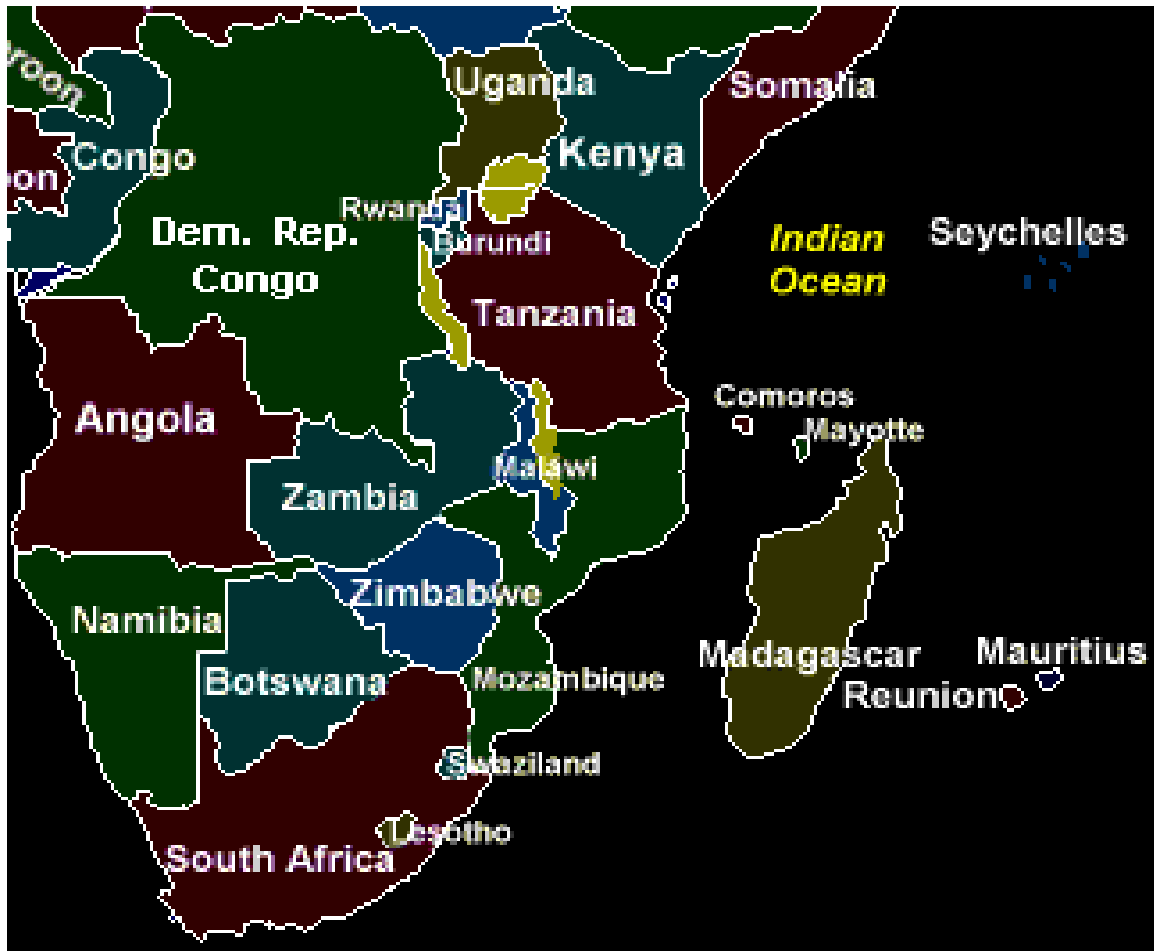


# INSTITUTIONAL RESPONSES TO HIV/AIDS FROM INSTITUTIONS OF HIGHER EDUCATION IN THE SOUTHERN AFRICAN DEVELOPMENT COMMUNITY

A Report Commissioned by the Southern African Regional Universities Association



<http://www.africaguide.com/afmap.htm>

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## EXECUTIVE SUMMARY

This report compares, analyses, and summarises findings on institutional responses to HIV/AIDS from public institutions of higher education in the Southern African Development Community (SADC). By examining current responses this report aims to illustrate why and how higher education institutions must develop and sustain institutional responses to HIV/AIDS both individually and regionally, and also presents guidelines on how current gaps could be addressed and successes developed. In particular, the report examines institutional HIV/AIDS policies, workplace and peer education programmes, VCT and treatment services, and curriculum development and research that together or singly could constitute a university's institutional response to HIV/AIDS.

Higher education institutions in the SADC occupy a unique position to shape debate, action, and policy with HIV/AIDS, as in the absence of a cure education is the best social response against the epidemic. Any tertiary education institution needs to address the question: *Why have an institutionalised HIV/AIDS response in the first place?* The answer lies "potentially in the recognition that the history, the nature and the shape of the epidemic...reveals itself as an intellectual challenge and therefore absolutely part of the core function" of a higher education institution. The core element of HIV/AIDS strategies in higher education institutions in the SADC is to generate, collect, transmit and expand AIDS-relevant knowledge, wisdom, understanding, and practice as part of institutionalised and mainstreamed response to the epidemic which pervades institutional structures while also operating in synergy with national and regional policies. Under the mandate of academic freedom Vice-Chancellors occupy positions of responsibility to initiate actions perpetuating an effective and institutionalised HIV/AIDS discourse. What is required is leadership, from Vice-Chancellors as from every strata of authority in the education sector.

There is as yet no integrated, coherent regional response to HIV/AIDS in the higher education sector in the SADC region. Yet in virtually all the institutions surveyed in this report a culture of discrimination and stigma does linger in various degrees of pervasiveness. Nonetheless, as universities are expected to provide intellectual leadership in society, they are ideal platforms to disseminate an institutional response to the epidemic. Much of the lack of data and pervasive stigma associated with the disease in SADC institutions have occurred as a result of universities not developing effective institutionalised responses, not *institutionalising* HIV/AIDS as a core responsibility and business practice, and not mobilising adequate resources and research to be able to relocate HIV/AIDS on campus from a culture of silence to a culture of critique and openness.

After surveying current HIV/AIDS-related activities among SADC universities, this report proposes five guidelines for higher education institutions to promote an institutional response to HIV/AIDS:

- All higher education institutions in the SADC must have an official HIV/AIDS policy in place that commits the institution to a socially-responsible *modus operandi* which mainstreams the epidemic on all levels of operation
- Universities have a vital responsibility of providing intellectual leadership and therewith producing informed and empowered individuals. This should be reflected in an institution's curriculum development, research activities, and resources devoted to HIV/AIDS.
- As universities in the SADC region each operate as a nexus of social and human capital they have a responsibility to offer institutional care and support to their students and staff while these operate under the jurisdiction of the university. Thus universities must have HIV/AIDS management committees in place which are broad-based, and these committees should effectively coordinate the provision of on-campus services.
- HIV/AIDS provides another opportunity for universities to engage with their students in a productive manner, and universities should fulfil this potential by administering peer education and student volunteer programmes
- Institutions of higher education in the SADC must 'own' their own epidemics. *They* must provide leadership, because *they* must have the knowledge and commitment that inspires leadership. HIV/AIDS is as much a grave threat as a unique opportunity. Universities can significantly advance their reaction to the epidemic by devoting substantial exclusive resources to HIV/AIDS, i.e. in the form of HIV/AIDS-specific centres and institutes to research and develop informed and innovative responses.

This report also offers recommendations on the following lines to assist with future conduct:

- Regional integration and coordination
- Dedicated human resources
- Sustained monitoring & evaluation and research
- Improved capacity-building
- Meeting institutional responsibilities
- Applying interdisciplinary approaches
- Mainstreamed curriculum development
- Providing technical support, and
- Expanded regional consultation

## ABBREVIATIONS

<b>AA</b>	Academic and Administrative
<b>AAU</b>	Association of African Universities
<b>ACU</b>	Association of Commonwealth Universities
<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ARI</b>	AIDS Research Institute
<b>ARV</b>	Anti-Retroviral
<b>BUS</b>	Bindura University of Science
<b>CADRE</b>	Centre for AIDS Development, Research and Evaluation
<b>CBU</b>	Copperbelt University
<b>CIDRZ</b>	Council for Infectious Diseases Research in Zambia
<b>CSA</b>	Centre for the Study of AIDS
<b>CTS</b>	Clerical, Technical and Support
<b>CTP</b>	Committee of Technikon Principals
<b>CUT</b>	Chinhoyi University of Technology
<b>DOE</b>	Department of Education
<b>DRAMAIDE</b>	Drama In AIDS Education
<b>DRC</b>	Democratic Republic of Congo
<b>FL@W</b>	Future Leaders @ Work
<b>HAICU</b>	HIV/AIDS Coordination UCT
<b>HEAIDS</b>	Higher Education HIV/AIDS programme
<b>HEARD</b>	Health, Economics and AIDS Research Division
<b>HICC</b>	Health Information and Counselling Centre
<b>HIV</b>	Human Immunodeficiency Virus
<b>HIVAN</b>	HIV and AIDS Networking Centre
<b>KCN</b>	Kamuzu College of Nursing
<b>MAP</b>	Men As Partners (programme)
<b>MSU</b>	Midlands State University
<b>MU</b>	Mzumbe University
<b>MUCHS</b>	Muhimbili University College of Health Sciences
<b>MZUNI</b>	Mzuzu University
<b>NGO</b>	Non-Governmental Organisation
<b>NUL</b>	National University of Lesotho
<b>OUT</b>	Open University of Tanzania
<b>PEP</b>	Post-Exposure Prophylaxis
<b>PEPFAR</b>	President (Bush's) Emergency Plan For AIDS Relief
<b>PLWHA</b>	People Living With HIV/AIDS
<b>PMTCT</b>	Prevention of Mother-To-Child-Transmission
<b>RADAR</b>	Rural AIDS Development Action Research
<b>SADC</b>	Southern African Development Community

<b>SAHA</b>	Students Against HIV/AIDS
<b>SARUA</b>	Southern African Regional Universities Association
<b>SAUVCA</b>	South African Universities Vice-Chancellors Association
<b>SHARP</b>	Students' HIV/AIDS Resistance Programme
<b>SRC</b>	Student Representative Council
<b>STI/D</b>	Sexually Transmitted Infections/Diseases
<b>SUA</b>	Sokoine University of Agriculture
<b>TUT</b>	Tshwane University of Technology
<b>UA</b>	University of Antananarivo
<b>UAN</b>	University Agostinho Neto
<b>UB</b>	University of Botswana
<b>UCT</b>	University of Cape Town
<b>UDSM</b>	University of Dar es Salaam
<b>UEM</b>	University Eduardo Mondlane
<b>UFS</b>	University of the Free State
<b>UJ</b>	University of Johannesburg
<b>UKZN</b>	University of KwaZulu-Natal
<b>UL</b>	University of Lubumbashi
<b>UIC</b>	University of Illinois at Chicago
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>UNAM</b>	University of Namibia
<b>UNIMA</b>	University of Malawi
<b>UNISA</b>	University of South Africa
<b>UNISWA</b>	University of Swaziland
<b>UNZA</b>	University of Zambia
<b>UoK</b>	University of Kinshasa
<b>UoM</b>	University of Mauritius
<b>UP</b>	University of Pretoria
<b>UWC</b>	University of the Western Cape
<b>UZ</b>	University of Zimbabwe
<b>UZL</b>	University of Zululand
<b>VCCA</b>	Vice-Chancellor's Committee on HIV/AIDS
<b>VCT</b>	Voluntary Counselling and Testing
<b>VUT</b>	Vaal University of Technology
<b>WISER</b>	WITS Institute for Social and Economic Research
<b>WITS</b>	University of the Witwatersrand
<b>ZNUST</b>	Zimbabwe National University of Science and Technology
<b>ZOU</b>	Zimbabwe Open University

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## INTRODUCTION:

### RESPONDING FROM THE VANGUARD OF THE EPIDEMIC

Tertiary education institutions in the Southern African Development Community (SADC)<sup>1</sup> occupy a unique position to shape debate, action, and policy with HIV/AIDS. Southern African institutions of higher education operate within the epicentre of the epidemic, and in the absence of a cure education is the best social response against HIV/AIDS.<sup>2</sup>

It is obvious that the SADC region is enveloped in a full HIV/AIDS pandemic: HIV prevalence rates in the region remain by a staggering distance the most advanced in the world. While the HIV prevalence rate in sub-Saharan Africa<sup>3</sup> is over six times the global estimate, Botswana and Swaziland are plagued by national HIV prevalence rates in excess of 35%. Lesotho, Namibia, South Africa and Zimbabwe all have epidemics with over 20% prevalence rates, while Zambia, Mozambique and Malawi have prevalence rates over 10%. The drastic scale of the HIV/AIDS pandemic in southern Africa and the unremittingly urgent need for coordinated responses are self-evident. Yet, in comparison with some of the countries mentioned above, not every country in the SADC has a high national HIV prevalence rate; not every country perceives HIV/AIDS to be a serious problem. Angola, the Democratic Republic of Congo (DRC) and Madagascar, for instance, have national prevalence rates below 5%.<sup>4</sup> Reflecting the epidemic's reduced impact, the incentive in such locations for a concerted response is likewise impaired. Hence the imperative to develop institutional responses to HIV/AIDS both locally and regionally in the higher education sector are similarly affected.

Yet low national HIV prevalence rates in southern Africa can offer no more than a false sense of security and a poor excuse for inaction. While only Zimbabwe (and to a lesser extent Namibia) has recently been able to register a reduced national adult HIV prevalence (data from the national surveillance system show a decline in HIV prevalence among pregnant women from 26% in 2002 to 21% in 2004), there is as yet no evidence of a national decline in other epidemics in southern Africa. The available evidence points to worsening epidemics in Malawi and Mozambique, and the fact that an HIV prevalence rate of 33% was detected among female sex workers in Luanda

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<sup>1</sup> Consisting of Angola, Botswana, DRC, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Swaziland, South Africa, Tanzania, Zambia, and Zimbabwe.

<sup>2</sup> *Commonwealth Universities in the age of HIV/AIDS: what every senior executive needs to know.* Association of Commonwealth Universities (2001), pp. 3, 7, 10-11.

<sup>3</sup> The statistics stated here are UNAIDS estimates for SADC: Adults (15-49) rate (%) end 2003, excluding Mauritius.

<sup>4</sup> *Report on the global AIDS epidemic.* UNAIDS, 2004.

points to considerable potential for further growth in the epidemic in Angola. National adult HIV prevalence in Madagascar has also risen sharply in recent years (reaching an estimated 1.8% in 2005), and in Mauritius significant HIV prevalence rates have also been recorded among drug injectors (10–20%) and female sex workers (3–7%).<sup>5</sup>

With HIV prevalence rates in the region reaching unprecedented levels, the building and retaining of a pressure group of social capital and a critical mass is imperative. The generational impact of the epidemic offers a critical void for tertiary education institutions to fill by providing concerted leadership and by proactive engagement of the critical mass in gestation at these universities, technikons, and colleges. Operating as they are at the vanguard of social structures potentially facilitating an intelligent and coordinated response to stem the tide of the epidemic, tertiary education institutions in the SADC region are required to move beyond prevention and work across a continuum that includes prevention, treatment, care and support, research, innovation, and ‘thinking faster than the epidemic.’

HIV/AIDS in the tertiary education sector needs to be addressed via a process of inquiry. Thus a tertiary education institution needs to answer the question: *Why have an institutionalised HIV/AIDS programme in the first place?* The answer, states Crewe and Maritz, lies “potentially in the recognition that the history, the nature and the shape of the epidemic – its swathe through society being the greatest social representation of our time – reveals itself as an intellectual challenge and therefore absolutely part of the core function of the institution and all faculties.” An effective, institutional response thus requires for the entire institution to recognise both the threat of HIV/AIDS and the possibilities for a transformed institution and society, and to respond accordingly in a holistic way. This involves evaluating the essence, culture and power of the institution, and the institution’s relationship and interaction with its wider society is also scrutinised.<sup>6</sup>

It is crucial for universities to provide intellectual leadership, to challenge assumptions about the epidemic, society, sexuality and identity and to create new understandings of HIV/AIDS and the contexts in which it is developing. In the past higher education institutions have been able to respond effectively and creatively to societal injustices, notably a rich history of opposition to apartheid in the SADC. This active engagement and critique, however, has been largely absent in terms of HIV/AIDS in the tertiary education sector. Nevertheless, the complex social

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<sup>5</sup> *AIDS Epidemic Update December 2005*. UNAIDS/WHO, 2005.

<sup>6</sup> M Crewe & J Maritz, *UNESCO Review of Higher Institutions’ Responses to HIV/AIDS: The Case of the University of the West Indies*, pp. 5-6.

phenomenon of HIV/AIDS offers a new critical lens through which long-standing, seemingly intractable social issues such as discrimination, class, gender, power, poverty and social change can be understood and challenged.<sup>7</sup> This facilitates a fresh look at how societies operate and allows a new way of seeing how the status quo and all its ramifications can be challenged. In short, HIV/AIDS radically alters the core function and rationale of any university, and the inimitable potential of a concerted, consolidated, and integrated tertiary education sector response to HIV/AIDS in the SADC is thus obviously crucial.

The core elements of HIV/AIDS strategies in higher education institutions in the SADC are to generate, collect, transmit and expand AIDS-relevant knowledge, wisdom, understanding, and practice as part of an institutionalised and mainstreamed response to the epidemic. Such a response should also pervade institutional structures and the local community while also operating in synergy with national and regional policies and structures. Under the guise of academic freedom, Vice-Chancellors occupy positions of considerable responsibility to initiate actions perpetuating an effective and institutionalised AIDS discourse.<sup>8</sup>

Leadership is thus integral to an effective HIV/AIDS response in the tertiary education sector, as only leadership ensures commitment to change, mobilisation of resources, and the overcoming of barriers. This highlights the crucial role of management structures in fomenting an environment conducive to the mobilisation of key constituencies within an institutional context.<sup>9</sup> Institutionalised leadership should generate a new, re-contextualised language of HIV/AIDS, and for this to transpire an extensive research programme is essential, generating a systematic interdisciplinary and regional culture of inquiry and critique. Tertiary education institutions in the SADC are ideally placed to be integral to the new language and culture of HIV/AIDS that are needed for an effective response. The response to HIV/AIDS has in the past often been hampered by the lack of an authoritative voice to effectively influence policy- and decision makers. The role of an HIV/AIDS programme in the tertiary education sector is to provide that voice which not only influences policy but also educates the wider community.<sup>10</sup>

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<sup>7</sup> M Crewe & J Maritz, *UNESCO Review of Higher Institutions' Responses to HIV/AIDS: The Case of the University of the West Indies*, pp. 6-8.

<sup>8</sup> *HIV/AIDS: Towards a strategy for Commonwealth Universities. Report of the Asian Sub-regional Workshop at the Taj Exotica Hotel, Goa, India, may 2002*, pp. 6-8.

<sup>9</sup> *Commonwealth Universities in the age of HIV/AIDS: what every senior executive needs to know*. Association of Commonwealth Universities (2001), pp. 12-14.

<sup>10</sup> M Crewe & J Maritz, *UNESCO Review of Higher Institutions' Responses to HIV/AIDS: The Case of the University of the West Indies*, pp. 13-14.

After reviewing seven case studies of African universities and the impact of HIV/AIDS on these institutions, as recently as 2001 Michael Kelly concluded notably that “A thick cloak of ignorance surrounds the presence of the disease within the universities. This cloak is amply lined with layers of secrecy, silence, denial, and fear of stigmatisation and discrimination.” Alarming, Kelly found that the situation in the surveyed institutions was much like the wider education scene in eastern and southern Africa: “considerable disarray, inadequate understanding and piecemeal response in its attempts to manage the impacts of HIV/AIDS. The sector appears to be responding to the demands of the disease almost randomly. It has some projects, but few programmes. It is going in all directions at once.” Kelly bemoaned the considerable uncertainty, limited understanding, lack of coordination, absence of well-developed action plans, persistent atmosphere of HIV/AIDS discrimination and minimal policy framework prevalent in these institutions. Kelly’s synthesis painted a depressing picture of the HIV/AIDS responses in these African higher education institutions, as they were mostly the result of the activities of zealous individuals and not part of an institutionalised response.<sup>11</sup>

The time since Kelly’s sobering account has seen progress, however. Several case studies of the impact of and response to HIV/AIDS in African universities have been undertaken, and both the Association of African Universities (AAU) and the Association of Commonwealth Universities (ACU) have increased their institutional support to member institutions in terms of HIV/AIDS. At least twenty tertiary education institutions from Anglophone countries have now also developed formal policies for dealing with HIV/AIDS. Nonetheless, as significant as these achievements are, they are given sobering perspective when viewed in the context of the epidemic’s continuing impact on the SADC region (see Table 1). These statistics are indicative of the urgent need to develop and implement institutionalised responses to HIV/AIDS in higher education institutions in the SADC, and for all institutions in the region to collectively lay claim to an effective and sustained engagement of the epidemic and its attendant social complexities.<sup>12</sup>

Thus the stark challenge facing tertiary education institutions in the SADC is clear: a coherent, co-ordinated response to HIV/AIDS has not yet been fulfilled. As this survey illustrates, while some universities in the region have formulated admirable HIV/AIDS official policies; have fostered research, innovation, care and support; and have engaged social and human capital in countering the spread of HIV/AIDS on their

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<sup>11</sup> M Kelly, *Challenging the challenger. Understanding and expanding the response of universities in Africa to HIV/AIDS*, pp. 33, 53-58, 68-69.

<sup>12</sup> W Saint, ‘The response begins at home: HIV/AIDS and Tertiary Education in sub-Saharan Africa,’ *Crafting institutional responses to HIV/AIDS: Guidelines and Resources for Tertiary Institutions in Sub-Saharan Africa*, World Bank, 2004, pp. 5-7.

campuses and in their communities, others have as yet much to attain. Tertiary education institutions in the entire region have to face up to the fact that everyone is not yet pulling their weight, and the responsibility and compulsion for an institutionalised and coherent regional response rests with every institution. If the epidemic has taught us anything, then it is surely a truism that no-one is unaffected, and no institution sufficiently isolated from the reach of the epidemic, especially not in a region as affected by the disease as the SADC. Yet, as this document stresses, the grave threat of HIV/AIDS is also the unique possibility of constructive engagement in society for a tertiary education institution. What is required is leadership, from Vice-Chancellors as from every strata of authority in the education sector.

## **INSTITUTIONAL RESPONSES TO HIV/AIDS FROM INSTITUTIONS OF HIGHER EDUCATION IN THE SADC<sup>13</sup>**

### **ANGOLA:**

#### **UNIVERSITY AGOSTINHO NETO**

In correspondence with the CSA, University Agostinho Neto (UAN) Vice-Rector Joao Almeida stated that there is no HIV/AIDS policy currently in operation at the university. UAN does, however, take part in and contribute to the national HIV/AIDS programme, and is represented on the national government HIV/AIDS committee. There are likewise no HIV/AIDS-focused institutional committees, research centres, or student bodies at UAN, yet the Vice-Rector also stated that the university management has identified the need to establish an HIV/AIDS committee at UAN. Medical support services are provided on campus, although VCT for HIV/AIDS is not offered. To Vice-Rector Almeida it is simply a matter of "There is no HIV/AIDS pandemic at the University." Even so, UAN does engage in activities on World AIDS Day, and the university also relays HIV/AIDS-related programmes initiated by the government and by NGOs. UAN offers no HIV/AIDS-specific subjects as, according to Vice-Rector Almeida, HIV/AIDS information is sufficiently embedded in the general school curriculum. The Vice-Rector also stated that he was not aware of any HIV/AIDS-related research currently conducted at UAN.

### **BOTSWANA:**

#### **UNIVERSITY OF BOTSWANA**

Botswana's national HIV/AIDS response has profited greatly from committed leadership by the country's government and President, Festus Mogae. The University of Botswana's (UB) HIV/AIDS Policy is similarly dedicated, listing as 'Policy implementers' not only a host of persons in strategic posts but also 'all staff' and 'all students.' Envisaging an HIV/AIDS-free generation by 2016 via dedicated and sustained leadership and management, the policy acknowledges the substantial impact of the disease ('one in three Botswana infected') while also underlining the central role of the university in innovatively responding to the epidemic. In accordance with national government policy, the UB HIV/AIDS policy has four components:

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<sup>13</sup> The authors would like to acknowledge Gina Valot and Sebastian Matroos for their assistance with translation and administration of information used in this section.

1. Rights and responsibilities of affected and /or infected staff and students
2. Education and awareness
3. Counselling, care and support services for staff and students
4. Integration of HIV/AIDS issues into teaching, research and service activities.<sup>14</sup>

The University of Botswana is made up eight faculties and in 2005 had a student community of 15 425 students. HIV/AIDS responses at UB have been strongly influenced by national policies and strategies, and an STI/HIV/AIDS Committee was established at the university to mainstream HIV/AIDS responses at the institution. The committee has up to 34 members, who, in conjunction with the main committee also form sub-committees at faculty and department levels. In addition, the committee also has members drawn from the Student Centre, the Counselling and Wellness Centre, and the library. The STI/HIV/AIDS Committee's terms of reference are to promote positive living and attitudes, peer education, knowledge ad awareness, pre- and post-test counselling, care and support of students and staff, and behaviour change to curb the spread of HIV/AIDS. Apart from drawing up UB's HIV/AIDS policy, the Committee has in the past also sponsored such activities as AIDS awareness games, Youth Against STI/HIV/AIDS Month, panel discussions, drama presentations, and cultural nights.<sup>15</sup>

UB comprises three main HIV/AIDS-related service-providers: the university clinic, the Health and Wellness Centre, and the Careers and Counselling Centre. In addition, UB also has an Office of Research and Development that funds research by staff on HIV/AIDS on a competitive basis. The university clinic has nine staff members (a director, two part-time doctors, two sister nurses, and four staff nurses) who are involved in a number of HIV/AIDS prevention activities. The clinic organizes prevention workshops for students, provides pre- and post-test counselling, and also participates in the national Prevention of Mother To Child Transmission programme. In 2001, however, it was reported that the clinic was unpopular with students as they felt the nurses associated attendance of the clinic with contracting STDs.<sup>16</sup>

The Health and Wellness Centre was established at UB in 2000, and endeavours to promote and protect health and wellness at UB through awareness and educational programmes and by providing counselling and support to students and staff. UB's

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<sup>14</sup> *University of Botswana HIV/AIDS Policy.*

<sup>15</sup> *Future Leaders @ Work, Beyond Borders: UB. Centre for the Study of AIDS Internal Report*, pp. 1-2; B Chilisa and P Bennell, *The Impact of HIV/AIDS on the University of Botswana: Developing a Comprehensive Strategic Response*, pp. 6-7.

<sup>16</sup> B Chilisa and P Bennell, *The Impact of HIV/AIDS on the University of Botswana: Developing a Comprehensive Strategic Response*, pp. 7-8; AH Gabriel, *African Universities' Response to HIV/AIDS in the Global AIDS Initiative Countries: A Synthesis of Country Reports*, p. 32.

Counselling Centre, established in 1993, comprises 10 staff members: a director, two deputy directors, and eight counsellors who specialise in counselling, clinical psychology, psychiatric nursing, and social work. The Counselling Centre provides academic support services, careers information and development services, testing services and counselling/clinical services to staff and students on an individual basis and in groups. In 2001 it was reported, however, that the Centre is under-utilised by students and staff, and this was attributed to the stigma associated with the Centre and a lack of information among students regarding the activities offered at the Centre.<sup>17</sup>

Additionally there are also student movements engaged with HIV/AIDS on the UB campus. Students Against HIV/AIDS (SAHA) was established in 1998 and facilitates student activities associated with HIV/AIDS. Thus SAHA promotes discussion on sexual health and HIV/AIDS, promotes cooperation among different stakeholders, and also participates in national and international HIV/AIDS activities, i.e. Month of Prayer (usually held in September) and World AIDS Day. Student volunteers at UB are also involved as health promotion assistants (at the Health and Wellness Centre) and as peer counsellors. Following negotiations during 2005 and ongoing in 2006, the Future Leaders @ Work peer education programme of the Centre for the Study of AIDS (CSA) at the University of Pretoria is also set to be expanded to UB under the Beyond Borders regional initiative.<sup>18</sup>

The obvious commitment from the university management facilitates numerous HIV/AIDS activities on the UB campus. In addition, the manner in which the STI/HIV/AIDS Committee is constituted and empowered creates a platform for dynamism and interaction across different field of specialisation. Yet while there are several HIV/AIDS-related service providers operative on campus, there is as yet no suitable mechanism to coordinate, monitor and integrate all of these services. Hence a duplication of services occasionally results. Efforts at integrating HIV/AIDS into teaching and research at the university have also not been concluded in a systematic and concerted fashion.<sup>19</sup>

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<sup>17</sup> B Chilisa and P Bennell, *The Impact of HIV/AIDS on the University of Botswana: Developing a Comprehensive Strategic Response*, pp. 9-12.

<sup>18</sup> *Future Leaders @ Work, Beyond Borders: UB. Centre for the Study of AIDS Internal Report*, pp. 1-2; B Chilisa and P Bennell, *The Impact of HIV/AIDS on the University of Botswana: Developing a Comprehensive Strategic Response*, pp. 12-13.

<sup>19</sup> *Future Leaders @ Work, Beyond Borders: UB. Centre for the Study of AIDS Internal Report*, pp. 2-3; B Chilisa and P Bennell, *The Impact of HIV/AIDS on the University of Botswana: Developing a Comprehensive Strategic Response*, p. 14.



## DEMOCRATIC REPUBLIC OF CONGO:

### UNIVERSITY OF KINSHASA UNIVERSITY OF LUBUMBASHI

The University of Kinshasa is both the oldest and largest tertiary education institution in the DRC, while the University of Lubumbashi is the second largest. In a country with an average national HIV prevalence rate of 4.2% and an estimated 1 million people living with HIV/AIDS, the University of Kinshasa (UoK) has seen its student body increase from 21,838 in 2001 to 24,083 in 2004. Data from a 2004 survey conducted on the campus of UoK indicated that 90% of students reported not minding sitting next to a student who was HIV positive, but 57% of students would not accept buying food from a person living with HIV. Moreover, 68% of students reported that they would not want to reveal the HIV status of a family member living with HIV.<sup>20</sup>

A VCT centre operated by students was established at UoK's student clinic in 2003. Attendance at the centre did not increase substantially between 2003 and 2005, and the roughly 1000 students who did attend the centre in this period indicated an HIV prevalence rate of 6%. Any attempt at measuring the impact of HIV/AIDS on both the UoK and the University of Lubumbashi (UL) is severely hampered, however, by the lack of data and surveillance conducted at the institutions. Thus there is no data collected on the attrition, morbidity or mortality of professors and assistants due to HIV/AIDS; on student attendance; on staff mortality; or on the economic costs of HIV/AIDS, as the institutions report not seeing the need to generate such data. The Schools of Medicine at the University of Kinshasa and the University of Lubumbashi conduct clinical research and publish some clinical studies, while non-clinical research is mainly performed at the University of Kinshasa, where sociological, anthropological, epidemiological, behavioural, and evaluation research are conducted.<sup>21</sup>

In fact the higher education sector in the DRC does not seem to be concerned with HIV/AIDS, and the UoK and the UL do not see the importance or relevance of HIV/AIDS in their work and environment. Thus neither of these institutions has deemed it necessary to construct policies or action plans to constitute an HIV/AIDS response. As a result of the noncommittal attitude prevailing in the universities'

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<sup>20</sup> P Kayembe, *UNESCO Review of Higher Education Institutions' Responses to HIV and AIDS. Democratic Republic of the Congo – The Case of the University of Kinshasa*, pp. 13-15; 2004 UNAIDS Report on the global AIDS epidemic.

<sup>21</sup> P Kayembe, *UNESCO Review of Higher Education Institutions' Responses to HIV and AIDS. Democratic Republic of the Congo – The Case of the University of Kinshasa*, pp. 14-16, 22.

management structures, a pervasive culture of silence likewise prevails among students and staff on these campuses. Hence no-one is prepared to speak openly about HIV/AIDS, and there is little comprehension of the threat of HIV/AIDS to these institutions.<sup>22</sup>

The management structures of both universities foresee no need for their institutions to devise an HIV/AIDS response. As a policy on HIV/AIDS has been instituted on the provincial level, the UL management believes that an HIV/AIDS policy would be superfluous and hence prefers to refer all matters related to HIV/AIDS to its School of Medicine. At the outset of the HIV/AIDS epidemic in the DRC, the UoK, through its School of Medicine, showed qualities of leadership in collaborating with government in clinical and epidemiological research. The university has remained active in research through its School of Public Health, but apart from its role in research the UoK has not shown any other qualities of leadership in responding to HIV/AIDS. The university does have an office in charge of student health and wellbeing, yet HIV/AIDS has not been incorporated into the office's mission.<sup>23</sup>

HIV/AIDS is only taught in the Schools of Medicine at the UoK and UL, but is not integrated into the curricula of other faculties of both institutions. Since 1994, non-formal education on HIV/AIDS at the UoK has been undertaken principally by student groups who are supported by external NGOs. In 2003 the School of Public Health implemented a new project at the UoK entitled the Small Project Development Fund – Unikin. Under this project health personnel at the student clinic and hospital located on campus were trained on the management of STIs and two VCT centres established at the two facilities. A behavioural survey was also conducted using students as interviewers. The follow-up survey conducted in 2004 indicated that the knowledge levels of HIV/AIDS means of prevention had slightly increased, HIV-related stigma had decreased, and the use of condoms at last sexual intercourse had slightly increased. However, attendance to VCT centres remained negligible. Treatment is not available at the two VCT sites on campus, yet students who test positive for HIV are referred to other sites for treatment and support. Condoms are distributed free of charge in education meetings and there are numerous outlets selling condoms at low prices in dormitories. Neither of these universities have community outreach programmes in place, and nor do they monitor or evaluate their institutional response to HIV/AIDS.<sup>24</sup>

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<sup>22</sup> P Kayembe, *UNESCO Review of Higher Education Institutions' Responses to HIV and AIDS. Democratic Republic of the Congo – The Case of the University of Kinshasa*, pp. 16-17.

<sup>23</sup> P Kayembe, *UNESCO Review of Higher Education Institutions' Responses to HIV and AIDS. Democratic Republic of the Congo – The Case of the University of Kinshasa*, pp. 18-19.

<sup>24</sup> P Kayembe, *UNESCO Review of Higher Education Institutions' Responses to HIV and AIDS. Democratic Republic of the Congo – The Case of the University of Kinshasa*, pp. 19-24.

In correspondence with the CSA, Professor Kapend from UL pointed out that, as a state university, UL's HIV/AIDS response is encompassed in the national policy on HIV/AIDS and hence the development of an HIV/AIDS policy for UL would be superfluous. Nevertheless, Prof Kapend was adamant that UL engages in and supports HIV/AIDS research as far as possible, despite that UL "has no funds for research but relies on partnerships and sponsorships to support its research work on HIV/AIDS." According to Prof Kapend, staff and students who are ill with HIV are taken care of by the health structures of UL, thus there is "no need to necessarily create a specialised centre for HIV/AIDS at the university."

## LESOTHO:

### NATIONAL UNIVERSITY OF LESOTHO

The only university in Lesotho, a country with a 29% HIV prevalence rate in 2005, the National University of Lesotho (NUL) hosted a full-time student body of over 5000 in 2005. NUL does not have an institutional policy on HIV/AIDS in place although a draft policy and strategic plan was produced by a group of volunteers who constituted an NUL HIV/AIDS Coordinating Committee in 2002. Recent changes in management, however, have delayed the formalisation of the policy. The draft policy summarizes the university's vision, policy commitments and strategies in preventing the spread of HIV/AIDS and in building an 'HIV/AIDS-competent' NUL community. The draft policy contains a strategic plan, which outlines actions to be taken by NUL staff and students on policy formulation; capacity building; advocacy; information generation; dissemination and storage; fundraising; networking; care and support; and community service.<sup>25</sup>

The strategy also envisages the formulation of an official NUL HIV/AIDS policy, the generation and increase of HIV/AIDS awareness and knowledge, the eradication of stigma and discrimination, the mobilisation of HIV/AIDS resources for HIV/AIDS-related activities and the establishing of an HIV/AIDS resource centre. In addition, the draft policy also enshrines collaboration with other institutions, the incorporation of HIV/AIDS into the university curriculum, and support and counselling for staff and students. Despite support from the government of Lesotho to promote VCT, HIV testing has not yet been systematically established on campus. Instead, efforts by NUL to promote VCT have been ad hoc and uncoordinated. This is partly due to the lack of

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<sup>25</sup> M Ranneileng, *UNESCO Review of Higher Education Institutions' Responses to HIV/AIDS. Lesotho – The Case of the National University of Lesotho*, pp. 8-12, 21.

autonomy and inadequate staffing of the university's HIV/AIDS office and also to the temporary nature of the key positions of the university. For similar reasons, the university's HIV/AIDS budget for the 2004/2005 academic year has also been underspent.<sup>26</sup>

An NUL HIV/AIDS Coordinating Committee was established in 2002, and to implement the efforts of this committee the Vice-Chancellor established an HIV/AIDS Office at the institution in June 2003. From the outset, however, the Committee's activities were hampered by the voluntary status of its members. A new committee was constituted in 2004, and after nominations were sought through faculties, departments, institutes and the SRC, the response was more positive. Yet NUL has not yet fulfilled a coordinated and purposeful HIV/AIDS response: the university still has no institutional HIV/AIDS policy; formal HIV/AIDS planning and teaching programmes have not been integrated into the formal curricula; student care and support services have not been established and there is little coordination of student activities related to HIV/AIDS; and a culture of silence persists on campus in terms of HIV/AIDS. Moreover, recent attempts at addressing this state of affairs have been hampered by the unstable management structures of the university.<sup>27</sup>

Since 2003 the NUL HIV/AIDS Office, somewhat hampered by a lack of resources, has managed to initiate training for peer educators and has organized HIV/AIDS workshops for students and staff. NUL has also been in negotiation with staff from the Centre for the Study of AIDS (CSA) at the University of Pretoria, to initiate the expansion of the CSA's Future Leaders @ Work (FL@W) peer education programme to NUL under the Beyond Borders regional initiative. Three anti-AIDS student groups active on the NUL campus have taken the lead in organising events commemorating World AIDS Day, and a successful event transpired in 2004. The 2004/2005 orientation programme also included a brief component of HIV/AIDS information, and it was planned for more life skills information to be included in the orientation programmes of subsequent years. However, NUL offers no VCT or HIV/AIDS-specific counselling and treatment services, although there is a clinic situated on campus staffed by three nurses, focusing on the general health of the students.<sup>28</sup>

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<sup>26</sup> M Ranneileng, *UNESCO Review of Higher Education Institutions' Responses to HIV/AIDS. Lesotho – The Case of the National University of Lesotho*, pp. 15, 21-22.

<sup>27</sup> M Ranneileng, *UNESCO Review of Higher Education Institutions' Responses to HIV/AIDS. Lesotho – The Case of the National University of Lesotho*, pp. 22-28.

<sup>28</sup> *Future Leaders @ Work, Beyond Borders: NUL. Centre for the Study of AIDS Internal Report*, pp. 1-4.

## **MADAGASCAR:**

### **UNIVERSITY OF ANTANANARIVO**

The University of Antananarivo (UA) has no HIV/AIDS policy in operation at current. Yet in correspondence with the CSA, Rector Professor R. Pascal and Professor R Rabenjo from the UA Medical Faculty stated that the UA Medical Faculty does take part in and contribute to the official national HIV/AIDS committee. UA also currently does not have an institutional HIV/AIDS committee in place, although Prof Pascal and Prof Rabenjo stated that such a committee is being created at the university. There is a general clinic at UA, though VCT services for HIV/AIDS are not provided. In short, HIV/AIDS is not perceived to be a threat either nationally or at the university. Any HIV/AIDS research at UA is conducted only in the Medical Faculty.

## **MALAWI:**

### **UNIVERSITY OF MALAWI**

The University of Malawi (UNIMA) developed and launched an HIV/AIDS Policy in 2004, and in the same year also appointed an HIV/AIDS Coordinator. UNIMA consists of five colleges operating on a federal structure: Bunda College of Agriculture, Chancellor College, College of Medicine, Kamuzu College of Nursing and the Polytechnic. During 2004 UNIMA appointed HIV/AIDS coordinating committees for each college, as well as a university-wide HIV/AIDS Coordinating Committee (as envisaged in UNIMA's HIV/AIDS Policy) which developed guidelines in 2005 for the provision of HIV/AIDS-related services.<sup>29</sup> According to UNIMA's Professor Leonard Kamwanja, each of UNIMA's colleges carries out teaching and research on HIV/AIDS, and all the colleges have clinics where staff and students are attended to. For the time being HIV infected or affected staff and students are referred to hospitals near the UNIMA campus, yet according to Prof Kamwanja discussions are under way for the UNIMA college clinics to provide care and treatment when "appropriate facilities are in place."

"As a University," Vice-Rector Professor David Rubadiri states in the foreword to the UNIMA HIV/AIDS Policy, "we can not ignore the threat of HIV/AIDS to our students, staff and their families." Hence, the document states, "The University of Malawi would like to take a leading role in mainstreaming HIV/AIDS in its core

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<sup>29</sup> *Copy of HIV/AIDS cross cutting issues.* UNIMA internal document.

activities of teaching, research and management, including service provision. Our policy seeks to put in place strategies that will among other things address discrimination, destigmatisation, encourage voluntary counselling and testing and integrate HIV/AIDS into the university curriculum. It will also promote community outreach programmes." While acknowledging that there is no current accurate data on HIV prevalence at UNIMA, the policy nevertheless stresses that "records show increasing numbers of deaths amongst Academic and Administrative (A&A), and Clerical, Technical and Support (CTS) staff in all the constituent colleges of the University of Malawi," and "Observations also show that graduates from the UNIMA colleges die within a few years after completing their study programmes." Thus, the policy concludes, "The University of Malawi needs to adopt a proactive approach to matters of HIV/AIDS as they relate to staff and students. The University further needs to take a leading role in the national response to HIV/AIDS through its core business of teaching, research and management. In addition, there is need to undertake outreach services to the communities surrounding the constituent colleges."<sup>30</sup>

Outlining a number of objectives, guiding principles and policy statements, the UNIMA HIV/AIDS Policy intends for the university to effectively respond and contribute to the national HIV/AIDS response by formulating programmes for the management of HIV/AIDS in the university and in the local communities. Thus the policy envisages, among other things, for the university to:

- Provide HIV/AIDS-related information and education to university students and staff and to local communities
- Promote a supportive environment at UNIMA to reduce stigma and discrimination
- Facilitate the provision of youth-friendly medical care, VCT and treatment to staff and students
- Promote HIV/AIDS research at the university and to facilitate the mainstreaming of HIV/AIDS into all UNIMA programmes and curricula
- Strengthen collaboration with national and international donors, and to
- Facilitate the sourcing and provision of adequate resources for HIV/AIDS activities within the University of Malawi.<sup>31</sup>

The policy enshrines principles of human rights, 'destigmatisation,' non-discrimination, and confidentiality; multi-sectoral involvement; gender equity and equality; community outreach; and compliance with the National HIV/AIDS Policy. The policy also commits the university to providing leadership and resources for

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<sup>30</sup> *University of Malawi, HIV/AIDS Policy*, October 2003, pp. 1-7.

<sup>31</sup> *University of Malawi, HIV/AIDS Policy*, October 2003, p. 8.

interventions within the university and the local communities, and states that the office of the Pro-Vice Chancellor will be responsible for the coordination of HIV/AIDS activities at UNIMA. While renouncing the use of screening or testing for HIV as entry requirements for potential new staff members and students, the policy also dictates that no employment contract can be terminated at UNIMA on account of HIV or AIDS status alone. In addition, the policy commits the university to providing VCT, PMTCT, and ARV treatment (where possible) to students and staff, and also to the development of programmes which could address similar needs in local communities. The university will also develop an updated HIV/AIDS agenda, keep an inventory of past and on-going research, ensure the timely dissemination of research findings, and advocate for the implementation of research findings to positively impact on the HIV/AIDS epidemic.<sup>32</sup>

The Kamuzu College of Nursing (KCN) at UNIMA, in partnership with the University of Illinois at Chicago (UIC), administers an HIV/AIDS project which focuses (among other things) on the behavioural, cultural, social, and psychosocial factors that influence HIV/AIDS prevention, care and management. Ultimately the project aims to build an institutional program of research excellence at KCN to facilitate innovative behavioural science research in order to improve the effectiveness of HIV/AIDS treatment and prevention throughout Africa. KCN also collaborates with UIC on another HIV/AIDS prevention and intervention project utilizing health workers at a district hospital and five of its rural health centres in Ntcheu district, Malawi. The intervention has been delivered to 243 district hospital health workers, 93 rural health centre workers in five health centres, 2,242 community adults and 60 community leaders in 16 villages served by the 5 health centres. Currently the youth intervention programme is being administered to young people in the 16 villages served by the 5 health centres. Apart from the partnerships it has established with several international institutions of higher education, via the Centre of Excellence in Nursing, Midwifery and Health Sciences Research at KCN, UNIMA has also forged links with the University of Botswana and the University of South Africa.<sup>33</sup>

UNIMA's management has made visible efforts to mainstream HIV/AIDS into the university's curriculum. A workshop on HIV/AIDS was conducted with Faculty Deans in 2004 to review existing curricula, and as a result a generic HIV/AIDS module was developed in 2005. Heads of Departments were subsequently trained on the HIV/AIDS module and new training materials developed, while the existing curriculum was updated in light of the new module. Subsequently the university also supported the formation of HIV/AIDS clubs, and encouraged these clubs to undertake

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<sup>32</sup> *University of Malawi, HIV/AIDS Policy*, October 2003, pp. 9-13.

<sup>33</sup> [www.unima.mw](http://www.unima.mw) (University of Malawi website).

outreach activities. In addition, since 2004 VCT counsellors have been trained and appropriate spaces made available for counselling on campus, while campus clinic staff has been trained in PMTCT and home-based care.<sup>34</sup>

## **MZUZU UNIVERSITY**

In correspondence with the CSA, Dominic Ndengu, Secretary of the Mzuzu University (MZUNI) Institutional HIV/AIDS Committee, stated that MZUNI does have an official HIV/AIDS policy in place. The policy was originally drafted in 2001, and finally adopted during 2005. The MZUNI Institutional HIV/AIDS Committee is charged with coordinating all HIV/AIDS activities at MZUNI, and the committee also forms part of a national HIV/AIDS committee. The MZUNI committee is chaired by the MZUNI Vice-Chancellor, and meets once a month. At the establishment of the committee in 2005, Mr Ndengu was the only member, but it currently consists of 10 members. One of these is the student leader of an HIV/AIDS-related student movement currently active on campus.

Mr Ndengu indicated that although the university does offer general counselling services to students, MZUNI currently has no HIV/AIDS VCT services available (although plans are afoot to establish such a service). During 2005 MZUNI also engaged in a number of peer education programmes for students (although no new activities have been attempted in 2006) as well as workplace programmes for staff. A compulsory HIV/AIDS course is provided for final year students in the Education Faculty of the university. According to Mr Ndengu, a general consensus now exists at MZUNI that the compulsory HIV/AIDS course should be expanded to the other Faculties of the university. Mr Ndengu was aware of some MZUNI students engaging in HIV/AIDS research, and mentioned that the university also operates a HIV/AIDS-related outreach programme to local schools.

## **MAURITIUS:**

### **UNIVERSITY OF MAURITIUS**

The University of Mauritius' (UoM) response to HIV/AIDS should be interpreted in the context of the negligible state of the epidemic in Mauritius. For instance, with a total number of only 70 HIV/AIDS cases in Mauritius between 1987 and 2001, the epidemic is not a priority either nationally or in the higher education sector in the

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<sup>34</sup> *Copy of HIV/AIDS cross cutting issues.* UNIMA internal document.



country.<sup>35</sup> Moreover, as Professor S. Ragobour from the Faculty of Social Studies and Humanities at UoM explained, as HIV/AIDS treatment and care is provided free of charge by the government in Mauritius, these services are not provided on the UoM campus to students or staff. Nonetheless, UoM does provide first aid medical care and counselling services on campus. In terms of HIV/AIDS education in the curriculum, UoM offers an undergraduate elective course on HIV/AIDS, while on postgraduate level the university offers a graduate programme in social work which includes a focus on HIV/AIDS-related subjects.

UoM has not yet produced an official HIV/AIDS policy, but according to Prof Ragobour a policy is forthcoming as the university realises that an institutional response to the epidemic is essential. One issue highlighted by Prof Ragobour in this regard is the fact that foreign students in Mauritius are required to be tested for HIV in order to be granted a residence permit. As this is an instance of a potential human rights concern the university is obliged to develop an institutional policy and response to HIV/AIDS. As UoM is cognisant of the threat posed by HIV/AIDS to education and occupational health, the university management is aware that something needs to be done, and hence according to Prof Ragobour an institutional response from the institution is "on the way."

## **MOZAMBIQUE:**

### **UNIVERSITY EDUARDO MONDLANE**

In correspondence with the CSA, Mr Jorge Nicos of University Eduardo Mondlane (UEM) stated that the university does not yet have an official HIV/AIDS policy in place, but one is forthcoming in 2006. UEM does not provide VCT for HIV/AIDS, but the university does offer a general counselling service for students. According to Mr Nicos, HIV/AIDS activities at the institution are mostly administered by a peer educators group consisting of students, lecturers and other member of the university community. UEM also offers a workplace programme to members of staff, and HIV/AIDS messages form part of the annual orientation programme for first year students.

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<sup>35</sup> *UNAIDS Epidemiological Fact Sheets on HIV/AIDS and sexually transmitted infections: Mauritius*. 2004, p. 7.

## NAMIBIA:

### UNIVERSITY OF NAMIBIA

The University of Namibia (UNAM) is the only university in Namibia, and was established in 1992. The university first drafted HIV/AIDS guidelines in September 1997, which were approved by the Senate the same year. The guidelines were considered as not promoting a coherent focus on HIV/AIDS across the curriculum and in all faculties and were not informed by a strategic work plan. Accordingly, the university Senate decided that an integrated and more coordinated policy be developed. Hence an ad hoc Senate committee was nominated to review and recast the existing guidelines. Thus the guidelines were eventually reconstituted as the university's HIV/AIDS policy, and were designed to support the National Strategic Plan on HIV/AIDS Medium Term Plan II (1999-2004) and the 2001 Namibian HIV/AIDS Charter of Rights. The Human Rights provisions contained in the Constitution of the Republic of Namibia provided the overall normative framework for the UNAM HIV/AIDS policy.<sup>36</sup>

The UNAM HIV/AIDS Policy recognises the 'undeniable' link between human rights and public health in the context of HIV/AIDS. The policy thus commits UNAM to a rights-based approach both to protect the inherent dignity of persons affected by HIV/AIDS and to achieve the public health goals of reducing vulnerability to HIV infection, lessening the adverse impact of HIV/AIDS on those affected and empowering individuals and communities to respond to HIV/AIDS. In an incisive assessment of the university's responsibility for developing an effective HIV/AIDS response, the UNAM policy recognised the university as the principal agency for the development of high-level human resources to the nation. Thus it is imperative for the university to build high-level research capacity relevant to all areas of national development and to provide leadership in teaching, research, and community engagement on HIV/AIDS and its impact.<sup>37</sup>

Further committing the university to addressing HIV/AIDS stigma and discrimination, regional and international partnership and cooperation, and care and support for staff and students, the policy outlined four principal components:

1. Rights and responsibilities of staff and students affected and infected by HIV/AIDS
2. Integration of HIV/AIDS into teaching, research and service activities of all University faculties, centres and units

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<sup>36</sup> PH Katjavivi and B Otaala, *African Higher Education Institutions Responding to the HIV/AIDS Epidemic*, pp. 9-10; *University of Namibia. Policy on HIV/AIDS*, pp. 1-2.

<sup>37</sup> *University of Namibia. Policy on HIV/AIDS*, pp. 2-3.

3. Provision of preventive care and support services on campus, and
4. Implementation of policy: structures, procedures, monitoring and review.

Since the late 1990s, first year orientation has focused specifically on trying to make new students sensitized to the dangers of pregnancy, sexually transmitted diseases, and particularly the dangers of HIV/AIDS. As a result of the drafting of the 1997 policy guidelines a new project was established at UNAM entitled 'Stepping Stone.' The programme focused on peer education and counselling, yet as result of the death of the founder of the project, 'Stepping Stone' was reported to have been discontinued. Since 1994, however, the university has also introduced a new HIV/AIDS Awareness Week prevention initiative, which takes place twice annually. During HIV/AIDS Week prominent speakers from government and civil society are invited to address themes relevant to HIV/AIDS. UNAM also operates a campus health clinic, which is staffed by two full-time nurses and one part-time doctor (who reports to the clinic twice a week), and a Student Welfare Society, which deals specifically with issues of HIV/AIDS and administers the 'My Future is My Choice' programme (see below).<sup>38</sup>

UNAM has introduced a compulsory new course for first year students entitled 'Contemporary Social Issues' which covers ethics, gender and HIV/AIDS. The HIV/AIDS component of the course includes aspects of epidemiology, prevention, anti-retroviral therapy, and the Namibian HIV/AIDS Charter of Rights. Some Departments also offer additional courses that cover HIV/AIDS-related issues. In 2001 the university established a radio station which uses music, jingles, drama and talk shows as a means of mainstreaming HIV/AIDS issues among youth. Utilising interactive variety shows, the radio station strives to entertain and educate simultaneously. In the mid-1990s UNAM also introduced a special tutoring and mentoring system entitled 'My Future is My Choice.' Via a life skills curriculum the programme targets youth aged 15-18. 'My Future is My Choice' deals with HIV/AIDS prevention and life skills promotion. The curriculum has eleven sessions, and each is approximately two hours long. It is usually taught over five weeks, at a rate of two per week. By 2004 over 100 000 secondary school learners and out-of-school youth and over 200 University of Namibia students had been trained. The Ministry of Basic Education, Sport and Culture in Namibia has declared it a compulsory extramural activity for all secondary schools in Namibia.<sup>39</sup>

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<sup>38</sup> *Future Leaders @ Work, Beyond Borders: UNAM. Centre for the Study of AIDS Internal Report*, pp. 1-2; B Otaala, *Impact of HIV/AIDS on the University of Namibia and the University's Response*, pp. 19-20, 22-24, 35-36.

<sup>39</sup> B Otaala, 'Institutional Policies for Managing HIV/AIDS in Africa,' *Crafting institutional responses to HIV/AIDS: Guidelines and Resources for Tertiary Institutions in Sub-Saharan Africa*, World Bank, 2004, pp. 21-22; AH Gabriel, *African Universities' Response to HIV/AIDS in the Global AIDS Initiative*

In 2003 an HIV/AIDS Unit was established at UNAM with assistance from one Fulbright scholar and a volunteer from the NGO Inter-Team Namibia. The Unit has among other things contributed to the development of the 'Contemporary Social Issues' course and conducted information dissemination and networking initiatives. The UNAM Vice-Chancellor also initiated the establishment of an HIV/AIDS Task Force at the university. The Task Force is constituted by various leading staff members of the university, and is tasked with such HIV/AIDS-related activities as coordinating the university's awareness campaigns, regional and national collaborations, and seeking funding opportunities. Subsequently, as a first step towards regional collaboration in dealing with issues related to HIV/AIDS in tertiary education institutions in the SADC region, the Task Force undertook a workshop on HIV/AIDS for tertiary education institutions in Namibia. Negotiations between UNAM and the Centre for the Study of AIDS (CSA) at the University of Pretoria are also underway to expand the CSA's Future Leaders @ Work peer education programme to UNAM under the Beyond Borders regional initiative.<sup>40</sup>

With committed leadership by the UNAM Vice-Chancellor, the university has been able to achieve successes in its HIV/AIDS response, i.e. the 'My Future is My Choice' programme and the creation of an HIV/AIDS Task Force. However, the university has not yet been fully able to move beyond a status quo response of prevention, counselling and information dissemination. UNAM's HIV/AIDS response has not yet been fully mainstreamed and institutionalised, and as only pockets of the university are actively engaged with the epidemic, the university community has not yet claimed full ownership of the responsibility. Moreover, the required culture of critique is as yet not fully operative at UNAM. One observer have also pointed to an element of individualism amongst the key role players within the field of HIV/AIDS on campus, as well as a lack of coordination between different administrative- and academic Departments. In addition, this observer noted that students were not involved in some of the UNAM's HIV/AIDS initiatives: they were viewed as the passive recipient of services while more focus was placed on the university's staff members.<sup>41</sup>

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*Countries: A Synthesis of Country Reports*, pp. 27, 33-34; E Lutaaya, *Study of African Universities' Response to HIV/AIDS: Namibia*, p. 9.

<sup>40</sup> B Otaala, *Impact of HIV/AIDS on the University of Namibia and the University's Response*, pp. 27-28; *Future Leaders @ Work, Beyond Borders: UNAM. Centre for the Study of AIDS Internal Report*, pp. 1-3; E Lutaaya, *Study of African Universities' Response to HIV/AIDS: Namibia*, pp. 14-15.

<sup>41</sup> B Otaala, *Impact of HIV/AIDS on the University of Namibia and the University's Response*, pp. 35-37; *Future Leaders @ Work, Beyond Borders: UNAM. Centre for the Study of AIDS Internal Report*, p. 3.

## SOUTH AFRICA:<sup>42</sup>

### UNIVERSITY OF CAPE TOWN

The University of Cape Town (UCT) Council approved an HIV/AIDS policy on 6 September 2000. This policy aimed at building on the platform set by the university's 1993 HIV/AIDS policy. The 2000 policy is a coordinated response to HIV/AIDS and encompasses aspects of confidentiality, employment contracts and integration, education, staff and student interactions, resources, health and prevention, curriculum development, research development, and leadership and coordination. The policy is one of the more enlightened in that it not only states the university's position and its responsibility to provide a safe environment for the institution's staff and students, but also states that every reasonable effort would be made to enable them to continue to participate during illness. Moreover, it addresses the university's responsibility to combat discrimination, increase knowledge and contribute to the fight against HIV/AIDS in wider society. A new version was submitted to Council in 2003.<sup>43</sup>

UCT offers a VCT service, treatment for opportunistic infections and counselling for students. An outsourced service for staff has been in place since mid-2003. UCT has contracted the Direct AIDS Intervention Programme to provide ARV treatment, workshops and training for staff, VCT services, counselling, STI management, Post-Exposure Prophylaxis (PEP) and management of staff with HIV/AIDS and case management of opportunistic infections.<sup>44</sup> The institution also operates a workplace programme that targets academic, administrative and support staff. The management and monitoring of the programme is outsourced.<sup>45</sup>

The UCT HIV/AIDS Unit is a structure dedicated to HIV/AIDS and works to equip graduates to respond to the HIV/AIDS epidemic at both a personal and professional

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<sup>42</sup> Unless otherwise indicated, the existence and/or state of peer education programmes, workplace programmes, and VCT services at tertiary education institutions in South Africa are given as indicated in the HEAIDS HIV and AIDS Audit: Interventions in South African Higher Education 2003-2004 (DOE, SAUVCA, and CTP, 2004). Mention is made of only those institutional AIDS policies that could be tracked down and/or were referred to and reported on in other studies.

(HEAIDS, HIV and AIDS Audit: Interventions in South African Higher Education 2003-2004, DOE, SAUVCA, and CTP, 2004).

<sup>43</sup> S. Bjarnason, J. Kirkland, J. Stackhouse, A. Rees, T. Webster, *HIV/AIDS, Towards a Strategy for Commonwealth Universities: Issues in Policy Development*, Association of Commonwealth Universities, July 2001.

<sup>44</sup> HEAIDS, HIV and AIDS Audit: Interventions in South African Higher Education 2003-2004, DOE, SAUVCA, and CTP, 2004.

<sup>45</sup> HEAIDS, HIV and AIDS Audit: Interventions in South African Higher Education 2003-2004, DOE, SAUVCA, and CTP, 2004.

level. The unit is responsible for the implementation of many aspects of the UCT policy on HIV/AIDS, particularly through education, training and awareness programmes for university students and staff, and the coordination of campus-wide HIV/AIDS initiatives. The Unit also facilitates outreach programmes in surrounding communities.<sup>46</sup>

The university has been offering a student peer education programme since February 1994. This well established programme is known as the Students' HIV and AIDS Resistance Programme (SHARP) and is overseen by the HIV/AIDS Unit. The programme utilises various forms of media in order to spread and maintain awareness of HIV/AIDS issues. SHARP aims to contribute towards education, information and prevention.<sup>47</sup>

HAICU (HIV/AIDS Coordination UCT) coordinates UCT AidsNet, which aims to coordinate, manage and disseminate knowledge on HIV/AIDS to the university community. The three main components of UCT AidsNet include a working group with faculty representation; an online platform to highlight HIV/AIDS teaching, research and outreach activities; and an online archive.<sup>48</sup> In terms of research, an AIDS and Social Research Unit is located within UCT's Centre for Social Science Research.

## CAPE PENINSULA UNIVERSITY OF TECHNOLOGY

An on-site VCT service was launched at the Cape Peninsula University of Technology during 1999. A Student Peer Education programme was initiated in January 1996. The programme is run by the institution and overseen by Counselling Services. A Staff Peer Education programme was established March 2001. The programme is run by the institution and overseen by Human Resources.<sup>49</sup> A workplace programme that targets academic, administrative and support staff was initiated in June 2002.<sup>50</sup>

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<sup>46</sup> <http://web.uct.ac.za/depts/hiv aids/>.

<sup>47</sup> <http://www.sharpuct.org.za/>.

<sup>48</sup> <http://www.uct.ac.za/>.

<sup>49</sup> HEAIDS, *HIV and AIDS Audit: Interventions in South African Higher Education 2003-2004*, DOE, SAUVCA, and CTP, 2004.

<sup>50</sup> HEAIDS, *HIV and AIDS Audit: Interventions in South African Higher Education 2003-2004*, DOE, SAUVCA, and CTP, 2004.

## CENTRAL UNIVERSITY OF TECHNOLOGY, FREE STATE

An established on-site VCT service is open to both staff and students at the Central University of Technology, with a free initial consultation for both.<sup>51</sup> The institution also administers a Student Peer Education programme that is overseen by Student Services and Counselling Services.<sup>52</sup>

## UNIVERSITY OF FORT HARE

An on-campus VCT service at the University of Fort Hare is offered to both staff and students for counselling and testing, and the initial consultation is free.<sup>53</sup> A Student Peer Education programme has been in operation since 1995. The programme is run by the university and overseen by Counselling Services.<sup>54</sup> The university runs a Staff Peer Education Programme. The HIV and AIDS Project Office oversees the programme.<sup>55</sup>

## UNIVERSITY OF THE FREE STATE

In 2001 a study described the University of the Free State's (UFS) HIV/AIDS plan as socially responsible as it includes an informed definition of HIV/AIDS; consideration of modes of transmission; support for condom distribution; counselling at a campus clinic; and consideration of education and changes to the curriculum.<sup>56</sup> An on-campus VCT service is offered to both staff and students for counselling and testing, and the initial consultation is free. The programme has been in operation since 1990.<sup>57</sup>

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<sup>51</sup> HEAIDS, *HIV and AIDS Audit: Interventions in South African Higher Education 2003-2004*, DOE, SAUVCA, and CTP, 2004.

<sup>52</sup> HEAIDS, *HIV and AIDS Audit: Interventions in South African Higher Education 2003-2004*, DOE, SAUVCA, and CTP, 2004.

<sup>53</sup> HEAIDS, *HIV and AIDS Audit: Interventions in South African Higher Education 2003-2004*, DOE, SAUVCA, and CTP, 2004.

<sup>54</sup> HEAIDS, *HIV and AIDS Audit: Interventions in South African Higher Education 2003-2004*, DOE, SAUVCA, and CTP, 2004.

<sup>55</sup> HEAIDS, *HIV and AIDS Audit: Interventions in South African Higher Education 2003-2004*, DOE, SAUVCA, and CTP, 2004.

<sup>56</sup> L. Martin, P. Alexander, *Responses to HIV/AIDS in South Africa's Tertiary Institutions: Policy, Practice and Shortcomings*, Rand Afrikaans University Sociology Department Seminar 2001/8; [http://www.google.co.za/search?hl=af&newwindow=1&q=%22unstitutional+policy%22+hiv+&meta=lr%3Dlang\\_nl%7Clang\\_en%7Clang\\_de](http://www.google.co.za/search?hl=af&newwindow=1&q=%22unstitutional+policy%22+hiv+&meta=lr%3Dlang_nl%7Clang_en%7Clang_de).

<sup>57</sup> HEAIDS, *HIV and AIDS Audit: Interventions in South African Higher Education 2003-2004*, DOE, SAUVCA, and CTP, 2004.

## UNIVERSITY OF JOHANNESBURG

The HIV/AIDS plan of the University of Johannesburg [UJ] (formerly known as Rand Afrikaans University before merging with Technikon Witwatersrand and the Soweto and East Rand Vista Campus) has been described as socially responsible as it includes an informed definition of HIV/AIDS; consideration of modes of transmission; support for condom distribution; counselling at a campus clinic; and consideration of education and changes to the curriculum.<sup>58</sup>

The institution has an established on-site VCT service that is offered to both staff and students for counselling and testing. The initial consultation is free.<sup>59</sup> There is also an established Student Peer Education programme that is run by the institution and overseen by Student Services.<sup>60</sup> The institution launched its workplace programme in September 2003. The target audience includes academic, administrative and support staff.<sup>61</sup>

## UNIVERSITY OF KWAZULU-NATAL

The University of KwaZulu-Natal's (UKZN) HIV/AIDS plan aims to respond effectively and comprehensively to HIV/AIDS at the university. The plan sets out the objectives of the university, which include providing the necessary leadership and commitment to ensure adequate allocation of resources in order to have an efficient HIV/AIDS prevention, treatment, care and support programme at the institution.<sup>62</sup>

The institution's HIV/AIDS plan has four key components. The first of these is to promote and advance campus leadership on HIV/AIDS. To achieve this, a high-powered AIDS Task Force chaired by Deputy Vice-Chancellor Prof Salim Abdool Karim was formed. The second component is prevention, care and support for students and staff. This component consists of education programmes, VCT and support for people living with HIV/AIDS, as well as treatment. Student peer educators have also been trained and provide safe sex messages to fellow students. The third

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<sup>58</sup> L. Martin, P. Alexander, *Responses to HIV/AIDS in South Africa's Tertiary Institutions: Policy, Practice and Shortcomings*, Rand Afrikaans University Sociology Department Seminar 2001/8; [http://www.google.co.za/search?hl=af&newwindow=1&q=%22unstitutional+policy%22+hiv+&meta=lr%3Dlang\\_nl%7Clang\\_en%7Clang\\_de](http://www.google.co.za/search?hl=af&newwindow=1&q=%22unstitutional+policy%22+hiv+&meta=lr%3Dlang_nl%7Clang_en%7Clang_de).

<sup>59</sup> HEAIDS, *HIV and AIDS Audit: Interventions in South African Higher Education 2003-2004*, DOE, SAUVCA, and CTP, 2004.

<sup>60</sup> HEAIDS, *HIV and AIDS Audit: Interventions in South African Higher Education 2003-2004*, DOE, SAUVCA, and CTP, 2004.

<sup>61</sup> HEAIDS, *HIV and AIDS Audit: Interventions in South African Higher Education 2003-2004*, DOE, SAUVCA, and CTP, 2004.

<sup>62</sup> <http://www.ukzn.ac.za/aidsprogramme/HomePage1.aspx>.



component relates to research on HIV/AIDS. The fourth component is concerned with mitigating the impact of HIV/AIDS on the university. This includes integrating HIV/AIDS into the curriculum of the university wherever possible; training HIV/AIDS researchers; and monitoring the sustainability of the student loan fund, pension plan and medical benefits. It also attempts to soften the impact of loss of staff and productivity as a result of HIV/AIDS.<sup>63</sup>

To ensure the effective implementation, monitoring and ongoing review of HIV/AIDS interventions and policy across all campuses, UKZN's HIV/AIDS programme comprises of the following structures: the University AIDS Committee; the Director: AIDS Programme; Campus HIV/AIDS Support Units; Campus HIV/AIDS Coordinators; and a Campus HIV/AIDS Working Group.<sup>64</sup>

**Other structures include:**

- **HIVAN** (HIV and AIDS Networking Centre): the University established the Centre for HIV/AIDS Networking (HIVAN) in 2002 with the aim of stimulating multi-disciplinary research and training partnerships in the field of HIV/AIDS. HIVAN provides mechanisms for cross-sectoral networking around HIV/AIDS research, training and intervention, and assists in ensuring that UKZN is equipped to deal with the effects of the epidemic on its own campuses. HIVAN interfaces closely with the institution's AIDS Programme, which falls within the portfolio of the Deputy Vice-Chancellor (Research) in implementing the University's HIV/AIDS plans.<sup>65</sup>
- **HEARD** (Health, Economics and AIDS Research Division): HEARD conducts research on the socio-economic aspects of public health, especially the HIV/AIDS epidemic. Its operations are international in scope. The intention is to inspire health and development strategies that improve the welfare of people in and beyond Africa.<sup>66</sup>

The institution has an established on-site VCT service. This service is offered to both staff and students for counselling and testing and the initial consultation is free.<sup>67</sup> There is an established Student Peer Education Programme.

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<sup>63</sup> <http://www.health-e.co.za/news/article.php?uid=20030888>.

<sup>64</sup> <http://www.ukzn.ac.za/aidsprogramme/HomePage1.aspx>.

<sup>65</sup> <http://www.hivan.org.za/gettoknowus/aboutus.asp>.

<sup>66</sup> <http://www.heard.org.za/>.

<sup>67</sup> HEAIDS, *HIV and AIDS Audit: Interventions in South African Higher Education 2003-2004*, DOE, SAUVCA, and CTP, 2004; S. Bjarnason, J. Kirkland, J. Stackhouse, A. Rees, T. Webster, *HIV/AIDS, Towards a Strategy for Commonwealth Universities: Issues in Policy Development*, Association of Commonwealth Universities, July 2001.

## UNIVERSITY OF LIMPOPO

Staff and students requesting VCT at the University of Limpopo are referred to off-campus services.<sup>68</sup> There is an established Student Peer Education programme.<sup>69</sup>

## MANGOSUTHU TECHNIKON

Staff and students requesting VCT at the Mangosuthu Technikon are referred to off-campus services.<sup>70</sup> A Student Peer Education programme was established in June 1999 and is run by the institution. Human Resources, an on-site Clinic, Student Services and the Institutional Officer oversee the programme.<sup>71</sup>

## NELSON MANDELA METROPOLITAN UNIVERSITY

The Nelson Mandela Metropolitan University (formerly the University of Port Elizabeth) was commended on its HIV/AIDS policy in a 2001 seminar paper. The policy was described as being socially responsible as it includes an informed definition of HIV/AIDS; consideration of modes of transmission; support for condom distribution; counselling at a campus clinic; and consideration of education and changes to the curriculum.<sup>72</sup> The institution has an established on-site VCT service, which is offered to both staff and students for counselling and testing. The initial consultation is free.<sup>73</sup> There is an established Student Peer Education programme.<sup>74</sup> A workplace programme has been launched.<sup>75</sup>

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<sup>68</sup> HEAIDS, *HIV and AIDS Audit: Interventions in South African Higher Education 2003-2004*, DOE, SAUVCA, and CTP, 2004.

<sup>69</sup> HEAIDS, *HIV and AIDS Audit: Interventions in South African Higher Education 2003-2004*, DOE, SAUVCA, and CTP, 2004.

<sup>70</sup> HEAIDS, *HIV and AIDS Audit: Interventions in South African Higher Education 2003-2004*, DOE, SAUVCA, and CTP, 2004.

<sup>71</sup> HEAIDS, *HIV and AIDS Audit: Interventions in South African Higher Education 2003-2004*, DOE, SAUVCA, and CTP, 2004.

<sup>72</sup> L. Martin, P. Alexander, *Responses to HIV/AIDS in South Africa's Tertiary Institutions: Policy, Practice and Shortcomings*, Rand Afrikaans University Sociology Department Seminar 2001/8; [http://www.google.co.za/search?hl=af&newwindow=1&q=%22unstitutional+policy%22+hiv+&meta=lr%3Dlang\\_nl%7Clang\\_en%7Clang\\_de](http://www.google.co.za/search?hl=af&newwindow=1&q=%22unstitutional+policy%22+hiv+&meta=lr%3Dlang_nl%7Clang_en%7Clang_de).

<sup>73</sup> HEAIDS, *HIV and AIDS Audit: Interventions in South African Higher Education 2003-2004*, DOE, SAUVCA, and CTP, 2004.

<sup>74</sup> HEAIDS, *HIV and AIDS Audit: Interventions in South African Higher Education 2003-2004*, DOE, SAUVCA, and CTP, 2004.

<sup>75</sup> HEAIDS, *HIV and AIDS Audit: Interventions in South African Higher Education 2003-2004*, DOE, SAUVCA, and CTP, 2004.

## **NORTH-WEST UNIVERSITY**

North-West University's HIV/AIDS policy is based on three principles: no discrimination against PLWHA, PLWHA are to be treated in the same way as people with other serious illnesses, and a shared student/staff responsibility to prevent infection.<sup>76</sup> On the Potchefstroom campus, students who seek VCT are referred to the municipal clinic, where this service is available free of charge.<sup>77</sup> A VCT service is offered to students at the Campus Clinic on the Mafikeng Campus.<sup>78</sup>

## **UNIVERSITY OF PRETORIA**

The University of Pretoria (UP) Institutional Forum approved an interim AIDS policy in July 2001, which was updated on November 17, 2003. To facilitate a coordinated response to HIV/AIDS that provides a safe environment for the institution's staff and students and contributes to the fight against HIV/AIDS in wider society, this policy addresses issues of confidentiality, discrimination, rights and duties of infected staff and students, conditions of employment, testing, care and support, and critical debate and research.

UP established the Centre for the Study of AIDS (CSA) in 1999 to mainstream HIV/AIDS through all aspects of University's core business activities. Its mission was to understand the complexities of the HIV/AIDS epidemic in South Africa and to develop effective ways of ensuring that all the students and staff of the university are prepared both professionally and personally to deal with HIV/AIDS in South African society.

Since 1999 the CSA has continued to develop and expand its training, educational, counselling and research programmes, and has provided intellectual leadership and consultancy services off-campus to government and the private- and non-governmental organisation (NGO) sectors. The current programmes of the CSA primarily serve more than 30 000 on-campus students at the university. These include training for staff and students, counselling and support and a range of community-based programmes. In addition, the CSA promotes the development of HIV/AIDS-related curricula and research at a Faculty level.

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<sup>76</sup> [http://www.puk.ac.za/mivvigs/beleid\\_e.html](http://www.puk.ac.za/mivvigs/beleid_e.html).

<sup>77</sup> [http://www.puk.ac.za/mivvigs/berading\\_e.html](http://www.puk.ac.za/mivvigs/berading_e.html).

<sup>78</sup> [http://www.puk.ac.za/mivvigs/hulp\\_e.html](http://www.puk.ac.za/mivvigs/hulp_e.html).

The CSA further promotes a holistic understanding of HIV/AIDS where it is not simply seen as a pure medical issue, but as a social, medical, developmental and legal one. Areas of focus include debate and critique; mainstreaming; training; research, publications and forums/seminars; support; volunteer programmes/leadership development; a rights-based approach; community mobilisation; governance and citizenship; and collaborations.<sup>79</sup>

The CSA endeavours to equip student volunteers with marketable skills for the workplace and to develop volunteers as leaders, critical thinkers, responsible individuals and citizens of a country that is grappling with the effects of HIV/AIDS. Accordingly, the CSA administers a peer education model in which trained student volunteers engage in community outreach projects, media campaigns, education and awareness projects, workplace programmes, and counselling. By means of memorandums of understanding with the universities of Botswana, Lesotho, Namibia and Swaziland, this programme, known as Future Leaders @ Work, has been exported and implemented in the aforementioned countries in the SADC region under the Future Leaders @ Work Beyond Borders regional initiative.

A VCT service, which is coordinated by the CSA and the Campus Health Service, is offered to all UP students free of charge. The service is an official VCT site for the South African Department of Health and is linked to an Anti-Retroviral Treatment Programme. There is also an established on-campus HIV/AIDS support group for HIV positive students and staff, and a Staff Peer Education Programme was established in October 2000. It is run by the institution and overseen by the CSA.<sup>80</sup> A workplace programme with academic, administrative and support staff as a target audience was launched in January 1999.<sup>81</sup>

## RHODES UNIVERSITY

Rhodes University's HIV/AIDS Plan states that "The University recognises the extreme seriousness of HIV infection and AIDS, and in view of the implications of the disease both at the workplace and wider society it is committed to formulating a policy to deal with problem." The policy thus addresses issues of confidentiality, testing, employment-related matters, education to avoid and stop discrimination, universal precautions, prevention, treatment, and staff and student interaction. The

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<sup>79</sup> <http://www.csa.za.org/article/articlestatic/7/1/2/>.

<sup>80</sup> HEAIDS, *HIV and AIDS Audit: Interventions in South African Higher Education 2003-2004*, DOE, SAUVCA, and CTP, 2004.

<sup>81</sup> HEAIDS, *HIV and AIDS Audit: Interventions in South African Higher Education 2003-2004*, DOE, SAUVCA, and CTP, 2004.

policy makes provision for an HIV/AIDS Task Group/Committee that is to ensure that the policy is properly implemented.<sup>82</sup> Rhodes' HIV/AIDS plan has been described as socially responsible as it includes an informed definition of HIV/AIDS; consideration of modes of transmission; support for condom distribution; counselling at a campus clinic; and consideration of education and changes to the curriculum.<sup>83</sup>

The institution has an established on-campus VCT service that was launched in 2002. The programme is offered to both staff and students, and the initial consultation is free of charge.<sup>84</sup> The university initiated a workplace programme in July 2003. The target audience includes academic-, administrative- and support staff.<sup>85</sup> In terms of research, the institution has links with CADRE (the Centre for AIDS Development, Research and Evaluation). CADRE is housed in the Institute for Social and Economic Research and is directed by Dr Kevin Kelly.

## STELLENBOSCH UNIVERSITY

The University of Stellenbosch's HIV/AIDS policy (draft) has been described as socially responsible (as it includes an informed definition of HIV/AIDS; consideration of modes of transmission; support for condom distribution; counselling at a campus clinic; and consideration of education and changes to the curriculum) and provides an exemplary attitude in its coverage and detail on prevention and support. When dealing with staffing matters, the institution's policy also considers medical benefits in order not to discriminate against those with HIV or AIDS.<sup>86</sup>

The University's Africa Centre for HIV/AIDS Management coordinates the institution's response to HIV/AIDS. An on-site VCT service was established at the institution in 2001. The service is offered to both staff and students.<sup>87</sup> A Student Peer Education programme was established in January 2003. The programme is run by the

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<sup>82</sup> [http://www\\_heaid.org\\_za/policies/institutions/Rhodes University Policy on HIV-AIDS.htm](http://www_heaid.org_za/policies/institutions/Rhodes%20University%20Policy%20on%20HIV-AIDS.htm).

<sup>83</sup> L. Martin, P. Alexander, *Responses to HIV/AIDS in South Africa's Tertiary Institutions: Policy, Practice and Shortcomings*, Rand Afrikaans University Sociology Department Seminar 2001/8; [http://www.google.co.za/search?hl=af&newwindow=1&q=%22unstitutional+policy%22+hiv+&meta=lr%3Dlang\\_nl%7Clang\\_en%7Clang\\_de](http://www.google.co.za/search?hl=af&newwindow=1&q=%22unstitutional+policy%22+hiv+&meta=lr%3Dlang_nl%7Clang_en%7Clang_de).

<sup>84</sup> HEAIDS, *HIV and AIDS Audit: Interventions in South African Higher Education 2003-2004*, DOE, SAUVCA, and CTP, 2004.

<sup>85</sup> HEAIDS, *HIV and AIDS Audit: Interventions in South African Higher Education 2003-2004*, DOE, SAUVCA, and CTP, 2004.

<sup>86</sup> L. Martin, P. Alexander, *Responses to HIV/AIDS in South Africa's Tertiary Institutions: Policy, Practice and Shortcomings*, Rand Afrikaans University Sociology Department Seminar 2001/8; [http://www.google.co.za/search?hl=af&newwindow=1&q=%22unstitutional+policy%22+hiv+&meta=lr%3Dlang\\_nl%7Clang\\_en%7Clang\\_de](http://www.google.co.za/search?hl=af&newwindow=1&q=%22unstitutional+policy%22+hiv+&meta=lr%3Dlang_nl%7Clang_en%7Clang_de).

<sup>87</sup> HEAIDS, *HIV and AIDS Audit: Interventions in South African Higher Education 2003-2004*, DOE, SAUVCA, and CTP, 2004.

institution and overseen by Counselling Services.<sup>88</sup> There is a degree of incorporation of HIV/AIDS into the curriculum.

## **TSHWANE UNIVERSITY OF TECHNOLOGY**

The Tshwane University of Technology's (TUT) HIV/AIDS response is coordinated by a stand-alone support unit, which is known as the HIV/AIDS Consultancy Centre. The Centre is responsible for peer education, curriculum development and counselling. The Centre's director is Managa Pillay. In 2004, VCT services were offered at both the former Pretoria Technikon and Technikon North-West campuses, but VCT was not available at the former Technikon Northern Gauteng.<sup>89</sup>

Peer education programmes existed at both the former Technikon of North-West and the former Technikon Pretoria in 2004. No such programme existed at the former Technikon Gauteng North at the time.<sup>90</sup> Workplace programmes did not exist at the former Technikons of North-West and Northern-Gauteng in 2004, but did exist at the former Technikon Pretoria.<sup>91</sup>

## **UNIVERSITY OF SOUTH AFRICA**

The University of South Africa (UNISA) is the largest tertiary education institution in South Africa and is primarily a distance education institution. It therefore faces a particular challenge in providing and implementing services for students.<sup>92</sup>

UNISA's HIV/AIDS policy aims are to deepen compassion for people living with HIV/AIDS, to create an enabling environment for PLWHA to work and study and to give support to HIV/AIDS related research. According to Dr Thandi Sidzumo-Mazibuko, Chairperson of the UNISA Committee on HIV/AIDS, the institution's HIV/AIDS policy highlights UNISA's commitment to establishing mechanisms that would provide a safe working and learning environment for staff and students. She

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<sup>88</sup> HEAIDS, *HIV and AIDS Audit: Interventions in South African Higher Education 2003-2004*, DOE, SAUVCA, and CTP, 2004.

<sup>89</sup> HEAIDS, *HIV and AIDS Audit: Interventions in South African Higher Education 2003-2004*, DOE, SAUVCA, and CTP, 2004.

<sup>90</sup> HEAIDS, *HIV and AIDS Audit: Interventions in South African Higher Education 2003-2004*, DOE, SAUVCA, and CTP, 2004.

<sup>91</sup> HEAIDS, *HIV and AIDS Audit: Interventions in South African Higher Education 2003-2004*, DOE, SAUVCA, and CTP, 2004.

<sup>92</sup> HEAIDS, *HIV and AIDS Audit: Interventions in South African Higher Education 2003-2004*, DOE, SAUVCA, and CTP, 2004.

stated that this commitment reflects UNISA's recognition of fundamental human rights and non-discrimination based on people's HIV/AIDS status. She also pointed out that the objectives of UNISA's policy on HIV and AIDS include the promotion of HIV-status disclosure, promotion of VCT, development of appropriate curricula and enhancement of HIV/AIDS awareness and knowledge.<sup>93</sup>

UNISA commenced efforts directed at students and the community at large when the institution launched its on-campus AIDS Centre. During the opening ceremony, university management and members of the Student Representative Council volunteered to be tested publicly. This notion was intended to dispel myths and fears regarding counselling and testing.<sup>94</sup> On December 11, 2002, the Centre became registered as an official VCT site for the South African Department of Health.

UNISA is acknowledged as a strong academic institution with a number of academic workplace programmes focusing on various aspects of HIV/AIDS and related social and personal risks. A number of academics have contributed to producing resources related to mental health, gender, care and counselling and others have integrated HIV/AIDS into educational curricula.<sup>95</sup> The collaborative efforts by management, under the leadership of Professor Barney Pityana, have led to a well established, and properly coordinated response to HIV/AIDS by the institution.<sup>96</sup>

## VAAL UNIVERSITY OF TECHNOLOGY

Vaal University of Technology (VUT) has an established on-campus VCT service that was launched in 2002. The programme is offered to both staff and students for counselling and testing. The initial consultation is free.<sup>97</sup> There is an established Student Peer Education programme which is run by the institution and overseen by Counselling Services.<sup>98</sup>

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<sup>93</sup> <http://www.unisa.ac.za/Default.asp?Cmd=ViewNewsItem&NewsID=650&Cmd=GetNav&NavID=6;> HEAIDS, *HIV and AIDS Audit: Interventions in South African Higher Education 2003-2004*, DOE, SAUVCA, and CTP, 2004.

<sup>94</sup> *How Are African Universities Responding to the HIV/AIDS Pandemic?* The Africa-America Institute (AAI) and the Association of African Universities (AAU), 2003.

<sup>95</sup> HEAIDS, *HIV and AIDS Audit: Interventions in South African Higher Education 2003-2004*, DOE, SAUVCA, and CTP, 2004.

<sup>96</sup> *How Are African Universities Responding to the HIV/AIDS Pandemic?* The Africa-America Institute (AAI) and the Association of African Universities (AAU), 2003.

<sup>97</sup> HEAIDS, *HIV and AIDS Audit: Interventions in South African Higher Education 2003-2004*, DOE, SAUVCA, and CTP, 2004.

<sup>98</sup> HEAIDS, *HIV and AIDS Audit: Interventions in South African Higher Education 2003-2004*, DOE, SAUVCA, and CTP, 2004.

## UNIVERSITY OF VENDA

The University of Venda has an on-campus VCT service. It was launched in 2002. The programme is offered only to students, staff requesting VCT are referred to an off-site service. The initial consultation is free.<sup>99</sup>

## WALTER SISULU UNIVERSITY

Walter Sisulu University has an established on-campus VCT service that is offered to both staff and students for counselling and testing. The initial consultation is free.<sup>100</sup> A Student Peer Education programme was launched in March 2001. The programme is run by the institution and overseen by Counselling Services.<sup>101</sup>

## UNIVERSITY OF THE WESTERN CAPE

The University of the Western Cape's (UWC) HIV/AIDS policy reflects the institution's desire to achieve employment and learning equity; to protect the human rights and dignity of HIV/AIDS-infected and affected employees and students; to avoid discriminatory action or stigmatisation of those affected or infected with HIV/AIDS; and to prevent those who are uninfected from acquiring HIV. The policy includes both university employees and students, and encompasses aspects of discrimination; medical control and dispensing; testing and disclosure; education and research; counselling, care and support; risk reduction; evaluating, monitoring and implementation; employee and student policies; and support services.

An on-campus VCT service was established in 1997. Service is offered to both staff and students and the initial consultation is free.<sup>102</sup> A student peer education programme was launched in 2004. The campus also has HIV-positive student 'health promoters' who assist other HIV-positive students. The VCT service is linked to an

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<sup>99</sup> HEAIDS, *HIV and AIDS Audit: Interventions in South African Higher Education 2003-2004*, DOE, SAUVCA, and CTP, 2004.

<sup>100</sup> HEAIDS, *HIV and AIDS Audit: Interventions in South African Higher Education 2003-2004*, DOE, SAUVCA, and CTP, 2004.

<sup>101</sup> HEAIDS, *HIV and AIDS Audit: Interventions in South African Higher Education 2003-2004*, DOE, SAUVCA, and CTP, 2004.

<sup>102</sup> HEAIDS, *HIV and AIDS Audit: Interventions in South African Higher Education 2003-2004*, DOE, SAUVCA, and CTP, 2004.



antiretroviral treatment programme. The university also runs a Men As Partners (MAP) programme that uses interactive theatre and peer educators.<sup>103</sup>

## UNIVERSITY OF THE WITWATERSRAND

The University of the Witwatersrand's (WITS) AIDS Plan states that "the University is committed to playing an active role in mitigating the impact of HIV/AIDS, both on its internal constituency of staff and students, and on society as a whole. The University will aim to achieve this by integrating HIV/AIDS into its core functions of teaching, research and service ... In doing so, the University hopes to be a caring community where all are equally valued." The policy is based around five key issues, namely:

- The rights and responsibilities of staff and students
- Integration of HIV/AIDS into teaching, research and service activities of all faculties
- Provision of prevention, care and support services on campus
- Implementation: structures, processes, monitoring and evaluation, and
- Provision for policy review.<sup>104</sup>

The institution has an established on-site VCT service that was launched in 1993. This service is offered to both staff and students.<sup>105</sup> WITS also operates an established Student Peer Education programme that began in February 2002. The programme is run by the institution and overseen by Counselling Services.<sup>106</sup> The Staff Peer Education Programme began in January 2003. It is run by the institution and overseen by the Centre for Learning, Teaching and Development.<sup>107</sup>

The university launched its workplace programme in January 2000. The target audience includes academic, administrative and support staff. The programme is managed by senior staff and monitored by the Director of Transformation.<sup>108</sup> Some

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<sup>103</sup> HEAIDS, *HIV and AIDS Audit: Interventions in South African Higher Education 2003-2004*, DOE, SAUVCA, and CTP, 2004.

<sup>104</sup> [http://www\\_heaid.org\\_za/policies/institutions/University\\_of\\_Witwatersrand\\_Johannesburg\\_Policy\\_on\\_HIV-AIDS.htm](http://www_heaid.org_za/policies/institutions/University_of_Witwatersrand_Johannesburg_Policy_on_HIV-AIDS.htm).

<sup>105</sup> HEAIDS, *HIV and AIDS Audit: Interventions in South African Higher Education 2003-2004*, DOE, SAUVCA, and CTP, 2004.

<sup>106</sup> HEAIDS, *HIV and AIDS Audit: Interventions in South African Higher Education 2003-2004*, DOE, SAUVCA, and CTP, 2004.

<sup>107</sup> HEAIDS, *HIV and AIDS Audit: Interventions in South African Higher Education 2003-2004*, DOE, SAUVCA, and CTP, 2004.

<sup>108</sup> HEAIDS, *HIV and AIDS Audit: Interventions in South African Higher Education 2003-2004*, DOE, SAUVCA, and CTP, 2004.

research around the social and economic aspects of HIV/AIDS is conducted by WISER (Wits Institute for Social and Economic Research). RADAR (the Rural AIDS and Development Action Research) programme comprises clinical and social intervention research on HIV/AIDS, with an emphasis on developing model approaches that are appropriate and relevant to the rural African context.<sup>109</sup> ARI (Wits HIV/AIDS Research Institute) promotes and coordinates multi-disciplinary research to develop an effective response to HIV/AIDS.<sup>110</sup>

## UNIVERSITY OF ZULULAND

The University of Zululand's (UZL) HIV/AIDS Policy attempts to ensure that "a clear position on key questions related to HIV infection and AIDS [is taken]; programmes to address preventive and management aspects of HIV/AIDS [are clearly defined and implemented];" and that in terms of "risk of workplace transmission and entitlement to employment benefits, there are no relevant differences between HIV/AIDS and other life-threatening conditions. Therefore, there should be no special burdens placed on employees with HIV/AIDS. The same should apply to students living with HIV/AIDS."<sup>111</sup>

To achieve this, the policy is guided by the following principles:

- To treat HIV/AIDS in all relevant respects like other comparable life-threatening conditions
- To provide equal opportunities and equal access for employees and students living with HIV/AIDS
- To respect the right to confidentiality of employees and students living with HIV/AIDS as well as others affected by this status
- To involve representatives of all sectors of the University (including those living with HIV/AIDS) wherever possible in the development of all prevention, intervention and care strategies
- To involve all sectors of the university in the fight against HIV/AIDS through education, prevention, treatment and care, and
- To create a working and learning environment that is supportive, sensitive and responsive to employees and students living with HIV/AIDS and that encourages employees and students to take personal responsibility for preventing the further spread of HIV.<sup>112</sup>

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<sup>109</sup> [http://www.wits.ac.za/radar/Programme\\_Overview.htm](http://www.wits.ac.za/radar/Programme_Overview.htm).

<sup>110</sup> <http://www.wits.ac.za/ari/about.htm>.

<sup>111</sup> [http://www\\_heids\\_org\\_za\\_policies\\_institutions\\_University\\_of\\_Zululand\\_Policy\\_on\\_HIV-AIDS.htm](http://www_heids_org_za_policies_institutions_University_of_Zululand_Policy_on_HIV-AIDS.htm).

<sup>112</sup> [http://www\\_heids\\_org\\_za\\_policies\\_institutions\\_University\\_of\\_Zululand\\_Policy\\_on\\_HIV-AIDS.htm](http://www_heids_org_za_policies_institutions_University_of_Zululand_Policy_on_HIV-AIDS.htm).

The institution has an established on-site VCT service that began in 2003. The programme is offered to both staff and students and the initial consultation is free.<sup>113</sup> UZL also operates an established Student Peer Education programme that began in August 2002. It is run by the institution and overseen by Counselling Services and DRAMAIDE.<sup>114</sup>

## **SWAZILAND:**

### **UNIVERSITY OF SWAZILAND**

The University of Swaziland (UNISWA) consists of three campuses, and caters for a student population of roughly 5000. All HIV/AIDS-related activities on campus are planned and organised by an HIV/AIDS Committee. At present UNISWA's official HIV/AIDS policy is still in draft form. Despite that the policy has been in development since 2003, currently the UNISWA HIV/AIDS Committee is incorporating amendments to the draft policy suggested by different stakeholders within the university. UNISWA has one HIV/AIDS service provider operative on campus in the form of the Health Information and Counselling Centre (HICC).<sup>115</sup>

The HICC is responsible for implementing HIV/AIDS prevention activities, and amongst other things these include the training of peer educators and counsellors, provision of health information to both students and staff, and conducting HIV/AIDS workshops for first year students during orientation week. The HICC is well-resourced with training equipment and training- and counselling rooms. Nonetheless, there are no VCT or treatment facilities available on campus, and students are obliged to make use of private facilities. Negotiations between UNISWA and the Centre for the Study of AIDS (CSA) at the University of Pretoria are also currently underway to expand the CSA's Future Leaders @ Work peer education programme to UNISWA under the Beyond Borders regional initiative. Up to the present, however, UNISWA has experienced minimal involvement and participation of students in HIV/AIDS related activities, yet the government of Swaziland has recently requested the university to scale up its HIV/AIDS prevention activities.<sup>116</sup>

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<sup>113</sup> HEAIDS, *HIV and AIDS Audit: Interventions in South African Higher Education 2003-2004*, DOE, SAUVCA, and CTP, 2004.

<sup>114</sup> HEAIDS, *HIV and AIDS Audit: Interventions in South African Higher Education 2003-2004*, DOE, SAUVCA, and CTP, 2004.

<sup>115</sup> *Future Leaders @ Work, Beyond Borders: UNISWA. Centre for the Study of AIDS Internal Report*, pp. 1-2.

<sup>116</sup> *Future Leaders @ Work, Beyond Borders: UNISWA. Centre for the Study of AIDS Internal Report*, pp. 2-4.

## TANZANIA:

### UNIVERSITY OF DAR ES SALAAM

In correspondence with the CSA, Dr Alfred Msasu of the University of Dar es Salaam (UDSM) stated that UDSM does have an official HIV/AIDS policy in place (although the current draft version is only set to be finalised in May 2006). The university's HIV/AIDS response is coordinated by a UDSM HIV/AIDS Committee. The Committee was established in August 2000, and in written correspondence with the CSA, the Secretary of the Committee, Dr Musiba Mbilima, stated that the objective of the Committee is to "ensure that the University as a whole was able to plan for, and cope with, the impact that HIV/AIDS is likely to have on the institution." Thus as a first step the Committee developed a UDSM community-based comprehensive action plan in 2000, which was reviewed in 2003. In 2001 the Committee implemented a Behaviour Change Communication Campaign through the use of drama, popular music groups and short intervention talks. The campaign was repeated in 2002 and 2003. In 2001 the Committee also presented a workshop on leadership commitment on HIV/AIDS prevention and control to the UDSM management, and in 2002 also coordinated and facilitated an HIV/AIDS counsellors training programme for higher education institutions in Tanzania. Dr Msasu also mentioned that UDSM is in the process of developing an HIV/AIDS module, and a recent meeting of Tanzanian Vice-Chancellors was convened to further develop the initiative.

According to Dr Mbilima's written correspondence with the CSA, in 2002 the Committee produced various HIV/AIDS media (posters and brochures), and in 2003 conducted a study (commissioned by the Tanzania Commission for HIV/AIDS) entitled "Situational and response analysis on HIV/ AIDS spread within the higher education institutions in Tanzania." During 2003 the Committee also oversaw the training of UDSM health workers on current and best practices on HIV/AIDS care and support, as well as the training of medical laboratory technicians in HIV/AIDS screening, good laboratory practice and quality assurance. Likewise in 2003 the UDSM Community Youth anti-AIDS club was established, and Faculty-level HIV/AIDS focal point persons were trained during 2004. A booklet entitled "HIV and AIDS, Voluntary Testing, Counselling, Care and Treatment" was developed in July 2005, and in January 2006 community home-based care and support services were established at UDSM for individuals with HIV/AIDS. A campus Health Centre is operative at the UDSM, and according to Dr Mbilima the Centre has been providing VCT services and ARV treatment to students and staff of the university as well as to the local community since May 2005. Thus also in February and June 2005 the Health Centre's doctors were trained on the medical management of HIV infection.

## **MUHIMBILI UNIVERSITY COLLEGE OF HEALTH SCIENCES**

Muhimbili University College of Health Sciences (MUCHS) is a constituent college of the University of Dar Es Salaam. In written correspondence with the CSA, Prof Willy Urassa of the Department of Microbiology and Immunology at MUCHS pointed out that a national policy document was created by the Ministry of Science and Higher Education in Tanzania, and this policy was subsequently adopted by the University of Dar es Salaam and its constituent colleges. A Ministerial HIV/AIDS Technical Committee is responsible for implementing the policy, and this Committee collaborates with a Technical Subcommittee at each university which is headed by the head of the institution, thus the principal in the case of MUCHS. In addition, HIV/AIDS has also been made a key focus area in the MUCHS Five year Rolling Strategic Plan 2003/2004-2007/2008 and in the Corporate Strategic Plan 2004-2013. MUCHS works closely with the Muhimbili National Hospital, where most of the college staff work in providing care, counselling, diagnosis, and treatment to HIV patients.

According to Prof Urassa MUCHS is the leading national institution in HIV/AIDS research since 1983 (when the first case of HIV infection was reported in Tanzania). Via several of its schools and institutes, MUCHS is engaged in epidemiological monitoring of the epidemic, natural history studies, intervention studies and the development and testing of a national HIV vaccine. MUCHS also operates a peer education programme, and student welfare clubs train students to provide peer counselling.

## **MZUMBE UNIVERSITY**

In correspondence with the CSA, Dr Samuel Mfuru of Mzumbe University (MU) stated that MU does not yet have an official HIV/AIDS Policy in place, although progress is continuing on the formulation of such a policy. The university also does not have an HIV/AIDS coordinating committee, but Dr Mfuru did say that MU was a member of an HIV/AIDS subcommittee which is constituted by various institutions. The University Health Centre at Mzumbe is staffed by full-time medical officers and a nursing staff, while serious medical cases are transferred to Morogoro Regional Hospital, Muhimbili Medical Centre or Kilimanjaro Christian Medical Centre. In written correspondence with the CSA Professor Hamisi Mahigi of MU also stated that the university provides home-based care, especially to staff members. According to Dr Mfuru, MU is in the process of a setting up a campus VCT service, and campus nurses and clinicians are shortly to be trained on PMTCT and counselling. Dr Mfuru also

stated that MU does not yet offer an HIV/AIDS-specific courses, yet the university is in the process of developing such a course.

## **SOKOINE UNIVERSITY OF AGRICULTURE**

The Sokoine University of Agriculture (SUA) was established in 1984 and consists of four academic campuses. In the orientation programme for first year students at SUA, issues of reproductive health and HIV/AIDS are given substantial coverage. A female forum (discussing student life and the taking of necessary precautions with new female students) was also created at SUA in the late 1990s, and a Women Development Support Committee is now also in operation on campus. There is also a health centre at SUA, although it does not offer VCT services. An SUA HIV/AIDS Committee was formed in 2001, and its members are the Vice Chancellor, Dean of Students, members of the University Health Centre, and representatives from students and staff as well as the regional AIDS coordinator who is appointed by the Ministry of Health. Aside from preparing an HIV/AIDS strategy and action plan, the Committee proceeded to produce brochures on STIs and HIV/AIDS, and incorporated the topic of HIV/AIDS in some of SUA's undergraduate and graduate programmes.<sup>117</sup>

## **OPEN UNIVERSITY OF TANZANIA**

In correspondence with the CSA, Vice-Chancellor Professor Tolly Mbwette of the Open University of Tanzania (OUT) stated that OUT is on the verge of adopting an official HIV/AIDS policy, as a draft version is in the final stages of endorsement by the university Council. Up to the present OUT's HIV/AIDS response has largely been administered by the university's Institute for Continuing Education (mostly in the form of a teacher's diploma and a foundation course incorporating HIV/AIDS-related information). Yet according to Prof Mbwette a formal HIV/AIDS committee is shortly to be established at OUT after the adoption of the HIV/AIDS policy. Prof Mbwette also stated that OUT does not currently offer VCT services for students (although plans have been made to establish such a service), and students are referred to private service providers. OUT does, however, supply basic medical services to members of staff. OUT also currently has no peer education or workplace programmes in place, yet according to Prof Mbwette the impending adopting of an official HIV/AIDS policy will go some way towards initiating such programmes at OUT.

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<sup>117</sup> AM Ennals & EC Rauan, *Status and Impacts of HIV/AIDS in Agricultural Universities and Colleges in Africa*. Norwegian Centre for International Environment and Development Studies, 2002, pp. 21-23.

## ZAMBIA:

### UNIVERSITY OF ZAMBIA

The University of Zambia (UNZA) came into existence in 1965, and is much older and bigger than the Copperbelt University (CBU), Zambia's only other university. A report published in 2000 investigating the impact of and response to HIV/AIDS at UNZA concluded that the university was not taking HIV/AIDS seriously at all: "Very few mostly halfhearted efforts are being put into preventing the further spread of AIDS and impact mitigation. Life at the university goes on as if the university were an island separate from the ravages of HIV/AIDS." The report concluded that UNZA's response to the epidemic was mostly confined to the activities carried out by the campus health clinic, which distributed condoms and operated a chest clinic while providing TB drugs free of charge. Counselling services were provided at the university since the early 1980s, and VCT was offered at the campus clinic since 1998.<sup>118</sup>

Since 2000, however, the UNZA management structures have engaged more purposefully with an institutionalised response to the HIV/AIDS epidemic. As a result of an initiative by the Vice-Chancellor, a multi-disciplinary Vice Chancellor's Committee on HIV and AIDS (VCCA), chaired by Dr Mary Shilalukey Ngoma, is operative at UNZA. With the Vice-Chancellor continuing to act as overseer, the committee of six or seven members meets on a monthly basis and is composed of experts drawn from various disciplines as well as university students. In correspondence with the CSA, Dr Ngoma stated that the task of the committee was to provide policy direction on HIV/AIDS to the university, and also to coordinate UNZA's HIV/AIDS response. After a process of wide consultation during 2005, a UNZA HIV/AIDS policy was developed and subsequently endorsed by the highest office at the university (the university Council). In addition, Dr Ngoma stated that an HIV/AIDS resource centre is planned for UNZA, and also that the university is presently engaging in a number of HIV/AIDS research activities, including an annotated bibliography and baseline study to document all HIV/AIDS-related research.

Since February 2005 UNZA has also implemented a full VCT and ARV treatment programme for students and staff. In administering the treatment programme UNZA works closely with the Council for Infectious Diseases Research in Zambia (CIDRZ), while funding was secured from the United States President's Emergency Plan for

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<sup>118</sup> G Mwape & R Khaturia, *Universities and HIV/AIDS in Sub-Saharan Africa. University of Zambia*. October 2000, pp. 48-56, 63.

HIV/AIDS (PEPFAR). According to Dr Ngoma over 500 people have registered for treatment since the programme began, and the university actively encourages students to access the treatment programme, which is scheduled to continue for at least another two years.<sup>119</sup>

## COPPERBELT UNIVERSITY

While not emulating the extensive treatment services offered at UNZA, Copperbelt University (CBU) has also engaged in various HIV/AIDS activities. Formally constituted in 1987 and located in Kitwe, CBU has in place a comprehensive HIV/AIDS policy covering prevention, management and impact mitigation, care and support and the elimination of stigma and discrimination. The policy defines roles and responsibilities for management, staff and students, yet ultimately locates the overall responsibility for implementing the policy with the university management. The policy also provides a framework for a continuous monitoring, evaluation and assessment mechanism. Interestingly, both Zambian universities have formulated policies for Vice-Chancellors to include HIV/AIDS messages in their speeches during both orientation sessions and graduation ceremonies.<sup>120</sup>

CBU comprises a Health Service which was established in 1986 and consists of a health clinic and outreach programme. The outreach programme is currently estimated to be catering for 7600 people, and consists of four clinical services, namely general outpatients, under-five, family planning and ante-natal. In addition, the CBU Health Services are also involved in HIV/AIDS-related activities such as the dissemination of educational materials and the free distribution of condoms during medical consultations. CBU also administers an outreach programme to follow up those patients requiring intensive health education and home based care. The clinic also administers an HIV/AIDS project in conjunction with the Zambia Prisons Service entitled 'In but free.' The project is active in several Zambian prisons, and aims among other things to train inmates as counsellors and peer educators. To date 623 inmates have been trained as peer educators, while 126 prison officers have been trained as counsellors.<sup>121</sup>

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<sup>119</sup> Zambia: University launches free ARV treatment on campus. PLUSNEWS, 4 February 2005.

<sup>120</sup> AH Gabriel, *African Universities' Response to HIV/AIDS in the Global AIDS Initiative Countries: A Synthesis of Country Reports*, p. 23.

<sup>121</sup> AH Gabriel, *African Universities' Response to HIV/AIDS in the Global AIDS Initiative Countries: A Synthesis of Country Reports*, pp. 27, 33-34; [www.cbu.edu.zm](http://www.cbu.edu.zm) (Copperbelt University website).



## **ZIMBABWE:**

### **UNIVERSITY OF ZIMBABWE**

In correspondence with the CSA University of Zimbabwe (UZ) Dean of Students Emmanuel Maponda stated that UZ does have an official HIV/AIDS policy in place, and that the university's HIV/AIDS response is administered by the institution's Student Affairs office. According to Mr Maponda, counselling and advisory services are provided by UZ's campus clinic, and these services are linked to services provided nationally. Several HIV/AIDS-related student movements are also active on the UZ campus, including clubs focusing on leadership training and gender empowerment. Mr Maponda also stated that UZ operates a multi-disciplinary approach to HIV/AIDS in the university curriculum, and a study is also currently underway to try and establish whether UZ students would make use of a VCT service should it be offered at the university.

### **BINDURA UNIVERSITY OF SCIENCE**

A written response from Bindura University of Science (BUS) states that the institution has responded to the epidemic by introducing a compulsory course on HIV/AIDS education (HS101) for all students. "The course," the response states, "is done in fulfilment of the government policy on HIV and AIDS." BUS also has an active HIV/AIDS Action Committee responsible for sourcing funds and carrying out prevention and 'mitigation' activities for both staff and students. Since the beginning of 2005 BUS have conducted five workshops for both students and staff, covering various topics from prevention to mitigation. The committee has also liaised with an organization that has a facility for counselling and testing, and a team conducting VCT have so far visited BUS on three occasions. More than 70 students and members of staff have been tested under this ongoing programme. This testing is done at the university clinic.

A peer education group for students has also been trained at BUS. This group is chosen on a voluntary basis, and the aim is to stimulate students to engage in HIV/AIDS debates and discussions. In addition, the written response also states that a variety of herbs have been planted at the university farm; "It is hoped that those students and staff who want to use the herbs for various ailments can access them. The community is welcome to utilize these herbs as well."

The response also states, however, that the BUS still needs to develop an official HIV/AIDS policy: "The issue has been discussed with the authorities and they have

agreed that this is necessary. It is hoped that the process of developing the policy will start early this year." Similarly, the university has not yet started providing some form of care and treatment for the students and staff except for counselling "in times of great need or crisis." At the moment there is also no centre devoted to HIV/AIDS research. University staff members have nonetheless been made aware of the need to engage in HIV/AIDS-related research. The Zimbabwe National AIDS Council has also tasked BUS with developing proposals for funding.

## **ZIMBABWE NATIONAL UNIVERSITY OF SCIENCE & TECHNOLOGY**

The Zimbabwe National University of Science and Technology (ZNUST) offers a Student Health and Wellness programme administered by the university's Student Health Centre. The Student Health Centre aims to promote responsible behaviour in students in order to maximize protection against sexually transmitted diseases including HIV/AIDS. It also assists students to develop positive life skills. The Centre provides curative care in the form of diagnosis and treatment by the university medical doctor and the nursing sister, and minor ailments are treated at the campus clinic while more serious conditions are referred to government hospitals. The centre also operates a counselling service.<sup>122</sup>

## **CHINHOYI UNIVERSITY OF TECHNOLOGY**

The Chinhoyi University of Technology (CUT) administers an HIV/AIDS Awareness Programme which is mainly focused on HIV/AIDS prevention and intervention. The programme caters for university students and staff as well as members of the local community. HIV/AIDS-related structures at CUT include an HIV/AIDS Awareness Coordinator located in the Student Affairs Department, an HIV/AIDS Steering Committee and a peer educators club. To disseminate information on HIV/AIDS the university administers a number of workshops annually. These include orientation workshops for first year intake students in march and august every year; education for life skills targeted at 4<sup>th</sup> year pedagogic students; train the trainer workshops for selected groups; peer education capacity building workshops; students co-facilitators training workshops; and gender workshops.<sup>123</sup>

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<sup>122</sup> [www.nust.ac.zw](http://www.nust.ac.zw) (ZNUST website).

<sup>123</sup> [www.cut.ac.zw](http://www.cut.ac.zw) (CUT website).

## **MIDLANDS STATE UNIVERSITY**

In correspondence with the CSA, Viola Matunhu of Student Health Services at the Midlands State University (MSU) in Gweru stated that the university does have an official HIV/AIDS policy in place, and HIV/AIDS-related activities at the institution are directed by an HIV/AIDS Coordinator who works in liaison with Student Health Services. VCT services for HIV/AIDS are not currently provided at MSU, although Student Health Services does provide a general counselling service and students have the opportunity to be trained as peer counsellors. Students requiring VCT services are, however, referred to off-campus sites, especially the provincial hospital. An HIV/AIDS module has also been mainstreamed into the university's formal curriculum, and this module, as well as a Gender module, are compulsory courses for all students at MSU.

According to Ms Matunhu a full day is set aside for HIV/AIDS during MSU's week-long orientation programme, and a Talk Show has been established at MSU in which all students are invited to ask questions about and engage with HIV/AIDS-related matters. Apart from the distribution of flyers, magazines and pamphlets, the dissemination of health information at MSU is performed via entertainment channels such as drama and music. As the university also forms part of the National AIDS Council, it is supplied with medical supplies for the treatment of MSU members of staff and their relatives. For ARV treatment, however, staff members are referred to off-campus sites.

## **ZIMBABWE OPEN UNIVERSITY**

In written correspondence with the CSA, Prof Robert Chimedza of the Zimbabwe Open University (ZOU) stated that ZOU has a draft HIV/AIDS policy in place which is awaiting approval by the Council. Since ZOU is a distance education university it does not currently provide care, treatment or support to students, although a post has recently been created for an HIV/AIDS Coordinator who would administer such programmes for staff members. ZOU also has a research board which funds research, and according to Prof Chimedza the ZOU draft HIV/AIDS Policy outlines plans for the creation of an HIV/AIDS research centre at the university. Prof Chimedza also stated that the university runs a peer education programme "together with the local community and the student body."

## CONCLUSIONS AND SUGGESTED GUIDELINES: SUSTAINING INNOVATIVE RESPONSES

This report leaves no doubt that there is as yet no integrated, coherent regional response to HIV/AIDS in the tertiary education sector in the SADC region. Yet what seems equally obvious is that in virtually all the institutions surveyed here a culture of discrimination and stigma does linger in various degrees of pervasiveness. Furthermore, just like there is no universally applicable remedy to HIV/AIDS in this culturally-diverse region, for the same reasons there are epidemics of diverse characteristics at work. Nonetheless, they all go under the name HIV/AIDS, and they are all stigmatised. It seems that the culture of silence that Michael Kelly saw as defining HIV/AIDS responses in several tertiary education institutions in Africa still persists.

Yet education remains the best response against the epidemic, and it is for this reason that no tertiary education institution in the SADC can shrink back from its responsibility in confronting the epidemic or provide any excuse for not implementing an institutional response. It is a simple fact that tertiary education institutions are at the vanguard of the epidemic; they are strategically placed to mould and educate the most productive and most HIV/AIDS-affected age strata of a society's human capital resources. Moreover, because universities provide intellectual and educational leadership in society, they are ideal platforms to disseminate an institutional response to the epidemic that dispels stigma and discrimination by coordinated leadership and research, by supporting infected and affected students and staff, and by mainstreaming an HIV/AIDS response throughout the institution.

A recurring theme recounted by institutions in the higher education sector in the SADC is the lack of adequate data and surveillance on the impact of HIV/AIDS on campus. Coupled with the pervasive culture of silence that has so often accompanied the disease, this lack of data hampers the development of an institutional response to HIV/AIDS. A lack of data, however, does not in any way signify an absence of threat or an excuse for inaction. In fact, much of the lack of data and pervasive stigma associated with the disease in SADC institutions have actually occurred as a result of universities not developing effective institutionalised responses, not *institutionalising* HIV/AIDS as a core responsibility and business practice, and not mobilising adequate resources and research to be able to relocate HIV/AIDS on campus from a culture of silence to a culture of critique and openness. The social and epidemiological context of each institution in the SADC is different, yet the guidelines presented here could assist higher education institutions in the SADC to achieve an institutional response to HIV/AIDS.

Firstly, all higher education institutions in the SADC must have an official HIV/AIDS policy in place that commits the institution to a socially-responsible official *modus operandi* which mainstreams the epidemic on all levels of operation. The existence of such a 'road map' should leave no doubt as to the institution's commitment to an institutionalised HIV/AIDS response and must be informed by a culture of research and critique that provides innovative local responses to the epidemic. Many institutions in the SADC have formulated such policies or are in the process of doing so, yet as this report illustrates, a number of universities have not yet crossed this hurdle. The existence of an HIV/AIDS policy should embody the institution's commitment to effectively responding to HIV/AIDS – irrespective of national HIV prevalence rates – and efficient leadership should ensure the concerted implementation of the policy. This sequence appears simple in theory yet several institutions surveyed in this study do not even have the inclination to attempt to put theory into practice.

Secondly, while universities stand at the forefront of education as currently the best social response against the epidemic, they have a vital responsibility of providing intellectual leadership and therewith producing informed and empowered individuals. The university's curriculum should reflect the institution's commitment to institutionalise HIV/AIDS as a primary object of research and development, and university resources should be mobilised to facilitate the institution's unique position to respond innovatively to the disease. Several institutions in this study make barely any mention of HIV/AIDS in their curricula, and far from these institutions providing intellectual leadership, while an HIV/AIDS pandemic is besetting the region people in such locations are not being adequately trained and educated to respond effectively to the disease. The university does indeed constitute a unique setting as a nexus of young and enterprising individuals, academics, researchers, societal leaders and administrators. Thus the university has access to a critical mass which can be mobilised and educated to effectively engage with the epidemic.

In light of the above it is worrying that some of the institutions mentioned in this report, i.e. the universities in Lesotho, Angola, DRC, Madagascar, and Mauritius, do not yet appreciate their crucial role in responding to the epidemic. As this report has stressed, a low national HIV prevalence rate is no excuse for inaction for universities. Yet if an institution is to fully institutionalise its HIV/AIDS response then it is required to move beyond a prevention-based outlook to embrace a holistic understanding of the disease in its social complexities. HIV/AIDS-specific research centres at for instance the universities of KwaZulu-Natal, Cape Town and Pretoria have greatly assisted in this endeavour, and attaining high standards of research and critique is something all SADC institutions of higher education should aspire to. When universities can facilitate the application of in-depth research and analysis to

comprehend the multi-faceted impact of the epidemic (instead of just reacting to whatever course the disease takes), society will profit greatly from the intellectual leadership thus provided.

Thirdly, as universities in the SADC each operate as a nexus of social and human capital they also have a responsibility to offer institutional care and support to their students and staff while under the jurisdiction of the university. The impact of the HIV/AIDS epidemic in the SADC has become such an all-encompassing phenomenon that universities cannot shift the responsibility of providing counselling, VCT, ARV treatment (or at least to link the university services with a national treatment site) and peer education services. If universities are responsible for providing intellectual leadership in the face of the epidemic, then they are also responsible for protecting the health and well-being of their human capital resources and ensuring that these fulfil their potential in society at large. Thus it is essential for universities to have HIV/AIDS management committees in place which are broad-based, and for these committees to effectively coordinate the provision of on-campus services. The instability of the National University of Lesotho management structures and the resultant lack of proper on-campus service delivery contrasts sharply with the proactive activities of the universities of Dar es Salaam and Zambia, both of whom have made ARV treatment available on campus.

Fourthly, HIV/AIDS provides another opportunity for universities to engage with their students in a productive manner, and universities should fulfil this potential by administering peer education and student volunteer programmes. The University of Cape Town's SHARP programme and the University of Pretoria's Future Leaders @ Work programme are useful examples of such programmes. Moreover, the extension of the latter programme to four other SADC universities under the Future Leaders @ Work Beyond Borders initiative is a positive expansion promoting the development of institutional regional peer education programmes. Students are not merely learners to be educated but also an innovative pressure group whose abilities should be tapped by the institution in every way. If universities like those in the DRC and Angola maintain non-committal attitudes in the face of HIV/AIDS then the great potential to be gained from involving and mobilising students are dissipated. If allowed to, students can be a great force for change. The university provides the ideal facility for such involvement, and HIV/AIDS the ideal platform for such an engagement.

Fifthly and lastly, institutions of higher education in the SADC must firstly 'own' their own epidemics before an effective regional response can be achieved. A university should not exist as an isolated bastion but must sustain a committed engagement with local complexities of HIV/AIDS. Thus a university must operate as a focal point of innovative responses that not only protects and empowers its own staff

and students, but also uplifts and provides support to the local community. The introduction to this report highlighted the fact that there is no single, homogeneous HIV/AIDS epidemic in southern Africa, but rather a series of epidemics each characterised by a different set of social and cultural indicators. In each of the epidemics, the role of a university could potentially be different, yet the fact that it is essential for these institutions to provide intellectual leadership remains undiminished in any location. An HIV/AIDS pandemic in southern Africa and its attendant drastic and multifaceted social disruptions is an undeniable fact – there is no way institutions of higher education can dodge their responsibility in confronting the disease. *They* must provide leadership, because *they* must have the knowledge and commitment that inspires leadership. HIV/AIDS is as much a grave threat as a unique opportunity.

A clear burden of responsibility thus rests with the management structures of universities in the SADC. Research has repeatedly underlined the critical potential facilitated by the active involvement of top level management, and such is also the case for SADC universities to implement and sustain an institutionalised response to HIV/AIDS. In the midst of a culture of silence that has afflicted SADC campuses – the very places in society where effective communication, innovation and openness are essential – in recent times, management must proactively be involved in fashioning a culture of critique and intellectual leadership as part of a research-based, regionally integrated, socially-responsible and broad-based institutional response to the epidemic.

An institutional response, or the *institutionalising* of HIV/AIDS, is essential to overturn the stigma and discrimination that has accompanied the disease amid a culture of silence. Only when HIV/AIDS is no longer silently feared and frowned upon but openly debated and researched will there be no need to react with avoidance or derision when confronted with the disease. Yet despite the supposed 'guidelines' presented here, there is no simple formula for developing an effective response in the tertiary education sector. Nonetheless, universities are the custodians of the one current factor that can put us ahead of the epidemic: education; and university management structures have at their disposal some of the most distinguished intellectual and research power a society can muster. Yet these sources of human capital are confronted by an epidemic unprecedented in its degree of disruptive impact. Thus universities in the SADC are *the* places in society where a great scourge, HIV/AIDS, is faced by the most capable intellectual and social capital we have at our disposal. The positive channel linking the problem of the social impact of disease with our best counter-acting resources can only be provided by leadership.

## RECOMMENDATIONS

- **REGIONAL INTEGRATION AND COORDINATION**

This report has highlighted the crucial importance of implementing a coherent regional response to HIV/AIDS among institutions of higher education in the SADC. What is needed is a regional coordinating structure that is able to synchronize and integrate HIV/AIDS responses across the region; facilitate the free flow of information, knowledge and practices between institutions; liaise between different university management formations and communities; ensure coherent and even complimentary actions and initiatives on different campuses; and provide a facility for regional debate and critique on which SADC institutions of higher education can mould, test and develop their own innovative responses to the epidemic. The establishment of the Higher Education HIV/AIDS Programme (HEAIDS) in South Africa represented an attempt by various stakeholders to initiate such an HIV/AIDS coordinating structure on a national level, and the obligation of fulfilling such a coordinating initiative on a regional level lies with the Southern African Regional Universities Association (SARUA). In this endeavour SARUA should not so much simply duplicate regionally what HEAIDS is attempting nationally, but rather provide an effective facility for regional cooperation and coordination that would fill the void of inaction or haphazard responses with collective and sustained initiatives without superseding the autonomy of the institutions.

- **DEDICATED HUMAN RESOURCES**

It was clearly reflected in this report that higher education institutions' responses to HIV/AIDS in the SADC are greatly dissimilar. What could this diversity be ascribed to? Could it in fact be related to the amount of human resources an institution devotes to HIV/AIDS? It is vitally important for every institution to employ human resources dedicated exclusively to HIV/AIDS, and to provide these with institutional support to efficiently fulfil their duties. It is not acceptable simply having employees divide their time between working on HIV/AIDS *and* on other unrelated duties. To complement coordination with regional and national structures, an institution's HIV/AIDS response requires the dedicated application of single-minded human resources in order to fashion complementary local actions.



- **SUSTAINED MONITORING & EVALUATION AND RESEARCH**

Effective monitoring and evaluation in terms of HIV/AIDS has not been a serious concern for most institutions of higher education in the SADC. Yet to be able to attain quality assurance and innovative actions, sustained monitoring and evaluation is an essential activity and should be implemented as such. Where the capacity does not exist to practice regular monitoring and evaluation, universities are obliged to create the appropriate capacities. In the same light, it is absolutely essential for universities to implement a research component to continuously question the impact of HIV/AIDS and the institution's role in responding to the disease. If universities are unable to establish a dedicated HIV/AIDS-focused research centre or institute, management structures must not only ensure that the institution devote human resources to researching the disease's impact and the responses mounted, but also that the resultant findings are given appropriate application and are mainstreamed within the institution. Universities have at their disposal some of society's most able human resources – they *must* utilise them fully.

- **IMPROVED CAPACITY-BUILDING**

While it is imperative to have all institutions of higher education in the SADC collectively engaged in a coherent regional response to the epidemic, much of the efficacy of this regional response will depend on institutions having the local capacity to respond effectively to the disease. Regional coordination must be applied towards ensuring that SADC universities have the adequate capacities to respond to the disease, and various initiatives (for instance the Future Leaders @ Work Beyond Borders Programme) could be utilised to disseminate the knowledge, skills, and practice of creating and sustaining such capacities. Yet it is also important to appreciate that as the overseers of higher education, universities can already boast a skills base, and it is often a question of universities being able to apply and utilise these resident skills to the appropriate channels. As has often been stressed, what is required is leadership, and university management structures have a responsibility to engage accordingly with the disease. Moreover, this process would be much advanced when informed by regional cooperation and integration facilitated by an efficient coordinating structure.

- **MEETING INSTITUTIONAL RESPONSIBILITIES**

While universities have at their disposal such a skills base, they must also do everything possible to retain these valuable human resources. When one considers

the time and resources devoted to the education and skills-equipping of one academic, the loss of every such individual to HIV/AIDS is potentially very damaging. Institutions of higher education thus have a responsibility to provide access to treatment, care and support to their staff, as they are valuable commodities. Yet the same also applies for the students, and universities must appreciate the roles their students can and should play in providing intellectual leadership. Providing effective workplace- and peer education programmes, along with providing access to treatment, care and support, should thus form part of a university's mission statement and rank among its core responsibilities.

- **APPLYING INTERDISCIPLINARY APPROACHES**

While institutions of higher education have a wide range of academic disciplines at their behest, they should apply multidisciplinary approaches when harnessing the university community in the institutions' HIV/AIDS responses. HIV/AIDS should by no means only be confined to the medical field, as this approach belies a basic ignorance of the multi-faceted impact of the epidemic. There is scope within HIV/AIDS for every academic discipline, and universities should not confine their responses to certain fields. Thus it is likewise essential for universities' HIV/AIDS coordinating committees to be constituted in a multidisciplinary manner, with staff with various skills drawn from numerous fields and levels of application. This is essential, in fact, for effectively mainstreaming an HIV/AIDS response throughout the institution.

- **MAINSTREAMED CURRICULUM DEVELOPMENT**

Some higher education institutions mentioned in this report have implemented generic HIV/AIDS modules as compulsory courses for all their students. This is commendable, yet for an institution to provide intellectual leadership and to produce individuals effectively engaging with the epidemic, a generic HIV/AIDS model is not sufficient. In addition to a compulsory course, a university must also provide education on HIV/AIDS which is profession-based in nature and skills-equipping in quality. Thus higher education must not only study the disease in depth within each profession and discipline, but must also equip the student with knowledge and skills to effectively engage with the epidemic. A generic HIV/AIDS module simply will not facilitate enough meaningful engagement with the disease, but could still be utilised as a providing students with an introductory exposure to the epidemic and its attendant social complexities.

- **PROVIDING TECHNICAL SUPPORT**

For SARUA to act as an effective coordinating structure for the SADC it should consider ways of providing increased technical support to higher education institutions in the region. Thus for instance while the Mobile Task Team (based at the University of KwaZulu Natal) provides training to government, SARUA could support such a team for work in universities. Similarly, the United Nations Development Programme has over the last few years sponsored the training abroad of university lecturers in a number of countries on HIV/AIDS issues with the expectation that on their return home, those lecturers would produce a 'multiplier-effect' in mainstreaming HIV/AIDS in the curricula or their respective institutions. SARUA could investigate launching similar training schemes in the SADC. SARUA could also facilitate closer cooperation among 'one-university' countries such as Botswana, Lesotho, Namibia, and Swaziland, which have several things in common, such as the size of their populations. Lastly, the Association of Commonwealth Universities (ACU) has a database of 'retired professors.' SARUA could take advantage of this database to identify a pool of expertise to assist SADC higher education institutions in their fight against HIV/AIDS.

- **EXPANDED REGIONAL CONSULTATION**

HIV/AIDS is one of the foremost challenges of our time, and institutions of higher education should react to the disease by applying an institutional response as the 'norm.' Responding innovatively and comprehensively to HIV/AIDS should be a concern that universities engage with in a sustained and proactive manner. Yet it is similarly important for universities to act as important role-players within the social and regional contexts in which they are situated; universities should be able to identify the niche they are required to fill in a coordinated national context, and should apply themselves to developing local and regional responses accordingly. Thus universities should constantly engage in consultation with various social bodies and stakeholders, and coordinated national and regional responses to HIV/AIDS should ensue from such expanded consultative forums. For SARUA to constitute an effective regional coordinating structure for HIV/AIDS, it should attempt to foment a broad-based consultative forum in the SADC region in which universities are active participants. In this endeavour linkages should also be forged with governmental institutions such as the African Union and the SADC Parliamentary Forum. Thus universities in the SADC should apply not merely an inward-looking drive for preservation in terms of HIV/AIDS, but also an outward-looking confrontation of the disease in other national, regional and international contexts.

TABLE 1: HIV PREVALENCE RATES FOR SUB-SAHARAN AFRICA

Country	1. Estimated number of people living with HIV (continued)			
	Adults (15–49), end 2001		Adults (15–49) rate (%) end 2003	
	Estimate	[low estimate - high estimate]	Estimate	[low estimate - high estimate]
Global Total	32,900,000	[30,200,000 - 36,700,000]	1.1	[1.0 - 1.2]
Sub-Saharan Africa	22,000,000	[20,400,000 - 24,500,000]	7.5	[6.9 - 8.3]
Angola	200,000	[78,000 - 490,000]	3.9	[1.6 - 9.4]
Benin	59,000	[34,000 - 100,000]	1.9	[1.1 - 3.3]
Botswana *	330,000	[320,000 - 340,000]	37.3	[35.5 - 39.1]
Burkina Faso *	250,000	[160,000 - 390,000]	4.2	[2.7 - 6.5]
Burundi	220,000	[150,000 - 310,000]	6.0	[4.1 - 8.8]
Cameroon *	500,000	[350,000 - 700,000]	6.9	[4.8 - 9.8]
Central African Republic	230,000	[140,000 - 360,000]	13.5	[8.3 - 21.2]
Chad	170,000	[110,000 - 260,000]	4.8	[3.1 - 7.2]
Comoros	...	...	...	...
Congo	80,000	[35,000 - 170,000]	4.9	[2.1 - 11.0]
Côte d'Ivoire	480,000	[330,000 - 680,000]	7.0	[4.9 - 10.0]
Dem. Republic of Congo **	950,000	[390,000 - 2,200,000]	4.2	[1.7 - 9.9]
Djibouti	7,500	[2,200 - 21,000]	2.9	[0.7 - 7.5]
Equatorial Guinea	...	...	...	...
Eritrea	55,000	[20,000 - 150,000]	2.7	[0.9 - 7.3]
Ethiopia	1,200,000	[760,000 - 1,900,000]	4.4	[2.8 - 6.7]
Gabon	37,000	[18,000 - 73,000]	8.1	[4.1 - 15.3]
Gambia	6,300	[1,700 - 22,000]	1.2	[0.3 - 4.2]
Ghana *	310,000	[190,000 - 500,000]	3.1	[1.9 - 5.0]
Guinea *	100,000	[37,000 - 280,000]	3.2	[1.2 - 8.2]
Guinea-Bissau	...	...	...	...
Kenya	1,200,000	[830,000 - 1,600,000]	6.7	[4.7 - 9.6]
Lesotho *	300,000	[270,000 - 330,000]	28.9	[26.3 - 31.7]
Liberia	80,000	[35,000 - 180,000]	5.9	[2.7 - 12.4]
Madagascar	98,000	[48,000 - 160,000]	1.7	[0.8 - 2.7]
Malawi *	770,000	[610,000 - 960,000]	14.2	[11.3 - 17.7]
Mali	120,000	[37,000 - 350,000]	1.9	[0.6 - 5.9]
Mauritania	5,900	[2,900 - 9,700]	0.6	[0.3 - 1.1]
Mauritius	...	...	...	...
Mozambique	1,100,000	[870,000 - 1,500,000]	12.2	[9.4 - 15.7]
Namibia	190,000	[160,000 - 220,000]	21.3	[18.2 - 24.7]
Niger	51,000	[26,000 - 98,000]	1.2	[0.7 - 2.3]
Nigeria	3,100,000	[2,100,000 - 4,600,000]	5.4	[3.6 - 8.0]
Rwanda *	220,000	[140,000 - 320,000]	5.1	[3.4 - 7.6]
Senegal *	38,000	[19,000 - 76,000]	0.8	[0.4 - 1.7]
Sierra Leone	...	...	...	...
Somalia	...	...	...	...
South Africa *	4,800,000	[4,100,000 - 5,600,000]	21.5	[18.5 - 24.9]
Swaziland **	190,000	[180,000 - 200,000]	38.8	[37.2 - 40.4]
Togo	94,000	[61,000 - 140,000]	4.1	[2.7 - 6.4]
Uganda *	520,000	[370,000 - 810,000]	4.1	[2.8 - 6.6]
United Rep. of Tanzania *	1,400,000	[1,100,000 - 2,000,000]	8.8	[6.4 - 11.9]
Zambia	800,000	[660,000 - 970,000]	16.5	[13.5 - 20.0]
Zimbabwe	1,600,000	[1,400,000 - 1,800,000]	24.6	[21.7 - 27.8]

Source: 2004 Report on the Global AIDS Epidemic, UNAIDS/WHO.

**TABLE 2: SUMMARY OF INSTITUTIONAL RESPONSES TO HIV/AIDS**

<b>Institution</b>	<b>On-Campus VCT</b>	<b>AIDS Policy</b>	<b>Peer Education</b>	<b>Work-place Prog.</b>	<b>HIV/AIDS Coordinating Bodies</b>	<b>HIV/AIDS Research Centres</b>
University Agostinho Neto	No	No	No	No	No	No
University of Botswana	Yes	Yes	Yes	Yes	Yes	Yes
University of Kinshasa	Yes	No			No	No
University of Lubumbashi		No			No	No
National University of Lesotho	No	Draft	Yes	Yes	Yes	No
University of Antananarivo	No	No	No	No	No	No
University of Malawi	In planning	Yes		Yes	Yes	No
Mzuzu University	Counseling only	Yes	Yes	No	Yes	No
University of Mauritius	No	No			No	No
University Eduardo Mondlane	No	No	Yes	Yes	Yes	No
University of Namibia	Yes	Yes	Yes		Yes	Yes
University of Cape Town	Yes	Yes	Yes	Yes	Yes	Yes
Cape Peninsula University of Technology	Yes		Yes	Yes		
Central University of Technology	Yes		Yes			
University of Fort Hare	Yes		Yes	Yes		
University of the Free State	Yes	Yes				
University of Johannesburg	Yes	Yes	Yes	Yes	Yes	

University of KwaZulu-Natal	Yes	Yes	Yes	Yes	Yes	Yes
University of Limpopo			Yes			
Mangosuthu Technikon			Yes			
Nelson Mandela Metropolitan University	Yes	Yes	Yes	Yes	Yes	
North West University	Yes	Yes	Yes	Yes	Yes	
University of Pretoria	Yes	Yes	Yes	Yes	Yes	Yes
Rhodes University	Yes	Yes	Yes	Yes	Yes	Yes
Stellenbosch University	Yes	Yes	Yes	Yes	Yes	Yes
Tshwane University of Technology	Yes		Yes	Yes	Yes	
University of South Africa	Yes	Yes	Yes	Yes	Yes	Yes
Vaal University of Technology	Yes		Yes			
University of Venda	Yes				Yes	
Walter Sisulu University	Yes		Yes			
University of the Western Cape	Yes	Yes	Yes	Yes	Yes	
University of the Witwatersrand	Yes	Yes	Yes	Yes	Yes	Yes
University of Zululand	Yes	Yes	Yes			
University of Swaziland	No	Draft	Yes		Yes	No
University of Dar Es Salaam	Yes	Draft	Yes	Yes	Yes	No
Muhimbili University College	Yes	Natio- nal policy	Yes		Yes	

Mzumbe University	No	No			No	No
Sokoine University of Agriculture	No	Yes	Yes		Yes	No
Open University of Tanzania	No	Draft	No	No	In planning	No
University of Zambia	Yes	Yes			Yes	Resource Centre planned
Copperbelt University	Yes	Yes	Yes	Yes		No
University of Zimbabwe		Yes	Yes		No	No
Bindura University of Science	Yes	No	Yes	Yes	Yes	No
Zimbabwe National University of Science and Technology	Counseling only				Yes	No
Chinhoyi University of Technology			Yes	Yes	Yes	No
Midlands State University	Counseling only	Yes	Yes		Yes	
Zimbabwe Open University	No	Draft	Yes		Yes	In planning

## BIBLIOGRAPHY

Barnes, T., *The Impact of HIV/AIDS on the University of the Western Cape. A Report for the Association for the Development of Education in Africa*, November 2000.

Bjarnason, S., Kirkland, J., Stackhouse, A., Rees, A. & Webster, T., *HIV/AIDS, Towards a Strategy for Commonwealth Universities: Issues in Policy Development*, Association of Commonwealth Universities, July 2001.

Chetty, D., *Institutionalising the Response to HIV/AIDS in the South African University Sector: A SAUVCA Analysis*, December 2000.

Chetty, D., *An HIV/AIDS Toolkit for Tertiary Institutions*, September 2003.

Chetty, D., Michel, B., *Turning the Tide. A Strategic Response to HIV and AIDS in South African Higher Education. HEAIDS Programme Report: 2002-2004*, 2005.

Chilisa, B. & Bennell, P., *The Impact of HIV/AIDS on the University of Botswana: Developing a Comprehensive Strategic Response*, April 2001.

Crewe, M., HIV/AIDS and Tertiary Education: New Possibilities, New Hope, *SAfAIDS News*, Vol. 8, No. 2, June 2000.

Crewe, M., HIV/AIDS and the Role of Universities: HIV/AIDS and the University of Pretoria, in Otaala, B., *HIV/AIDS. The Challenge for Tertiary Institutions in Namibia*. December, 2000.

Crewe, M., *AIDS, Democracy and the University*, Discussion Paper: Marketing Forum, University of Pretoria, March 2004.

Crewe, M., *A Pep Talk Too Far? The Power of AIDS Education*. XV International AIDS Conference Plenary Paper, Bangkok, July 2004.

Crewe, M. & Maritz, J., *UNESCO Review of Higher Institutions' Responses to HIV/AIDS: the Case of the University of the West Indies*, 2005.

Du Pisani, A. & Otaala, B., *UNAM HIV/AIDS Policy*, 2001.



Ennals, A.M. & Rauan, E.C., *Status and Impacts of HIV/AIDS in Agricultural Universities and Colleges in Africa*, Norwegian Centre for International Environment and Development Studies, 2002.

Gabriel, A.H., *African Universities' Response to HIV/AIDS in the Global AIDS Initiative Countries: A Synthesis of Country Reports*. September, 2004.

Grundling, J.P., Pillay. M., *Knowledge, Attitude and Practices Survey: Technikon Pretoria*, October 2003.

Katjavivi, P.H. & Otaala, B., *African Higher Education Institutions Responding to the HIV/AIDS Epidemic*, March 2003.

Kayembe, P., *UNESCO Review of Higher Education Institutions' Responses to HIV and AIDS. Democratic Republic of the Congo – the Case of the University of Kinshasa*, September 2005.

Kelly, M., *Challenging the Challenger: Understanding and Expanding the Response of Universities in Africa to HIV/AIDS*, March 2001.

Kelly, M., *Crafting the Response of a University to HIV/AIDS: Presentation to the University of the West Indies and the Association of Caribbean Universities and Research Institutes*, February 2002.

Kelly, M., *The AIDS Epidemic: Why must the Education System Respond? Presentation to the University of the West Indies and the Association of Caribbean Universities and Research Institutes*, February 2002.

Kelly, M., *HIV/AIDS and Institutions of Higher Learning in SADC Countries. Theological, Ethical, Indigenous and Socio-Economic Perspectives. Keynote Address to Conference on Commitment to Combat HIV/AIDS*, University of Swaziland, July 2002.

Lutaaya, E., *Study of African Universities' Response to HIV/AIDS: Namibia*. May 2004.

Martin, K. & Alexander, P., *Responses to HIV/AIDS in South Africa's Tertiary Institutions: Policy, Practice and Shortcomings*, Rand Afrikaans University Sociology Department Seminar, 2001/8.

Michel, B. & Fish, P., *The Role of South African Higher Education Institutions in their Response to HIV/AIDS*, May 2004.

Mwape, G. & Katuria, R., *Universities and HIV/AIDS in sub-Saharan Africa, University of Zambia*, October 2000.

Otaala, B., *Impact of HIV/AIDS on the University of Namibia and the University's Response*, September 2000.

Otaala, B., *HIV/AIDS. The Challenge for Tertiary Institutions in Namibia*. December, 2000.

Otaala, B., Institutional Policies for Managing HIV/AIDS in Africa, in *Crafting Institutional Responses to HIV/AIDS: Guidelines and Resources for Tertiary Institutions in sub-Saharan Africa*, World Bank, 2004.

Ranneiling, M., *UNESCO Review of Higher Education Institutions' Responses to HIV/AIDS. Lesotho – the Case of the National University of Lesotho*, June 2005.

Saint, W., 'The Response begins at Home: HIV/AIDS and Tertiary Education in sub-Saharan Africa,' *Crafting Institutional Responses to HIV/AIDS: Guidelines and Resources for Tertiary Institutions in sub-Saharan Africa*, World Bank, 2004.

- *AIDS Epidemic Update, December 2005*, UNAIDS/WHO, 2005.

- *Commonwealth Universities in the age of AIDS: what every senior manager executive needs to know*, Association of Commonwealth Universities, 2001.

- *Epidemiological Fact Sheets on HIV/AIDS and Sexually Transmitted Infections: Mauritius*, UNAIDS/UNICEF/WHO, 2004.

- *Future Leaders @ Work, Beyond Borders: NUL*, Centre for the Study of AIDS, Unpublished Report, 2005.

- *Future Leaders @ Work, Beyond Borders: UB*, Centre for the Study of AIDS, Unpublished Report, 2005.

- *Future Leaders @ Work, Beyond Borders: UNAM*, Centre for the Study of AIDS Internal Report, 2005.

- *Future Leaders @ Work, Beyond Borders: UNISWA*, Centre for the Study of AIDS, Unpublished Report, 2005.
- *HEAIDS, HIV and AIDS Audit: Interventions in South African Higher Education 2003-2004*, DOE, SAUVCA, and CTP, 2004.
- *HIV/AIDS Cross Cutting Issues*, UNIMA, Internal Document, 2005.
- *HIV/AIDS: Towards a Strategy for Commonwealth Universities: Report of the Asian Sub-regional Workshop at the Taj Exotica Hotel, Goa, India*, May 2002.
- *HIV/AIDS: Towards a Strategy for Commonwealth Universities: Report of the Lusaka Workshop. Hosted by the University of Zambia*, November 2001.
- *Report on the global AIDS epidemic*, UNAIDS, 2004.
- *The Formation of a Critical, Compassionate Citizenry: The Inculcation of HIV/AIDS Curricula into South African Higher Education*, December 2002.
- *The Impact Assessment of HIV/AIDS on the Education Sector in Zambia. (A Submission by the Registrar, Copperbelt University, Zambia, for the Attention of Professor Barnabas Otaala, University of Namibia)*.
- *UNAIDS Epidemiological Fact Sheets on HIV/AIDS and Sexually Transmitted Infections: Mauritius*, 2004.
- *University of Botswana, HIV/AIDS Policy*, November 2002.
- *University of Cape Town: Policy on HIV infection and AIDS*, September 2006.
- *University of Namibia, Policy on HIV/AIDS*, S.A.
- *University of Natal, HIV/AIDS Plan 2002-2004*, 2002.
- *University of Malawi, HIV/AIDS Policy*, October 2003.
- *University of the Western Cape, HIV/AIDS Policy*, February 2003.
- *Zambia: University Launches Free ARV Treatment on Campus*, PLUSNEWS, February 2005.

## WEBSITES

<http://web.uct.ac.za/depts/hiv aids/>

<http://www.cbu.edu.zm>

<http://www.csa.za.org/article/articlestatic/7/1/2/>

<http://www.cut.ac.zw>

<http://www.health-e.co.za/news/article.php?uid=20030888>

<http://www.heard.org.za/>

<http://www.hivan.org.za/gettoknowus/aboutus.asp>

<http://www.nust.ac.zw>

[http://www.puk.ac.za/mivvigs/beleid\\_e.html](http://www.puk.ac.za/mivvigs/beleid_e.html)

[http://www.puk.ac.za/mivvigs/berading\\_e.html](http://www.puk.ac.za/mivvigs/berading_e.html)

[http://www.puk.ac.za/mivvigs/hulp\\_e.html](http://www.puk.ac.za/mivvigs/hulp_e.html)

<http://www.sharpuct.org.za/>

<http://www.ukzn.ac.za/aidsprogramme/HomePage1.aspx>

<http://www.unima.mw>

[http://www.unisa.ac.za/Default.asp?Cmd=ViewNewsItem&NewsID=650&Cmd=GetN  
avID=6](http://www.unisa.ac.za/Default.asp?Cmd=ViewNewsItem&NewsID=650&Cmd=GetN<br/>avID=6)

[http://www.bc.edu/bc\\_org/avp/soe/cihe/inhea/profiles.htm](http://www.bc.edu/bc_org/avp/soe/cihe/inhea/profiles.htm)

<http://www.sadc.int/>

<http://www.sauvca.org.za/>

[http://www-sul.stanford.edu/depts/ssrg/africa/africaneducation/african-higher-  
education.html](http://www-sul.stanford.edu/depts/ssrg/africa/africaneducation/african-higher-<br/>education.html)

<http://www.foundation-partnership.org/>

<http://www.tanedu.org/>

<http://www.aaas.org/international/africa/univs.shtml>

<http://africa.msu.edu/AUP/>

<http://www.he aids.org.za/policies/institutions/>

[http://hiv aids clearinghouse.unesco.org/ev\\_en.php](http://hiv aids clearinghouse.unesco.org/ev_en.php)



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