of Community Health and Faculty of Medicine and Johns-Hopkins University in Maryland. The absorptive capacity was low because staff was paid an honorarium calculated as a percentage of time against their university salary. In light of inadequate finances, universities that have not yet implemented HIV/AIDS programs should turn to successful programs used by other universities in Africa and around the globe and adapt them to their own environment. Cost effectiveness, cost

benefit analysis and adaptation strategies should be addressed before implementation to insure that they are sustainable on a long-term basis.

Tertiary institutions are also advised to build in formative evaluations to measure the performance of preventive and behavioral change programs.

- **Dearth of baseline data detailing prevalence rates** - Few universities can provide an answer to the most basic questions: *"What is the prevalence and incidence rate at your institution? How does that rate compare with other professions?"* Without answers to these questions it is impossible to determine if the university community should be viewed as a risk group.

The Association for the Development of Education in Africa (ADEA) Working Group on Higher Education has attempted to provide insights into these basic questions through a series of reports addressing the "Impact of HIV/AIDS on Universities." An example from this report was provided to the online group: Information from Jomo Kenyatta University of Agriculture and Technology (JKUAT) Hospital identifies 130 to 150 staff members (11.7 -13.5 percent) infected with HIV. This figure breaks downs as follows: 11 percent of academic staff, 13 percent of middle level personnel and 12 percent of ancillary staff are living with HIV. (Magambo J.K., "HIVAIDS In Jomo Kenyatta University of Agriculture And Technology - A Case Study, 2000) At the time, prevalence in Kenya was estimated at 12-14 percent.

The university prevalence rate was viewed as "high and significant" and indicative that preventative mechanisms have not been effective in stemming incidence rates. Complementary research on risk factors and trends is recommended at this stage to halt the incidence rate and reduce the potential spread.

Universities must also analyze what skills are being lost to the disease and if any predisposing factors are at play. Victoria Taiwo Obasaju-Ayo raised a fundamental concern when she asked,

"If our think tanks cannot implement or show by example how to combat an emergent disease, then what becomes of those with limited literacy and understanding of the disease?"

"Tertiary institutions do not have an excuse for not addressing HIV/AIDS – we have the knowledge, the skills, and the resources."

Recommendations

As an outgrowth of this discussion, the CORE-VIP online program participants provided recommendations to the University community and other interested parties that would allow African tertiary institutions to better address the HIV/AIDS pandemic and play a role in the policy debate on this issue. Participant recommendations follow:

- The African higher education community is compelled to provide leadership and new knowledge in interventions, strategies and appropriate research methods to address this social and economic crisis.
- Senior university staff support for intervention and strategy processes are critical to success as the importance that institutions place on their HIV/AIDS response stems from this management level.
- Baseline studies must be implemented to inform tertiary institutions and universities on prevalence and incidence rates within their own community. This is necessary in order to mount an appropriate and effective response.
- Institution must identify a coordinating structure to affect an institutional response. An individual must be identified as having responsibility for this University concern.
- A multi-disciplinary, integrated approach is critical to addressing the university's response to the HIV/AIDS pandemic.
- A compulsory model/curriculum must be integrated into tertiary institutions that address reproductive health/AIDS issues. Adequate staff development programs need to be in place to assist curriculum integration.
- Student support structures and campus health services schools must be

available at all institutions to provide voluntary counseling and testing, treatment, care and support for staff and students.

- Strategies and counseling programs aimed at promoting behavior change, in addition to prevention should be established.
- Ongoing evaluation of effectiveness/performance of intervention programs/strategies must be institutionalized.
- Best practices need to be shared among tertiary institutions and relevant organizations to develop models of workable solutions.
- The higher education sector need to play a part in advocacy and public policy issues.

University Strategies and Interventions (Examples)

SOUTH AFRICA

University of South Africa: Student Affairs AIDS Strategy

Students have been disproportionately vulnerable to HIV through sexual transmission, yet there have been minimal mobilization activities. Efforts directed at students and the community at large took place at the University of South Africa (UNISA) on July 4, 2002 with the highly publicized launch of the AIDS Centre at the university. During this ceremony, university management and the Student Representative Council volunteered to be tested publicly with the intention of dispelling myths and fears regarding counseling and testing.

The Ministry of Education, Ministry of Health, World Health Organization, community representatives, Gender

Equality Commission, local health practitioners, and nine representatives of other tertiary institutions were among those who participated in the public testing. Students and the university community have been using the facility. A clearly defined counseling and testing agenda and assurance of student access to the testing facility is crucial to stem the pandemic.

The Department of Health (DOH) has since acknowledged the significance of this initiative. On December 11, 2002, the Centre was recognized for its efforts to eradicate HIV/AIDS pandemic when it was registered as an official Voluntary Counseling and Testing site for the DOH.

The AIDS Centre was awarded a substantial amount of the New Rapid HIV Test (EFOORA HIV 1/2/0) and the Determine test cards by the Technical Advisor and the Director of the AIDS Directorate. Health practitioners received advanced training in the use of the testing kits and a number of activities were conducted on campus during the course of the year.

The collaborative efforts by management, under the leadership of Prof. Pityana, have led to this success story. Students and administrators have been instrumental in organizing the World AIDS Day commemorations, among other important initiatives. UNISA will not tire to contain and control this pandemic.

O.N. Makhubela-Nkondo, Dean of Students and AIDS Coordinator, University of South Africa, contributed the preceding information.

South African Universities Vice Chancellors Association

The Higher Education Addressing HIV/AIDS Programme in South Africa is a nationally coordinated program that took shape based on a survey undertaken in 2000 on behalf of the South African Universities Vice-Chancellors Association (SAUVCA). This survey provided a much-needed snapshot of the level of institutional response to HIV/AIDS within the higher education (HE) sector and has subsequently been translated into a sector-wide initiative and intervention.

The survey identifies an ad hoc response within the sector at various levels of development and support, and the development of the nationally coordinated program is constructed to pull isolated responses together and for the sector to have a unified response to the epidemic.

The program is a partnership between The Committee of Technikon Principals (CTP), the Department of Education (DoE) and SAUVCA. The program has commitment from all senior management on all campuses in SA. Currently, donor funding from the Department for International Development (DFID) and Ireland Aid support the program. In addition, the Centres for Disease Control and Prevention, SA, have contributed funding for some individual projects involving the Harvard School of Public Health.

The intervention is managed through the allocation of grant funds to each institution to develop a coordinated and contextual response to HIV/AIDS. The national program outcomes look at combining the core business of teaching, research, community outreach and management together with the core business of HIV/AIDS: prevention, VCT, treatment, care and support. A small national office coordinates these programs, assists and manages the grants, and plans a number of nationally identified projects and strategies. The program has identified four focus areas:

- Voluntary Counseling & Testing (VCT)
- Peer Education
- World of Work
- Curriculum Development

All 35 of our higher education institutions have gained critical financial support through this intervention. We have identified a working group for each area that works on specific needs for the sector and context. The working group

will assist the sector in developing guidelines as well as identify and collate a database of the sector.

There are a number of national activities currently in process that contribute to our coordinated effort. These include the development of indicators and a strategic plan, the development of an IT national MIS system for the program, a scan and audit of the sector related to the four focus areas, the development of a CD-ROM interactive program for young adults funded by CDC South Africa (CDC, SA), as well as the development of guidelines for Peer Education Programs together with the Harvard School of Public Health and CDC, SA.

South Africa's Higher Education is committed to addressing the complex issues through this national partnership and initiative. Many of the institutions have managed to strengthen their response at an institutional level through the funding of this grant, as well as by developing a coordinated response across the institution. The national sector-wide program has facilitated a sharing of models and practices between institutions that previously had limited opportunity to interact. There is a lot more to do, but South Africa is well on the road to a unified sector approach and delivering an articulated plan for the South African Higher Education Sector. The South Africa Chancellors Association is willing and interested in collaborative partnerships with other institutions in Africa and would welcome contact in this regard.

Website: <http://www.heaaids.ac.za/>

Barbara Michel, Program Director, Higher Education Against HIV/AIDS, South African Universities Vice-Chancellors Association, contributed the preceding information.

TANZANIA

All higher learning Institutions in Tanzania fall under the Ministry of Science Technology and Higher Education Management and Coordination Mechanisms. At the ministry level there is a Technical AIDS Committee (TAC), headed by the Permanent Secretary in the Ministry. Committee members include the Heads

of all Institutions under the ministry, as well as all Directors in the Ministry's Headquarters. Day to day activities for HIV/AIDS are handled by the Technical AIDS Committee Secretariat, composed of six members from each Department in the Ministry's Headquarters.

All the Higher Learning Institutions have established the Technical AIDS Sub-Committee (TASC) for planning and management of HIV/AIDS in their respective Institutions.

a) Measures taken by Higher Learning Institutions to replace professionals:

- Retraining of the young scholars.
- More sensitization of professionals. For example, those who are serostatus negative take more precautions not to be infected. Those who are serostatus positive live positively and continue providing service to their respective Higher Learning Institutions.

b) Higher Learning Institutions' response to HIV/AIDS in the past five years:

- All the institutions were mobilized by the Technical AIDS Committee Secretariat to develop their own plans on curbing the spread of HIV/AIDS. Human Capacity development: most Higher Learning Institution have trained Peer Educators and HIV/AIDS Counselors. All Higher Learning Institutions conduct HIV/AIDS Education Seminars to instill knowledge on safer sex.
- Some Higher Learning Institutions have already developed programs, which involve the development partners as co-funders with Government.

Constraints

- Operational plans for HIV/AIDS were not wholly implemented due to lack of financial resources and low capacity of

the members of the Technical AIDS Sub-Committee to implement some activities.

- Lack of the coordination mechanisms for HIV/AIDS programs in the public and Private Higher Learning Institutions.

Ms. Dahlia R. Magi, Ministry of Science Technology and Higher Education HIV/ AIDS Activities Coordinator, and Chairperson, Technical AIDS Committee Secretariat, Tanzania, contributed the preceding information.

NIGERIA

University of Benin

The issue of HIV/AIDS on the campus should transcend quoting statistical data and theoretical details. It is time for action. The role of universities is two-fold:

Internal:

- Preventative efforts to curtail the spread of the epidemic within various university groups.
- Provide support and care for individuals already living with HIV/AIDS (PLWA's). This ensures protection of the university system and enhanced quality of life for the individuals.

External:

Universities, citadels of learning and repositories of knowledge, should provide the larger society with solutions to these problems as they emanate from relevant research efforts. In most Nigerian universities, high levels of secrecy, silence, denial, and stigma still exist. The KAPB (Knowledge, Attitude, Practices and Belief) study results reveal a high level of awareness among students and staff accompanied, paradoxically, by very low attitudinal or behavioral change. The University of Benin currently has an energetic, dynamic leadership very much concerned with improving health care delivery in the community. Leadership has already approved a University AIDS Committee with a broad representative composition drawn from academic and non-

academic staff, students, and religious groups. There is great hope that this multi-disciplinary approach, if well coordinated, can provide sustainable or adequate measures to combat the epidemic.

The real constraint, however, remains the issue of funding. Nigerian universities currently are grossly under funded. It would be most difficult and almost impossible for university management, no matter how committed, to allocate funds for HIV/AIDS in the midst of other serious, competing needs, e.g. staff emoluments. Nigerian universities would need funding from sources other than the government and particularly from non-governmental agencies for the following efforts:

1. Situation assessment to obtain baseline data on the actual situation on the ground.
2. Identification of wide-range relevant intervention for implementation.
3. Implementation of #2 above.
4. Encourage multi-disciplinary research.

Caroline Onwah, Department of Health Services, University of Benin, Nigeria, contributed the preceding information.

ZIMBABWE

Zimbabwe Open University

The Zimbabwe Open University (ZOU) participated in the Impact Assessment of HIV/AIDS (carried out by the School Survey Component) in the Ministry of Education, Sports and Culture together with Abt Associates of South Africa (2001-2002). The ZOU Consultants, members of the Ministry's HIV/AIDS Secretariat and members of UNICEF Zimbabwe participated in incorporating the recommendations of the study into the Ministry's Five-year Strategic Plan of the Life Skills Programme.

The Zimbabwe Open University is a Stakeholder in the action against HIV/AIDS in Harare and is actively involved in the Programme on Reproductive Health

for Young People in an Urban Setting, which is UNAIDS supported and coordinated by the National AIDS Council (NAC). The Harare Young People's Task Force Committee, composed of members of the various stakeholder groups, whose Chairperson is from ZOU, has conducted peer education workshops, street cleaning campaigns and produced a talk show series, *WHO IS NEXT* by Artists Against AIDS and students), which has been screened (and re-screened due to popularity) on national TV. The series won a National Merit Award (NAMA) recently.

Apart from the various modules on HIV/AIDS that the Zimbabwe Open University offers in its programs, it has participated in research and other activities that help curb the spread of HIV/AIDS and will continue to do so with the support of the Acting Vice-Chancellor, Dr P. Kurasha and Senior Management.

Mrs. P. Makoni, Lecturer, Department of Nursing, Zimbabwe Open University, and Chairperson, Harare Young People's Task Force Committee, Zimbabwe, contributed the preceding information.

Midlands State University

Tertiary education institutions have a role to play in educating and empowering students to address sexual issues in the era of the HIV/AIDS pandemic. The tertiary institutions should seriously consider the introduction of a compulsory module/curriculum on Reproductive Health HIV/AIDS for their students. The African tertiary institution's core business is education but during the HIV/AIDS era the tertiary institutions should consider funding their student health centers intensively.

In order to address gender issues the Health Service centre distributes female and male condoms to empower both sexes in negotiating for safe sex. Specific focus is placed on female students who are marginalized by culture when it comes to negotiating for sex. The female condom empowers the female student to negotiate for sex with confidence. Information is provided in Residence Halls to small groups to promote effective communication and demonstration on the use of the condom. Information on gender issues are discussed a part of the Orientation

program. Already infected students have been asked to assist the Health Centre at Midlands State University by providing peers with information. Lack of financing is hampering the Health Center's efforts to buy equipment for a youth-friendly office.

The Health Services Centre is currently running a peer education program on reproductive health and HIV/AIDS. The program is advertised in Residence Halls and student volunteers participate in a five-day training program, covering the topics identified below. Different organizations are invited to share their expertise and facilitate on different topics.

In order to provide cheap and easily available medication for HIV/AIDS infected students, the Student Health Centre, in collaboration with the department of Biological Technology and Chemical Technology, is carrying out research on the use of herbal medication (plants such as aloe vera, garlic, etc.) for the infected.

An orientation program for new first year first semester students is in place and is an on-going process. Students are empowered on issues like youth contraceptives, sex and sexuality, HIV/AIDS/STI, and self esteem.

In order to empower the university community with knowledge on HIV/AIDS prevention, the Chaplaincy office and the Health Service Centre organized two workshops on Behavioral Change in 2002. This was done by networking with Deseret International Foundation, a non-governmental organization.

Workshop focused on preventive measures to control HIV/AIDS/STI:

- Exploring life in Zimbabwe
- Understanding HIV/AIDS and high risk behavior
- Exploring HIV/AIDS free behavior
- Creating personal and family plans to remain HIV/AIDS free

**TOPICS COVERED DURING PEER
EDUCATION TRAINING
(Midlands State University)**

1. HIV/AIDS updated statistics.
 2. Reproductive and sexual health services: What are they?
 3. Reproductive organs and how they work
 4. STI - common types, common presenting symptoms, management
 5. Patterns of sexual behavior
 6. Counseling process - self in counseling, Do's and Don'ts.
 7. Challenges facing youth counselors.
 8. Prevention of HIV/AIDS/STI
 9. Voluntary Counseling & Testing - advantages and disadvantages of knowing your state.
 10. Communication skills - barriers
 11. Youth development and economic empowerment.
 12. Relationships, dating and courtship.
 13. Preventing unwanted motherhood and fatherhood; Youth contraceptive.
 14. Stress management.
 15. Approaches to peer education.
 16. Budget; financial management; emphasis on grants.
 17. Self-esteem.
 18. Sex and alcohol/ drug abuse.
 19. Parenthood preparation.
 20. Sex and humanity.
 21. Abortions - legal implications; advantages and disadvantages.
 22. Religion vs. HIV.
 23. Support mechanism for peer educators/ in traction with other peer educators.
 24. Community services by per educators.
 25. Living positively on the campus for the already infected.
 26. Initiation for peer educators.
 27. Name for the peer educator with the campus.
 28. Stop smoking program
 29. Responsible Alcohol use.
 30. Sexuality
 31. Gay issues
 32. Depression
 33. Loneliness
 34. Exercise programs
 35. Weight reduction
 36. Breast self-examination
 37. Medical emergencies
 38. Nutrition
 39. Relaxation
 40. Stress reduction
 41. Parenting skills
 42. Marital/couple problems
 43. Assertiveness training
 44. Biofeedback (tension headaches)
 45. Overcoming fears
 46. Educational career goal setting
 47. Spiritual/philosophical values.
 48. Communication skills
 49. Motor car safety
 50. Suicide
 51. Substance abuse
 52. Enhancing relationships
 53. Time management skills
 54. Anxiety (public speaking, tests, etc)
 55. Death and dying
 56. Learning skills
 57. Financial management
 58. Divorce
 59. Alcoholism
 60. Men's issues
 61. Women's issues
 62. Medical self-care
 63. Dental self-care
 64. Aging
 65. Self-esteem
 66. PMS
 67. Osteoporosis
 68. Recreation and leisure
 69. Environmental issues
 70. Stereotype/diversity issues
 71. Emotional intelligence
 72. Coping with trauma
 73. Coping with violence
-

What impact can African universities have in addressing the problem of Children Affected by AIDS (CABA)?

Background & Discussion Question

As noted so eloquently by one participant from Nigeria, "Universities should provide the larger society with solutions to problems." This acknowledgement that higher education institutions are uniquely qualified to offer solutions and provide resources to address broader societal concerns was echoed throughout the online discussion. This second phase of the AAI-moderated dialogue represents a beginning attempt to allow the academic community to offer their voices to an increasingly critical societal issue.

The issue of how to respond to the growing problem of Children Affected by AIDS (CABA) acquires increasing urgency as the death toll from AIDS mounts and we witness the disintegration of families and the loss of support networks. Lack of access to resources, coupled with the loss of support and social networks, makes children affected by AIDS especially vulnerable to contracting the AIDS viruses themselves.

No industry sector is exempt from the AIDS pandemic. It is decimating the population of teachers, educators, professionals and other people who play a critical role in the education and development of Africa's children. The devastation to the workforce has put Africa's competitiveness in the global economy in jeopardy.

Children are being called into Africa's workforce at a younger and younger age. When they should be in school learning, they are being asked to assume the role of family breadwinner.

AIDS orphans are more than just a concern for the extended family, they are a concern for the community ...and for policy makers... *they are everyone's concern.*

In AAI's online discussion, participants were asked to address the question:

- *What important role and contributions can African tertiary educational institutions make in tackling the growing problem of Children Affected by AIDS?*

This theme, which was an extension of the original discussion, prompted much less activity and discussion between the participants. Only one example of a program being run by an African University (Makerere University, Uganda) was provided compared to the eight or more given in the first part of the discussion. Participants reiterated the need for a broad-based response to the HIV/AIDS epidemic. However, the paucity of responses indicates that few African universities are addressing the question. This is hardly surprising when you consider that many institutions are just now confronting the problem of HIV/AIDS in their own backyard, without adding the challenge of addressing the problem of Children Affected by AIDS (orphans).

It is clear from the few responses that participants believe tertiary institutions should be playing a part in assisting Africa to deal with this problem. One respondent emphasized this point by putting the issue into the wider context of all children orphaned, no matter the cause, because they all suffer the same general vulnerabilities. This is a very important point and underlines the need for a broad-based response to orphans, as well as the need to mobilize different sections of civil society, government bodies, religious organizations, NGO's, etc. to tackle the problem.

"Children have become Africa's workforce when they should be in school learning."

Major Discussion Themes

Community-related issues for children affected by AIDS - Social and Public Education.

The breakdown of the extended family system due to socioeconomic pressures was raised. This factor is making it even more difficult for families to cope with the problems of orphans without some form of institutional help. Professor Norman Z. Nyazema observed, *"We have to accept that the so-called extended family have been destroyed by the money economy. Very few African societies talk about it as means of helping each other. It has now been described as our 'bane'."* Nyazema notes that the issue of adoption is an anathema in African society. *"There is the fear of the unknown, and yet in the same breath we are coming up with policies that discourage institutionalization of orphans,"* he added.

One participant discussed a community-based approach. *"I believe that when it comes to intervention, support and preventive action (especially with AIDS orphan) it is important to embrace a holistic and comprehensive approach,"* explained Victoria Taiwo Obasaju-Ayo. While noting the communal nature of African society, she wondered if this trait would continue in the face of reducing finances. She is hopeful that church groups, social and civil society groups will step in address the issue cost-effectively. And, governments will need to help out with future costs.

In relation to the breakdown of social ties and community networks another participant worried that policies that subscribe to individualism (i.e., allowing the affected person to disclose or withhold their AIDS status) inhibit the ability to plan for orphaned children. *"It is a problem to have to plan for individuals. It is always simpler to plan for a group especially when the group is involved."* The participant wondered if Africa has become increasingly caught between western and its own philosophy as a means of addressing problems.

Lack of University Response

There was a clear feeling that African universities have not done enough in responding to the problem. Additional research and studies to quantify the magnitude of the problem was called for in order to formulate meaningful policies to address the problem.

A participant observed, *"African universities have contributed nothing to the body of knowledge on what can be done to reverse the situation. Any research in this area has been Euro-centric."* Recommendations for African scholars to engage in serious debate based on scientific demographic studies were made.

Another participant raised concern over the accuracy of current data. *"The data has to be reliable, valid and of high precision. This is not the case with most data now."* The suggestion was made to incorporate data collection into existing projects to develop statistics more cost effectively.

There was a sense that African tertiary institutions need to be seen to be playing a greater role in policy formulation. According to one participant, *"The policy framework for such governmental intervention is weak in most African countries. I believe the tertiary institutions should put on their thinking caps for the policy formulation that can be implemented and adapted by most African countries."*

The online forum moderator provided participants with an example of how one African university has made a contribution to tackling this problem. Makerere University in Uganda

undertook research in this area, *Making A Difference For Children Affected By Aids: Baseline Findings From Operations Research In Uganda*.

The report discovered that many organizations have begun to provide services to support AIDS orphans in East and Southern Africa, however few have undergone any process of systematic evaluation.

The Makerere University report revealed:

- The impact of adult illness on children starts when a parent is diagnosed as HIV-positive or becomes ill with HIV/AIDS;
- “Property grabbing” is widespread, with women and children especially vulnerable;
- Many guardians are also in poor health; some are even infected with HIV/AIDS;
- Most older children want their parents to tell them the truth about being HIV-positive;
- Study participants say that material support is what they need most.

The main policy recommendations from the report are:

- Reach children affected by AIDS before they become orphans;
- Increase community awareness and accountability about the property rights of women and children;
- Address the critical health needs of adult caregivers, including guardians;

- Improve capacity for adult-to-child communication, especially about difficult issues such as sex education, and parental illness and parental death.

The outcomes of this report and the subsequent recommendations underscore the need for a broad-based community response, a goal with which participants of the online discussion strongly agreed. One key issue the report did not address is the educational future of children affected by AIDS, despite the fact one of its stated aims was to measure “the impact of an orphan support program on the physical, educational, and emotional well-being of children.” The education of orphans is an area of paramount importance and a key determinant to their future. It is clear from the responses to this discussion that much greater debate and discussion is needed to examine this problem.

One of the most important issues was raised at the end of the discussion and summarized the main challenge we face in having the recommendations made by participants yield fruit. In response to the Makerere University study, the participant wondered, “*How can a piece of research, such as the one from Uganda, be translated into national policy?*”

Perhaps we have just identified an advocacy role for institutions of higher learning.

“How can research be translated into national policy?”

Recommendations

In addition to the recommendations identified in the Makerere University report, online participants have added the following suggestions:

- A community-based approach is necessary; the issue touches multiple sectors and requires the involvement of institutions, government sectors, and civil society.
 - Additional research is necessary to provide valid statistics appropriate to inform future policy discussions.
 - African universities and tertiary institutions must have greater visibility in policy formulation and claim a role as solution-providers.
-

Conclusion

Many of the challenges and frustrations voiced by participants in this online discussion are the same issues identified in the 2001 report, "*Challenging the Challenger*," specifically limited fiscal resources to address educational mandates and the AIDS issue; stigma and discrimination for those living with the disease, and the sense that University's unique resources should provide solutions to societal problems.

It is evident from both sections of the online discussion that participants feel that tertiary institutions need to be playing a greater role in the policy debate around HIV/AIDS. Economic and financial constraints and the lack of trained manpower were highlighted as key factors hindering the ability of universities to respond adequately. Despite such problems a gratifying number of examples and contributions from participants illustrate ways in which African universities and tertiary institutions have responded to the affects of the HIV/AIDS epidemic, as well as offering a variety of suggestions for additional action.

Acknowledgments

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AAI also expresses thanks to our discussion moderator, Dr. John Kiwanuka Ssemakula, MD, MPH (jkiwanuka@aaionline.org)

Appendix A: Reading List

The list of articles below was provided to all online participants in advance of the discussion to help inform the conversation.

Framework for the Response of a University to HIV/AIDS: The Mandate of a University: M.J Kelly
<http://www.jesuitaids.net/Framework.htm>

HIV/Aids Scourge Ravages Varsities: (AllAfrica.com - Vanguard (Lagos) November 21, 2002)
<http://allafrica.com/stories/200211210152.html>

Women in Higher Education and Science: African Universities Responding to HIV/AIDS: Report from a workshop held 3-5 December 2001 in Nairobi Kenya
<http://www.aaas.org/international/africa/hiv/d2-1.shtml>

The African Symposium: An On-line Educational Research Journal - African Symposium Vol. 1., No.1 (January 2001)
<http://www2.ncsu.edu/ncsu/aern/arkives2.html>

HIV/AIDS: Knowledge, Attitudes and Beliefs Among University of Botswana Undergraduate Students. Sub-Saharan Africa: HIV/AIDS on University Campuses
<http://www.worldbank.org/afr/findings/english/find188.pdf>

SAUVCA HIV/AIDS PUBLICATION - DECEMBER 2000 - South African Universities Vice Chancellors Association
<http://www.sauvca.org.za/publications/hiv/366778.htm>

Challenging the Challenger: Understanding and Expanding the Response of Universities in Africa to HIV/AIDS (M.J. Kelly)
http://www.adeanet.org/publications/wghe/Univ_Aids_Rept_en.html

(This paper can also be downloaded as a pdf file at:
http://www.uwicentre.edu.jm/lecture/pdfs/challenging_the_challenger.pdf.)

Recent Studies on the Impact of HIV/AIDS on Universities, completed by the Association for the Development of Education in Africa (ADEA) Working Group on Higher Education
<http://www.ei-ie.org/educ/aids/SAUVCAanalysis.doc>

Appendix B: ADEA Working Group on Higher Education

The Association for the Development of Education in Africa's Working Group on Higher Education (WGHE) was founded in 1989 to strengthen collaboration among African governments, development partners and tertiary education institutions to improve the effectiveness of development assistance and more broadly, to support the revitalization of African universities, polytechnics and teacher training colleges.

Participants include development agencies supporting higher education in Africa, national higher education oversight bodies, ministries of education, and a number of African tertiary institutions. The WGHE is led by a Steering Committee comprised of representatives from these four groups, and is coordinated on a daily basis by the Association of African Universities (AAU).

The Working Group's long term objective is to help African nations reduce their technological, intellectual and economic dependency by enabling their tertiary institutions to turn out skilled and knowledgeable graduates capable of guiding national development and managing national affairs in the years ahead.

Specific objectives are: improving the understanding of the tertiary education crisis in sub-Saharan Africa and identifying effective responses; building a degree of consensus among African governments and development partners regarding priorities for funding tertiary education; promoting innovation and reform; combating the threat posed by HIV/AIDS to tertiary development, and fostering regional capacities for sharing experience and approaches to common problems.

The Working Group's strategy is to promote awareness and understanding of the problems confronting African universities by supporting analysis of the issues and disseminating findings.

Appendix C: AFTECH Program Description

The African Technologies for Education and Workforce Development (AFTECH) Initiative is a strategic effort to accelerate workforce development in Africa with the goal of increasing Africa's competitiveness in the global economy.

Designed and implemented by The Africa America Institute (AAI), the AFTECH Initiative employs the full range of information and communications technologies to accelerate workforce development in Africa. Leveraging the power of e-learning and AAI's 50 years of experience in African education and policy work, AFTECH delivers supplemental higher education and training content from American and other leading educational institutions to Africans where they live.

AFTECH also convenes key African stakeholders across many sectors around major technical and policy issues in workforce development through its African Perspectives Discussion Series.

A major pillar of AFTECH is the Workforce Development Institute (WDI) – an “institute without walls” being established to gather and analyze information, and to leverage technology in order to deliver training and educational content in select areas using a distance learning approach.

In implementing the AFTECH Initiative, AAI works closely with the Association of African Universities (AAU) and the Association for the Development of Education in Africa (ADEA) and their membership.

Currently in its pilot phase, AFTECH operates in varying degrees in Benin, Burundi, Ghana, Kenya, Namibia, Nigeria, Rwanda, Senegal, Tanzania, Uganda, South Africa, and Ethiopia.

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