

# The Significance of HIV/AIDS for Universities in Africa

## 1. Introduction

*Any man's death diminishes me, because I am involved in mankind; and therefore never send to know for whom the bell tolls: it tolls for thee*  
(John Donne)

With repetitive regularity universities in many parts of Africa hear the bell tolling and know that it is for them, as word goes round the institution about the death or funeral of yet another member of staff, yet another close relative of one of the staff or students, and possibly yet another student. For these universities, HIV/AIDS is real. Death has become commonplace. Adjusting to temporary or permanent staff losses has become part of the institutional culture. The all-pervading ramifications of the epidemic are experienced on a daily basis as the institution, like so many thousands in the society it serves, strives to come to terms with the fact that it is living with HIV/AIDS.

Almost a quarter of a century on into the AIDS epidemic, many universities are still trying to grapple with this reality. They have not fully grasped the fact of their HIV/AIDS condition and its implications for their continued effective functioning. In the naïve belief that they were responding to the epidemic they have regarded it as essentially a health problem and a student problem, and hence have concentrated on the “traditional services offered on campuses through the campus health clinics and student support services” (Crewe, 2000: 117). In several universities, the principal information, education and communication efforts for raising HIV/AIDS awareness still tend to be concentrated in the brief period of orientation at the commencement of an academic year. Where there are other responses to the epidemic, these tend to be piecemeal and uncoordinated. They are often based on an inadequate understanding of the dimensions and nature of the problem. They lack the backing of a suitable policy framework, are not rooted in well-developed action plans, and depend for their survival on the initiative of a few interested and committed members of staff.

This situation is slowly changing. The Universities of Natal and Pretoria were among the first to confront in its totality the threat that HIV/AIDS posed to their operations and to the societies they served. Subsequently, pioneer efforts by the Association of African Universities (AAU), the Association of Commonwealth Universities (ACU), and the South African Universities Vice-Chancellors' Association (SAUVCA), are helping university leaders across Sub-Saharan Africa recognize the need for a holistic response to HIV/AIDS within their institutions and across the higher education sector. In an effort to understand how HIV/AIDS is affecting African universities and to identify responses and coping mechanisms that might profitably be shared with sister institutions in similar circumstances, the Association for the Development of Education in Africa (ADEA) commissioned a number of case studies and published a synthesis report (Kelly, 2001). In response to their own internal findings, as well as to those contained in this report, individual institutions, such as the universities of Botswana, Nairobi, and Namibia, have

made significant progress in efforts to institutionalise the issue. But the majority of universities in Africa still have a long way to go in developing their traditional cosmetic response to HIV/AIDS into a dynamic, fully integrated, comprehensive institutional response.

## 2. The Imperative of an Institutional University Response to HIV/AIDS

There are several reasons why every university in Africa must engage dynamically and proactively with the HIV/AIDS epidemic:

1. ***No university is immune from the disease.*** In a society that experiences HIV/AIDS, no university can regard itself as an AIDS-free enclave. Quite the contrary, a university may well be more severely affected than the surrounding society. This is because the great majority of the educational community in a university are young, in their late teens or early twenties, ages where the prevalence of HIV infection is particularly high. The risks are also heightened by the liberal atmosphere that tends to characterize universities and by campus cultures that may be open to activities, behaviours and life-styles that increase the possibility of HIV transmission.
2. ***The disease has the potential to impair institutional functioning.*** The mechanisms through which HIV/AIDS undermines the operations of other institutions can also be at work at the higher educational level—negative impacts on student numbers and learning potential, increased staff morbidity and mortality, reduced staff and student productivity, diversion of concerns and resources to coping or response measures, increased financial costs.
3. ***The long lead-time between initial HIV infection and the development of AIDS has major implications for universities.*** For students, the real situation may not unfold until they have graduated and entered the world of work. The two to five years of most university programmes may be too short a time for AIDS to manifest itself in those who were already HIV-infected when they entered the institution, or who became infected during the period of their studies or training. The university may be successful in graduating qualified individuals, but HIV/AIDS can undermine its accomplishments by the premature deaths of young graduates. For those who are permanent members of staff—academics, professional staff, and all categories of support staff—the real impact, in the form of sicknesses and deaths, may not reveal itself for several years. Meanwhile the threat that the disease constitutes may seem unreal, leading to what amounts to practical denial that HIV/AIDS is an issue that the university and each of its members need take seriously.
4. ***The mandate of service to society demands the engagement of every university with HIV/AIDS.*** Universities exist so that, among other things, they can meet society's need for knowledge, understandings and expertise, for the greater part in well-demarcated specialized areas. In countries such as many of those in Sub-Saharan Africa, where they serve societies in which HIV/AIDS has become a crucial public concern, they are duty bound to respond to the needs of society for HIV/AIDS-related scholarship and skills. In the circumstances of the epidemic,

- they must interpret this basic mandate in terms of HIV/AIDS and its many implications.
5. ***Universities have a special responsibility for the development of human resources.*** Universities are among the principal agencies for the preparation of a large segment of the professional and skilled personnel that society needs. In the context of HIV/AIDS, this imposes three responsibilities on them: to ensure that all of the graduates from their programmes are competent to deal with HIV/AIDS, personally in their own lives and professionally in their area of expertise; to ensure that the institutions continue to produce graduates in the changing numbers needed by a society where the epidemic may be eroding the human resource base; and to introduce new areas of professional training to respond to emerging needs in a society affected by the disease.
  6. ***Universities are crucial agents of change and providers of leadership directions for society.*** Whether one is talking about behaviour change, the eradication of stigma and discrimination, care and support for those infected or affected by the disease, or treatment for those who are ill, every successful response to HIV/AIDS requires new ways of going about things and the leadership that will guide and inspire individuals, communities and society to adopt those new ways. Every university has a crucial role to play in this domain, serving as role model, as facilitator, and as the source of new knowledge, understandings and skills.
  7. ***Universities should be in the forefront in developing deeper understandings of HIV/AIDS.*** Universities are the thinking-caps of society which provides them with resources and freedoms so that they can do the hard work of reflection on its behalf. This reflection is urgently needed in relation to HIV/AIDS. Progress in the understanding of HIV as a virus and of AIDS as a biomedical condition has led to the development of antiretroviral therapies and may in time lead to the development of therapeutic and prevention vaccines. There has been no corresponding growth in understanding HIV/AIDS as a social phenomenon or intellectual challenge. The disease continues to flourish behind a wall of silence, while fear of stigma and discrimination prevents its being brought out into the open. The discourse of AIDS is characterised by a language of conflict and struggle that works in synergy with a language of exclusion, leading to a dehumanisation of affected or infected individuals and a marginalisation of HIV/AIDS concerns. For over two decades, information, communication and education campaigns have attempted to influence AIDS-relevant behaviour, but failed because they were based on inappropriate communication models and did not take adequate account of cultural and spiritual values (UNAIDS, 1999). Universities have the intellectual resources and traditions to deal with these and similar issues. Where HIV prevalence rates are high, as they are throughout much of Sub-Saharan Africa, they are challenged to dedicate their best efforts to unravelling the many layers of understanding the disease so that humanity can come to terms with its intellectual, philosophical, theological, linguistic, and other dimensions. Thereby efforts to prevent and manage it can become more tractable and successful.
  8. ***HIV/AIDS raises a host of complex moral, ethical, human rights and legal issues that cry out for the kind of knowledge, understanding, and insights that***

*universities are specially well equipped to provide.* HIV/AIDS infringes the most basic human right, the right to life. Selective treatment of persons living with AIDS, as may happen when there is limited access to ARV treatment on the grounds of cost, limited availability, or inadequate medical infrastructure, implies decisions about who should live and who can be allowed to die. What is the ethical framework that will support the individual who must make such a decision? In addition there are all the complex issues that arise from the right to privacy and the obligation on legal, medical, counselling and religious practitioners not to disclose the HIV status of a client. There are also the issues relating to ethical probity in all HIV vaccine trials and ensuring the full and sustained protection of every individual who participates in such trials. Responding to the ethical queries raised by these and many more similar situations needs extensive knowledge and understanding, something that will come most appropriately from university law, medical, humanities and theological faculties as they combine their best wisdom to understand the issues and seek to arrive at answers that succeed in “walking the tightrope of competing claims to legal rights and duties” (Bacchus, 2000, p. 151).

9. ***HIV/AIDS is not a passing phenomenon but one that is likely to beset society for much of the remainder of this century.*** Projections are that globally the epidemic will not peak until about 2050 or 2060 (Feachem, 2003). Before that occurs, the epicentre of the disease will have moved from Southern Africa to Asia, with India being the most severely affected country; in the meantime the disease will have hit Nigeria and Ethiopia very hard, “decimating key government and business elites, undermining growth, and discouraging foreign investment” (NIC, 2002: 5). No university in Sub-Saharan Africa can stand back from such a situation. Those in countries where HIV prevalence continues to grow will need to bend all their energies to developing the human resources needed to replenish the stocks lost to the disease. Those in countries where HIV prevalence stabilizes or declines will need to reflect on the factors that brought about the favourable change, play a significant role in ensuring that the situation does not go into reverse, and place at the disposal of newly affected countries the understanding and expertise gained during the period when the epidemic was in the ascendant among them.

### **3. Looking Inwards: The HIV/AIDS Situation in African Universities**

Reports coming from universities in Africa speak of the absence of good information on the extent and impacts of the disease on campus. In practical terms, there is much denial and secrecy, but this cannot mask the increase in the number of deaths, more extensive sickness, and some faltering in teaching and research functions (with older members of staff having to fill in for the absence through sickness or death of their younger colleagues).

While there are reports of increasing student sickness on campus, there is less evidence about student deaths. One reason for the latter is that students who recognize that they are

progressing to AIDS may withdraw from the university, terminating their study programmes of their own accord—some because of their perception (possibly mistaken) that because of their AIDS they will face hostility and discrimination on campus, some because they see no point in continuing, and some because they want to be cared for in their home surroundings. AIDS-related student deaths are also less common because the period of studies is usually too short to allow for the progression from HIV to AIDS. But this is cruelly compensated for by considerable evidence of high death rates among recent graduates from the universities. Thus, the University of Zambia has reported that in 1999/2000 four students from a relatively small diploma programme died during the year following their graduation (Kelly, 2001). Likewise, the University of Durban has found that more than 30 percent of nurses graduating from its programmes are dying within three years of completing their study programme. This tremendous loss corroborates the estimates for South Africa, that by 2005 more than 30 percent of undergraduate students in the country's 25 public universities, more than 20 percent of postgraduate students, and more than 35 percent of those in its polytechnics will be infected with HIV (DOE, 2001: 128).

Evidence on AIDS-related deaths among academic and support staff is patchy, partly because it is very seldom stated that death was due to AIDS. However, when staff die in relatively large numbers and at comparatively young ages, it seems fair to deduce that AIDS was a major contributory factor. At the University of Zambia, slightly more than 350 academic and support staff died during the 1990s—an average of just three per month, out of a staff total of 400 academic and 1,500 support staff; 53 percent of these deaths occurred in the age-range 20–34, and 44 percent in the range 34–49. Anecdotal evidence is that the frequency of deaths, especially among academic staff, has increased since then.

In this climate of death within or very proximate to university years, it is surprising that there is so much silence about HIV/AIDS at institutional, academic and personal levels. The disease may be adverted to. Its potential impacts on programmes and undertaking may be ritually noted. But there is no great sense of urgency to take action and respond to it proactively at institutional level. This is partly due to the colossal overwhelming nature of the problem and the difficulty of coming forward with any coherent solution. But it is also a manifestation of the silence and denial that tend to enshroud the disease. To some extent silence and denial are a primordial and protective human response to situations that are excessively stressful. With great insight, the poet, T. S. Elliot summed up the situation accurately, “humankind cannot bear too much reality”. But trying to function as if AIDS were not wreaking havoc, as still commonly occurs in many universities, and even in some countries, will never lead to mastery over the disease or its impacts.

The result is that responses to HIV/AIDS tend to be quite piecemeal and uncoordinated. It is only since the beginning of this century that universities in Africa have begun to develop worthwhile institutional responses, and even today many are taking little formal action. However, the absence of strong institutional response is compensated for by many generous individual initiatives, with academic members of staff valiantly striving to incorporate HIV/AIDS issues in their courses, a reasonably healthy corpus of AIDS-

related research undertakings, several student-initiated anti-AIDS programmes (unfortunately, often short-lived), and considerable involvement of knowledgeable academics with agencies dealing with the disease in the non-university sector.

Notwithstanding staff losses, universities have tended to regard the disease as being principally a student problem that should be dealt with through campus student support and health services. There is extensive student awareness of the problem, even to the extent of AIDS fatigue, with students not welcoming any initiatives that have the manifest objective of encouraging them to develop a personal lifestyle in which they will not put themselves or others at risk of HIV infection. In addition to this, student attitudes are frequently characterized by denial, fatalism, inevitability, and invulnerability.

### **University Students and the Risk of HIV Infection**

The tragedy of this latter situation is that university students constitute a particularly high-risk group for HIV infection. The majority of them are young and today's young people are the AIDS generation (Kiragu, 2001). They have never known a world without AIDS, but are themselves extremely susceptible to HIV infection, with some of them having already progressed to full-blown AIDS. Globally, "an estimated 11.8 million young people aged 15–24 are living with HIV/AIDS. Moreover, about half of all new adult infections—around 6,000 daily—are occurring among young people" (UNAIDS, July 2002: 70).

Bleak as these statistics are, they do not tell the whole grim story. The susceptibility of young people to HIV infection is characterised by two remarkable features, sizeable gender differences and ignorance about the disease. HIV infection does not affect young people equally. Young women are much more likely than young men to become infected. Globally, 7.3 million young women between the ages of 15 and 24 are estimated to be living with HIV and AIDS, compared with 4.5 million young men. In countries with high levels of infection, such as Ethiopia, Malawi, Tanzania, Zambia and Zimbabwe, for every 15- to 19-year-old boy who is infected, there are five to six girls infected in the same age group.

In addition, ignorance about HIV/AIDS continues to be widespread. Even though most people, and especially young people, allege that they know something about the disease, many show themselves ignorant in ways that could be lethal for them. For instance, in Kenya only 26 percent of 15–24 year-old girls have sufficient knowledge to protect themselves from HIV infection, in Senegal 10 percent, and in Tanzania 26 percent (UNICEF 2002: Table 8). The percentages are equally low for almost all other countries for which evidence is available. Another aspect of this potentially fatal lack of knowledge is the large number of young people who believe that HIV infection will show in a person's appearance. Thus, more than half the girls in South Africa and Lesotho, where the prevalence levels are particularly high, think that a partner who looks healthy could not be infected with HIV (UNICEF, 2001).

The implication for universities is that for long periods each year they are home to, and very often residential base for, large cohorts of young people whose age makes them

particularly vulnerable to HIV infection and who may not know how to protect themselves against infection. In addition, many may already be infected, especially among female students.

To compound the risk, the culture of campus life in many residential universities appears to be ambivalent about, or even open to, a wide variety of high-risk activities—“sugar daddy” arrangements, sexual experimentation, prostitution on campus, unprotected casual sex, frequent partner change, and considerable physical and psychological violence towards women. In the context of HIV/AIDS within student communities today such a culture is in danger of affirming risk more than safety, death more than life. In many respects, students in African universities encounter problems similar to those that affect students in residential universities in the United States and elsewhere:

*In a campus environment many students encounter new independence, self determination and strong peer pressure to adopt certain behaviors. For some students, an uncertain sense of identity and self esteem can complicate decision making. Experimentation with sexual behaviors and/or drug use may put college and university students at a greater risk of infection. Young adults often feel invincible and tend to deny personal risk. Many people in campus communities believe that HIV infection and AIDS are problems faced elsewhere, or are concerns only for “other kinds” of people. The long latency between infection with HIV and the eventual development of full-blown AIDS ... will seem to validate the myth among students (and some faculty and administrators) that “it cannot happen here” (ACHA, n.d.: 1).*

Recognizing the special vulnerability of young adults to HIV infection, the United Nations has established definite time-bound targets for the reduction of HIV transmission among young people:

1. By 2005, reduce HIV prevalence among those aged 15 to 24 by 25 percent in the most affected countries.
2. By 2005, ensure that at least 90 percent of young men and women aged 15 to 24 have access to information, education—including peer education and youth-specific HIV education—and services necessary to develop the life skills required to reduce their vulnerability to HIV infection; in full partnership with young persons, parents, families, educators and health-care providers (UNGASS, 2001, §§ 47, 53).

These targets set clear objectives that should inform strategies to deal with HIV/AIDS in university communities. There is little evidence to date that this is being done.

#### **4. Looking Outwards: The Situation and Needs in African Societies**

##### **The Impacts of HIV/AIDS on Society in Africa**

In countries where the HIV prevalence rate exceeds five percent, the epidemic is rapidly undermining every aspect of society—families, health, education, industry, economic development. At the end of 2001, there were 23 such countries in Sub-Saharan Africa (UNAIDS, 2002: 190). Countries where the prevalence rate lies between one and five

percent are at risk of experiencing the same impacts. At the end of 2001, there were ten such countries in Sub-Saharan Africa. In global terms, the entire continent has suffered major development setbacks and is at risk of reverting to human development conditions that have not been experienced since the early years of the twentieth century: one hundred years of development achievements are at risk of being unravelled across large swathes of the continent.

The extent to which development gains have been set back can be gauged from the impact of the epidemic in some key areas:

- Average life expectancy in Sub-Saharan has now fallen to 47 years; it would have been 62 years without AIDS (UNAIDS, 2002: 44).
- During the coming two decades, Africa is projected to experience 55 million deaths that would not have occurred in the absence of HIV/AIDS (UNAIDS, 2002: 46). This is more than five times the estimated number transported as slaves to America between 1518 and 1874 (Curtin, 1969, referred to in Williams, 2002).
- The epidemic is leaving a sea of orphans in its wake. It is estimated that 11 million children in Sub-Saharan Africa have lost one or both parents to AIDS, a figure that is projected to rise to over 20 million by the year 2010 (UNAIDS/UNICEF/USAID, 2002: 22, 30)
- Household incomes are declining, but simultaneously household needs are increasing as they take in increasing numbers of orphans. Externally households seem to cope. In reality, many break up, many reduce the level of food intake, many focus entirely on short-term survival and jeopardize their future through the disposal of productive assets, many strive valiantly to keep up appearances and perpetuate the myth of coping (Mugabe, Stirling & Whiteside, 2002).
- Health sectors are experiencing enormous additional pressures arising from the diversion of public and private health care spending to AIDS-related conditions, an increasing number of hospital beds being occupied by long-term AIDS patients, a rapid increase in TB infection, and alarming increases in health worker illness and death rates.
- HIV/AIDS places educational systems and institutions under profound threat. There are fewer potential learners. Financially, many of these cannot afford the cash and opportunity costs of education. Socially, many are orphans, some with full responsibility for managing a household because all the adult members have died. Deaths among teachers are very numerous. Technical, supervisory and managerial staff are not spared; meanwhile managing the system to cope with AIDS impacts places heavy demands on those who remain active. Learning achievement, the touchstone of quality in education, is rapidly eroded by frequent teacher absenteeism, shortages of teachers in mathematics and other specialized areas, considerable teacher and learner trauma, repeated occasions for grief and mourning in school, families and communities, and a widespread sense of insecurity and anxiety among learners and educators.
- The profitability of business enterprises is declining because of absenteeism, declining worker morale, reduced productivity of workers who experience periodic sicknesses, increased insurance costs, extensive costs for funerals, increasing demands for training and recruitment (Whiteside & Sunter, 2000: 100).



- Because of HIV/AIDS, the rate of economic growth in Sub-Saharan Africa is two to four percent lower than it would have been in the absence of AIDS (UNAIDS, 2002: 56). In addition to this decline, large losses are being incurred in subsistence agriculture and other informal economic activities. These do not feature in national economic data, but are the core economic concerns of the great majority of people, ensuring their livelihoods, food security and general well-being. By removing productive workers through sickness and death, and diverting others to providing patient care, HIV/AIDS is steadily undermining this sector and accelerating the downward spiral into poverty.

### **How Universities Should Respond to the HIV/AIDS Needs in Africa**

The very bleakness of these situations constitutes a call to African universities to become involved and take appropriate action. They cannot stand apart. In the decades ahead, universities in Africa will be judged by the variety and vitality of their interactions with the societies of which they are part (ACU, 2001: iv). In societies that are plagued by HIV/AIDS, these interactions must be suffused by society's greatest concerns: the AIDS epidemic, how to understand it better; how to prevent its further spread; how to provide care, treatment and support; and how to manage the numerous ways in which the epidemic impacts negatively on systems, institutions, communities and individuals.

If society were to speak to a university that operates in an environment of HIV/AIDS it would probably make four straightforward requests:

1. Protect yourself, your staff and your students against infection; otherwise you will not be able to help.
2. Provide the trained and skilled personnel needed by all sectors, in the numbers and areas of need, and with an understanding of the epidemic and a commitment to defeating it.
3. Learn to know the disease better, to understand it in all its dimensions, and from that knowledge develop solutions, interventions and programmes that will bring hope.
4. Share your knowledge, your understanding, your time, your expertise and yourself with those who do not belong to the university community, and learn from them, so as to discover what has to be done to control and roll back HIV/AIDS.

### ***Institutional Self-Protection***

The first element, institutional self-protection, is critical. "What HIV/AIDS does to the human body, it also does to institutions. It undermines those institutions that protect us" (UNESCO, 2000: 22). When a person is infected with HIV, the immune system slowly but inexorably breaks down, leaving the individual vulnerable to the hazards of several opportunistic illnesses. The disease does something similar to institutions and systems. In the absence of appropriate protective measures, these are likely to experience various problems that can develop to the stage where the organisation is no longer capable of functioning in the way it ought. Ironically, the very systems that should be strengthening society's ability to protect itself against HIV/AIDS may themselves be in danger of succumbing to the disease. A university that does not protect itself against the potential

and actual ravages of HIV/AIDS will not be able to serve as a vehicle for reducing the incidence of the disease. The minimum response a university in Africa can make to the HIV/AIDS situation is to take the steps needed to prevent the spread of HIV infection among members of its community, to establish a caring and supportive environment for those infected or affected by the disease, and to take the steps needed to manage the impact of the epidemic on its operations.

### *The Development of Human Resources*

The second expectation of society deals with a core aspect of a university's mandate, to respond dynamically to the human resource needs of society. In the circumstances of economies across Africa, a major responsibility of a university is to ensure a steady flow of well-trained men and women for a broad spectrum of employment areas. This has always been a challenge for universities, but the advent of HIV/AIDS adds new urgency and attaches new perspectives. It is increasingly being recognized that HIV/AIDS is not just a health issue, but a complex developmental issue that needs a greatly increased number of individuals qualified in traditional areas and growing numbers with skills in new areas of expertise. In responding to the challenge posed by this situation, universities throughout Sub-Saharan Africa should be prepared to take account of different aspects of society's human resource requirements:

#### *AIDS Competent Graduates*

Society in Africa today expects that university graduates will be suitably equipped to function productively and constructively in an environment that is infected and affected by HIV/AIDS. The university should aim, therefore, at ensuring that all its graduates are AIDS-competent, that is, that they have a theoretical and practical understanding of the epidemic, appropriate to the programme of study being undertaken, and its implications for their future careers. The purpose would be to develop in them a mature understanding of the epidemic, the aspects of it that they are likely to encounter in their subsequent professional lives, and to equip them with some tools and skills for addressing it within their areas of professional expertise. A further component of this professional understanding is that "as many graduating students as possible will have been fully trained in the management, political, social, economic and legal aspects of AIDS in the workplace. They will be able to generate workplace programmes that include peer education and counselling, as well as understanding of the relevant legislation and the effects of large numbers of sick and dying colleagues" (Crewe, 2000: 120).

#### *Graduates who are Flexible and Innovative*

AIDS-related personnel losses are crippling the activities of government, industrial and business departments. The loss of qualified personnel frequently makes it necessary for others to move over sideways and take over the responsibilities of a sick or deceased colleague, sometimes just temporarily, but frequently on a semi-permanent basis. The university's response should be to promote greater flexibility in graduates so that they can more readily assume responsibilities at the margins of their strictly professional areas. It was never desirable that university programmes focus too closely on developing graduates who would not be able to function outside of narrowly defined areas of expertise. This is even less desirable in the circumstances of a society beset with

HIV/AIDS. Instead, university programmes should seek to adjust their approach and their teaching methodologies so that they foster more independent and self-motivated learning. They should adopt every available technique that will equip students with the intellectual and practical tools that will enable them to be more adaptable and innovative in responding to the needs of a fast-changing and unpredictable world with AIDS.

#### *Graduates in New Areas of Expertise*

University faculties and departments should consider the need to introduce new areas of emphasis or explore areas where the epidemic demands a shift in emphasis. Express efforts should be made to introduce HIV/AIDS-related issues into various social science, legal, and humanities programmes, and to establish new degree programmes in such areas as health economics, responding to the challenge of orphans, HIV/AIDS and ethical issues, theoretical and practical understanding of community mobilization, micro-credit, policy analysis, communication strategies for behaviour change, decentralization, bereavement counselling, the role of cultural determinants in the formation of values, attitudes and behaviours, programme development and management, and HIV/AIDS-related communication and information technology.

#### *Adjustments in Graduate Numbers*

Universities should consider the need to increase student numbers in areas where HIV/AIDS is eroding society's skills base and also in areas where it is foreseen that because of the epidemic there will be need in future years for an increasing number of qualified individuals (as has already been recognized in many of the social and para-medical areas). For instance, it has been projected that by 2010 the demand for health service personnel in South Africa will be more than 11 percent higher than in a no-AIDS scenario (Quattek, 2000, p.41). Given the duration of the training time, and the possible need for enlarged facilities and increased staff, it is clear that university planning to increase the output of qualified personnel needs to get under way almost at once.

#### ***HIV/AIDS-Related Research***

The third expectation of society is that universities apply their research potential to improving the biomedical and social understanding of HIV/AIDS and ways of dealing with it. New knowledge is critical to efforts at understanding, combating and managing the epidemic. Responding to this imperative touches on the core university business to generate and disseminate new knowledge. Given their dense concentration of intellectual expertise universities are particularly well equipped to undertake HIV/AIDS-related research. Society has invested heavily in them so that they can develop, elaborate and evaluate knowledge through study, expand and generate it through research, and disseminate and spread it through publications and conferences. Hence universities throughout Sub-Saharan Africa must be at the cutting edge in the search for improved biomedical, epidemiological, scientific, social and economic understandings of HIV/AIDS. They are duty bound to make their own unique contribution to the various areas of prevention, care and support, treatment and impact management. Thereby they will contribute significantly to improvements in the quality of life for an appreciable number of human beings.

In June 2001, the UN General Assembly Special Session on HIV/AIDS underlined the importance of research when it stated that “with no cure for HIV/AIDS yet found, further research and development are crucial” (UNGASS, 2001: 22). The Assembly also called for increased investment in HIV/AIDS-related research and development, including biomedical operations, and social, cultural and behavioural research (Article 70). More specifically, in words that could have been written with many African countries in mind, the United Nations called for numerous research-related developments in “those countries experiencing or at risk of a rapid expansion of the epidemic” (Article 71). The programmes envisaged relate to the development of national and international research infrastructure, laboratory capacity, improved surveillance systems, data collection, processing and dissemination, and training of basic and clinical researchers, social scientists, health-care providers and technicians.

A few simple principles can serve to guide the HIV/AIDS research portfolio of a university in Africa:

- Because HIV/AIDS is a multi-dimensional development issue and not just a health issue, much HIV/AIDS research will be characterized by teamwork involving researchers from the biomedical, pure science and social science fields. Good HIV/AIDS research work will regularly transcend disciplinary boundaries and, at the very least, will take account of findings from a broad spectrum of investigations.
- HIV/AIDS is an area of investigation that lends itself particularly well to collaborative efforts between universities themselves (within the region and internationally), and between universities and various bodies in society. AAU, the Association of African Universities, has the mandate of facilitating academic contacts and collaborative work among its member universities in Africa. As such, it is uniquely well placed to promote collaborative research between them. The value-added of such cooperation would be increased understanding of HIV/AIDS in multi-national, multi-linguistic, and multi-cultural settings. Collaborative research is also a powerful mechanism for the conduct of investigations that might exceed the resources of a single institution. Thus, under the auspices of the International AIDS Vaccine Initiative (IAVI), a vaccine development partnership exists between Oxford University and the University of Nairobi, while another partnership links the University of Cape Town, South Africa’s Medical Research Council and National Institute of Virology, and a North Carolina-based biotechnology firm.
- Because the impacts of HIV/AIDS on individual human well-being and on development broadly understood are so devastating and all-encompassing, HIV/AIDS research should keep the end-users constantly in view. Until the world can demonstrate greater success in the battle with AIDS, the concern of AIDS-related research should focus less on the production of knowledge for its own sake, and more on how the new knowledge will contribute to the development of goods and services that will promote HIV prevention, sustain care and support, and mitigate adverse impacts.
- Mechanisms for the dissemination and sharing of research findings should be integral to every HIV/AIDS-related research proposal. In the absence of these

mechanisms little can be done to utilize or further develop the newly generated knowledge. Universities and research institutions should ensure extensive use of traditional and emerging IT (information technology) channels for the rapid communication of their research findings.

### *Strategic Engagement with Society*

The fourth expectation of society is that in responding to HIV/AIDS, a university should not stand apart, going its own way. Instead it should engage strategically with the HIV/AIDS concerns and challenges faced by society. “Intellectual imagination, energy and experience are a university’s stock-in-trade; these are our biggest business assets and we are determined to focus these assets on the concerns of the world around us” (ACU, 2001: §6). HIV/AIDS is the foremost concern in the environment in which the majority of the universities across Sub-Saharan Africa find themselves placed. Hence they should focus their intellectual and academic resources on working strategically with institutions and individuals in the non-university world towards finding ways of addressing the multitude of challenges that HIV/AIDS generates.

Of necessity, every university develops a network of working relations with the various organs of society in the public and private sectors. These look to the universities to help them meet their human resource needs and to provide them with better practices, more profound understandings and new knowledge. But the traffic should not all be one-way. Universities must also go to society in a learning capacity, especially in the area of HIV/AIDS. This is a new area of human experience where agencies, communities and private individuals may well be better informed, especially on details, than those in a university. This points to the learning role of the university in its engagement with society. It cannot afford to be arrogant or to act as if it were the controller and sole dispenser of knowledge. Instead it must work respectfully with agencies, communities and individuals, seeking jointly with them to identify the problems that need to be addressed and working jointly with them in finding solutions for these problems.

This has practical consequences for university teaching, research and community outreach programmes:

- It is highly desirable that AIDS-related engagement with and service to society be incorporated into student programme requirements, particularly in countries with high HIV prevalence rates. The needs of an AIDS-affected society are too grave to be left either to chance or to individual interest. University students who are required by their programmes to serve society in the AIDS domain proclaim loud and clear that the university is serious in its intention to engage with and overcome the epidemic. A spin-off is that the knowledge and skills that students would develop when providing this service should later increase their marketability, since in an AIDS-affected society employers attach special value to those with some experience in coping with and managing the disease and its impacts.
- It is equally desirable that in its outreach to society the university goes out of its way to ensure the involvement of persons living with HIV/AIDS (PLAs), whether these be members of the university community or of the wider society. PLAs can

- contribute insights and articulate needs at depths that those who are not infected cannot plumb.
- Procedures for staff advancement should also take account of the AIDS-related accomplishments of a member of staff in working with communities, government departments, non-governmental agencies, and other bodies. Once again, attaching special value to these is eloquent testimony that a university wishes to match its expressions of concern by action that will spur extensive involvement of its staff in working with others for the prevention, control and management of HIV/AIDS.

In all that has been said, the crucial point is that universities throughout Africa should care about HIV/AIDS within their own ranks and in the societies they serve, and show that they care. It is against this criterion that history will judge the adequacy of their response to the epidemic.

## 5. Taking Action: Institutionalising HIV/AIDS

In his opening address to the International Partnership Against AIDS in Africa, in December 1999, the United Nations Secretary-General Kofi Annan stated that “this unprecedented crisis requires an unprecedented response.” A university in a severely affected country must also make an unprecedented response. It is suggested here that what is needed for such a university is to institutionalise its response so that HIV/AIDS concerns permeate every facet of its operations.

Various values shape the atmosphere of universities, virtually constituting the air they breathe—“this needful, never spent, and nursing element; my more than meat and drink, my meal at every wink; the air, which, by life’s law, my lung must draw and draw” (Gerard Manley Hopkins). All would probably agree that academic freedom of thought and expression is the ‘needful, never-spent, and nursing element’ that must sustain every university. For the majority of institutions, the pursuit of academic excellence and the conduct of rigorous, well-structured inquiry are their ‘more than meat and drink’. For others, the vitality and variety of their programmes are their ‘meal at every wink’. But for those where the epidemic constitutes a major developmental problem, HIV/AIDS must be the ‘air which, by life’s law, their lungs must draw and draw’. The gravity of the current situation requires this. The likelihood that HIV/AIDS will remain an issue of major national and international concern for generations to come accentuates the need.

Institutionalising HIV/AIDS within a university entails a radical change of focus. It is not something that is confined to student activities. It far exceeds the provision of additional health facilities and supplies. It goes beyond sporadic activism and demonstrations of interest. It has room for these and other manifestations, but is more fundamental, all-embracing and sustained. It is a radical mind-set that is unshakeable in committing the full potential and resources of the entire institution to the struggle with HIV/AIDS and that translates this commitment into policies, plans and implementation structures. It is a vision that understands the potential of the epidemic to undermine everything that the university strives to achieve within itself and for society, and that recognizes that failure

to act decisively means turning one's back on the greatest challenge ever faced by humanity.

“Institutionalising HIV and AIDS as a university response ... involves turning the whole university around to recognize the threat of HIV and AIDS both to the university and the society in which it is located, and to respond to it in a holistic and complete way. It involves addressing the essence, culture and power of the institution and it challenges the relationship between the institution and society” (Crewe, 2000: 117).

Institutionalising HIV/AIDS will not derogate from a university's traditional concerns. Its *raison d'être* will continue to be to serve the real needs of society through the generation, selection, adaptation, transmission and preservation of knowledge, and the stimulation of intellectual life, rigorous debate, and cultural development. But HIV/AIDS issues and concerns must permeate every effort to attain these goals. In particular, as indicated already, they must infuse the thinking, teaching, research and community engagement functions of the university.

For this to come about the most critical factor is committed leadership at a sufficiently high level. Given the right leadership it is possible to inspire key stakeholders, mobilize resources, establish policies, establish management structures. Above all, active and dynamic leadership can bring it about that until the disease has been overcome, responding creatively and proactively to HIV/AIDS will stand at the heart of a university's business.

If this leadership is present, the university can hope to accomplish much. If it is deficient, the university response will be far from what it should be and may consist in no more than the uncoordinated, albeit generous, initiatives of individuals and interested groups.

This personal commitment on the part of the university's top leadership should translate into a total management commitment that manifests itself in

- an authoritative strategic planning and policy development approach,
- the commitment of resources,
- the establishment of the necessary implementation structures within an appropriate institutional framework,
- the elaboration of monitoring and evaluation procedures to ensure that steps continue to be taken in the right direction, and
- a sustained challenge to all forms of on-campus denial, stigma and discrimination, accompanied by steps to facilitate HIV openness.

It will also be important to establish realistic targets, ensuring that these correspond with those that appear in national policy guidelines and frameworks. Of particular importance will be the identification of ways whereby the institution can foster the attainment, within and outside the university community, of the United Nations goals of a 25 percent global reduction in HIV infection among 15–24 year-olds by 2010 and access by 95 percent of persons in this age group to the information, education and services they need to reduce their vulnerability to HIV infection.

Finally, the university leadership must ensure that commitment to the prevention, control and management of the disease is widely diffused throughout the institution. Hence it must take whatever steps are needed to bring about university-wide ownership of all HIV/AIDS policies, strategies and interventions, and to secure the dedicated involvement of all sectors of university community.

## 6. Conclusion

Notwithstanding several significant advances in the first two decades of response to HIV/AIDS, world-respected authorities are showing signs of anxiety and even despondency. Stephen Lewis, the UN Secretary-General's special envoy for HIV/AIDS in Africa, speaks about "a curious and distressing lull in the battle, ... a cumulative feeling of inertia rather than energy, of marking time, ... of incrementalism raised to the level of obsession" (Lewis, 2002). Richard Feachem, executive director of the Global Fund to Fight AIDS, Tuberculosis and Malaria, writes about the battle against HIV/AIDS having "acquired the traits of a distant, low-intensity conflict—distasteful, lethal and a cause for genuine concern, but ultimately remote, difficult to solve and something you can learn to live with" (Feachem, 2003). Peter Piot, executive director of UNAIDS, warns that "unless more is done today and tomorrow, the epidemic will continue to grow" (UNAIDS, 2002: 6). At the level of practice, the Fund established by the United Nations to fight the epidemic estimates that it will need about \$40 billion over the five years 2004–2008, but has received no new sizeable contributions for many months and foresees difficulties in raising the resources that will be needed to fund its third round of grants later this year.

Clearly, the climate is one of concern, almost of stalemate. But it is also a climate that challenges universities in Africa to stand forward and take initiatives that will help their peoples escape from the bondage of HIV/AIDS. In the past universities have acted significantly and decisively in bringing about social change. Across Southern Africa they played a vital role in bringing the oppressive apartheid regime to an end. In many parts they continue to play a similar role as they speak out on behalf of democracy and freedom. Unfortunately, however, they have not as yet shown the same passionate commitment to ending the oppressive regime of HIV/AIDS.

The time is ripe for them to change. In a university as elsewhere, half measures and piecemeal responses may provide temporary and partial relief. But they do not provide the radical solutions required by an epidemic that is as all-encompassing and pervasive as HIV/AIDS. Only a holistic approach, that looks out on the world through the lens of HIV/AIDS, will be effective in turning the tide against the epidemic. University executives and senior management are challenged to adopt such an approach by guiding their institutions throughout Sub-Saharan Africa in formulating and implementing a holistic response that encompasses the university's mission and permeates its reflection, teaching, research, and community engagement activities.



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