HIV/AIDS
Towards a Strategy for Commonwealth Universities:
Issues in Policy Development

An Association of Commonwealth Universities Project

Acknowledgements

CONTENTS

Introduction

The Association of Commonwealth Universities' (ACU) substantive involvement in providing leadership in the area of HIV/AIDS began in 1999. In parallel with the Commonwealth Heads of Government Meeting, the ACU and the University of Natal hosted a symposium in Durban, South Africa, to address higher education's response to HIV/AIDS. At that meeting, Professor Michael Gibbons, Secretary General of the ACU and Dame Veronica Sutherland, Deputy Secretary General of the Commonwealth, challenged the leadership of the higher education institutions across the Commonwealth to make meaningful contributions to the fight against HIV/AIDS.[1] The proceedings of that event reflected the need for the development of coherent policies and strategies in the university sector to adequately address the threat of HIV/AIDS.

Another significant result of that symposium was the inclusion at Paragraph 55 of the formal CHOGM Communiqué, of an explicit recognition of the urgency of this pandemic and of the need for governments and international organisations to act to eradicate HIV/AIDS. A Commonwealth working group, (known as the Para 55 working group), of which the ACU is a member, has continued to meet to press forward a number of initiatives.

At the Durban symposium, the ACU was challenged to "nurture the agenda of optimal resource use, by acting as a channel for information sharing and dissemination."[2] This current project reflects a continued desire by ACU to provide impetus and leadership in the development of policies and actions in responding to the pandemic.

This report presents the findings of a small-scale survey of Commonwealth University members' policies and perceptions on the current impact of HIV/AIDS. The first section provides a brief overview of the survey process and findings. The detailed analyses of the mapping survey forms section two. Finally, section three reviews the various elements of institutional policies relating to HIV/AIDS.

Project Outline

With the financial assistance of the UK's Department for International Development (DFID), the ACU is undertaking a multi-leveled project with the following aims:
- To inform those in the higher education sector who are unaware of the impact and implications of HIV/AIDS;
- To diminish the tendency towards denial and stigmatisation;
- To motivate action that will lead towards the prevention of further infection and the appropriate care and support of those already living with, or affected by HIV/AIDS; and
- To leave a legacy of materials that will provide clear guidance and set standards that can be used and applied in a wide variety of environments.

As a first step, ACU has undertaken a small-scale mapping survey of the current perceived impact of HIV/AIDS on universities across the Commonwealth and of the current level of policy development in this area. These data provided background for a consultation meeting through which a small group of interested parties representing universities and relevant international agencies provided critique and input to the project.

Subsequent elements of the project are the development of a training module and execution of two training workshops/seminars. These two elements form the central core

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[1] ACU (1999) The Social, Demographic and Development Impact of HIV/AIDS: Commonwealth Universities Respond
[2] ibid

of the project. The final element is the development of a guide of 'good practice' in how universities are responding to the impact of HIV/AIDS. This guide will build on the excellent publications recently produced by the World Bank[3] and SAUCVA[4].

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[3] Kelly, M.J. (2001) Challenging the Challenger: Understanding and Expanding the Response of Universities in Africa to HIV/AIDS, World Bank
[4] Chetty, D (2000) Institutionalising the Response to HIV/AIDS in the South African University Sector, A SAUVCA Analysis, SAUVCA Occasional Publication and Report

Section One: Survey Overview

Mapping Survey

A brief survey was distributed via email to a sample of approximately 450 university Executive Heads across the Commonwealth. The aim of the survey was to begin to 'map' institutional perceptions of the impact of HIIV/AIDS on institutions and also to gauge the level of university response in terms of policy development. The sample was purposefully selected to represent the diversity of institutions in membership and to include not only those geographical regions most affected by HIV/AIDS but also those regions in which HIV/AIDS has less of an impact.

Ninety-seven surveys were returned by the deadline date in mid-February 2001 with a return rate from institutions in more economically advantaged regions (eg UK, Australia, Singapore, Canada) representing over half the responses. Forty-one percent of respondents were from South Asia and Sub-Saharan Africa.

The findings of the survey, not surprisingly, varied quite significantly by region. For example, the region which acknowledged the highest impact on its institutions was sub-Saharan Africa, with institutions from South Asia registering an almost equal response. Australasian institutions acknowledged 'some/slight' levels of impact while European and Canadian institutions indicated that the impact was 'slight to none'.

Respondents indicated that specific areas of impact centred on human resource management, the mission of the institution and financial planning. The level of impact again varied dramatically between regions, with 33% of sub-Saharan institutions claiming the impact in these areas was 'considerable' compared to only 4% of Australasian institutions.

A key question in the survey requested information on the existence of institutional policies for HIV/AIDS. Forty-two percent of the respondents indicated their institution had an existing policy. The highest proportion of institutions with policies were those in Canada and Australasia, with a positive response from 63% and 61% respectively. Sub-Saharan African institutions were the third highest region with forty-eight percent of the institutions having policies in place.

Institutions were asked to indicate from a pre-set list the specific elements addressed in the policies. The findings show that protection from discrimination and confidentiality clauses were the most common elements, with human resource planning policies addressed the least. This latter finding is a direct contrast to the statement that indicated that human resource is one of the key areas of impact.

Respondents were asked to provide a copy of the institutional policy where one existed, and some twenty-three policies were received. A brief overview of the analysis of these policies follows, with a detailed analysis provided in Section Three of this report.

Provision for education and awareness raising on HIV/AIDS was another area addressed by the mapping survey. Counselling for staff and students and access to condoms on campus were reported by 53% and 48% of respondents respectively; again primarily from Sub Saharan African respondents. Compulsory training courses and access to needle exchange schemes were found in only eleven percent of the institutions.

The penultimate section of the survey endeavoured to determine how respondents felt in terms of apportioning responsibility in the fight against HIV/AIDS. They were asked to locate where they believed responsibilities lay for universities, government and non-

government organisations. Two-thirds of the respondents believe that universities should bear up to twenty percent of the overall responsibility in the fight against HIV/AIDS. Only 3% of respondents felt that the university should bear a much greater responsibility of between 40 to 60 percent.   Perhaps not surprisingly, the highest proportion of responsibility has been allocated to government.

Finally, respondents were asked to indicate whether they felt that other groups or bodies should take on some level of responsibility in fighting HIV/AIDS.   Over half of the respondents did so, with 35% suggesting community groups should play a role. Other suggestions included religious groups, schools and other international organisations.

The detailed analysis of this survey forms the second section of this report with complete analysis by region located in the appendices.

Analysis of Institutional Policy

The symposium proceedings from the Durban event in 1999 included a detailed framework for the development of institutional policy on HIV/AIDS.   Subsequent conferences and reports have supported the view that strong institutional policy is an important element in changing behaviour.[5] In the recent World Bank report that provided a synthesis of case studies from seven African universities, Kelly makes a strong argument for the need for development of university policies as a point of departure in combating HIV/AIDS. He states:

". . . the policy direction should be forward-looking, propelling the institution to be several steps ahead of the disease. It should look beyond containing and controlling HIV/AIDS to overcoming and vanquishing it. A policy that confines itself to little more than a 'status quo' response, directed primarily at prevention, counselling and information dissemination, may meet with only limited success, leaving the university involved in an interminable rearguard action against the disease." [6]

This mapping study provided an excellent opportunity to gain access to a much wider sample of institutional policies to undertake an analysis of the shape and form such policies take, with a view to providing examples of 'good practice' as guidance to other institutions in developing such policies.   As previously indicated, just over twenty institutional policies were submitted in conjunction with the survey. The majority of these were from the UK, Canada and Australia (15) and the balance from South Africa (7). These policies were analysed from a number of different perspectives including: the *shape and form* of the policy, the *participation* in the development of the policy and the *elements* of the policies. The findings are dealt with in detail in Section Three, but will be addressed briefly here.

Analysis of the shape and form of the policy endeavoured to identify the level of complexity of the documents. A small number were very compact (only one or two pages) and were primarily used as briefing notes for induction purposes for staff and students, while other policies were very detailed and covered a very wide range of policy. Some took the form of 'safety procedures' and provided detail on safety in clinical settings or sporting activities. Examples were also found whereby the institutional policy was quite brief but made reference to other national or organisational policies to which individuals should refer.

In those instances where the policies were well developed there were clear indications as to who was responsible for the development of the policy and for its implementation and

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[5] Otaala, B (ed) (2000) HIV/AIDS: the Challenge for tertiary institutions in Namibia
[6] Kelly, p. 44

success. This was the exception rather than the rule. We were looking for evidence of a wide range of participants in the development of policy to include students and student groups, academic and non-academic staff, people living with AIDS, medical and non-medical input as well as senior administrative input. The findings show very little evidence of such participation. Also of interest was the location of the responsibility for implementation, this included: health and safety offices, risk management offices, human resources functions and specially designated HIV/AIDS offices.

Finally, the policies were examined to identify not only any trends in common content, but also any consistent gaps. Unfortunately, the shape and form of the policies was so widely varied that it was impossible to achieve the latter, but it was possible to identify a certain consistency in the more developed policies. Typically the policies include:

- a problem statement
- safety procedures
- non-discrimination statement
- legal frameworks/legislation
- issues relating to teaching and research
- community action statement.

There does not appear to be a direct correlation between institutions believing there is significant impact from HIV/AIDS on the institution and the need for policy development. For example, 96% of the institutions responding from the UK felt there was 'slight to no' impact on their institutions, however 59% had policies in place. This supposition is challenged when the data is examined on a regional basis where the findings show that within sub-Saharan Africa eight of the ten policies submitted were from South Africa.

A further observation relates to the overall 'shape and form' of the policies in question. There is an observable difference between many of the policies submitted from Sub Saharan Africa and those from the UK, Canada and Australasia. The former policies tend to focus on discrimination and laboratory safety procedures while the latter are more comprehensive in scope.

Conclusion

The mapping survey was devised to inform our thinking in the development of the project. Its aim was to begin to take the pulse of institutional perceptions as to the overall impact of HIV/AIDS across various regions, as well as to begin to identify good practice in policy development. The over-arching message, it appears, is that diversity abounds – across and between geographical boundaries.

It would have been easy to hypothesise that only those institutions in sub-Saharan Africa and southern Asia would be concerned with policy development and institutional responses, as it is in these geographical areas that HIV/AIDS is most prevalent.   While the findings indicate that it is in these regions that the institutional impact is most strongly felt, institutions right across the Commonwealth recognise the importance of such activities and are taking action. As was noted earlier, the highest incidence of policy development was found in countries in which the incidence of HIV/AIDS is relatively low.

Data show that action resulting from policy (or, perhaps, in spite of non-existing policy) remains primarily at the information sharing level with few examples of compulsory activities or pro-active preventative measures. Few policies reflect the need for the mainstreaming of HIV/AIDS into the curricula, or for the development of research agendas or community outreach.

Institutional responses to the survey show that the majority of respondents do not believe that the primary responsibility for action rests with the university, but more with

government. Nevertheless, one of the aims of this project is to help every university in the Commonwealth (and, indeed, elsewhere) to recognise and respond to its responsibilities to its own staff, students and local community.

As with all surveys, part of the beneficial aspects of the process is actually to raise awareness of the issues in question. This has clearly been the case with the mapping survey as one sub-Saharan African institution stated:

"During the course of consultations when I was filling out the questionnaire, it became clear that we need to do more as a University in the fight against HIV/AIDS. The questionnaire has in itself raised awareness on our part about what we are not doing."

One of the key messages that is driven home in recent reports is not only the need for the development of coherent policies to address HIV/AIDS, but also the critical element of strong leadership to guide and implement such policies. The SAUVCA report recommends:

"At institutional level, it is essential for all management and supervisory level employees to be 'AIDS literate' at the very least. They must be made to recognise that their leadership role in combating and managing the impact of HIV/AIDS is an integral part of their responsibilities, and a core value in the ethos of the organisations they represent. . . In the final analysis, HIV/AIDS will require more than a managerial response: it calls for Vice Chancellors, senior managers and their academic staff to act as 'public intellectuals.'"[7]

This project aims to contribute to such a recommendation. Through the development of a training module and a guide of institutional good practice, a legacy of material will have been developed to provide a resource for institutions. The training seminar(s) are aimed at 'training the trainers' to provide a self-perpetuating cycle of dissemination and development throughout the higher education sector.

The findings of this survey provides a base line for future studies. It should also act as an impetus to stimulate discussion and action in development of institutional policies relating to HIV/AIDS.

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[7] Chetty, p. 12

Section Two: HIV/AIDS Survey Analysis

Introduction

This section provides a detailed analysis of each of the survey questions with a full statistical analysis presented in the appendices. The questionnaire was distributed via e-mail to a sample of approximately 450 University Executive Heads, (see Appendix 1 for a copy of the survey). Respondents were asked either to complete the questionnaire themselves, or to forward it to another colleague within the University, and to return it either by e-mail, fax or via an on-line questionnaire found on the ACU website. The analysis provided in this report is based upon 97 questionnaires which were received by 22nd February 2001 (a response rate of 22%).

Distribution of Respondents

As Figure 1 shows, over half of the responses (58) were received from Universities within economically advantaged regions, Australasia (encompassing Australia, New Zealand, Hong Kong, Singapore and the South Pacific) Europe, (including UK and Cyprus) and North America, (Canada). Twenty-one responses were received from Sub-Saharan African Universities, (9 of which were from South African Universities). A further 18 responses were received

Fig. 1 Distribution of questionnaire response by region
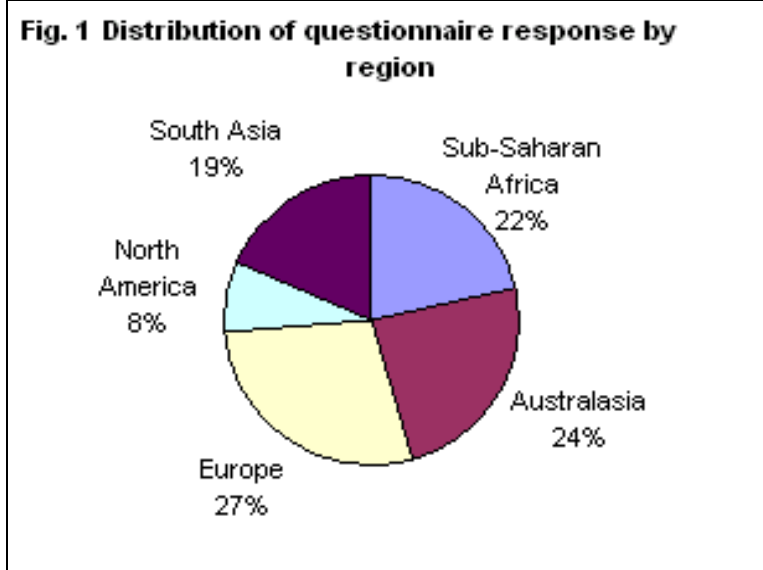
from South Asian Universities (including India, Pakistan, Bangladesh and Sri Lanka). For a full breakdown of responses by country and institution please see Appendix 2.

Impact of HIV and AIDS on Institutions

Overall, 39% of institutions felt that the impact of the spread of HIV and AIDS was only slight, with a further 27% indicating that there was no impact at all. Understandably however this picture varies tremendously when a regional breakdown of responses is considered. Figure 2 (overleaf), shows regional responses regarding the impact of the spread of HIV and AIDS on each institution.

From the total number of responses, three institutions, one each in Sub-Saharan Africa, South Asia and North America consider that HIV/AIDS is having a 'tremendous' impact on their institutional functioning. However, all responses received from institutions within the Sub-Saharan African region indicate that HIV/AIDS is having at the very least a 'slight' impact (29% or 6:21), with 24% acknowledging that there is either a 'tremendous' or 'considerable impact' (5:21 institutions). No Sub-Saharan African Universities have indicated that there is 'no impact at all' on their functioning. This contrasts with the responses offered by South Asian institutions, where although 23% (4:18) indicate either a 'tremendous' or 'considerable' impact, 33% (6:18) feel that there is 'no impact at all'.

A significant difference can be seen between the mean ranking of considered impact upon institutional activity between the five regions.[8] Sub-Saharan African institutions display the greatest mean level of impact, followed next by institutions in North America, South Asia, Australasia and finally Europe, (where nearly half of institutions reported 'no impact at all').

Fig. 2 Level of Impact on Institution	Africa: South of Sahara	Australasia	Europe	North America	South Asia
Tremendous	5			13	6
Considerable	19	4			17
Some	33	9	4		
Slight	29	61	37	38	28
None		22	48	25	33
DNA	14	4	11	25	17
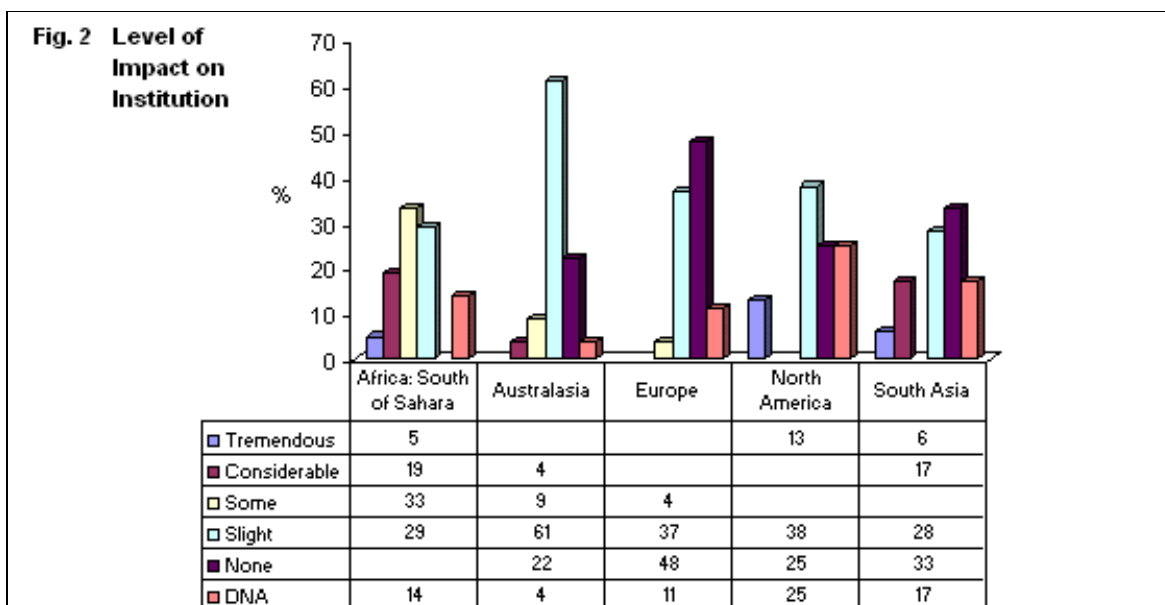
Respondents were next asked to rate the impact of HIV/AIDS on the following areas of their institution's activity using the same scale of impact:

- Recruitment of academic staff   - Retention of students
- Recruitment of non-academic staff   - Budgeting/ financial planning
- Retention of academic staff   - The mission of your institution
- Retention of non-academic staff   - Excellence in teaching and research
- Enrolment of students   - Human resource management

Overall the areas in which most institutions reported any degree of impact was:

- human resource management (37%)
- the mission of the institution (34%)
- the budgeting/ financial planning of the institution (31%).

Areas where the fewest number of institutions reported any impact included:

- the retention of academic staff (15%)
- the retention of non-academic staff (16%)
- the recruitment of non-academic staff (18%)

However again there are regional variations. (Full breakdown of region by institutional activity can be found in Appendix 3). For nearly all areas of institutional activity listed on the questionnaire (eight out of ten areas), more institutions in Sub-Saharan Africa reported a greater mean impact than any other region. The only two areas of activity where differences were not significant included the recruitment of non-academic staff and the retention of students.

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[8] analysed with Kruskal-Wallis H test

Differences appeared most pronounced for the areas of budgeting/ financial planning and the mission of the institution. For both of these areas of activity, 76% (16:21) of Sub-Saharan Africa institutions declared an impact due to HIV/AIDS. Regarding the mission of the institution, 33% of institutions in this region felt that the impact was 'considerable' compared to only 4% (1:23) of Australasian institutions and 11% (2:18) of institutions in South Asia.

For six out of the ten areas of activity listed on the questionnaire South Asian institutions ranked second lowest in terms of considered impact, with only European institutions noting a lower impact upon their functioning.

Respondents were also asked to suggest other areas of their institution's activities that have been affected. Responses touched further upon financial costs that have been incurred, for example, two responses received from Sub-Saharan African institutions noted:

"HIV/AIDS makes an impact on the fiscal situation by increasing costs and reducing productivity which are not properly documented."

and

"Costs will increase due to increased spending on counselling services, possibly also testing facilities, education, information and universal infection control measures."

Table 1   Responding Institutions with Written Policies

	Yes	%	Total
Sub-Saharan Africa			
Botswana	1	100	1
Cameroon	1	50	2
Ghana		0	1
Kenya		0	4
Malawi		0	1
Republic of Mauritius		0	1
Sierra Leone		0	1
South Africa	8	89	9
Zambia		0	1
Australasia			
Australia	11	69	16
Hong Kong China	1	50	2
New Zealand	1	33	3
Singapore		0	1
South Pacific	1	100	1
Europe			
Cyprus		0	1
UK	9	35	26
North America			
Canada	5	63	8
South Asia			
Bangladesh		0	3
India	3	33	9
Pakistan		0	3
Sri Lanka		0	3
TOTAL	41	42	97

Institutional Policy on HIV and AIDS

Forty-two percent of responding institutions reported having a specific written policy setting out their approach to dealing with HIV and AIDS. A further 2% said that such a document was imminent and a further 8% indicated that health and safety policies were available but did not specifically refer to HIV and AIDS.

Considering regional variations, responding North American institutions have the highest percentage of written policies addressing an approach to HIV and AIDS, (63% or 5:8); although this is a particularly small sample. Australasian institutions follow with 61% (14:23) of respondents indicating written HIV/AIDS policies. While 48% of Sub-Saharan African and 17% of South Asian institutions acknowledged having policies in place. (For a full regional breakdown of responses please see Appendix 4).

When analysed further a significant relationship emerges of institutions in less economically advantaged regions (Sub-Saharan Africa and South Asia)

having fewer written policies addressing HIV/AIDS than those in economically advantaged regions.

Table 1 adds another dimension and shows how this picture varies within region. Within South Asia for example India is the only country where institutes report any policies at all. Within Sub-Saharan Africa 8 out of the 10 institutions with policies are in South Africa.

Some of the institutions without policies commented that they:

"[W]ould follow local Public Health guidelines which would include protection from unfair discrimination". (Europe)

Whilst another reported,

"Since there is no known case hence the University has not taken any policy dealing with HIV and AIDS". (South Asia).

Institutions with policies were asked to indicate areas that policy documents address from a pre-set list. (The responses are shown in Table 2). Areas that policy documents were most likely to cover included:

- 'protection from unfair discrimination', (79%)
- 'confidentiality about HIV/AIDS status', (76%).

Written policy documents appeared least to address 'Human resource management planning', (41% of responses). This pattern was broadly repeated within the responses from Australasia and Europe. All three South Asian institutions with written policies reported them covering all six areas, while nearly all of the Sub-Saharan African institutions reported the same with only two institutions not addressing 'Human resource management planning' or 'Provision of care for those affected/ infected'.

For a complete thematic analysis of the content of the policy documents returned with the questionnaires please see Section Three of this report.

Table 2   Elements of Current Policy

Policy Area	Sub-Saharan Africa	%	Austral asia	%	Europe	%	North America	%	South Asia	%	TOTAL	%
Human Resource Management Planning	8	80	3	21	3	33	0	0	3	100	**17**	**40**
Protection from unfair discrimination	10	100	9	64	8	89	3	60	3	100	**33**	**79**
Confidentiality about HIV/ AIDS status	10	100	9	64	7	78	3	60	3	100	**32**	**76**
Provision of care for those affected/ infected	8	80	7	50	3	33	1	20	3	100	**22**	**52**
Raising level of understanding of HIV/AIDS in institution	10	100	8	57	7	78	3	60	3	100	**31**	**74**
Provision of education/ training	10	100	5	36	3	33	3	60	3	100	**24**	**57**

*Percentages calculated as percentage of those institutions reporting policy documents

Raising the level of understanding of HIV and AIDS

Respondents were next asked to report any services their institutions provided in attempting to raise the level of understanding regarding HIV and AIDS. Overall most institutions acknowledged the provision of:

- 'HIV/AIDS counselling/advice services for staff and students' (53%)
- 'Access to condoms on campus' (48%)

Least reported were:

- 'Compulsory educational/ training courses for students on HIV/ AIDS' (11%)
- 'Access to needle exchange schemes on campus' (11%)

Again some regional variation can be seen, (please see Appendix 5). The highest proportion of South Asian institutions reported providing:

- 'Training courses for staff/ students at risk of contact during work/studies'
- 'Compulsory educational/ training courses for students on HIV/AIDS'
- 'Community orientated programmes to inform society of HIV/AIDS'
  (all were reported by 39% of the sample, or 7:18).

Sub-Saharan African, European and North American institutions followed broadly the same pattern as was found overall. Australasian institutions mainly followed the same trend except with regards to 'Access to needle exchange schemes on campus'. Here, 26% of those responding (6:23) acknowledged a level of provision in this regard within their institution. However, none reported offering any 'Compulsory educational/ training courses for staff on HIV/AIDS'.

Respondents were also asked to detail any other provision within the institution. Two of the institutions from Sub-Saharan Africa noted that there are student organised bodies promoting AIDS awareness both within the University and in the community. A respondent from a South Asian institution noted that they:

"[A]ctively participate in all state level programs, workshops, seminars"

and also provide:

"Media relations to educate public-radio-print-TV".

Other responses indicate a very small number of European institutions (7% of those returning questionnaires within this region), also have some involvement with health promotion at a national level.

The Role of Universities against HIV and AIDS

Figure 3 shows the overall response to the question of dividing responsibilty for the fight against HIV and AIDS between various bodies. (Again for full results please see

Fig. 3 Beliefs in apportioning responsibility in fight against HIV/AIDS
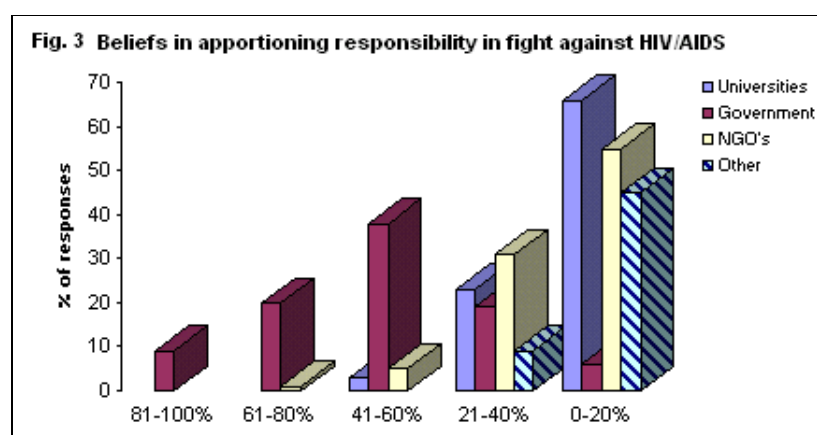
Appendix 6).Two-thirds of respondents felt that the Universities should not have major responsibility, and therefore should 'own' only 0-20% of the responsibility. A minority, three respondents felt that the Universities role should be much greater (falling between 41-60%).

When regional variations are analysed a significant difference can be seen. More institutions in the sample's less economically advantaged countries consider the role of the University to be greater than in the other economically advantaged countries. Table 3 below shows that the majority of Australasian, North American and European institutions represented felt that Universities are responsible for between just 0-20% of the fight against HIV/AIDS. South Asian and Sub-Saharan African responses however reflected a more even split between those who felt the responsibility should be between 0-20% and those who felt it should lie between 21-40%, (or for some of the Sub-Saharan African respondents who felt it should be even greater).

	UNIVERSITY RESPONSIBILITY						
	0-20%	21-40%	41-60%	61-80%	81-100%	DNA%	N
Sub-Saharan Africa	43	38	10			10	21
Australasia	83	9				9	23
Europe	74	7	4			15	27
North America	88	13					8
South Asia	50	50					18
TOTAL	**66**	**23**	**3**			**8**	**97**

Table 3. Regional Variations in response to University role in fighting HIV/AIDS.

There appears to be some level of consensus about the role of government in the fight against HIV/AIDS (Appendix 6); most responses indicated that government should shoulder a large degree of responsibility:

- 29% felt that the government should take between 61-100% of the responsibility
- 38% felt this should be between 41-60%
- 25% considered that it should be less than 40%.

However, again when reponses are analysed according to region, a significant difference emerged between institutions in less economically advantaged regions and those in economically advantaged areas. More institutions in Sub-Saharan Africa and South Asia felt that the responsibility of government should be lower than their equivalents in Europe, Australasia and North America. For example, the regions of South Asia and Sub-Saharan Africa both had some institutions that felt the appropriate level of government responsibility to be as low as 0-20%, while North America, Australasia and Europe were the only regions to suggest that this responsibility should be as high as 81-100%, (38%, 22% and 4% respectively).

Over half of the sample (55%) felt that NGO's should only shoulder between 0-20% of the responsibility, with a further 30% of respondents pushing this figure for responsibility up to 40%.

Respondents were also asked to suggest other groups or bodies that they felt should also take responsibility. Over half of the sample did this with wide-ranging suggestions, (as can be seen in figure 4 overleaf). The most popular suggestion was that community groups should assume a share of the responsibility (35%), this was followed by the suggestion that individuals also need to take responsibility (19%).

Fig. 4 Responsibility of 'other' bodies
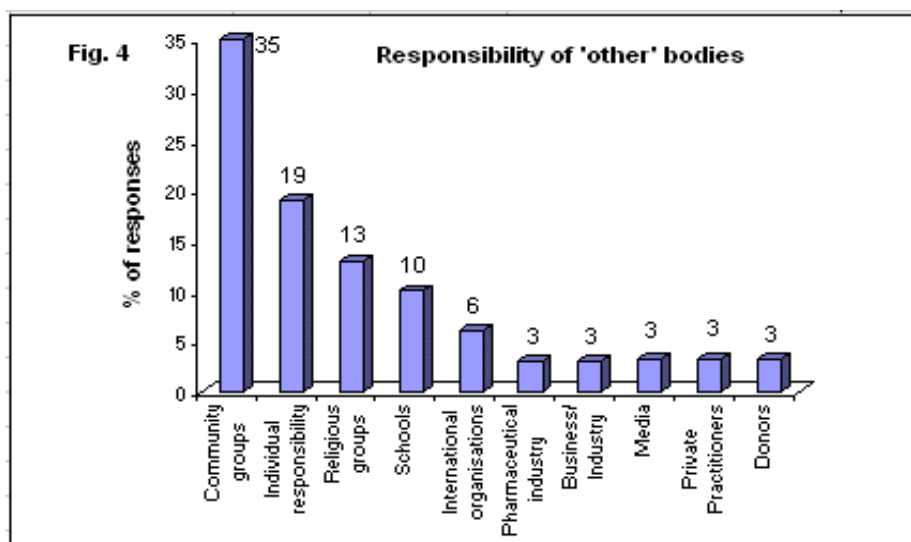
Summary

Overall 66% of responding institutions reported the impact of HIV/AIDS as slight or non-existent upon their institutional activity. However, an analysis of regional variations showed that there is a significant difference in considered impact between regions. Institutions in Sub-Saharan African reported the greatest degree of impact, followed (in order) by institutions in North America, South Asia, Australasia and Europe.

Overall 42% of respondents acknowledged written institutional policies concerning an approach to HIV/AIDS. However, institutions in economically advantaged countries were more likely to have a written policy than institutions in the less economically advantaged regions in the sample (Sub-Saharan Africa and South Asia). It should also be noted that the spread of policies between countries within a region was similarly uneven.

Overall, two-thirds of the sample felt that Universities should not hold the largest role in the fight against HIV/AIDS when compared to government, NGO's or any other organisation. This picture again varied somewhat when considered regionally. Institutions in economically advantaged countries considered the role of Universities to be smaller than did institutions in the less economically advantaged countries in the sample. Conversely, this relationship was reversed when the responsibility of the government was considered. Less economically advantaged countries considered the role of governments in fighting HIV/AIDS to be smaller than did those institutions in economically advantaged countries.

Section Three: Review of Policy Documents

Introduction

In response to ACU's questionnaire on HIV/AIDS policy, 22 institutions submitted or gave web addresses for their policy documents. Seven were from South Africa, 5 from the UK, 6 from Australia and 4 from Canada. These were greatly varied in terms of the scope of the policies and the level to which they were developed. The policies have been analysed in terms of:

- shape and form of policies
- participation in policy development – departments and individuals involved in drafting, implementing, disseminating and enforcing the policy
- elements of policy – what is included and what is not addressed

Shape and Form of Policy

Some policies were simply guidelines or procedures found in staff handbooks, others were expanded institutional policies, which provided statements of broad principle without clear indication of how they would be achieved. More developed policies, however, began with principles and then went into specifics with a clear action plan and designated committees established to achieve their aims.

For example, one UK institution's policy is a single page of information. It simply states that normal working contact does not carry any risk and that therefore there is no reason to treat student or staff with HIV/AIDS infection any differently from others and also that knowledge of infection should be treated confidentially.

Other policies are more of the level of a set of safety procedures. For example, the policy of one of the Australian institutions concentrates on policy and guidelines for a variety of clinical procedures with reference to the University's Risk Management Manual and also gives details about testing required for specific categories of clinical staff and students.

More general policy is expressed in the broad statements, for example that the university has a responsibility to provide: education programmes for staff and students covering safety procedures; general information on HIV/AIDS; 'a basis for the promotion of healthy behaviour and attitudes' and confidential counselling. There is often no indication of when, how and by whom such programmes would be formulated. While the policy states that the university is committed to 'fair and reasonable' treatment of staff and students, and that recruitment, placement and promotion decisions will be made strictly on principles of merit without reference to HIV/AIDS status, there is no mention of how this will be enforced or to whom a grievance might be addressed.

Other institutional policies submitted start with general principles but then go beyond this to articulate these in a clearly defined plan of implementation which indicates how principles are to be achieved.

Participation in Policy Development

Origin of policy

With many of the policies it was not possible to tell where the document had originated. In instances where the policy indicated the office responsible for the development, the following were named:

- Health and Safety Office
- Risk Management Office
- Human Resources Office
- Office of the Rector
- Working Committee for HIV/AIDS and other related diseases
- Equal Opportunity Office

Other policies refer to being approved by the Vice-Chancellor but do not indicate which department, or individuals, were responsible for drafting the policy.

Enforcement

Information on who will actually be responsible for policy implementation and what action will be taken in respect of non-compliance in terms of discrimination is one that is only touched upon in a small number of policies. Witwatersrand stresses that faculties failing to integrate HIV/AIDS into their curricula will be held to account. In addition, while many of the policies stress that the institution is committed to combating discrimination, only a few clearly state that disciplinary action will be taken against those who do discriminate.

Revision and Updating

In the cases where a relevant HIV/AIDS committee is set up, that body is often responsible for periodically reviewing policy and updating. In some cases a time scale for review is given, in others review is understood to be ongoing. In some policies, however, there is simply a statement that the policy will be reviewed from time to time with no mention of when this will happen or by whom.

Elements of Policy

The elements contained within policies varied widely with some policies concentrating on one element, such as safety procedures, while others were more comprehensive. The degree of detail with regards to how the policy would actually translate into practice and how this would be implemented also varied greatly.

Problem Statement

Commonly, policies began with some basic background information on HIV/AIDS. For the most basic, this encompassed statements about methods of transmission, while others went further to take in the effects on the individual, for example, some mention psychological effects, and the impact on the community. Most policies then went on to state the university's position and responsibilities. In some cases this was to provide a safe environment for the institution's staff and students, but a number of policies also talk of the responsibility to protect staff and students from discrimination. A smaller number also include the responsibility of the university for combating discrimination, increasing knowledge and contributing to the fight against aids in wider society.

For example:

Acquired Immunodeficiency Syndrome (AIDS) is a disease caused by infection with the Human Immunodeficiency Virus (HIV). It is inevitable that the HIV/AIDS pandemic will have a marked effect on all aspects of life in South Africa, and in the African subcontinent. As a public higher education institution the University of Cape Town has a responsibility:

- *To its community of staff and students, to ensure that they are fully informed about the causes and consequences of HIV/AIDS, enabling each individual to take responsibility for his or her health*
- *To those in the University Community who are infected with HIV, or who are suffering from AIDS*
- *For the promotion of understanding of the causes and consequences of the epidemic, equipping present and future leaders of society with the knowledge that they will need to further appropriate policies*
- *To engage in and undertake high calibre research that contributes to the development of the means of combating the spread of HIV and mitigating the effects of AIDS.*
  (University of Cape Town)

Safety Procedures and Preventative Measures

Safety procedures and precautions are mentioned in the majority of policies. A number of policies outline 'universal safety precautions' as well as procedures in the event of specific incidents. In some cases procedure is appended or takes the form of a separate document such as in Natal where a separate detailed outline of policy and procedure for "Accidental exposure to HIV infection (e.g. needle-stick injury, contaminated blood and body fluids etc)" is included. In the case of some policies this accounts for the main body of the policy itself.

Institutions emphasise different aspects, for example:

Clinical

One of the Australian institutions focuses almost exclusively on policies and procedures regarding staff and students in clinical subjects. This includes areas such as 'precautions for contact with human blood' and the 'use of human blood and tissues in practical classes and research laboratories'. The policy goes on to reference the State Health Department policy regarding infected individuals. Procedures are also articulated as to what activities students and staff would not be allowed to undertake as a result of infection. Some policies, such as that of the University of Sydney, indicated that students would not be failed for being unable to complete clinical practice elements and would receive advice and counselling as to effects on their careers.

Sports

Specific mention is made as to policy with regards to sports in a few policies – the University of Witwatersrand has a separate policy and procedures segment on Rugby.

Prevention

In addition to procedures and safety guidelines a number of policies mention the provision of information on transmission as an important principle in prevention. (This is also discussed under education). Only one or two policies refer to the provision of services and facilities such as condoms, needle exchange and testing. For example:

The University will provide appropriate facilities to minimise the transmission of HIV and hepatitis viruses through social activities on campus, such as accessible condom vending machines and needle exchange programs. The availability of such facilities as a means of limiting the transmission of HIV and hepatitis viruses should be publicised to students on each campus. (Charles Sturt University)

Non-Discrimination: Staff and Students

Nearly all documents contain a statement of the university's commitment not to discriminate on the basis of HIV/AIDS status. This generally includes the following elements:

- HIV/AIDS status will not be taken into account in hiring staff or recruiting students
- Existing students and staff will not be excluded/dismissed on the basis of status
- Testing will not be compulsory
- Should status become known this must remain confidential

In some policies this includes the caveat of existing Health department regulations governing clinical procedures.

A large number of the policies use the statement that they will treat students or staff who develop AIDS in the same manner as they would others with chronic serious illness or disability. In addition, a number of policies look more closely into the issue of benefits and life assurance for staff. The position on this varies with one institution asserting that there will be no discrimination:

*"Permanent incapacity: The procedures, provisions and regulations of the RAU Pension/Provident Fund and the Group Life Assurance Scheme (if applicable) apply to permanent employees who are found to be medically unfit to work on the basis of HIV/AIDS." (*Rand Afrikaans University)

While another notes that this may not be within the institution's control:

"However, reference should be made to the conditions of superannuation providers, via the respective funds. SSAU has a restriction clause affecting staff who have HIV/AIDS with regard to death and disablement payments." (RMIT)

Two institutions mention that HIV/AIDS status will not be taken into account in decisions on promotion and training.

In addition to the assurance that staff and students suffering from HIV/AIDS would not be excluded from employment/study, two institutions stated that every reasonable effort would be made to enable them to continue to participate during illness.

"As in all cases of chronic illness where work is adversely affected and an objective medical assessment has been carried out, makes every reasonable effort to provide alternative, non-strenuous work, so as to maximise the earning capacity of the staff member concerned. If the staff member is no longer able to work and/or no suitable position can be found, the appropriate ill-health/disability income policies will be applied." (University of Cape Town)

While all policies stress that the institution is against discrimination, only a few mention that disciplinary action will be taken should discrimination be proven. For example:

"Expected behaviour with regard to HIV/AIDS will be incorporated into the University's Code of Conduct. Staff and students will be required to sign the Code of Conduct when registering for study and signing a contract of employment, respectively.

Willfully undermining the privacy and dignity of a member of staff with HIV/AIDS will constitute a breach of discipline, and appropriate disciplinary steps will be taken." (*University of Witwatersrand)

Others mention that individuals who feel they have been discriminated against can take these grievances to an Equal Opportunities body.

Legal Framework

Around half of the policies make reference to relevant national legislation. This tends to include equal opportunities legislation and disabilities legislation in reference to the institution's anti-discrimination policies for staff and students. Public health legislation is also mentioned as this addresses policy on staff and students working in laboratories and clinical subjects. For example, Charles Sturt's policy is clearly framed by the NSW Anti-Discrimination Act 1977, NSW Occupational Health and Safety Act 1983, Disability Discrimination Act 1992, and the NSW Public Health Act 1991.

Support and Care

Statements on support and care of individuals with HIV/AIDS are entirely absent from a large number of policies. Some policies simply refer to existing counselling services, while others mention that existing counselling services will be expanded and that details of services available in the community will be compiled. Natal's strategic plan goes further to incorporate training for staff, students and health workers specifically in the counselling, support and care of those infected with HIV/AIDS in their programme on internal training. One or two policies lay out in detail specific care services to be provided, such as the ambulatory HIV/AIDS Wellness programme, which is to be provided for students with HIV/AIDS at Witwatersrand, and states:

Care
- *Staff of the Campus Health and Wellness Centre will be trained in the comprehensive management of HIV/AIDS.*
- *The University will investigate the possibility of providing cheap, affordable anti-retroviral treatment.*
- *An affordable ambulatory HIV/AIDS wellness programme will be developed and provided for students with HIV/AIDS. This will include provision of inexpensive prophylactic therapies, blood tests, contraception, nutritional interventions and early treatment of opportunistic infections;*
- *Referral networks with health services will be developed and maintained.*
- *Information on services in and around campus will be made available to all staff and students.*
- *The University believes that it is not appropriate for students with any terminal illness, including end-stage AIDS, to be in residence. The necessary palliative care and support cannot be provided in such an environment. Every attempt will be made to relocate the student to an appropriate environment eg hospital, hospice, home.*

Counselling and support
- *All staff and students will have access to confidential counselling on campus;*
- *Counselling services on campus will be coordinated and promoted;*
- *Referral channels for other forms of social support for both students and staff will be identified.*
(University of Witwatersrand)

Education

Most policies state that they will provide information on the risks of transmission. Others go further in saying that education will be used to increase understanding and awareness to prevent discrimination as well as information on safety procedures. Other policies go further still in discussing who will disseminate such information:

"Education is provided through the University Health and Medical Service, Faculties/Departments/Divisions and other relevant units. Such education includes induction programmes for new staff, staff development programmes, student orientation programmes, seminars, videos, written material and individual consultation."
(Edith Cowan University)

"Should any student or employee with HIV infection so request, arrangements can be made through Health Services to provide an educational session for his or her co-workers, professors or students designed in order to alleviate unwarranted fears and encourage a comfortable working environment for all concerned." (Concordia University)

Curriculum

A limited number of policies discuss how HIV/AIDS may be integrated into the curriculum - predominantly those from South African institutions. For some, this is couched in terms of 'relevant' courses while others refer to all courses. Natal, Cape Town and Rhodes see it as a function of their committees to recommend the inclusion of HIV/AIDS related issues in subject curricula. For example:

There are numerous opportunities for using the example of HIV/AIDS in developing the generic aspects of "graduateness" in all academic programmes. For example, students can be taught statistics using HIV/AIDS data sets and the development of writing skills can make use of materials on HIV/AIDS. A number of innovative and effective models for teaching in this way have been developed by individual academic staff members".
(University Cape Town)

"All Schools and Faculties will be required to consider how to achieve integration of HIV/AIDS into the curriculum at both undergraduate and postgraduate level. If they decide not to integrate such material into the curriculum they will be requested to account for this to the Dean or Faculty Board. This will include aspects of HIV/AIDS relevant to the subject area of the Department/Faculty, HIV/AIDS in the workplace and general life-skills education". (University of Witwatersrand)

The Centre for the Study of AIDS at the University of Pretoria is also committed to mainstreaming AIDS into the curricula of all subjects:

"The faculty representatives are committed to developing ways in which HIV/AIDS can be fully integrated into the student curricula at various points of their degree, and to see where effective inter-disciplinary research and teaching can take place. They are also committed to establishing a strong research base on which much of the critical work of the curricula will be based."
(Centre for the Study of AIDS, University of Pretoria, Final Report 2000)

Research

Few policies stress the need to increase their research function in HIV/AIDS. Cape Town and Natal are, however, good examples in this area – both planning to increase the

volume of research, to audit existing research and promote strategic planning across disciplines. In their strategic plan, Natal plans to increase post-doctoral fellowships and create HIV/AIDS bursaries for postgraduate studies. The University of Pretoria is also well established in this respect, with its Centre for the Study of AIDS, as is the University of Witwatersrand.

An example of policy relating to research follows:

Tertiary institutions have an obligation to provide leadership in the battle to combat HIV/AIDS and to ensure that programmes are effective. The University is well placed to do this, as well as to generate debate and critique and to try to give leadership and inspiration to the state and civil society in finding new and creative ways to prevent HIV transmission and mitigate its impacts.

- *The University Research Committee will develop policy to establish a variety of incentives and forums to promote research on HIV/AIDS within and across faculties.*
- *In particular, mechanisms will be established to support HIV/AIDS research activities that are innovative, address strategic priorities, and are inter-disciplinary.*
(University of Witwatersrand)

Action in the Community

A small number of the policies refer to a commitment to raising awareness in wider society and undertaking action in the community. In some cases this involves including the 'community' in the responsibilities of HIV/AIDS committees regarding dissemination of information. For others there is a commitment to work with NGO's and community based organisation's in formulating programmes. For example, under the University of Pretoria's Centre for the Study of AIDS, students are involved in a community outreach programme, working with Community groups to develop and distribute home-based care kits for AIDS sufferers in the community.

Implementation

There was wide variation in terms of individuals/departments named as being responsible for the implementation of the policy, and in many cases this was absent altogether. In some policies the content was extremely broad, for example, referring to implementation as the responsibility of all levels of management. The Health Service and the Human Resources Division are most frequently mentioned with regards to responsibility for specific functions such as the dissemination of information. For example:

"Information regarding AIDS will be available through the Health Services Department of the Division of Student Affairs…and a responsible programme of education and information will continue to be implemented by that office." (Mount Saint Vincent)

and

"The University, through the Human Resources Division, undertakes to ensure that all current health disability and pension benefits and life assurance plans are appropriate to deal with HIV and AIDS and to ensure that members of staff receive suitable benefits, protection and support." (Rhodes University)

A number of the policies mention the involvement of senior executives in 'championing' policy. Cape Town's policy refers to leadership by the Vice-Chancellor with responsibility

for overall co-ordination to be the portfolio of a deputy Vice-Chancellor. This is followed by a detailed plan of action with a senior executive indicated under each point.

Formal organisational groups specifically focusing on implementation of HIV/AIDS policy are set up, or were being set up, by eight of the institutions. The shape and form of these groups varied and included: working/task groups, advisory committees, policy application and review committees as well as formally designated offices for addressing HIV/AIDS issues.

Most of the committees/working groups had detailed objectives, terms of reference and membership outlined in the policy. The South African policies are outstanding in this respect, with Natal as a good example where the committee is to include representatives from:

- senior management
- students
- the Human Resources office
- the Finance office
- student Health
- occupational Health and Safety
- student Counselling centres
- an AIDS researcher,
- a medical doctor and
- a legal advisor

Some policies go further than a statement of principles, and provide a plan of action as to how the policy will be articulated in practice. In certain cases this involves the statement of defined objectives and activities for the various committees that are to be established. This includes research, the organisation of education programmes, workshops, seminars and also an advisory role to senior management in terms of future initiatives. For example, activities listed for the University of Natal's AIDS Committee include:

- *undertake collaborative research into student and staff knowledge about HIV/AIDS, their sexual practices and other issues related to HIV/AIDS*

- *arrange lectures, seminars, conferences, symposia on aspects of the incidence, predisposing facts, preventative measures, support services and other matters pertaining to HIV/AIDS*

A further example of implementation is the Committee at Rhodes University which meets every term and similarly carries out research activity into attitudes, arranges education programmes and maintains a database of all HIV/AIDS related research and other activities being undertaken by departments and divisions of the University.

In addition to the establishment of such bodies, other mechanisms for implementation can be seen in Witwatersrand's policy:

- *HIV/AIDS will be a standing item on meetings of the Senior Executive Team, Faculty Boards and other University governance structures*

- *Deans will designate a person responsible for ensuring implementation of the policy in each Faculty and to represent the Faculty at central co-ordination and monitoring processes; this person will convene an HIV/AIDS task team in her/his faculty which is representative of students, academic and support staff; s/he will be required to report on activities on a quarterly basis.*
  (University of Witwatersrand)

Summary

There was significant variation in both the content of the institutional policies submitted and the degree to which they were articulated.

In terms of content there were certain elements that can be seen as providing a base and incorporated by all policies. These included a commitment not to discriminate against people with HIV/AIDS, in terms of present and potential staff and students, that testing would not be compulsory, and a statement of the principle of confidentiality with regards to HIV/AIDS status. The majority of policies also covered health and safety procedures as well as dissemination of information to combat the spread of HIV/AIDS.

Certain policies went significantly further than this to incorporate a commitment on behalf of the institution to provide care and support for people affected by HIV/AIDS, plans to mainstream education on HIV/AIDS into the curriculum, a commitment to focus the institutions research in this area and also to extend the universities efforts to combat HIV/AIDS into the wider community. To a large extent it was those institutions which had the most comprehensive policies which also moved beyond statements of general principles to articulate clear strategies for implementation, stating how policies would be taken forward and enforced and by whom.

APPENDIX 1

Return of Questionnaires – You may return the completed questionnaire in any one of the following ways. The online questionnaire may be submitted directly from the website at www.acu.ac.uk/hiv-aids.   If completing the PDF or Word Document version of the questionnaire this should be faxed to 44 (0) 2073872655 marked for the attention of T.Webster. Or alternatively, the word document version may also be edited and emailed as an attachment to t.webster@acu.ac.uk.

Section A   Your Details

Q1 Name of institution   . . . .

Q2 Number of students   . . . .

Q3 Country   . . . .

Q4 Name and title (e.g. Vice Chancellor, Director of Student Services) of the individual completing this questionnaire

 . . . .

Section B   The impact of HIV and AIDS

Q5 Using the following scale how would you rate the impact of the spread of HIV and AIDS on your institution?

1 = tremendous   2 = considerable   3 = some   4 = slight   5 = no impact at all

                                    . . . .

Q6 Using the same scale as above, how would you rate the impact that the spread of HIV and AIDS has had on the following areas of your institution's activities?

Recruitment of academic staff   . . . .

Recruitment of non-academic staff   . . . .

Retention of academic staff   . . . .

Retention of non-academic staff   . . . .

Enrolment of students   . . . .

Retention of students   . . . .

Budgeting/ financial planning   . . . .

The mission of your institution   . . . .

Excellence in teaching and research   . . . .

Human resource management   . . . .

Other   . . . .

Section C   Institutional policy on HIV and AIDS

Q7 Does your institution have a written policy document setting out your approach to dealing with HIV and AIDS?   If yes, please forward a copy of that document to the address* below or alternatively, please indicate if that document is available on the WWW.

. . . .

. . . .

Q8 If yes to **Q7**, please indicate if that policy document address any of the following issues? (Please tick as applicable)

Human resource management planning.   . . .

Protection from unfair discrimination on the grounds of HIV and AIDS status.   . . .

Confidentiality about HIV and AIDS status.   . . .

The provision of care for those who are infected and affected by HIV and AIDS.   . . .

Raising the level of understanding of HIV and AIDS in all aspects of the work   . . .
 of the institution.

Provision of education/ training to enable staff and students to live and work   . . .
in societies with increasing rates of HIV infection and AIDS.

Section D   Raising the level of understanding of HIV and AIDS

Q9   Does your institution provide any of the following? (Please tick as applicable)

Training courses for staff and students at risk of coming into contact
 with HIV/ AIDS in the normal course of their work or studies   . . . .

Compulsory educational/training courses for students on HIV/ AIDS   . . . .

Optional educational/training courses for students on HIV/AIDS   . . . .

Compulsory educational/training courses for staff on HIV/AIDS   . . . .

Optional educational/training courses for staff on HIV/AIDS   . . . .

HIV/AIDS counselling/ advice services for staff and students   . . . .

Confidential HIV/AIDS testing facilities for staff and students   . . . .

Access to condoms on campus   . . . .

Access to needle exchange schemes on campus   . . . .

Community orientated programmes to inform society of HIV/ AIDS   . . . .

Others, please specify   . . . .

Section E   The role of universities against HIV and AIDS

Q10 Universities, governments and non-governmental organisations all play a part in the fight against HIV and AIDS. Please complete the following table, using percentages, to indicate how you believe the responsibility for fighting HIV and AIDS should be apportioned.

Universities   %

Government   %

Non-governmental organisation   %

Other, please specify   %

. . . .

                                                                                       100%

Thank you for completing this questionnaire. Should we wish to approach your institution for further information please supply the name and contact details of the person we may contact.

. . . .

. . . .

*Please forward any documents to

HIV/AIDS Survey
Association of Commonwealth Universities
John Foster House
39 Gordon Square
London WC1H 0PF

or email to hivaidsresgrp@acu.ac.uk (Any queries you may have regarding the survey can also be sent to this address or please contact Alison Rees or Julie Stackhouse on +44 2073806700)

APPENDIX 2   **INSTITUTION RESPONSES BY COUNTRY**

COUNTRY   **INSTITUTION**

Sub-Saharan Africa
Botswana   University of Botswana
Cameroon   University of Buea
Cameroon   University of Douala
Ghana   University College of Education of Winneba
Kenya   Jomo Kenyatta University of Agriculture and Technology
Kenya   Kenyatta University
Kenya   Moi University
Kenya   The Catholic University of East Africa
Malawi   University of Malawi
Mauritius   University of Mauritius
Sierra Leone   University of Sierra Leone
South Africa   Potchefstroom University of Christian Higher Education
South Africa   Rand Afrikans University
South Africa   Rhodes University
South Africa   University of Cape Town
South Africa   University of Natal
South Africa   University of Pretoria
South Africa   University of South Africa (Unisa)
South Africa   University of Stellenbosch
South Africa   University of the Witwatersrand, Johannesburg
Zambia   University of Zambia

Australasia
Australia   Australian Catholic University
Australia   Bond University
Australia   Charles Scott University
Australia   Charles Sturt University
Australia   Curtin University of Technology
Australia   Deakin University
Australia   Edith Cowan University
Australia   Northern Territory University
Australia   Queensland University of Technology
Australia   RMIT University
Australia   Swinburne University of Technology
Australia   The University of Newcastle
Australia   The University of Western Australia
Australia   University of New South Wales
Australia   University of Sydney
Australia   University of the Sunshine Coast
Hong Kong China   The Hong Kong Polytechnic University
Hong Kong China   Open University of Hongkong
New Zealand   Lincoln University
New Zealand   University of Canterbury
New Zealand   Victoria University Wellington
Singapore   Nanyang Technological University
South Pacific   The University of the South Pacific

North America
Canada   Concordia University
Canada   McMaster University
Canada   Memorial University of Newfoundland
Canada   Mount Allison University
Canada   Mount Saint Vincent University
Canada   Nipissing University

Canada	University of Manitoba
Canada	University of Northern British Columbia

Europe

Cyprus	University of Cyprus
UK	Bolton Institute
UK	Bournemouth University
UK	Brunel University
UK	Coventry University
UK	Lancaster University
UK	Loughborough University
UK	Napier University
UK	Queen Margaret University College
UK	Queen's University Belfast
UK	The Open University
UK	The Robert Gordon University
UK	University College London
UK	University of East London
UK	University of Essex
UK	University of Glamorgan
UK	University of Hull
UK	University of London Senate House
UK	University of Luton
UK	University of Manchester
UK	University of Northumbria
UK	University of Nottingham
UK	University of Oxford
UK	University of Portsmouth
UK	University of St Andrews
UK	University of Wales, Aberystwyth
UK	University of Westminster

South Asia

Bangladesh	Bangladesh University of Engineering and Technology
Bangladesh	IUBAT- International University of Business Agriculture and Technology
Bangladesh	University of Dhaka
India	Government Medical College, Aurangabad
India	Grant Medical College and JJ Group of Hospital, Byculla, Mumbai
India	Gujarat Ayurved University
India	Indira Gandhi Medical College
India	Madurai Kamaraj University
India	Maharashtra University of Health Sciences, Nashik
India	Manipal Academy of Higher Education
India	Sree Chitra Tirunal Institute for Medical Sciences & Technology
India	Sri Ramachandra Medical College and Research Institute
Pakistan	N.W.F.P Agriculture University, Peshawar
Pakistan	NED University of Engineering and Technology, Karachi
Pakistan	Quaid-I-Azam University, Islamabad
Sri Lanka	Eastern University, Sri Lanka
Sri Lanka	South Eastern University of Sri Lanka
Sri Lanka	The Open University of Sri Lanka

APPENDIX 3

Q5. How would you rate the impact of the spread of HIV and AIDS on your institution?

Region	Tremendous %	Considerable %	Some %	Slight %	No impact %	DNA %	No. of respondents
Sub-Saharan Africa	5	19	33	29		14	21
Australasia		4	9	61	22	4	23
Europe			4	37	48	11	27
North America	13			38	25	25	8
South Asia	6	17		28	33	17	18
Total	**3**	**8**	**10**	**39**	**27**	**12**	**97**

Q6. How would you rate the impact of the spread of HIV and AIDS has had on the following areas of your institution's activities?

- Recruitment of academic staff?

Region	Tremendous %	Considerable %	Some %	Slight %	No impact %	DNA %	No. of respondents
Sub-Saharan Africa			5	33	62		21
Australasia				26	70	4	23
Europe				7	93		27
North America				13	75	13	8
South Asia				6	72	17	18
Total			**2**	**18**	**75**	**5**	**97**

- Recruitment of non-academic staff?

Region	Tremendous %	Considerable %	Some %	Slight %	No impact %	DNA %	No. of respondents
Sub-Saharan Africa			14	29	57		21
Australasia				26	70	4	23
Europe				4	96		27
North America				13	75	13	8
South Asia			6		78	17	18
Total			**4**	**14**	**76**	**5**	**97**

- Retention of academic staff?

Region	Tremendous %	Considerable %	Some %	Slight %	No impact %	DNA %	No. of respondents
Sub-Saharan Africa			14	38	48		21
Australasia				13	83	4	23
Europe				4	96		27
North America					88	13	8
South Asia					83	17	18
Total			**3**	**12**	**79**	**5**	**97**

- Retention of non-academic staff?

Region	Tremendous %	Considerable %	Some %	Slight %	No impact %	DNA %	No. of respondents
Sub-Saharan Africa		10	14	33	43		21
Australasia				13	83	4	23
Europe					100		27
North America					88	13	8
South Asia				6	78	17	18
Total		**2**	**3**	**11**	**78**	**5**	**97**

- Enrolment of students?

Region	Tremendous %	Considerable %	Some %	Slight %	No impact %	DNA %	No. of respondents
Sub-Saharan Africa		10	19	14	57		21
Australasia			4	30	61	4	23
Europe			4	11	78	7	27
North America				13	75	13	8
South Asia				6	78	17	18
Total		**2**	**6**	**15**	**69**	**7**	**97**

- Retention of students?

Region	Tremendous %	Considerable %	Some %	Slight %	No impact %	DNA %	No. of respondents
Sub-Saharan Africa		5	19	43	33		21
Australasia				39	57	4	23
Europe				7	85	7	27
North America					88	13	8
South Asia				11	72	17	18
Total		**1**	**4**	**23**	**65**	**7**	**97**

- Budgeting/ financial planning?

Region	Tremendous %	Considerable %	Some %	Slight %	No impact %	DNA %	No. of respondents
Sub-Saharan Africa		19	33	24	24		21
Australasia				26	70	4	23
Europe				4	93	4	27
North America				38	50	13	8
South Asia			6	17	61	17	18
Total		**4**	**8**	**19**	**63**	**6**	**97**

- The mission of your institution?

Region	Tremendous %	Considerable %	Some %	Slight %	No impact %	DNA %	No. of respondents
Sub-Saharan Africa		33	24	19	24		21
Australasia		4	9	26	57	4	23
Europe			4	11	81	4	27
North America			13	13	63	13	8
South Asia		11		6	56	28	18
Total		**10**	**9**	**15**	**57**	**8**	**97**

- Excellence in teaching and research?

Region	Tremendous %	Considerable %	Some %	Slight %	No impact %	DNA %	No. of respondents
Sub-Saharan Africa		10	29	14	48		21
Australasia			13	13	70	4	23
Europe					93	7	27
North America		13			75	13	8
South Asia		17		6	56	22	18
Total		**6**	**9**	**7**	**69**	**8**	**97**

- Human resource management?

Region	Tremendous %	Considerable %	Some %	Slight %	No impact %	DNA %	No. of respondents
Sub-Saharan Africa		14	33	14	24	14	21
Australasia			9	48	39	4	23
Europe				15	81	4	27
North America				25	63	13	8
South Asia	6	6	6	6	56	22	18
Total	**1**	**4**	**10**	**22**	**53**	**10**	**97**

APPENDIX 4

Q7. Does your institution have a written policy document setting out approach to HIV and AIDS?

Region	Yes %	No %	Imminent %	Not Specific %	DNA %	No. of respondents
Sub-Saharan Africa	48	43	5		5	21
Australasia	61	17		4	17	23
Europe	33	26		19	22	27
North America	63			13	25	8
South Asia	17	61	6	6	11	18
Total	**42**	**32**	**2**	**8**	**15**	**97**

APPENDIX 5

Q9. Does your institution provide any of the following?

Areas of provision	Sub-Saharan Africa	%	Australasia	%	Europe	%	North Amercia	%	South Asia	%	TOTAL	%
Training courses for staff/students at risk of contact during work/studies	8	38	8	35	9	33	1	13	7	39	**33**	**34**
Compulsory educational/ training courses for students on HIV/AIDS	3	14	1	4	5	19	1	13	7	39	**17**	**18**
Optional educational/ training courses for students on HIV/AIDS	9	43	6	26	6	22	3	38	0	0	**24**	**25**
Compulsory educational/ training courses for staff on HIV/AIDS	1	5	0	0	3	11	1	13	6	33	**11**	**11**
Optional educational/ training courses for staff on HIV/AIDS	9	43	5	22	6	22	3	38	2	11	**25**	**26**
HIV/AIDS counselling/ advice services for staff and students	13	62	13	57	16	59	4	50	5	28	**51**	**53**
Confidential HIV/AIDS testing facilities for staff and students	8	38	11	48	7	26	2	25	6	33	**34**	**35**
Access to condoms on campus	13	62	14	61	14	52	4	50	2	11	**47**	**48**
Access to needle exchange schemes on campus	0	0	6	26	5	19	0	0	0	0	**11**	**11**
Community orientated programmes to inform society of HIV/AIDS	11	52	8	35	5	19	3	38	7	39	**34**	**35**

APPENDIX 6

Q10. Indicate how responsibility for fighting HIV and AIDS should be apportioned:

	Universities	%	Government	%	NGO's	%	Other	%
0-20%	64	66	6	6	53	55	45	46
21-40%	22	23	18	19	30	31	9	9
41-60%	3	3	37	38	5	5		
61-80%			19	20	1	1		
81-100%			9	9				
DNA	8	8	8	8	8	8	43	44

- 'Other' bodies suggested:

	N	%
Community groups	11	35
Individual responsibility	6	19
Religious groups	4	13
Schools	3	10
International organisations	2	6
Pharmaceutical industry	1	3
Business/ Industry	1	3
Media	1	3
Private Practitioners	1	3
Donors	1	3
TOTAL	31	100

Regional analysis (as percentages)

- Universities role

	0-20%	21-40%	41-60%	61-80%	81-100%	DNA%	N
Sub-Saharan Africa	43	38	10			10	21
Australasia	83	9				9	23
Europe	74	7	4			15	27
North America	88	13					8
South Asia	50	50					18
TOTAL	66	23	3			8	97

- Government role

	0-20%	21-40%	41-60%	61-80%	81-100%	DNA%	N
Sub-Saharan Africa	10	33	43	5		10	21
Australasia		22	39	9	22	9	23
Europe	4	4	37	37	4	15	27
North America		13	13	38	38		8
South Asia	17	22	44	17			18
TOTAL	6	19	38	20	9	8	97

- Non-governmental organisations role

	0-20%	21-40%	41-60%	61-80%	81-100%	DNA	N
Sub-Saharan Africa	57	33				10	21
Australasia	57	26	9			9	23
Europe	59	22	4			15	27
North America	63	25	13				8
South Asia	39	50	6	6			18
TOTAL	55	31	5	1		8	97

- 'Other' role

	0-20%	21-40%	41-60%	61-80%	81-100%	DNA	N
Sub-Saharan Africa	62	10				29	21
Australasia	65	4				30	23
Europe	26	15				59	27
North America	50					50	8
South Asia	33	11				56	18
TOTAL	46	9				44	100