

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

**LEBANON - THE CASE OF THE AMERICAN UNIVERSITY OF BEIRUT,  
LEBANESE UNIVERSITY, AND THE UNIVERSITY OF SAINT JOSEPH**

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

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## Acronyms

AUB: American University of Beirut  
ADA: American Dentists Association  
CPR: Contraceptive Prevalence Rate  
GNI: Gross National Income  
ICN: International Council of Nursing  
IDU: Intravenous Drug User  
IUD: Intra Uterine Device  
KAPB: Knowledge, Attitudes, Practices, Behaviour  
LEMSIC: Lebanese Medical Students International Committee  
LU: Lebanese University  
NGO: Non-Governmental Organization  
MOE: Ministry of Education  
MOPH: Ministry of Public Health  
MOSA: Ministry of Social Affairs  
NAP: National AIDS Program  
NSP: National Strategic Plan  
PAP CHILD: Pan Arab Peri-natal and Child Survey  
SCORA: Subcommittee on Reproductive Health and AIDS  
STI: Sexually Transmitted Infection  
UN: United Nations  
UNAIDS: Joint United Nations Programme on HIV/AIDS  
UNCT: United Nations Coordination Team  
UNDP: United Nations Development Fund  
UNDAF: United Nations Development Assistance Framework  
UNESCO: United Nations Educational, Scientific, Cultural Organization  
UNFPA: United Nations Population Fund  
UNHCR: United Nations High Commission for Refugees  
UNICEF: United Nations Children Fund  
UNODC: United Nations Office of Drug and Crime  
UNRWA: United Nations Refugees and Works Agency  
USJ: University St. Joseph  
VCT: Voluntary Counselling and Testing  
VOC: Voluntary Outreach Clinic  
WHO: World Health Organization

## **Executive Summary**

The first AIDS case was identified in Lebanon in 1984, followed by a steady increase in the number of cases of people living with HIV/AIDS. This increase in conjunction with existing social, cultural and economic factors in the country (conservative segments of society, religiosity, open tourism, migrant labour) renders the situation more critical. HIV prevalence remains low with the cumulative number of reported cases by December 2004 at 808, although data remain inconsistent due to under-reporting.

HIV/AIDS is not considered to be a public health threat by the government of Lebanon, although mechanisms have been in place to respond to the epidemic since 1989. The National AIDS Programme (NAP) was established in 1989 as a joint programme of the Ministry of Public Health (MOPH) and the World Health Organization (WHO). The NAP has been leading the national response to the challenges posed by HIV/AIDS with the support of three consulting committees formed in 1990. In 2001, the government of Lebanon issued a national population policy that created a framework for reproductive health and HIV/AIDS activities. Also, NAP led an initiative to collaborate with parliamentarians, non-governmental organizations (NGOs), the media, hospitals, and private schools and pharmaceutical companies.

The universities in Lebanon have not been part of this national response, and currently there is no official collaboration with any major university to respond to HIV/AIDS. Three universities were chosen for this review: the American University of Beirut (AUB), Lebanese University, and University of Saint Joseph. AUB was founded in 1866 as a private, non-sectarian institution of higher education, and is administered by a private, autonomous board of Trustees in New York. It consists of a student body of 5,500 students paying tuition fees of US\$16,000-\$24,000 a year, studying towards bachelor, masters, and medical degrees. Students usually come from upper-middle to upper socioeconomic classes from Lebanon, the Arab region, and other countries around the world. The campus, located in the far western area of Beirut, includes multiple student facilities, libraries, spaces, and dormitories, all in a very liberal tolerant atmosphere. The language of instruction is English.

Regarding AUB's response to HIV/AIDS, there is neither a policy that prioritises the issue nor a leadership role that pushes its education and awareness at the university or national levels in a way that reflects its global importance. HIV/AIDS as a topic is being taught like any other topic on sexually transmitted infections or health awareness topics, in the Schools of Medicine, Nursing, and Health Sciences, and is also being treated in the clinical services like any other infectious diseases. Depending on their personal interest, attending physicians, teachers, and instructors may provide a wide range of updated material on HIV/AIDS in areas of awareness, prevention, or care. In the absence of a leading role by AUB

on HIV/AIDS, medical students working through the Lebanese Medical Students International Committee (LEMSIC), initiated a subcommittee on reproductive health and AIDS (SCORA) and started carrying activities on AIDS since 1994. These activities –mainly awareness - target various sectors of the society and they also include workshops, fundraising ceremonies, and World AIDS Day seminars. Recently this year, students launched a website on sex education targeting youth in the Arab region. All these activities are conducted in collaboration with NAP and other student bodies in other universities, again reflecting a certain degree of collaboration and networking among some universities and the NAP at the student functions level.

At AUB, research has always been vital. Research on HIV/AIDS has been limited to a few surveys on knowledge and behaviour conducted by AUB faculty for the NAP. HIV/AIDS research is not receiving any priority probably due to both the lack of a university policy on HIV/AIDS, and the limited access to data, despite two protocols of collaboration with the US CDC and John Hopkins University signed in 2003 to facilitate research on HIV/AIDS. Research on the epidemiology of HIV/AIDS, vulnerability, clinical trials, and qualitative studies are not available.

Regarding AUB's community outreach functions, the Medical Centre, with the help of the Palestinian Red Crescent Society found a voluntary outreach clinic (VOC) in an impoverished Palestinian refugee camp in the outskirts of Beirut. This VOC was initiated in 2001 and is run by a group of medical students and residents at AUB to provide medical care including HIV/AIDS care to people living in and around the camp. The VOC seeks to improve access to quality clinical services, provide proper and regular checkups. It also provides doctors with opportunities to interact with this type of community outside the classical clinic or hospital setting, and at the same time strengthen collaboration with civil society. In addition, many of the student organizations and clubs (health education club, LEMSIC) participate in voluntary work in various aspects of the community (schools, health fairs, media campaigns, etc). Faculty members at the school of Nursing at AUB are involved in one way or another with community work either through training of trainers at national level, or through workshops or seminars and community work at schools for high school students, all done in collaboration with NGOs and UN agencies.

It is essential for AUB as a leading university to contribute in a more extensive way to the HIV/AIDS response. This can be addressed through the adoption of a policy on HIV/AIDS that will guide curriculum change at the undergraduate, graduate, and training levels to impact student knowledge, education, and preparedness as future professionals. This policy should also aim to impact the agenda of research to include more research questions on HIV/AIDS status in Lebanon. AUB, as a leading university, is in a good position to lead initiatives on

HIV/AIDS among other universities, and also to provide community outreach to raise awareness and affect behaviour change.

## I. National Context of HIV/AIDS

### *Demographic, health and socioeconomic situation*

Lebanon is a small Mediterranean country with a total area of 10,452 square kilometres, and an estimated total population of 4.5 million people (Population Reference Bureau, 2004). The projected population for 2025 is 5.7 million (supposing a rate of natural increase of 1.7%).

GNI per capita (US\$)	\$ 4,600 (2002)	
Life expectancy at birth (years)	65 (1970-75)	73.5 (2000-2005)
Total fertility rate	3.2 (2004)	
Infant mortality rates (per 1000 live births)	45 (1970)	28 (2002)
Maternal mortality ratio (per 100,000 live births)	150 (2000)	

Source: 2004 Population Reference Bureau (PRB)

Reproductive health practices in Lebanon as shown in the PAPCHILD data (Pan Arab Perinatal and Child Survey) of 1996 and UNICEF's Perinatal Mortality Survey in 2001 indicated that 88% of pregnant women had at least one prenatal visit with 92% of those visits occurred with a physician. Deliveries took place in maternities and hospitals in 88% of the cases, under skilled supervision. The contraceptive prevalence rate (CPR) is close to 62%. The most widely used modern methods were the Intra Uterine Device (IUD) (17% of married women) followed by oral contraceptive pills (10%), together they add to 73% of all modern methods used (*PAPCHILD 1996, Perinatal Mortality study, UNICEF 2001*).

The human poverty index for Lebanon is 14 however there no data is available for population living below income poverty line. The outbreak of the civil war in 1975 had put an end to the prosperity witnessed in Lebanon earlier. With the end of war in 1992, infrastructure rehabilitation was launched (electricity, water, sewage etc). Large investments were also allocated for the health and education sectors. The high cost incurred in this process led to an increase in public debts and budget deficits.

Within this context the health system had to respond to the increased demand for health services triggered by an ageing population and to the "unnecessary demand induced by oversupply of manpower, hospital beds and sophisticated

services" (Ammar, W; Health System and Reform in Lebanon, World Health Organization, Eastern Mediterranean Regional Office; Beirut 2003).

*Scale of the HIV/AIDS Epidemic*

There is limited information on sexually transmitted infections (STIs) and HIV/AIDS in Lebanon as there are no systematic surveillance programmes in place to monitor the epidemic. Instead, reporting depends largely on passive reporting of HIV infections discovered in clinical settings or in routine screening. Many of the reported cases are among Lebanese travelling, working or residing abroad (UNAIDS/WHO Epidemiological Fact Sheet, 2004 Update).

Despite the fact that since 1984, when the first AIDS case was identified, there has been a steady increase in the number of cases, HIV prevalence remains low at present at 808 cases (National AIDS Program, Ministry of Health 2004). The estimated number of deaths due to AIDS during 2003 was less than 400 (UNAIDS/WHO Epidemiological Fact Sheet-2004 Update).

Adults 15-49	2800
Children 0-15	----
Women 15-49	Less than 1,000

Source: UNAIDS 2004

According to recent estimates provided by the National AIDS Programme (NAP) in Lebanon (Ministry of Public Health, NAP, News on SIDA, April 2005), HIV remains largely sexually transmitted. Of the 808 reported cases, 78% were acquired through sexual relationships through heterosexual 56%, homosexual 8.8% and bisexual 6.3% sexual relations. Women constitute 18% of the total number of cases compared to 82% for men. For women with HIV/AIDS, 61.9 % were or are married compared to 27.1% for men who have HIV/AIDS and are married. The age group most affected was 31-40 years for women (30.7%) and 41-50 years for men (37.3%).

A national Knowledge, Attitudes, Practices and Behaviours (KAPB) study implemented in 2004 by the NAP on HIV/AIDS which covered 3,200 individuals between the ages of 15-49, from different geographical areas in Lebanon indicated that 98.2% have heard of AIDS, 87% know about prevention techniques and 90.6% believe in personal prevention. The report also found that young males aged 10-13 start sexual activity at an earlier age than girls and that more married men (87.8%) have sexual relationships outside marriage than married women (12.2%).



### *National Response*

The NAP has led the government response to the challenges posed by HIV/AIDS since it was established in 1989 as a joint programme of the MOPH and the WHO. In theory, the NAP administratively follows the Prevention Directorate in the MOPH; however, the administration of NAP is under the authority of the WHO which manages NAP funds in consultation with the MOPH. Additionally, three consulting committees were formed in 1990 to support the government and the NAP in responding to the epidemic. These were the National Committee to provide support for developing strategies and national policies, the Technical committee to provide technical assistance and the Information Education Committee (IEC), for providing IEC materials related to HIV/AIDS. These committees, however, have a limited role and do not meet regularly, as per their mandate. The NAP coordinates all of its activities with the different ministries (Public Health, Social Affairs, Education), who have representatives on the National Committee.

In 2001, the government of Lebanon issued a national population policy that created a framework for activities addressing reproductive health and HIV/AIDS prevention and recently developed an HIV/AIDS National Strategic Plan (NSP) for 2004-2009. The NSP aims at "guiding leaders and stakeholders in collaboration with the NAP to organize appropriate interventions tasks and activities that would lead to HIV/AIDS prevention and control in Lebanon" (NSP 2004-2009). The NSP was developed by a team of experts who, after analyzing the current situation and national response to HIV/AIDS, organized a consensus workshop representing different stakeholders at all levels, to work on the national plan. The workshop had 100 representatives of patients and their families, risk groups, institutions who currently work the AIDS patients, UN agencies, international organizations and religious authorities. The situation analysis and the workshop extended over the period November 2002- June 2003.

The NSP outlines four priority areas for action including:

- advocacy, human rights and coordination
- prevention
- treatment care and support
- monitoring, surveillance and evaluation

Also related to the governmental response, the NAP in 1997, led an initiative to collaborate with parliamentarians to enhance their role in the response towards HIV/AIDS in two areas, education and health. Parliamentary commissions on both education and health joined efforts in addressing youth concerns through integrating HIV/AIDS messages in school curricula and in collaboration with concerned NGOs, developed a surveillance strategy for drug use. Several ministries were involved in this activity such as the MOPH, the Ministry of Social Affairs (MOSA), and the Ministry of Education (MOE). Each ministry had its own

committee to work on problems caused by drug use. All of these committees were connected to a network of concerned NGOs.

Civil society is also complementing the government's response. Several NGOs have adopted an active role in response towards AIDS. These NGOs vary in their scope of activities which can range from those implemented at the national level to others implemented with vulnerable groups, like youth, migrants, prisoners and armed forces as indicated in the NSP. Two NGOs have managed to initiate some activities to work with people living with HIV/AIDS and their families. Other NGOs are working with high-risk groups (female sex workers, men having sex with men, and intravenous drug users (IDUs)). Often times these activities are carried out in collaboration with the NAP, which has provide NGOs with capacity building activities including 30 workshops conducted from 1999 to 2004, training 350 field and social workers from different NGOs.

Currently, the Family Planning Association of Lebanon, in addition to the ongoing awareness raising activities related to HIV/AIDS, is offering voluntary counselling and testing (VCT) services in two of its health centres in the capital city Beirut and in Sidon in the south of Lebanon. HIV/AIDS services are mainly located in the private sector, which receives around 90% of AIDS patients. A new public VCT clinic is being established in collaboration with NAP (NSP 2004-2009).

Similarly, the private sector continues to contribute to the national response. NAP works closely with radio and television stations (mostly private) to broadcast, free of charge, awareness messages on HIV/AIDS and to cover national HIV/AIDS activities in the country. Hospitals are also involved through the provision of specialised HIV/AIDS services (like testing and counselling) which are almost non-existent in the public sector (NSP 2004-09). Currently there are attempts by NAP and the private sector (clinics and hospitals) to establish surveillance system for STIs and to promote testing and counselling services. NAP also advocated with pharmaceutical companies and was able, together with MOPH and the Infectious Diseases Society, to obtain a discount on ARV medications. Lebanese and Palestinian AIDS patients can benefit from these ARV medications which are bought by the MOPH at a discounted price (around 200 patients were covered in 2003).

### *International Support*

The HIV/AIDS Theme Group in Lebanon includes delegates from nine UN agencies, namely the United Nations Development Programme (UNDP), WHO/NAP, the United Nations Population Fund (UNFPA), the International Labour Organization (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Bank, the United Nations High Commission for Refugees (UNHCR), the United Nations Children fund (UNICEF), and the United Nations Office of Drugs and Crime (UNODC). Additional permanent

members include the NAP, the United Nations refugees and Works Agency (UNRWA) and the Human Rights Commission. The group was chaired by WHO since the late 1990s and by UNFPA since 2003. They meet around 6 to 8 times a year and develop annual action plans. The Theme Group is a mechanism for coordinated and joint UN actions at the country level. It is guided by the UNAIDS regional team for technical assistance and funding.

Achievements in 2004 include the development of a National Strategic Plan in response to HIV/AIDS; a Review of HIV/AIDS material and development of a reference manual; Coordination and partnership for the World AIDS Campaign; and pooling of funds for awareness raising activities. For 2005 the work plan consists of 1) Implementing the "Break the Silence Project" targeting women and HIV/AIDS in the Arab World; 2) Supporting the development of a fundraising strategy for the implementation of the NSP; 3) Enhancing and operationalising a knowledge sharing network among theme group members, UN Task Forces, United Nations Coordination Team (UNCT) and groups at the national, regional and international levels; 4) Supporting building capacities of partners (women NGOs, religious groups, youth NGOs, etc; and 5) Supporting and providing input to develop and disseminate HIV/AIDS-related materials (i.e. training modules, reference materials etc) .

## II. Impact of HIV/AIDS in the Higher Education Sector

Lebanon is recently witnessing a remarkable increase in the gross school enrolment rate especially at the elementary level, reaching up to 97% in 2000. This high rate continues up to the university level with an estimate of 2,851 university students for 100,000 population—a rate which is close to some of those found in Western countries, and almost twice that of all the Arab countries. However, the dropout rate from school remains an issue of special concern. While the dropout rate is very low at the elementary level (2.4%), it reaches 5.8% at intermediate level and 10% at high school level due to financial and economic conditions and limited space in public schools. Overall, it seems that students enrolled at the university level represent one third of the total number of students enrolled at the elementary level (*Population and Household Survey, Ministry of Social Affairs/UNFPA 2000*).

The Lebanese population is highly literate, ranking at the top list of the Arab countries. The total illiteracy rate for Lebanon is around 13.6% for those aged 10 years and above reflecting remarkable improvement since the 1970s (31%). The illiteracy rate is higher for females (17.8%) compared to males (9.2%), and is lower among those aged 10-24 years (3.5%) than those aged 25-44 years (8.2%), reflecting the higher opportunities of available and accessible school education, with a slight favour for males (*ibid*).

Lebanon has 14 private and one public (the Lebanese University (LU)) universities of higher learning offering instruction in a number of languages like English, French, Arabic, and Armenian. Instruction in the English language is provided in seven universities, including the *American University of Beirut (AUB)*-which is the first university to do so. *Saint Joseph's University (USJ)* was the first to offer education in French and is now one of four such universities, while one provides instruction in Armenian ([www.lcps.com](http://www.lcps.com), [www.mideastinfo.com](http://www.mideastinfo.com), *documents of Ministry of Education*)

Most of these universities and institutes were founded during and after the civil unrest (1980s-1990s). Some of them are licensed, while others are not or still pending, offering different types of formal, vocational, and professional degrees and certificates. There are around 10 leading universities that are reputable, participate in national issues and educational tasks, and preparing their graduates with competencies for the job market. These include: Lebanese University (LU), American University of Beirut (AUB), Saint Joseph University (USJ), Balamand University, Beirut Arab University, Lebanese American University, Notre Dame University, Kaslik, Antonieh, and American University of Science and Technology.

In all the abovementioned universities, there is no mechanism or a process that collects data on HIV/AIDS cases among students or faculty, or that attends to

situations of staff attrition and replacement for AIDS-related deaths. This lack of impact assessment of HIV/AIDS on the higher education sector is related to several factors including: an absence of national/university HIV/AIDS policies, the under-estimation of HIV/AIDS burden on universities, low overall HIV/AIDS prevalence, and the stigma associated with HIV/AIDS. Some of these universities include HIV/AIDS education as a topic within the relevant curriculum (see section on education related to HIV/AIDS). For this review, three universities were chosen: LU, AUB, and USG.

**American University of Beirut:** AUB was founded in 1866 as a private, non-sectarian institution of higher education, functioning under a charter from the state of New York to serve people of Lebanon and the Middle East. It is administered by a private, autonomous board of Trustees. It consists of student body of 6,936 students paying tuition fees ranging from US\$8,400-\$24,000 a year, studying towards bachelor and masters degrees, in addition to medical degrees. Students usually come from an upper to high socioeconomic classes from Lebanon, the Arab region, and worldwide. The language of instruction is English. It is located in the far western "Ras Beirut" area on a beautiful campus that includes multiple student facilities, libraries, spaces, and dormitories, all in a very liberal and tolerant atmosphere.

**Lebanese University:** Established officially in 1953 as an institute of higher education, LU has expanded over 20 years (due to political issues) to include a total of 43 schools, institutes, and departments serving a great sector of the Lebanese population. It has five branches in the five governorates of Lebanon that enable access to a greater number of students wishing to enrol in the only public university in the country. About 68,510 students are enrolled at LU, coming mostly from lower to middle socioeconomic classes and disadvantaged rural areas. To date, there is no main campus, and most of the faculties are spread across different buildings in different locations in the capital city and in other cities in Lebanon. The student body is a very politically active in planning and implementing extensive extra-curricular activities over the course of the academic year. In most of the faculties, class attendance is not mandatory.

**Saint Joseph University:** Founded in 1875 as a private university of higher education, the USJ is located mainly in the eastern part of Beirut and in 3 major cities across the country. It is chartered by the Jesuits and supported by the French Government. It has three branches in Lebanon, and the language of instruction is French. The student body reaches 8,000-9,000 including students from middle to upper classes, usually from families with a francophone culture. Tuition fees range between US\$ 5,000-\$8,000.

### **III. Selection Criteria of Universities**

The three universities are selected depending on the following:

- Official accreditation by the Lebanese Government
- Public and private institutions of higher learning
- Curricula based on different systems of education (American, French, and mixed systems)
- Student body representing a wide array of different socioeconomic, cultural and educational backgrounds
- Existence of faculties or programmes in medicine, nursing, midwifery, social sciences, allied health sciences, public health, and other related fields
- Willingness of universities to cooperate in this consultation

### **IV. Methodology:**

The main methods used for data collection are:

- Interviews: 18 interviews were conducted in Arabic. In all universities, the primary contact was the Dean of each faculty who either answered the questions personally or assigned one of his/her assistants (usually a professor).
- Review of documents, reports and research papers

The main focus of the interviews was on:

- Existing and future policies related to HIV/AIDS responsiveness in each university
- Content of material pertinent to HIV/AIDS
- Research on HIV/AIDS
- Partnership and networking with other national, regional or international agencies on programmes on HIV/AIDS
- Existing programmes and services
- Community outreach projects or activities
- Student activities on and off campus
- Monitoring and evaluation of the work done

(See appendix A for interview guidelines)

Supporting documents such as outlines of courses which cover HIV/AIDS were demanded but not always provided. Thus, review of curricula or course outlines did not always take place.

## V. Universities' Response

In all the 3 universities there are no policies that are specific to absenteeism, stigma and discrimination, mortality registry, fiscal costs, and staff replacement related to HIV/AIDS. This is mainly due to the absence of the burden of HIV/AIDS at the level of these universities.

### **a) HIV/AIDS Policy**

In view of the lack of a policy on HIV/AIDS in the three universities involved in this review, interviewees were reluctant to address the issue of policy and responsiveness to HIV/AIDS, except in few cases where the Dean or Chairperson was reporting. Most of the other persons didn't know how to respond to the question on policy and their responses had more to do with the content of courses offered than with existing or future policies. In their response, HIV/AIDS is *"No not a policy but as a part of a course"* paraphrased quotation by professor in Medical school LU

None of the universities included in this review had an institutional policy on HIV/AIDS. When queried further, some respondents directed the interviewer toward existing courses or programmes offered by Faculties and Schools in the three different universities.

### **AUB**

Concerning the importance of HIV/AIDS within university priorities, *"There are no directives from the University to prioritize HIV at the university level"* according to a professor from the Medical School, AUB

At times, when there a recommendation is made from the International Council of Nursing (ICN) or the US CDC or the American Dentists Association (ADA), the schools of Nursing abide by them and disseminate the information through suitable channels such as workshops and seminars to which students and Faculty are invited. This is an annual event and HIV-related topics are always included.

*"This is a yearly event where the international council of nurses send recommendations to the national order of nurses, there is always something specific about AIDS"* as reported by a professor at the Nursing School, AUB.

### **USJ**

When the clinic at the school of Dentistry at USJ receives a patient with HIV/AIDS, the staff at the clinic immediately contacts the Dean's office for permission to treat him/her. AIDS patients usually enter the clinic accompanied by a person from the Ministry of Health and with a special paper. Extra precautions are taken (for example, the use of double medical gloves). In cases

in which the patient has an open wound, treatment is not immediately provided. Instead, the patient is asked to return once the wound has healed.

*"Do we treat a patient with HIV/AIDS? Of course as any other patient, but take precautions.... double gloves.... and in case there is a wound, we do not treat him", reported a Professor at the Dentistry school, USJ*

Despite the lack of policy at the university level at USJ, there are certain services such as the Family Centre, which has a written form of regulation related to counselling and prevention on issues of sexuality including HIV/AIDS.

## **LU**

Within the Dentistry School at LU, a policy regarding HIV/AIDS is adopted regarding clinical setting. Students must receive a hepatitis B vaccination every four years instead of five, and they are asked to request any tests they deem necessary in suspected cases. Full precaution is practiced with every case, and sterilization and sealing of instruments used only to be opened for use in front of the patient to assure infection quality control to both the dentist and the client.

On the other hand, there was a strong expression of the need to have a policy on HIV/AIDS in the LU, as reported by the Dean of the School of Pharmacy. She noted that *"members of the committee are not equipped with the necessary scientific background to ensure that HIV/AIDS is included in the school policy, a very important issue which is not really followed"*. She added that *"once they move to the new building which will accommodate branch I and II of the Faculty, there will be a new policy to provide wide range of clinical services for incoming patients for very low charge. This clinic will also offer counselling services to the community"*.

## **b) Leadership on HIV/AIDS**

None of the respondents assumed any leadership role in pushing for HIV/AIDS education, both at the university and national levels. Furthermore, none of the respondents reported an institutional response towards the problem. On the contrary, there was a general feeling among professors, in different medical and nursing schools, that HIV/AIDS is not a priority anymore (although it was believed to be so in the 1980s) and that there are other diseases in the country that require more attention.

*"In 1990s it was all about AIDS for student nurses and for research! Now a little less, not a priority any more", paraphrased quotation by an Assistant professor, School of Nursing, AUB.*



*"We treat HIV/AIDS as any other infectious disease. Before we used to emphasize HIV at times when there was a focus on HIV/AIDS" Chair, Department of Microbiology and Immunology, AUB*

*"No one is working on HIV/AIDS because we do not have the means in this building, in the new building we have labs and space...but mainly professors are the ones who do the work—not the students" Professor in Medical School, LU.*

Results also show that there are no designated focal points in any of the universities. Nonetheless, reference was made during the interviews to a few medical doctors at AUB and LU who have done extensive work on HIV/AIDS.

*"There is no focal point for HIV/AIDS. It depends on who will give the course as s/he changes yearly" Assistant Dean at school of nursing USJ.*

Student leadership on HIV/AIDS can be found in some universities particularly among those in medical faculties. For example, in AUB there is LEMSIC (Lebanese Medical Students Committee) the Lebanese branch of the International Federation for Medical Student Association (IFMSA), which consists of six standing committees, including, for example, SCORA (Standing Committee on Reproductive Health including AIDS). LEMSIC started their activities in 1994 and have been working on the issue of AIDS ever since.

Their target groups include school children, prisoners, scouts, rehabilitation centres and any club or group that invites them through the NAP and Lebanese AIDS society. Upon request, they organise peer education workshops (train young people how to educate their peers on AIDS). In AUB they plan activities, annually on the World AIDS Day and implement fund raising activities (such as concerts). In 2004, LEMSIC developed a website addressing youth in the region on sexual reproductive health issues ([www.sx-education.org](http://www.sx-education.org)). The website is currently in English but is expected to be translated into Arabic very soon with funding from UNICEF.

LEMSIC also works with students from other universities; they have a mailing list which is the mean of communicating with students from Balamand University, LU, and Beirut Arab University who sometimes attend their meetings. They do not have any formal evaluation of their activities but they said that "we always have people coming back to us to repeat the workshop and this is a good sign".

### **c) Education Related to HIV/AIDS**

#### ***Teacher training***

Results show that in all assessed universities there are no training programmes or courses/seminars to train teachers on teaching skills for HIV/AIDS. It is left up

to the teachers' personal interests and efforts to build their knowledge and pedagogical skills. In the LU, for example, continuing education or publication of research work is not a requirement for promotion. As such, faculty members do not have the incentive or the motivation to do the extra work.

### ***Formal HIV/AIDS Education***

In all universities involved in this study, results show that HIV/AIDS is covered in the curricula of schools of Medicine and Public Health through the courses of Microbiology, Virology, Immunology, Oncology, and Infectious Diseases including STIs and in AUB through a course on Health Behaviour and Education. HIV/AIDS is addressed at the following levels: the genetic and viral agents (causes), history and epidemiology covering all tests involved, patho-physiology and clinical manifestation, diagnostic procedures and symptoms, modes of transmission and precautions, prevention and education for patient and family, treatments and latest medications. HIV/AIDS is considered like any other disease or illness that is covered in different courses, by different majors and disciplines.

In the Schools of Nursing at AUB, USJ, and Dentistry (USJ & LU) there is a focus on HIV/AIDS, Hepatitis and Tuberculosis as they are included under a course on Standard Precautions for Professionals for Contagious Diseases and Management of High Risk patients. A common course found in all Nursing Schools is "Asepsis" which is required of all nursing students. It covers standard precautions against transmission of infectious disease including HIV/AIDS.

When tackling professional risk for all transmitted diseases, all Nursing schools consider HIV/AIDS as an important issue. HIV/AIDS is covered in the courses of Microbiology and STIs. The topic is covered theoretically within courses and then stressed upon during practical hours. Students' skills in practicing proper precautions are assessed at the hospital which reflects on their academic performance and eventually promotion.

### **AUB**

HIV/AIDS usually gets covered in courses offered by the Medical and Nursing school and Faculty of Health Sciences at AUB. In addition to Microbiology, sophomore nursing students receive information on HIV/AIDS in basic sciences courses at the Faculty of Medicine through a course given especially for nurses (Microbiology and Immunology for Nursing) and a Pathophysiology course. During the junior year a required course "Nursing Care of Adults" (theory) also covers HIV/AIDS in addition to two elective courses on Nursing Care of Adults (practicum) and Nursing Care of the Expectant Family. In the disciplines of Family Medicine, HIV/AIDS awareness and prevention are well addressed, mainly around preventive measures.

In the Faculty of Health Sciences, HIV/AIDS is covered in an undergraduate course entitled "Health Awareness" (HBED 201). The course has been offered by the department of Health Behaviour and Education since 1996. The course is an elective taken by students of various majors in their junior and senior years. The course's main objectives are to introduce students to general principles of health and wellness with the aim of ultimately encouraging positive health attitudes, reinforcing healthier lifestyles, and helping students make informed decisions in relation to their well-being. The course, attended by around 60-70 students per semester, is offered three hours per week for a total of 40 hours a semester. Course methodology includes interactive lecturing, presentations by students, group discussions, field projects, and problem-solving exercises. Sexuality, sexual and reproductive health, in addition to many other topics, are covered extensively (e.g. origins of sexuality, sexual behaviour, fertility control, STIs, HIV/AIDS, parenting, menopause, and gender issues).

In the fall semester of 2000-2001, the instructor of the course gave enrolled students a self-administered survey at the beginning and end of the course. Results showed an improvement in knowledge of at least 10-20 percentage points in nine out of eleven health topics. The topic area with the greatest mean at post assessment was sexual health, indicating improved knowledge, attitude, and practice related to this area (*Changes in Health-Related Attitude and Self-Reported Behaviour of Undergraduate Students at the AUB Following a Health Awareness Course, Education for Health, Vol. 16, No. 3, November 2003, 265-278*).

## USJ

All Faculties (Schools of Medicine, Nursing and Dentistry) in USJ were revising their curricula during the time of this review and, accordingly, were unable to provide the interviewer with a copy to review.

In the planned **Preventive Medicine** programme at USJ, HIV/AIDS awareness and prevention will be well addressed, mainly around preventive measures and messages.

All students entering the school of **Pharmacy** at USJ must attend an orientation session on different diseases including STIs and HIV/AIDS. HIV/AIDS is also addressed in the programme of the third year in the schools of **Dentistry** and **Pharmacy**. In the school of Pharmacy it is discussed in the following courses: Immunology, Haematology and Virology while in the school of Dentistry HIV/AIDS is addressed in General Pathology, Endocrinology and Surgery under the section "Patients at risk".

In the school of **Nursing** it is covered over a period of 15 hours. For example, in it is covered in the course on "Nursing Care" (theory) and in the course on "Health and Safety at Work" during training at the hospital. Later during practicum assignment, students have to spend 15 credit hours on several topics including HIV/AIDS in order to learn how to deal with patients with certain diseases and in different settings (one to one, patient within a family, and later in community settings).

## **LU**

The Schools of Nursing and Public Health explained that although the title and objective of courses do not change, topics covered in these courses differ depending on the course instructor. The situation was reported to be the same in the Medical school and schools of Dentistry and Pharmacy. The General Director preferred not to disclose the curricula as it was "confidential".

*"The acting General Director gives the main topics to be covered in the course, and then the instructors are on their own",* General Director of Public Health and Nursing, first branch, LU.

HIV/AIDS is covered in courses of Public Health, Parasitology, Microbiology and Bacteriology in addition to what is taught in the curricula of Dentistry and Pharmacy Schools. Nursing students in both the English and French programme receive an introductory course "Fundamental Work" during their first year which covers two hours on HIV/AIDS.

Students in the "Social Assistant" programme cover HIV/AIDS in their second year of study in two courses: "Social Medicine" and "Medical Gynaecology and Sexology". HIV/AIDS is one of the required topics. The curriculum committee decided to include causes, symptoms, prevention, and transmission modes for HIV/AIDS. Again, in Ergotherapy (rehabilitation of people with special needs) the two major topics are cancer and HIV/AIDS. Yet, they are not mentioned explicitly in the title of the course, "Ergotherapie en Pathologie Diverses" that has been approved by the government (in LU the titles of courses in each programme must be approved by Ministry before offering them to students). This gives the faculty more freedom in changing the topics according to changing priorities without the need to go into the hassle of changing the title.

The school of **Dentistry** in LU introduced a new system of learning called "Problem Based Learning" (PBL) where a typical case that might be encountered in clinics is introduced and discussed in depth. Students work in groups of five in preparing a case that interests them and present it to the whole class, and HIV/AIDS is usually one of the topics.

#### ***d) Non- formal HIV/AIDS education***

The general impression noted from the reaction of interviewees in all universities when asked about non-formal education was that it was not necessary at the undergraduate level especially when students have loaded schedules. Non-formal education was not perceived as an essential educational activity, and consequently was not their responsibility.

#### **AUB**

In AUB other informational sources on HIV/AIDS outside of the formal education system include university libraries and websites and seminars that are included in the curricula of some faculties mostly at the postgraduate level. Usually, the topics of these seminars are assigned at the beginning of the academic year and HIV/AIDS is always included as a subject matter.

In the School of **Nursing**, the Continuing Education Committee jointly with the Research Committee prepare an annual schedule of seminars for faculty members. Shortly after 1990 they were advised by the Nursing School in New York (the School of Nursing is registered in Albany NY, USA) to train all faculty members on HIV/AIDS. The interviewee (professor in Nursing) has already attended three workshops on HIV/AIDS at the WHO and, as a result, was nominated to perform the training programme for all nursing Faculty in AUB, building on the programme used in New York, and utilising their manual.

#### **USJ**

As for student activities (such as volunteer work) these are mainly related to education and to awareness raising in relation to HIV/AIDS, and are encouraged during University functions or services like the Family Centre.

Based on results of the obligatory health exam for all university students implemented last year, which included a question on health habits, the Family Centre in collaboration with NAP, organized a forum called "Health Forum". This activity was also repeated at other campuses of the university. At the Forum, there were stands on different health topics including STIs and HIV/AIDS (set up in collaboration with NAP). The University plans to repeat the activity on other campuses (including 4 in Beirut, 1 in Tripoli and 1 in Zahle). However, the Dean complained that there is poor attendance from national universities and organizations whenever they organise conferences or seminars on HIV/ AIDS.

In the **Medical School**, non-formal education is not compulsory and hence faculty are unaware of such student activities. Nevertheless students in the School of **Nursing** are encouraged to participate in such activities at the university health centre.

In the School of **Pharmacy** students are involved in an activity called "Supervised Individual Work" during their third and fourth year. The topics are specified ahead of time. Conferences are always done once per year for postgraduate students involving both faculty and students. The topics depend mainly on the interest of the participating faculty member but there is usually a session on virology or immunology which covers HIV/AIDS.

In the School of **Dentistry** at USJ, students start learning about HIV/AIDS in their clinical practice during the second year. The Dean stressed that they cannot discuss HIV/AIDS with students when they enter in order not to "scare them". He justified his statement by the fact that both faculty and students panic whenever there is a patient at the centre with HIV/AIDS. During the fifth year, weekly seminars on different topics are organized and HIV/AIDS is usually one of them.

*"It is an obsession for students and Faculty when they get an AIDS patient, unfortunately they forgot about Hepatitis {a disease which can be transmitted more easily} Dean of Dentistry, USJ*

## **LU**

Non-formal education is limited in the LU due to heavy academic load of students, lack of facilities and lack of resources and funds. In general, students receive information on HIV/AIDS at least once a year during World AIDS Day which involves a lot of activities and conferences, organized by the NAP, the Ministries of Public Health and Social Affairs, or other universities. The LU announces these activities, but their attendance is neither compulsory to students nor a requirement for the faculty. An example of such activities is when LU medical students went on TV to talk about HIV/AIDS on the occasion of World AIDS Day.

In addition, there is a continuing education system where conferences and seminars are offered once or three times a year, but HIV/AIDS is not a priority simply because it is not "clinically feasible" in the absence of "real cases" that they would encounter at the clinic as was mentioned by the interviewee from Dentistry School, LU.

*"Public health is a priority but not always clinically feasible" professor at the School of Dentistry LU [the interviewee did not consider public health to be a priority for him as a clinician].*

#### **e) Impact of educational activities**

None of the assessed universities implemented any formal impact evaluation on any of its formal or non-formal HIV/AIDS related activities except for one course in AUB (refer to section Formal Education). For all universities, evaluation of course work is done through exams, while clinical and field experiences are evaluated on the training site. The tools used for assessment may include training protocols and specific criteria/guidelines that are available or adopted by the university or the School or Faculty.

At the Family Centre (USJ), evaluation is performed through regular meetings every one or two months. During these meetings, faculty discusses the services they offer in order to unify work and improve the current practice. Results are documented in the minutes of the meetings to be submitted to the chairperson or the Dean of the school for further evaluation.

#### **f) Research on HIV/AIDS**

In all the Faculties at AUB and USJ, research was reported by interviewees as a major requirement for the promotion of full-time teaching staff. The agenda or topics of research depend on many factors such as source of funding, specialty, personal interest and level of research. In all of these universities, HIV/AIDS is not well researched.

The major barrier to studying HIV/AIDS is the incomplete or unreleased information related to HIV/AIDS cases that can be used for research (this was repeatedly reported in the Medical and Nursing Schools at AUB and the Schools of Public Health and Nursing at LU). The sensitivity of the topic and stigmatization of HIV/AIDS cases might be some of the reasons behind the limited available information.

#### **AUB**

When the news spread about a large number of HIV patients in Lebanon, a joint project with CDC started in 2003 at the **Medical School** at AUB. A professor at the Medical School commented saying: "Thirty patients were referred to our hospital only in two years, here we would question the accuracy of information or why the information was not released to us, and there could be a lot of exaggeration about HIV/AIDS cases in Lebanon". Lately, Johns Hopkins University expressed interest in cooperating with the Department of Internal Medicine. Top on their list of priorities was research and publications on HIV/AIDS, however this cooperation has not yet moved forward.

## **USJ**

Clinical professors reported being very busy with teaching and seeing patients in their clinics and barely having time to conduct research. Instead, they rely on scientific articles in various journals and websites.

In the Medical school, the Vice Dean reported that two studies were conducted in 2003 about health status and health related topics. The first study covered all university students in USJ while in the second, a questionnaire was administered to students in three secondary schools (including a sample of around 3,500 students). He recalls that both studies included HIV/AIDS-related questions. Another study on HIV/AIDS was reported by the School of Pharmacy. The study was initiated in 2004 as a joint project between France and Lebanon (USJ hospital).

At the School of Dentistry, faculty members are obliged to do research but none of the professors is interested in HIV/AIDS, their interests are mainly reconstruction or bridging. *"All our professors have clinics, so most of the research is related to their clinical work and this should be profitable" as reported by one of the Dentists.*

For students: research is mainly conducted at the postgraduate level in Schools of Medicine (the three universities), School of Dentistry (USJ), and during the last year (seventh year) in the Medical school at LU. In the Schools of Public Health and Nursing, research is conducted at the undergraduate level at the three universities. Students in the School of Public Health (AUB) have residency courses whereby they have to submit a paper. Students choose their research topics with the guidance of their advisors. HIV/AIDS is selected if there is personal interest among students to work in this area (no special recommendations are made from instructors or Faculty members).

## **LU**

In the Lebanese University, and contrary to other universities, professors are interested in conducting research and have the time to do it, but lack sustained funding and the necessary human and laboratory facilities, and have limited support from the university. All research conducted or completed is mostly a result of individual efforts. The LU professors expressed their interest to join in research efforts concerning HIV/AIDS whenever they have the opportunity.

Both directors of the School of Public Health and Nursing reported that often when a student chooses HIV/AIDS as a research topic, they are faced with difficulty in accessing data or information on HIV/AIDS cases or interacting with patients. This was attributed to denial of access to data related to HIV-positive or AIDS patients from both ministries and universities. Hence programme



coordinators or supervisors advised their students to change their research topic in order not to lose time.

*"It is difficult to work with HIV/AIDS. So we do not encourage students to work on this topic due to past experiences.....they will face difficulties... although there are many students in nursing and medico-social assistance interested in researching HIV/AIDS"* paraphrased quotation, Director of Nursing and Public Health LU

The overwhelming feeling that HIV/AIDS is no longer a priority has had an impact on research agenda. Very few studies or surveys are being or have been recently conducted on various aspects of HIV/AIDS. This came after HIV/AIDS was the focus of research and work during the 1980s.

### **g) Partnerships and Networks**

Results reveal that inter-university networking is minimal. Reports show that few professors from USJ have collaborated with their colleagues from AUB. In USJ, the faculty has more links with universities and scientific bodies in France, where they have continuous research updates and joint opportunities, than with other sister universities in Lebanon. Similarly AUB professors are more linked or associated to researchers in the US.

Another aspect of weak linkages/networking comes from respondents from the Lebanese University who criticized the Ministry of Public Health as being unhelpful to students who visited them to collect data for research on HIV/AIDS. Those respondents also complained that some universities denied their students access to information even when the students presented an official letter from the university explaining that the data will be only used for academic research. The Director of LU (First Branch) reported that *"Many students wanted to conduct HIV-related research but had to change the topic due to lack of cooperation from physicians and researchers....there is secrecy, and data are denied even in cases where there is an official letter and students are prepared ethically to handle this [information]"*.

Regarding networking with other universities, professors from several faculties in the LU showed enthusiasm to participate in conferences held by other universities. They also encourage students to attend these conferences, but most of the time the announcements reach the faculty very late (after the event had passed). In the three universities, faculty members know very little about the work or research of their colleagues.

## **h) Programmes and Services**

Despite the remarkably active role of NAP in the MOPH, there is no extension of NAP to the universities in any form of programme or service as reported by NAP director. NAP however collaborates and provides assistance to student groups (LEMSIC at AUB) or the Family Centre (USJ). The AUB and USJ universities have one teaching hospital each, whereas the LU has several governmental and private hospitals for residency. In these hospitals there are activities related to counselling, prevention, and raising awareness, as well as clinical services.

Besides hospitals, a centre was established in October 1999 at USJ as "Centre Universitaire De Santé Familiale et Communautaire" providing wide range of services for university members and the outside community. These services include medical examinations, minor surgeries, psycho-therapy follow-up, diabetes check-ups, social assistance and preventive programmes such as smoking cessation and safe motherhood. The centre has a special programme for travellers and its members actively engage in awareness campaigns implemented on all campuses of the University. *"All USJ students must have routine medical check up....drugs and tobacco use and sexuality"* as reported by one of the officers at the community centre, USJ

In addition to its curative and preventive services, the centre offers counselling to students and faculty members and their families on issues related to sexuality. The centre also serves community members and their families whenever the requested services are available. In fact, there is a newly introduced programme for young people that covers all aspects of sexuality such as; sex education and information, modes of transmission and prevention of STIs, drug abuse, among others. The centre organizes a series of discussion sessions for interested students about a major topic of concern every month. For example, in February 15, 2005 the topic was Adolescence and Sexual Development. The schedule of sessions is distributed at the beginning of the year to ensure that students note them on their agenda.

In the Dentistry School at LU, infectious diseases including HIV/AIDS are approached with great emphasis from three different perspectives. First, protection perspective for example, students must get the Hepatitis vaccine every 4 instead of 5 years. The second is related to the clinical setting where students are trained to take proper medical history and go thoroughly over patient's complaints that may be suggestive of HIV/AIDS. Students are asked to request any tests they deem necessary in case of HIV/AIDS suspicion. Full precautions are also practiced with every case. The third is related to sterilization where the instruments used are sealed after sterilization to be opened for use in front of the patient to assure both the dentist and the client of the infection control quality.

On the other hand, the Dean in the School of Pharmacy at LU reported that a policy on HIV/AIDS services is needed at the LU, noting that, *“the members of the committee are not equipped with the necessary scientific background to ensure that HIV/AIDS is included in the School policy, a very important issue which is not really followed”*. She added that once they move to the new building which will accommodate branch I and II of the Faculty, there will be a new policy to provide wide range of clinical services for incoming patients for very low charge. This clinic will also offer counselling services to the community. The Director of these services reported that this centre will create more opportunities for research, and more space for student activities but nothing in specific about HIV/AIDS.

### **i) Community Outreach**

#### **AUB**

AUB's Medical Centre, with the help of the Palestinian Red Crescent Society, has also established links with the community through a voluntary outreach clinic (VOC) established in 2001 in an impoverished Palestinian refugee camp on the outskirts of Beirut. The VOC seeks to improve access to quality clinical services, and provide proper and regular checkups to people living in and around the camp. It also provides doctors with opportunities to interact with this type of community outside of the classical clinic or hospital setting, and at the same time strengthen collaboration with the civil society. In addition, many of the student organizations and clubs (health education club, LEMSIC) participate in voluntary work in various aspects of the community (schools, health fairs, media campaigns, etc.).

Faculty members at the school of Nursing at AUB are involved in one way or another with community work either through training of trainers at national level, or through workshops or seminars and community work at schools for high school students, all done in collaboration with NGOs and UN agencies.

#### **USJ**

The Family Centre at USJ is very active in health promotion related to many different issues, including HIV/AIDS, to different sectors of the Lebanese society. The centre networks with governmental and non-governmental organizations, and coordinates efforts to receive students from medicine, nursing and other related disciplines for training purposes. The other form of service is the university infirmary that takes care of students' health, but it is not involved in large-scale activities related to HIV/AIDS, nor is the Centre Universitaire De Santé Familiale et Communautaire which serves the community (refer to section on programmes).

## **LU**

The faculty of the School of Pharmacy at LU complained that there is a lot of community work carried out by the MOPH or the UN agencies, but they never know about them. At this school, faculty reported interest in conducting community work. Also, their students find it difficult to get information or interview someone (physician/nurse or patient) in any hospital especially for HIV/AIDS and the reason would be the files are confidentially protected. This privacy and confidentiality are important and necessary issues to protect patients and carriers of HIV, but some ethical means should be implemented to help doing research without breaking this privacy.

## VI. Lessons learned

Generally speaking, there is an overall lack of response to HIV/AIDS at the level of all universities. This lack can be attributed to the inability of universities to perceive the necessity of a strategy or policy that copes with the issue of HIV/AIDS in a comprehensive way. The fact that HIV/AIDS is not considered a public health threat in the country could also imply in many ways the lack of responsiveness to HIV/AIDS not only at university levels, but at several other sectors and levels in the country. This situation did not encourage any form of constructive and sustainable dialogue between universities and stakeholders (NAP, MOPH) regarding the role of academic institutions in approaching HIV/AIDS issue at the level of instruction, faculty training, and research. This may be the first lesson to be drawn from this document. Other lessons are:

- **Policy:** The lack of a clear policy concerning HIV/AIDS in the three universities had affected the implementation of the various activities carried in this regard. Those activities were sporadic and contingent on the interest and motivation of the concerned faculty and students. The main topics of the activities were dictated by the agenda of UN agencies and to some extent by that of the NAP. According to NAP and UNFPA there is no strategic planning or policies to collaborate with universities at the institutional or administrative level towards curricula change, faculty training, or short courses/workshops, a weakness that slackens university response to HIV/AIDS issue at large.
- **Leadership:** The fact that HIV/AIDS is not perceived as a priority issue in the universities has remarkably affected any potential leadership role in addressing HIV/AIDS issue. This compelled some student groups (LEMSIC in AUB) to lead activities like information provision, raising awareness, peer training, and at times providing access to safe sex methods; a role usually assumed and played by NAP in addition to providing support (upon demand) to student groups and faculty. Some faculty members in the fields of infectious diseases or public health at both AUB and USJ assume some leadership role in collaboration with NAP and through scientific societies associated with the Lebanese Order of Physicians. All these activities did contribute to raising awareness of students and possibly affecting attitudes and behaviours.
- **Research:** At AUB there was more focus on research in general, as it is a main requirement for promotion. In particular, some research focused on reproductive health, adolescent health, touching very lightly in 1-2 papers on attitudes and practices of students in relation to HIV/AIDS prevention. Clearly the amount and content of research on HIV/AIDS is very minimal which reflects the overarching issue of lack of policy. In the other two

universities, and because of their academic systems, teaching loads, and promotion criteria, research is not a priority. While in LU the main reason for not doing research was lack of support and funds, in USJ it was mainly lack of time and interest. Although this amount of research provides some information on knowledge and attitudes, it is not sufficient to understand the other aspects of HIV/AIDS related to life skills, negotiation skills, and gender effects on vulnerability to HIV/AIDS.

- **Formal education:** This document indicates that in the absence of a university curriculum that adopts a comprehensive approach to HIV/AIDS, the teaching of HIV/AIDS is dependant on the existing curricula and personal interest of the faculty. For example, HIV/AIDS is taught as an infectious disease in all universities in the courses of microbiology, immunology and STIs that are offered in the different Schools of Pharmacy, Dentistry, Medicine, Nursing and Public Health, and in the major of Medico-social Assistance (USJ, LU). There is no available measure to assess the extent and scope of coverage of HIV/AIDS material, and in most cases course outlines could not be obtained except from the nursing schools in the three universities. As compared to other Faculties, there is more emphasis on HIV/AIDS in the Schools of Nursing (in all three universities), both in theory and practice. This was also true for nurses in training who received more structured and more regular training sessions on HIV/AIDS in AUB than in other university hospitals (Hotel Dieu of USJ and Baabda Government hospital of LU). This pattern of education is not sufficient to prepare students for their professional and community role.
- **Networking and partnership:** The problem of limited funding resources, paucity of technical expertise, and the restricted venues of collaboration have all affected possibilities of collaboration or networking among universities. Very limited collaboration is taking place among the three universities despite the obvious need for it.
- **Programmes and Services:** The lack of collaboration between the NAP and the universities reviewed deprived most of the activities from being planned within the scope of programmes and services within universities, and from being part of the national agenda or preset curricula. This situation affected the need, planning and impact of these activities on the responsiveness of universities and preparedness of the community.
- **Monitoring and Evaluation:** The lack of policy on HIV/AIDS affects directly the monitoring and evaluation measures of the Universities' response to HIV/AIDS. None of these measures are existent and or utilized to assess the performance and the impact of HIV/AIDS activities.

## VII. Recommendations

Interviews conducted with the three largest universities in Lebanon indicated that there is no strategically planned response to HIV/AIDS. The results of this study reveal that the situation in the three universities regarding responsiveness, the existing/updated curricula, faculty training, and related activities are not commensurate with the global readiness and demands of HIV/AIDS. On the contrary, the scope and interest of related HIV/AIDS activities are limited and insufficient in the various university functions (teaching, research, and services). Efforts taking place whether in the realm of teaching, or in services or research, are sporadic, uncoordinated and not dictated by any formal university policy. Adoption of policies and effective curricula revision and update are lengthy tasks that require political commitment and follow up. In view of this and other limitations mentioned in this study, the following recommendations can be made:

- All universities must develop a clear policy for HIV /AIDS in relation to issues like curriculum revision, the development of a research agenda, and service delivery including counselling, in order to be responsive to HIV/AIDS.
- NAP should be encouraged to collaborate with the concerned ministries (e.g., Health and Education) to organize periodic meetings with leaders in the three universities towards formulating a strategy/policy on HIV/AIDS responsiveness
- With regard to research, AUB should, through allocating more funds and prioritizing HIV/AIDS, encourage its faculty to carry out more HIV/AIDS-focused research addressing the socio-cultural and gender/sexuality aspects of HIV/AIDS. In LU, where the faculty is interested in research but lacks resources, collaboration with other universities should be encouraged to meet their needs. Specific activities planned for this purpose (seminars, research meetings) can increase awareness of all concerned to the mutual benefit of collaboration. For USJ where the issue is lack of interest and time, the university can make research a requirement for promotion.
- Encourage universities to share data on HIV/AIDS and research findings through the establishment of a databank that can possibly be coordinated by NAP.
- Establish a network among universities to be supported by NAP to identify and exchange expertise in teaching, services, and research related to HIV/AIDS, and link this network to international resources. This network can be maintained by an already existing group or individuals who are

working on HIV/AIDS such as NAP, or the scientific societies. Based on the frail record of collaboration between universities in Lebanon, the maintenance of this network may be difficult. To overcome these difficulties, the network should be housed in a university or linked to UNAIDS or UNESCO.

- USJ and LU can encourage public health faculties to develop general health awareness courses, offered to all their students and that cover HIV/AIDS in addition to other health issues (build on the experience of the HBED 201 course in AUB). These courses should focus more on the psychosocial aspect of HIV/AIDS (negotiation skills, life skills, preventive measures).
- Ensure that services such as the Family Centre at USJ and the new centre to be developed in LU are covering HIV/AIDS in their outreach activities. These centres should be the responsibility of their universities, but it would be worthwhile linking them to the above proposed network.
- Encourage NAP to organize advocacy and training workshops with two categories of teachers: those already in clinical and health fields to familiarize them more with HIV/AIDS updates and to provide them with more skills. This is more so in USJ where clinicians don't consider public health perspective as a priority, and in LU also where teachers lack resources. The other category of teachers are those in other fields and that need basic knowledge to address preventive messages to their students
- Encourage collaboration of universities with NGOs especially in universities where there is need but no resources available, particularly the LU. The experience of the Family Planning Association in this regard is remarkable (university student project where quarterly seminars and workshops on HIV/AIDS are conducted in the various branches of the LU).



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## **Appendix A - Interview Guidelines**

### **I. Policies and plans of the university**

Are there any existing policies on HIV/AIDS in your university?

If yes: when was it developed, what groups, main components?

If no: Is there any under development, when, why not?

### **II. Leadership**

How are the administration, professors, students, and focal points involved in leadership actions?

Is there any presence for focal points in the university?

### **III. Education related to HIV/AIDS**

#### On pre- and in-service

What is the training methodology followed?

Is there any support to faculties for inclusion of HIV/AIDS education in curricula?

Are there any incentives?

Is there a mechanism for monitoring & evaluation?

#### On formal HIV/AIDS education

What are the available disciplines, curricula, courses, research, life skills education, compulsory courses, certificate level, HIV centres, distance education?

What type of resource material is utilized?

#### Non- formal HIV/AIDS education

What are the types of education (peer education, life skills), student welfare, societies, IEC, periodic activities, student orientation info & support, resources available that are used?

#### Impact of education activities

Is there any formal impact evaluation of the courses, or of the community outreach and services?

(ask for Copies if available)

### **IV. Research on HIV/AIDS**

Does the university promote research? How? (considering both students and faculty)

What does the university provide for faculty and students?

How does the university disseminate research findings? By which mechanisms?

Does the university partner with others for research projects?

### **V. Partnerships and Networks**

Is the university involved with /or linked to any Higher education institution, NGOs, hospital, private sector?

Is it a member in local or regional association, or network?

Is the university collaborating with other universities? At what level? On which issues?

## **VI. Programmes and services**

Are there any prevention programmes, services (outreach, community), newsletters, web sites that are operated or supported by the university?

Regarding topics such as: STIs, condoms, drug or alcohol-use control, precautionary measures, post-exposure, others.

- Are these services related to family members?
- Is there data available? What is the scope, coverage, and trend of this data?
- Is the university addressing specific needs of women? Any particular age groups?

### Regarding treatment

What are the available programmes? Their scope, coverage, trends, and data?

Is the spouse or partner usually included in the treatment plan?

### On support

Are there any programmes for counseling? Are they confidential?

Is there any kind of financial assistance? Any inclusion of spouses and partners?

## **VII. Community outreach**

Is the university involved in any community/outreach services? If yes, how, and in what ways?

## **VIII. Monitoring and Evaluation**

Are university activities monitored?

Is any formal evaluation taking place? Any available details?

How are activities/responses monitored?

Is there an assessment of impact and outcome?

## **Appendix B - Names and Titles of Persons Interviewed**

### **American University of Beirut (AUB)**

- Dr. Alexander Abdelnoor, chairperson, Department of Microbiology and Immunology in School of Medicine
- Dr. Nuhad Dumit, Assistant Professor, School of Nursing
- Ms. Mirna Dumit, Instructor, School of Nursing joined us for 15 minutes
- Boulos Nassar ( medical student), President of the LEMSIC for the year 2002-2003
- Kareem Osman, (medical student) President of the LEMSIC for the year 2003-2004

### **Lebanese University**

- Dr. Noura Bedrocyan, lecturer of microbiology; bacteriology and virology, School of Medicine
- Dr. Fadwa Berri, Dean School of pharmacy
- Dr. Asem El Kak, Immunologist, School of Pharmacy.
- Dr. Basima Munlla, Assistant Professor and Director of the LU branch, School of Public Health and Nursing
- Dr. Ziad Njeim, curriculum coordinator, School of Dentistry
- Dr. Fadia Boudagher, Dean, School of Dentistry.

### **University Saint Joseph (USJ)**

- Professor Gehshan, Oncologist and Vice-Dean. He is also responsible of Public Health program, School of Medicine
- Ms. Nuha Jawish, Assistant Dean, School of Nursing
- Dr. Sarkis, Dean, School of Pharmacy
- Dr. Antoine Hkayyem, Dean, School of Dentistry
- Ms. Brigitte Beshwaty, Coordinator of Department of Nursing, Centre Universitaire De Sante' Familiale ET Communautaire

**AMICAL dentistry:** Antoine Mouwad medical student

**UN agencies:** NAP (Dr M. Nakib), UNFPA (Ms Asma Kurdahi)