SAUVCA

HEAIDS

TURNING the tide:

A strategic response to HIV and AIDS

in South African Higher Education

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HEAIDS Programme Report: 2002 - 2004

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Disclaimer

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Abstract

South African higher education celebrated a decade of democracy in 2004. As the country's institutions and its citizens celebrate this freedom, it is time to reflect on the enormous challenges which confront South African society and the role which higher education is expected to play. Just over four years ago, institutional leaders in government and in the higher education community committed themselves to supporting and implementing a programme aimed at putting in place a comprehensive response to HIV and AIDS across the higher education system. In effect, this meant putting in place policies, programmes, services and management arrangements that would prevent, manage and mitigate the impacts of HIV and AIDS on individuals and on the institutions as a whole.

This review is, in part, based on evidence from a recent audit of responses to HIV and AIDS in higher education, but it also describes activities and interventions that have taken place over the past four years as a result of the national SAUVCA/DoE/CTP initiative. It shows significant progress over three years in the provision of prevention services, treatment, care and support and the establishment of institutional capacity to manage HIV and AIDS programmatically – across each institution. It also examines what progress has been made, albeit more slowly, in the integration of HIV and AIDS into the curriculum, research on HIV and AIDS and workplace issues.

The review places these issues in the context of the epidemic in South Africa, the massive and complex process of structural changes taking place in South African higher education and strategic issues facing the Higher Education HIV/AIDS (HEAIDS) programme. A collection of good practice case studies drawn from higher education, highlights innovations in peer education, teacher education and prevention strategies using interactive media.

Abbreviations and acronyms

AAU	Association of African Universities
ACU	Association of Commonwealth Universities
ACTIW	AIDS Committee of Tertiary Institutions in the Western Cape
ART	Anti-Retroviral Therapy
ATICC	AIDS Training, Information and Counselling Centre
CDC	Centres for Disease Control and Prevention, South Africa
CTP	Committee of Technikon Principals
DCI	Development Co-operation Ireland
DFID	Department for International Development, United Kingdom
DoE	Department of Education, South Africa
DoH	Department of Health
ECHEA	Eastern Cape Higher Education Association
esATI	Eastern Seaboard Association of Tertiary Institutions

EU	European Union
FOTIM	Foundation of Tertiary Institutions in the Northern Metropolis
HEAIDS	Higher Education HIV/AIDS Programme
MTT	Mobile Task Team on the Impact of HIV/AIDS in Education
NAPWA	National Association of People with AIDS
PEP	Post Exposure Prophylaxis
PLWHA	People Living with HIV and AIDS
SAUVCA	South African Universities Vice-Chancellors Association
SANAC	South African National AIDS Council
STI	Sexually Transmitted Infections
TAC	Treatment Action Campaign
VCT	Voluntary Counselling and Testing

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Foreword

Four years ago when my colleagues and I were thinking about how to respond to a myriad of changes taking place in higher education, we knew that part of our response had to be in the area of HIV and AIDS. It required courage and foresight, particularly from higher education leaders like Justice Edwin Cameron and executive members of SAUVCA, CTP and senior management of the Department of Education to help us realise our vision in practical terms. Since then we have learned many lessons about our strengths and our weaknesses, often through working with strong institutions in our own sector and international partners in higher education.

The uppermost issue in our minds – which remains so – is how to develop and sustain committed leadership in the fight against HIV and AIDS in the education sector? Leadership is the key to how the challenge is defined, the solutions we develop, the level of effort and resources that go into implementation and the results that follow. As higher education leaders we promoted the idea of HIV and AIDS as a management challenge. It is bigger than just pamphlets and campaigns once a year and it is more than just a health issue. Our strategy is in the form of a comprehensive response that reached students, staff and the communities in which we engage. It had to be about developing institutional capacity in teaching HIV and AIDS, establishing and managing prevention services and programmes, putting in place policies that guided our efforts in care and support and the workplace. With the support of our funders, including the Department for International Development (UK), CDC SA and Development Co-operation Ireland (DCI), we took some calculated risks in developing the first national programme on HIV and AIDS in higher education. Now it is time to pause and reflect on our efforts.

On behalf of the higher education community, I am pleased to present this report to our stakeholders, partners and colleagues that reviews some of the developments in our sector since 2000.

It is only a part of the picture, since the response to HIV and AIDS in South African higher education involves a host of people and initiatives that we cannot hope to capture in so short a space. In many cases, the HEAIDS programme counts for only a fraction of the massive effort being made in research, teaching and services at institutional level. As the data from our recent audit reflects, there are many areas that remain untouched or where we may need to rethink our strategy. Despite the shortcomings, innovation has flourished, a sense of common purpose about HIV and AIDS is palpable and a network of committed skilled people is in place across the higher education community. We have yet more work to do in the years ahead but in a short and very pressurised inception phase, the groundwork has been laid for a stronger and more consolidated response.

We value the involvement of our partners and stakeholders and encourage you to use our web resources (www.heaids.ac.za) and to work with us in our quest to make the South African higher education community world leaders in the fight against HIV and AIDS.

Piyushi Kotecha
Chief Executive Officer
SAUVCA
February 2005

Preface

On 18th May 2004, Professor Brian O'Connell, Rector of the University of the Western Cape and a member of the South African National AIDS Council (SANAC), the Chairperson of the University Council, Ms Sheila Tyeku, members of the senior management and trade union leaders volunteered to take public HIV tests in support of the University's commitment to fighting HIV and AIDS (UWC, 2004). It was a bold gesture and an important one for the higher education community.

This act of making a personal and individual choice into an act of public commitment amplifies the task facing education institutions and institutional leaders in South Africa at this moment. The most important message from this gesture is not that all leaders need to take an HIV test publicly, but that being a leader of a major public institution in South Africa in 2005 brings with it unusual and sometimes uncomfortable responsibilities. For most of us, an HIV test is a private matter, an individual choice – and so it should be. However, in a climate where denial and stigma are still powerful forces, institutional leaders have a responsibility to use their authority in ways that cross the line between public and private and cause us to reconsider our lives in a world affected by HIV and AIDS.

2005 is a moment to pause and reflect on South African history and how far we have travelled in a decade of democracy. A decade ago South Africa faced the very real prospect of civil conflict and fundamental challenges to the creation a stable, unified peaceful and democratic social order.

In the world of education, the shifts over a decade have been equally profound and are marked by changes in the core values that underpin the system, a raft of new policies and a landscape that changes every year. Alongside this drive towards a more rational, globalised and democratic vision, the reality of HIV and AIDS is impossible to evade. Schools are wrestling with how to understand and cope with orphaned children, the phenomenon of child headed households

and the often unspoken pain of parents, teachers and community members who have succumbed to illness and death.

Despite this onslaught, the education system is learning to cope better, be more proactive and take the lead. In higher education institutions, 'life skills' have become a pre-requisite for new graduates and acquired a new meaning in a world affected by HIV and AIDS. Engineers in training are learning to understand home-based care, students of politics must engage with new concepts of citizenship and business students are compelled to understand the values of compassion, care and support in the workplace.

Without a doubt, the world affected by HIV and AIDS has changed our lives and our expectations irrevocably. Our engagement with education and the world has to change accordingly. Higher education in South Africa set itself on a course three years ago to better understand and respond to HIV and AIDS as it affects our work in teaching, research and the lives of our institutions. Most importantly, it took a decision to lead the way in the education response to the pandemic.

At a launch of a new phase in the programme's development on the 21st June 2004, the European Union (EU) donated a grant of €20 million to the HEAIDS programme. This amount is to be utilised over three years and brings with it additional responsibilities to the programme while offering immense potential in what can be achieved within the near future. The commitment on the part of the South African government to make anti-retrovirals available to all also means that we are achieving critical mass in terms of what interventions can make a substantial and sustainable difference within the sector.

Professor Brian O'Connell of UWC takes a HIV/AIDS test in support of the HEAIDS campaign

Introduction

This report on HIV and AIDS in the South African higher education system follows an earlier situation analysis Institutionalising the Response to HIV/AIDS in the South African University Sector: A SAUVCA Analysis which was commissioned by the South African Universities Vice-Chancellors Association in 2000.

Following on from the earlier analysis, SAUVCA took the lead in developing a joint partnership programme with the Department of Education (DoE) and the Committee of Technikon Principals (CTP), which now exists as the Higher Education HIV/AIDS Programme (HEAIDS).

This report is intended for all our stakeholders, partners and interested members of the national and international higher education communities. It aims to provide a higher education perspective on the issues which continue to shape the course of the HIV/AIDS pandemic in South Africa, to provide an update on the progress that has been made in South African higher education since 2000 and to outline the ways in which the HEAIDS Programme plans to develop in the next 3-5 years.

The pace of change in South African society and higher education over the past four years is a living thread in the story, which this report represents. As with all processes of social change, there are moments of great progress and moments of stasis. The fight against HIV and AIDS in South Africa mirrors these dynamics. Higher education institutions are very much part of the broader picture of debate, contestation and action which have shaped public discourse. The past three years have witnessed historic moments of conflict between civil society organisations and government over policy on HIV and AIDS and delivery of health services. The Treatment Action Campaign (TAC), its allies and a number of other non-government organisations were pivotal in shifting and mobilising public opinion in the face of denial and intransigence. Likewise, there have been moments of achievement. Policy on HIV and AIDS in all sectors in South Africa is often

ahead of international practice, cheaper drugs are now ensured by law, funding for prevention and care programmes has dramatically increased and AIDS is recognised by leaders and institutions as an urgent priority.

Despite this, the pandemic remains as the powerful force shaping the lives of millions of ordinary infected and affected people. It is a perhaps a fitting coincidence that as South Africa celebrates 10 years of hard won freedom and a peaceful transition to democracy, it is finally able to announce a publicly funded ARV treatment programme for people with AIDS. The announcement of a treatment programme is also 10 years after government made its first commitments to the fight against AIDS in a national plan. Ten years. This report is being compiled at a time of increasing optimism but also persistent concern about the ways in which our society chooses to understand HIV and AIDS, how it acts on the knowledge, how it treats those who are affected and infected and how it can overcome the forces driving the pandemic.

This report covers four sections.

Chapter I addresses the current context of higher education in South Africa, the status of the pandemic and the current response of higher education institutions to HIV and AIDS.

Chapter II provides a synthesis of the findings of a recent audit of the Higher Education HIV/AIDS Programme (HEAIDS) which is organised into the following areas:

- Management: policy, leadership and advocacy.
- Prevention.
- Treatment, care and support.
- Teaching HIV and AIDS.
- HIV and AIDS in the workplace.
- Research.

Chapter III provides a snapshot of a range of good practices in South African higher education in the areas such as prevention education, peer education, VCT, curriculum development and capacity building.

Chapter IV is a discussion of the strategic directions in which the HEAIDS programme will develop over the next three to four years in the national context and at institutional level.

A recently published synthesis of social science research on HIV and AIDS at the University of the Witwatersrand in Johannesburg helps us understand some- thing of the jarring and contradictory impulses which this pandemic has pro- voked:

'I have spent the past few months engaged in a daily struggle to 'save' the life of man who was very close to me. This man, my cousin a breadwinner, a father of two who once possessed one of the strongest bodies in my extended fam- ily...In the end, the virus triumphed over my cousin's exhausted body. We buried him two weeks ago in Katlehong on the East Rand. He became the eighth family member I have lost to the disease over the past six years. They ranged in age from very old to the youthful...The sad- dest part, however, is that with all these deaths, denial within my extended fami- ly continued and intensified. It was not that AIDS was killing our loved ones...it was witchcraft. When I shared my con- cerns with my mother, she summarily silenced me and told me to keep my views to myself lest we be accused of bewitching relatives and using AIDS as a cover.' (Walker et al, 2004, p 101)

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'You tell me AIDS can make me ill in ten years. But 25 people died here last week- end. My father died young of TB before it was called an opportunistic infection and my brother, out of school for 3 years still has no job. Can AIDS really make life worse than it is already?' (Walker et al, 2004, p 85)

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The University of KwaZulu-Natal has become one of the first tertiary institu- tions in the country to provide anti- retrovirals to HIV-positive students. The initiative allows students to access AIDS care, including triple ARVs, for R50 ($7.5 dollars) a month.

(Sunday Times, 25 April 2004, p 5)

Chapter I –

Context of Higher Education in South Africa

Until 1994, South African higher education was organised and based on historical traditions of colonial rule and apartheid. Since its first democratic elections in 1994, South African society and its institutions have undergone a radical and profound process of change – a transformation that is well underway in higher education but still incomplete. The core elements of the structure, governance, management and funding of the higher education system have been re-aligned to serve the needs of a democratic, non-racial, quality driven and equitable dispensation. The system currently includes three primary categories of institutions: 1) universities, 2) universities of technology and 3) comprehensive institutions.

Higher education institutions are legally autonomous, but are subject to policy and regulatory controls set by the national Department of Education (DoE). Within this framework, two national associations currently represent the interests of institutions: The South African Universities Vice-Chancellors Association (SAUVCA) and the Committee of Technikon Principals (CTP).

SAUVCA was established as a statutory body for the 21 public universities in South Africa by the Universities Act (Act 61 of 1955). As a statutory body, it makes recommendations to the Minister and Director-General of Education on matters referred to it or alternatively on any other issues, which it deems important for universities. It is strategically located at the nexus between policy formulation and implementation, to play the following key roles in the HE sector:

◆ building capacity in member institutions and promoting co-operation between them;

◆ representing and promoting the interests of members and the university sector with government and all other stakeholders;

- managing information relating to the university sector's capacity, activities, achievements and needs; and

- promoting the interests of South African universities in Africa and internationally.

The CTP is a national higher education association established in 1967 in terms of the Advanced Technical Education Act (No. 40 of 1967). It comprises the rectors, principals and vice-chancellors of technikons in South Africa. The CTP primarily acts as a co-ordinating body on educational, strategic and policy matters amongst the technikons in the country.

The restructuring process that is currently underway has meant that, by early 2005, the representation of higher education institutions will take the form of a higher education association that represents all public institutions. It is envisaged that the formation of a consolidated leadership body will better enable the sector to speak with one voice on all issues relating to higher education within South Africa. The formation of a new higher education leadership body is also necessitated by the additional complexity of the new structures – the universities of technology and the comprehensive institutions – that are being formed.

■ Regulatory and policy environment

A number of policy measures since 1997 have informed the response of higher education institutions to HIV and AIDS, but four in particular are important to note.

The National Policy on HIV/AIDS (DoE, 1999) for learners and educators in public schools, and students and educators in further education and training institutions lay down the foundation for subsequent HIV and AIDS policy. The policy acknowledged that learners and educators were at risk from HIV and AIDS. It concerned itself with ensuring the rights of learners, the prevention of stigma, the necessity for age-appropriate education regarding the epidemic and it enshrined learner and educator confidentiality.

The DoE's Tirisano document directly relates to HIV/AIDS and education. Its statement of policy and priority objectives (2001) aligns with its Strategic Plan 2002-04/ 2003-05 in which it identifies the following objectives:

- Prevention of the spread of HIV on campus.

- Management and mitigation to reduce the impact of HIV/AIDS on the higher education sector.

Perhaps the largest impact on institutions came in March 2001 when the National Plan on Higher Education (NPHE)[1] was released by the Minister. It identified five strategic objectives (policy goals) considered 'central to achieving the overall goal of the transformation of the higher education system'. These are:

- to provide increased access to higher education and to produce graduates with the skills and competencies necessary to meet the resource needs of the country;

- to promote equity of access and to redress past inequalities through ensuring that the student and staff profiles progressively reflect the demographic realities of SA society;

- to ensure diversity in organisational form and institutional landscape through mission and programme differentiation;

- to build high-level research capacity to address the research and knowledge needs of SA; and

- to build new institutional and organisational identities through regional collaboration between institutions.

After a period of investigation, the defining features of the new higher education landscape were announced in June 2002 as the Transformation and Reconstruction of the Higher Education System (DoE, 2002) – the blue print for the new system. This set in motion a process of consolidation and mergers in the system which will result in a transition from a disparate array of 36 institutions to a unified system of 23 institutions. By January 2005, the new template for future generations will be in place as the final mergers are formally enacted. Twenty-three institutions comprising universities, universities of technology and comprehensive institutions (offering both academic and career focused programmes) will represent the structure of higher education.

The scale and complexity of the merger process has direct implications for how the system responds to HIV and AIDS. The shift to fewer and larger institutions with new identities has created some uncertainty about jobs and the continuity

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[1]   Department of Education. National Plan on Higher Education. Pretoria, 2001

of programmes, as well as a rethink about how best to offer and manage services on a bigger scale, across new geographical areas, to students, staff and institutions with significantly different profiles.

The first map below provides details on the main location of each institution and the second indicates the names of the new institutional structures based on the outcome of the merger process.

Location of institutions prior to mergers

1 Border Technikon	**10** Rand Afrikaans University	**19** University of Cape Town	**28** University of Stellenbosch
2 Cape Technikon	**11** Rhodes University	**20** University of Durban-Westville	**29** University of the Transkei
3 Durban Institute of Technology	**12** Technikon Free State	**21** University of Fort Hare	**30** University of Venda
4 Eastern Cape Technikon	**13** Technikon Northern Gauteng	**22** University of the Free State	**31** University of the Western Cape
5 Mangosuthu Technikon	**14** Technikon North West	**23** University of Natal	**32** University of the Witwatersrand
6 MEDUNSA	**15** Technikon Pretoria	**24** University of the North	**33** University of Zululand
7 Peninsula Technikon	**16** Technikon South Africa	**25** University of the North West	**34** Vaal Triangle Technikon
8 Port Elizabeth Technikon	**17** Technikon Witwatersrand	**26** University of Port Elizabeth	**35** Vista University
9 Potchefstroom University	**18** UNISA	**27** University of Pretoria	

Names of new South African Higher Education Institutions

Thohoyandou (19)

Limpopo

Sovenga

Polokwane (1)

Gauteng

Ga-Rankuwa (18) Pretoria

Mmabatho (13)

Mpumalanga

(1) (17) 21

(16) Johannesburg

North West (13) 20

Potchefstroom 22

Vanderbijlpark

Northern Cape

Free State

KwaZulu-Natal

KwaDlangezwa (3)

Bloemfontein (14) 15

(2) Pietermartizburg

SOUTH AFRICA

(2) 4

Durban

Umtata 7

Eastern Cape

Butterworth

Alice (5)

7

Grahamstown (6)

7

East London

(8)

Port Elizabeth

Bellville (11) 12 **Western Cape**

(10)

(9)

Cape Town Stellenbosch

Universities

1 The University of the North and the Medical University of Southern Africa (University of Limpopo from January 2005)

2 The University of KwaZulu-Natal

3 The University of Zululand

5 The University of Fort Hare

6 Rhodes University

8 The Nelson Mandela Metropolitan University

9 The University of Cape Town

10 University of Stellenbosch

11 The University of the Western Cape

13 North-West University

14 The University of the Free State

16 University of Johannesburg

17 The University of Pretoria

18 The University of South Africa

19 University of Venda

20 The University of Witwatersrand

Universities of Technology

4 Durban Institute of Technology (Managosutho Technikon to join DIT)

7 The Border and Eastern Cape Technikons and the University of Transkei will merge. Walter Sisulu University for Technology and Science as from June 2005.

12 Cape Technikon and Peninsula Technikon will merge (Cape Peninsula University of Technology from January 2005)

15 Central University of Technology, Free State

21 Tshwane University of Technology

22 Vaal University of Technology

■ Challenges

A transformation process that involves roughly 666 423 local students and 36 208 SADC students, an estimated 35 000 academic and non-academic staff and R9 billion (approximately $1.41 billion)[2] in public expenditure will undoubtedly have consequences for the core business of higher education in the short term.   Many institutions are justifiably pre-occupied with the challenges of becoming and remaining financially sustainable on shrinking state subsidies, containing the costs of higher education, improving access, quality and the relevance of teaching and research.   Since 1994, competition from private and public national and international higher education providers has added a new dimension to the challenges of producing high quality research, attracting partnership funding, commercialising intellectual property and ensuring that institutions are protected from the impacts of the pandemic and capable of mounting a response in terms of prevention, mitigation and care and support.

Merging institutions with effect from 1st January 2004	
Existing institution/division of institution	New name
• University of Natal • University of Durban Westville	University of KwaZulu-Natal
• University of North-West • Potchefstroom University for CHE • Sebokeng Campus of Vista	North West University
• Technikon Northern Gauteng • Technikon North-West • Technikon Pretoria	Tshwane University of Technology
• University of South Africa • Technikon SA • Vista Distance Education Campus	University of South Africa
• University of Fort Hare • East London Campus of Rhodes University	University of Fort Hare

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[2]   At R6.4 to the $.

Merging institutions with effect from 1st January 2004 (continued)	
Existing institution/division of institution	**New name**
• University of Port Elizabeth • Port Elizabeth Campus of Vista University	University of Port Elizabeth
• Rand Afrikaans University • East Rand Campus of Vista • Soweto Campus of Vista	Rand Afrikaans University
• University of Pretoria • Mamelodi Campus of Vista University	University of Pretoria
• University of the Free State • Bloemfontein Campus of Vista University	University of the Free State
• Technikon Free State • Welkom Campus of Vista University	Central University of Technology, Free State
• University of the Western Cape • University of Stellenbosch School of Dentistry	University of the Western Cape

Merging institutions with effect from 1st January 2005	
Existing institution/division of institution	**New name**
• Cape Technikon • Peninsula Technikon	Cape Peninsula University of Technology
• University of Port Elizabeth • Port Elizabeth Technikon	Nelson Mandela Metropolitan University
• Rand Afrikaans University • Technikon Witwatersrand	University of Johannesburg
• University of the North • Medical University of Southern Africa	University of Limpopo
• University of the Transkei • Border Technikon • Eastern Cape Technikon	Walter Sisulu University for Technology and Science (effective from June 2005)

Institutions not directly affected by the mergers

- University of the Witwatersrand
- University of Cape Town
- University of Venda (reclassified as a comprehensive institution)
- University of Zululand
  (reclassified as a comprehensive institution)

HIV and AIDS in South Africa

HIV and AIDS remains the primary threat to South Africa's economic, social and political development. As the data below reflects, the pandemic is maturing and prevalence rates still put South Africa squarely in the category of high prevalence countries. Despite the intensity of contestation between government and civil society in the past three years, government's commitments to fighting the pandemic are carefully articulated in the National Strategic Framework (DoH, 2000) and the Department of Education's strategic plan – Tirisano (DoE, 2003) in which HIV and AIDS is underscored as Priority 1. Government spending on AIDS is expected to rise to R3.3 billion ($507 million) over the next 3 years. This excludes the range of additional resources mobilised by non-government organisations, development agencies and business.

Whereas in 2000, the epidemic for some communities and institutions was still partly an abstraction, it is now an everyday reality and pre-occupation in public discourse.

Status of the epidemic

HIV Prevalence (%) vs **Year**

- 1990: 0.7
- 1991: 1.7
- 1992: 2.2
- 1993: 4
- 1994: 7.6
- 1995: 10.4
- 1996: 14.2
- 1997: 17
- 1998: 22.8
- 1999: 22.4
- 2000: 24.5
- 2001: 24.8
- 2002: 26.5
- 2003: 27.9
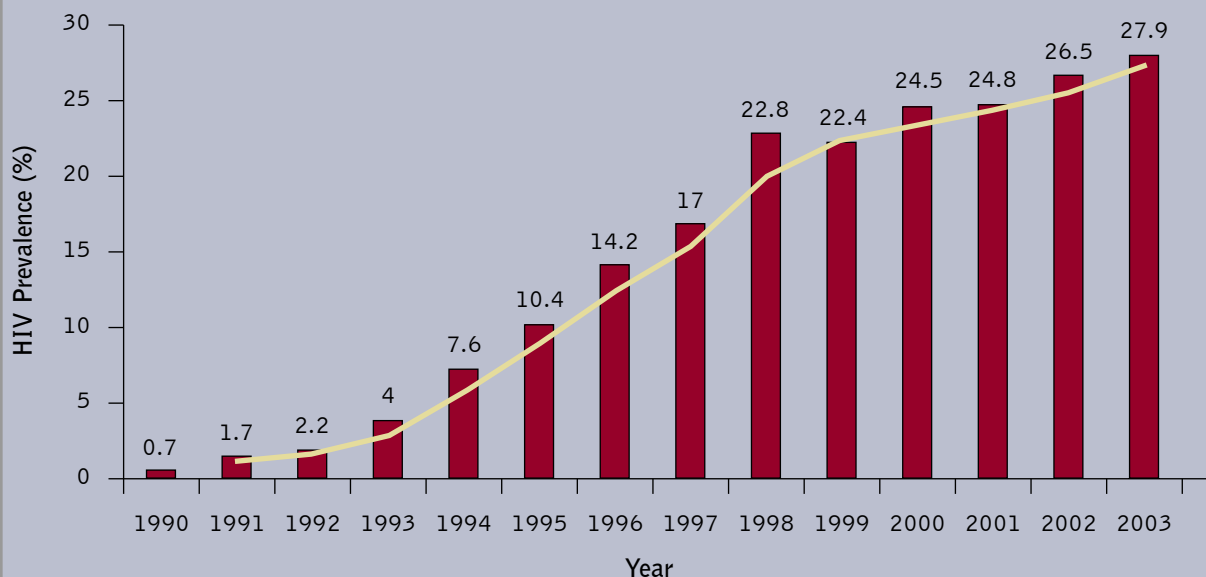
National HIV and Syphilis Antenatal Sero-Prevalence Survey in South Africa: 2003.

According to the antenatal survey conducted in October 2003, 27.9% of pregnant women were HIV positive in 2003[3] (see above). Although there does seem to be a stabilising of the pandemic for those under 20 (see below), the risk is still pervasive for the under 20 to 25 year cohort, the average age of those entering higher education institutions in South Africa. As the study claims:

Women aged between 25 and 29 years continue to be the most affected by HIV infection, with an estimated 35.4% of pregnant women in this age group being HIV positive. Women in the age group 30-34 years follow with a 30.9% prevalence rate, and those aged 20-24 years, 30.3%. The rest of the age groups recorded prevalence rates as follows: 35-39 years (23.4%), 40+ years (15.8%) and < 20 years (15.8%)[4].

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[3] Figures based on Department of Health, 2003. National HIV and Syphilis Antenatal Sero-Prevalence Survey in South Africa: 2003.

[4] Ibid. p 14.

HIV prevalence by age group – %
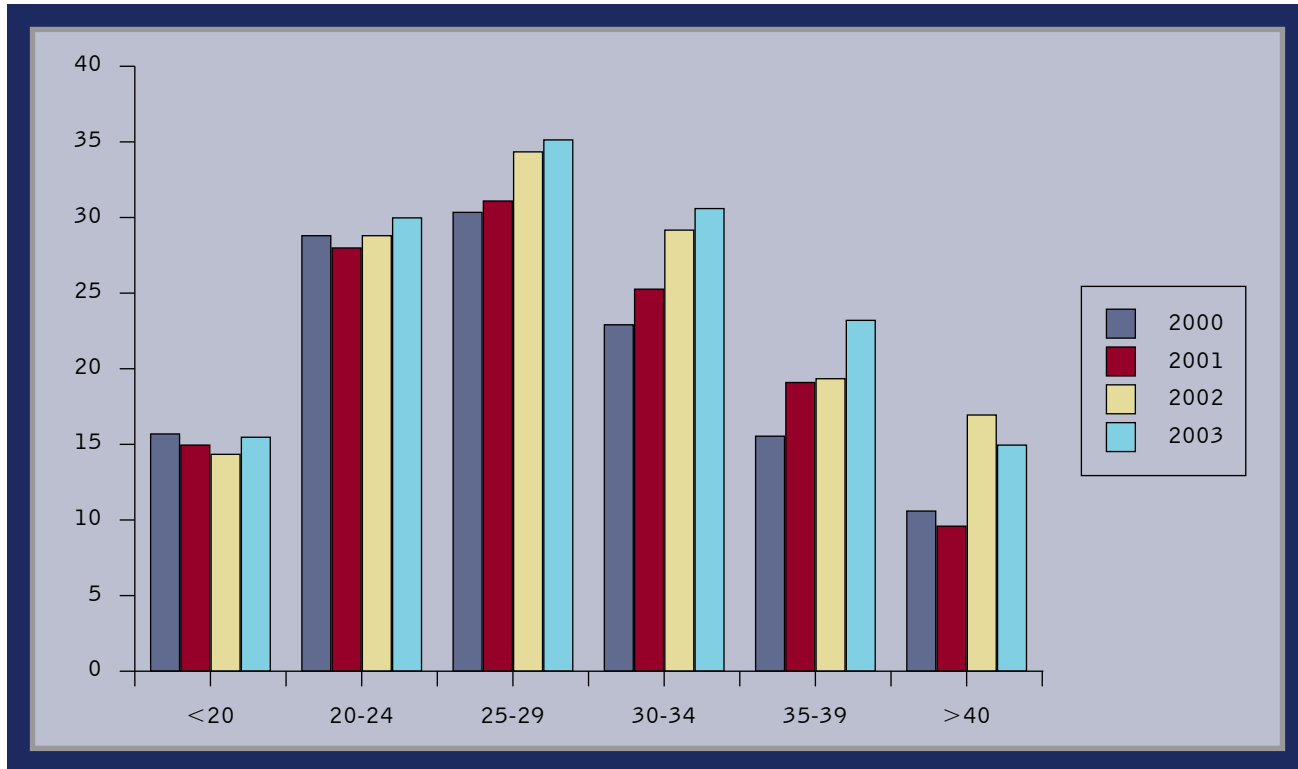
The economic impacts of the pandemic have compelled organisations in both the public and private sectors to assess their risks and respond urgently – or face the consequences of declining productivity, competitiveness and increased costs and loss of skills. Most large companies now have an HIV and AIDS programme including VCT, education and care and support (Wadula, 2004). In the educa- tion sector, the challenge is to reach nearly 400 000 educators based in schools and thousands of teaching and non-teaching employees working at other institutions. The threat to nearly 400 000 employees in the school system, teachers who constitute the most valu- able and expensive input into education, prompted teacher unions and govern- ment to begin investigating the impacts

of HIV and AIDS on the supply and demand for teachers in 2003. An estimated sample of 20 000 educators will be tested across the country in one of the first and biggest sero-prevalence studies in the public sector. The study is expected to examine the following:

◆ the sero-prevalence and incidence levels of HIV among educators;

◆ the impact of AIDS on educator supply and demand;

◆ attrition rates and causes of attrition among South African educators, including AIDS attributable morbidity;

◆ workplace and human resource policies for educators and how AIDS impacts on these;

◆ HIV and AIDS interventions in South African schools, how schools are coping and case studies of best practice; and

◆ the impact of AIDS on the morale, workload and productivity of South African educators (SAPA 2003, HSRC 2003)

Even a quick glance at the existing surveillance data is sufficient to tell us that

South African institutions are now and will for the foreseeable future, be responding to a *high prevalence* environment. The realities of a high prevalence context are critically important in understanding the responses, which have emerged in higher education.

In keeping with much of the focus in the public sector, education has made its biggest contributions in the area of prevention. Keeping children, youth and employees free of infection is acknowledged as the first priority. In a low prevalence environment, that by itself would be adequate.

However, the realities of the epidemic, which are now increasingly visible in the education sector, demand that we respond to the challenges of care and support, HIV and AIDS in the workplace and mitigation of the impacts of the epidemic. And not only in education but in all areas of our social structure – nursing, social work, mining, agriculture – the impacts of the epidemic are being increasingly felt. As part of the public sector, higher education institutions have an increasingly diverse and pivotal role to play in partnerships with government

that will alleviate the overwhelming pressure on public sector facilities and services. This is an ongoing debate for many institutions, which are actively re-defining their institutional mission in relation to new calls for *responsiveness* and *engagement* with the social and economic factors that are exacerbated by the impacts of the pandemic (ACU, 2003).

Background to the Higher Education HIV/AIDS Programme

SAUVCA's research in 2000 indicated that there was a clear need for focused attention to policies, procedures and programmes that would enable all higher education institutions to prevent, mitigate and manage the HIV/AIDS pandemic. In December of 2000 SAUVCA published Institutionalising the response to HIV/AIDS in the South African University sector: A SAUVCA analysis. It consisted of an appraisal of initiatives that were being conducted at the universities, an overview of the literature relating to HIV and AIDS and higher education nationally and globally as well as a clear set of recommendations on the way forward. The findings discovered that the situation in South Africa was shared by those who had examined HIV/AIDS within the African context. As Kelly (2000) noted, the following conditions prevailed across higher education institutions:

◆ Notional awareness but lack of concrete action from universities.

◆ Lack of information and hard data.

◆ Silence at institutional and individual level.

◆ Stigma and discrimination.

◆ HIV/AIDS is not being mainstreamed into the management of the institution.

◆ Little is being done to replenish society's AIDS-depleted skills.

◆ HIV/AIDS is being treated as a health problem.

◆ Imperfect knowledge of the disease and its impact.

◆ Little sign of behaviour change in individuals and in institutions.

◆ Focus on prevention rather than on pro-active control.

Out of these shared concerns, the recommendations highlighted the need to develop a sector-wide response, establish

and build capacity at national and institutional levels, collaborate closely with the DoE and CTP and work towards the creation of a strategic plan that would guide the sector's response to HIV and AIDS (Chetty, 2000, 23). Senior managers in the sector responded very positively to the proposal for a programme of capacity building.

With this support, a funding proposal was developed for the sector along the following lines:

Result 1

◆ Establish and build capacity to manage and mitigate the impact of the epidemic at national and institutional levels.

Result 2

◆ Promote the development of policy, programmes and management practices to respond to HIV/AIDS in higher education.

Result 3

◆ Establish and maintain essential programmes and services for prevention, treatment and care for staff and students at institutional level.

Result 4

◆ Promote collaboration between higher education institutions, with the DoE, DoH, AIDS service organisations (ASOs), people living with HIV/AIDS (PLWHA) and SADC higher education institutions.

Result 5

◆ Develop a co-ordinated response within institutions and across the higher education sector.

For much of 2001, it was a struggle to keep the momentum of the initiative going without any visible signs of funding. Most available resources in the education sector were committed to a narrow preoccupation with curriculum change and teacher development in the school system. Though the DoE had recognised the importance of supporting higher education initiatives, institutions were left to their own devices to secure sources of funding. The more established institutional programmes on HIV and AIDS were hesitant to engage in a process that would in any way limit their attempts to continue raising funds independently. In effect, these dynamics

exacerbated some of the inequalities in the higher education community.

SAUVCA was to use the opportunities presented by regional groupings such as esATI, ECHEA, FOTIM and ACTIW that had established mechanisms of bringing institutions together on a voluntary basis around common programmes. Of these groupings, ACTIW, based in the Western Cape, was the only one focused solely on HIV and AIDS. The DoH provided valuable support and materials, which began to lay the basis of stronger collaboration between the two sectors.

In the interim the focus was on building a network of institutions but often with a number of established external partners. Partnerships and collaboration between the institutions was poorly developed. Institutions were not always receptive to being part of a national programme – some were wary of being stifled and others were unprepared for the challenge of responding to HIV and AIDS in a strategic or practical way.

Slowly but surely, through lobbying and determined efforts by academics and programme managers across the coun-try, the drive to create a network of institutions with a common purpose in the fight against HIV and AIDS began to develop. New issues were put on the agenda, new skills began to develop and new relationships began to take root.

■ Partnership arrangements

Late in 2001, with the support of the UK's Department for International Development (DFID), SAUVCA took the lead in establishing the first nationally co-ordinated leadership and capacity building programme on HIV/AIDS in higher education. DFID provided a £1 million grant that laid the basis for a programme involving all public universities and technikons. A partnership was established between the DoE, SAUVCA and the CTP. The partners were committed to the principle that institutions must be able to access the bulk of the funding through a sub-grant mechanism and that those institutions with larger disadvantaged student populations should benefit from an equity driven formula.

As a result, 60% of the programme's resources were channelled to institutions in order to be managed on site by an

institutional manager or officer. The challenge in many cases was to get institutions to think differently about responding to HIV and AIDS, to move away from a pre-occupation with once-off prevention programmes or as a health response and to begin making HIV and AIDS part of the mainstream of management in higher education. Even with grant support of £1 million, the scale of the higher education system meant that HEAIDS could not possibly fund all HIV and AIDS activities at 36 institutions. It was agreed that HEAIDS support would be used to initiate services and programmes that could be sustained by institutional budgets in the long term. The object, then, was to provide seed funding that would initiate interventions, bolster existing programmes, and allow for a three year window during which time institutions would seek additional funding to continue what had been started.

In May 2002, Development Co-operation Ireland (DCI) became a joint funder of the programme and provided an additional grant of €300 000. The new partnership created an opportunity for the programme to deepen the areas which already showed the most promise; especially those programmes that were closely linked to the DoH's strategic plan and the HIV and AIDS priorities that were identified for the country. Three of these areas were identified for particular support:

- Peer education
- Curriculum Integration
- Voluntary Counselling and Testing (VCT)

A working group was established for each of these areas and two others (Workplace Programmes and Care and Support) were identified to access expertise within the sector. They arise out of partnerships across sectors and operate in accordance with a written proposal and guidelines. These groups perform a range of functions including setting up pilot studies, data gathering and analysis. The sections below provide a brief overview of the way in which these groups operate and the outputs they generate.

- **Peer Education (PE) Working Group**
  This group stems from a collabora-

tive initiative with the DoH, technical assistance from the Harvard School of Public Health as well as other role players (school, higher education, NGOs) at a provincial level. The broader project was to provide guidelines for peer education across the education sector in response to the proliferation of peer education programmes which had no formal accreditation and for which no commonly accepted framework had been established. In 2003, the working group developed the first set of national peer education guidelines specifically for higher education students that are now available to all institutions under the title Rutanang (Learning from one another). The Rutanang package involves a range of guides for the school, NGO and higher education sector as well as a manual of suggested lessons for peer educators. There are three pilots in progress – North West University, University of KwaZulu-Natal (Westville campus) and PE Technikon (incorporating the Vista campus) to look at the use of Rutanang and PE practice and how to improve PE related to the Rutanang standards.

◆ **VCT Working Group**
This group has concentrated on capacity building and has developed case studies to examine various VCT programmes as well as approaches to VCT services in all the participant institutions. This area of work is backed by an advocacy strategy through which HEAIDS has promoted the message 'Know Your Status' and VCT as an anchor of care and support programmes which include access to ARV treatment and wellness management. In order to improve VCT access, three pilot sites have been selected for support. The Universities of the North, North West and Transkei have been selected in order to strengthen and improve VCT services and access to VCT.

◆ **Curriculum Integration Working Group**
Perhaps the most complex area presently under investigation, curriculum integration of HIV and AIDS is already in progress at many institutions on an *ad hoc* basis. In 2005 a series of case studies examining current academic practice across a range of institutions will be pub-

lished. These studies cover a diverse range of curricula integrations in law, nursing, IT, psychology, engineering, veterinary science, journalism, education, economics and anthropology.

The output of a sub-group concerned with teacher education and HIV and AIDS is discussed in Chapter III. This group is proposing to introduce a compulsory core module for professional teacher education programmes. Through the DoE Dean's Forum, the project has been well consulted and supported.

The intention of this module is to:

◆ provide educators with a basic knowledge of HIV and AIDS and how it impacts on all aspects of our schooling and society;

◆ develop competences in the teaching approaches and styles appropriate to teaching about HIV and AIDS to learners;

◆ develop the personal capacities and confidence needed by educators to cope with HIV and AIDS responsibly in the daily life in schools; and

◆ develop appropriate collegial attitudes and values to contribute to the maintenance of a caring and compassionate climate in the school and other settings of their professional activities.

■ Higher Education Strategic Plan

At its inception, the HEAIDS programme was conscious of the need to respect a strong tradition of institutional autonomy in South Africa. It was neither appropriate nor feasible to expect 36 widely disparate institutions to follow exactly the same template and achieve the same outputs. For example, and for historical reasons, some institutions had no credible research capacity and it was therefore unrealistic to expect significant outputs in HIV and AIDS related research within three years. At the other end of the spectrum, some institutions in the sector had almost a decade of experience in high-level scientific research in the area. Instead, HEAIDS promoted the option of designing responses to HIV and AIDS that were specific to each institution but located within the broader framework. Flexibility and appropriateness were the key principles.

DoE Tirisano Implementation Plan

- Promote the integration of HIV/AIDS and the projected impact into policy and planning at institutional level.
- Promote the integration of HIV/AIDS into teaching and research programmes at higher education institutions.
- Higher education institutions have comprehensive HIV/AIDS programmes (output).
- Increased integration of HIV/AIDS into teaching, learning and research programmes. (DoE, p 10)

The government's Tirisano Implementation Plan for 2001-2002 spelt out government's expectations of higher education in the response to HIV and AIDS.
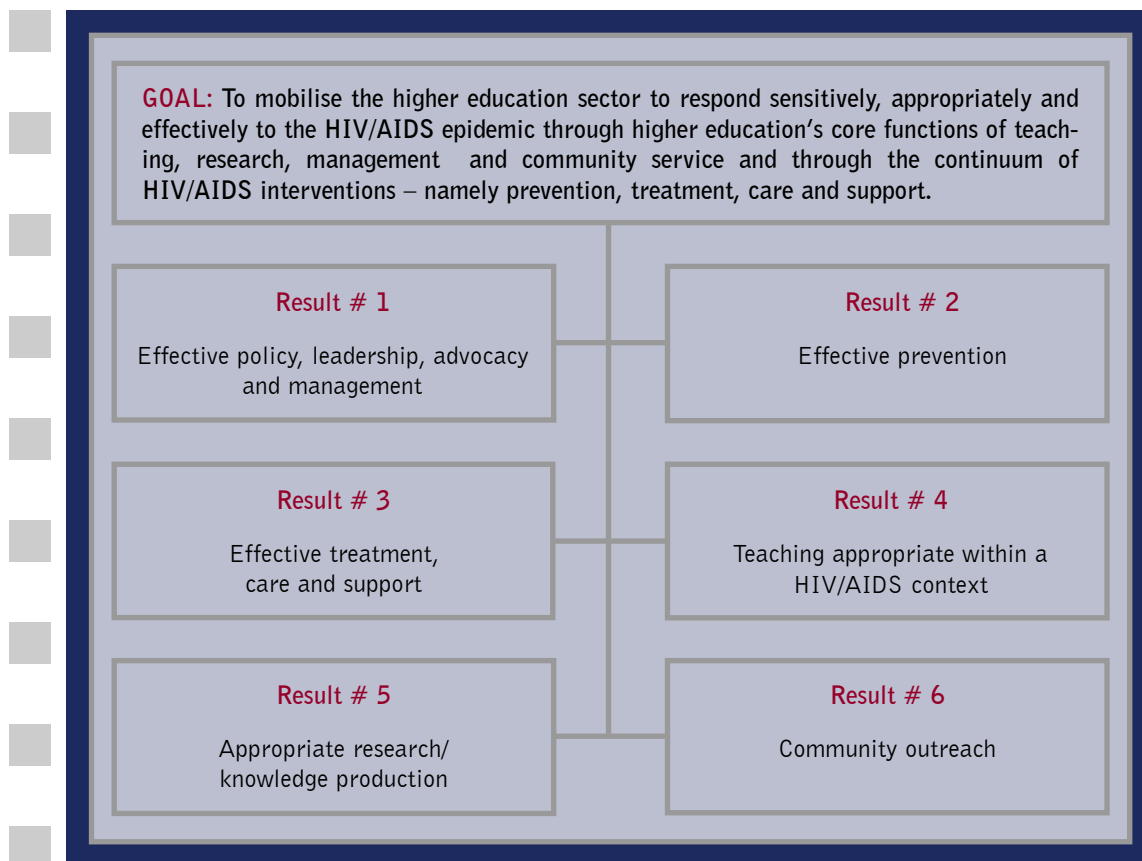
In 2002, the DoE's conference entitled The Right to Innocence: The Importance of Sexuality Education focused public attention on the connections between sexuality and the role of education. Although mostly concerned with younger children in the school system, rather than the higher education sector, the conference mobilised stakeholder opinion around important principles and identified a number of issues for action. These included multi-sectoral collaboration, the connections between poverty, HIV and AIDS, the need to protect orphans in AIDS affected families, unequal power relations between men and women and sexual abuse (DoE, 2002).

A follow up conference in May 2002 entitled Together: The Education Coalition Against HIV/AIDS, resulted in a much clearer and stronger mandate for the education sector and dealt with HIV and AIDS more directly in all its dimensions. Higher education issues received more sustained attention and resulted in a declaration of intent from a number of the participating institutions (DOE, 2003).

It had become increasingly evident that a commonly agreed strategic plan was necessary to manage the HEAIDS programme and to move towards measuring its impacts more systematically. As a result the programme engaged in a consultative process at various levels to compile a comprehensive medium term strategic plan that would include indicators. By 2004, this strategic plan was adopted by the programme managers and participating institutions and was presented to SAUVCA, the DoE and CTP for their approval.

Goal and Results of the Higher Education HIV/AIDS Programme

GOAL: To mobilise the higher education sector to respond sensitively, appropriately and effectively to the HIV/AIDS epidemic through higher education's core functions of teaching, research, management and community service and through the continuum of HIV/AIDS interventions – namely prevention, treatment, care and support.

Result # 1

Effective policy, leadership, advocacy and management

Result # 2

Effective prevention

Result # 3

Effective treatment, care and support

Result # 4

Teaching appropriate within a HIV/AIDS context

Result # 5

Appropriate research/ knowledge production

Result # 6

Community outreach

■ Programme management

A small dedicated staff and office was established in 2002 to manage the programme, providing support to institutions and delivering nationally organised capacity building activities. These include training, workshops and research in areas such as peer education, voluntary counselling and testing, curriculum development and HIV/AIDS in the workplace as well as providing a platform for a higher education forum. The national project office provides links to partner organisations such as the DoH, NGOs and international networks. Since

2000, the programme has benefited from collaboration with a number of other agencies in the higher education community who focus on HIV and AIDS. In particular, support has come from the Association of Commonwealth Universities (ACU) which sought inputs from HEAIDS into its own HIV and AIDS programme as well as providing web links to South African member institutions.

Based on a common interest in peer education and school health issues, the US Centres for Disease Control and Prevention (CDC, SA) and the Harvard School of Public Health have contributed technical assistance and programme support to enable the publication of the Rutanang peer education guidelines for higher education students. Harvard has also promoted greater involvement by school managers in dialogue with heads of education faculties. A workshop in July 2003 with deans of education, facilitated with Harvard support, led to the development of a proposed compulsory module on HIV and AIDS to be integrated into all teacher education curricula in South Africa. Details of the initiative are discussed later in this report. Harvard

has also initiated discussions into the need for development for school leadership and has mooted a possible collaboration with South African Teacher Unions and Principal Associations.

Higher education institutions in neighbouring SADC countries have also been able to draw on HEAIDS as a source of expertise on HIV and AIDS and a means of accessing all participating institutions. This linkage also enabled stronger links with the Association of African Universities (AAU) and support to that organisation in the development of its own HIV and AIDS programme. With AAU, HEAIDS has co-published the HIV/AIDS Toolkit for Higher Education Institutions in Africa in 2004. More details on this initiative can be found in Chapter III.

As the programme has taken root, it has benefited mostly from the support of committed and energetic institutional managers who meet three times a year to share their concerns, update their knowledge of new developments in the field and network with other institutions. The meetings have resulted in a close collaboration between institutions. Sharing of

projects and programmes has come willingly with participants keenly engaged in discussions and contributing to the development of the sector response. The meetings have also provided the platform for information sharing and capacity development. Vice-chancellors and senior managers who comprise the leadership of SAUVCA, CTP and the DoE have also played their part in ensuring that HIV and AIDS remains firmly on the agenda and that the response to HIV and AIDS is integral to the success of a competitive and responsive institution.

In late 2003, Prof Brian O'Connell, Vice-Chancellor of the University of the Western Cape was nominated – by the sector and the DoE – to the South African National AIDS Council (SANAC) which represents stakeholders from all sectors of society. This connection to a national level decision making structures is expected to strengthen the work of the HEAIDS advisory committee which meets periodically to review matters of strategy in higher education. The role of the advisory committee is carefully balanced with inputs from institutions on all key issues.

HEAIDS website

HEAIDS programme management is assisted by a substantial investment in the development and maintenance of a website (www.heaids.ac.za) which provides a wealth of resources for a range of users. These include links to key policy documents on HIV and AIDS in the education sector, news and information on developments in higher education, training and capacity building materials and management tools. Most importantly, it provides a window into the work being done on HIV and AIDS by every higher education in the system.

Increasingly the site operates as a detailed information resource that collates and produces HIV and AIDS material in order to facilitate easy access and distribution. The training, guidelines and resource materials section acts as an information hub that contains a wide range of information that can be downloaded and used. Between January 2003 and January 2004, the site recorded, on average, over 9 000 impressions a month.

HEAIDS
HIGHER EDUCATION HIV/AIDS PROGRAMME

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Vice-Chancellors discuss audit findings of HIV and AIDS programmes at their institutions

South Africa's Vice-Chancellors met today to assess progress made in tempering HIV and AIDS growth on their campuses. South Africa's university leaders are reviewing their strategy and moving towards improved interventions to prevent, manage and mitigate the impact of HIV and AIDS among staff and students. « more »

INTERVENTIONS IN SOUTH AFRICAN HIGHER EDUCATION
HIV and AIDS Audit

HEAIDS commissioned this audit to assess the range of HIV and AIDS services, activities and interventions in each of the 20 Higher Education institutions in South Africa against the programme framework and its indicators. The audit therefore represents a baseline against that framework and its indicators.

« more »

AIDS is everyone's problem

Institutionalising the Response to HIV/AIDS in the South African University Sector, a SAUVCA analysis.

Minister Kader Asmal's initiative in October 1999, the "Tertiary Institutions against AIDS Conference", clearly signalled that AIDS is everyone's problem and we need to ensure that every institution responds to the expressed and unexpressed needs of its internal constituencies and the needs of its broader external community. « more »

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Chapter II – Taking stock

Results from the audit and scan of higher education institutions

■ Context

On the eve of the first phase of major institutional mergers in higher education, an audit and scan was commissioned to assess the range of HIV and AIDS services, activities and interventions in each of the 35 higher education institutions in South Africa against the programme framework and its indicators. Only one institution was unable to participate in the audit for logistical reasons. The audit therefore represents a baseline against the framework and its indicators.

The timing of the audit was significant in the context of the restructuring process which created a degree of volatility in the higher education community. Student profiles, the needs of students and staff on new and bigger campuses and a host of other factors will necessarily affect the way in which responses to HIV and AIDS are developed in the near future. The audit also coincided with major changes in government policy on the provision of HIV and AIDS treat-ment – specifically the provision of anti-retroviral therapy through the public health care system.

The findings presented in this section have considerable value in describing the status of HIV and AIDS activities as well as suggesting where future assistance could be focused. Like all audits it pro-vides a valuable snapshot of the system but more research will be necessary to answer a host of other questions about the impact of the effort being put into services and programmes. The audit was organised into sections dealing with management, prevention, treatment, care and support, teaching HIV and AIDS, research and lastly, HIV and AIDS in the workplace. The full report is available on www.heaids.ac.za.

This section offers a detailed perspective of what has been achieved in higher edu-cation, what challenges still lie ahead as well as giving a more detailed perspective of the South African context that was set out in the opening section of this report.

Achievements at a glance

■ Management: policy, leadership and advocacy

Of the institutions in the audit:

86%	have created an institutional HIV and AIDS policy with an additional two institutions saying they plan to draft such a policy.
89%	have a steering committee.
37%	have formal policy for infusing HIV and AIDS into the curriculum.
63%	passed at least one resolution regarding the higher education institution's response to HIV and AIDS.
97%	have an institutional officer managing the institutional programme.
20%	have additional financial resources allocated to HIV and AIDS planning and activities.
37%	report that HIV and AIDS features into their current three-year rolling plan.
43%	have an HIV and AIDS centre at their institution.
80%	have HIV and AIDS partnerships with NGOs, donors and government agencies.

Institutional policy

A majority of institutions report that they have developed an HIV and AIDS policy with the remainder reporting that they plan to draft such a policy. Four years ago, barely seven institutions had approved policy in this area and most others were at draft stage. Policies vary widely in their content – most policies have confidentiality and non-discrimination clauses, while few contain clauses that prohibit mandatory and pre-employment testing. Some policies also have gaps that require attention. At this stage, a few policies contain clauses relating to the following: inclusion of HIV in the curriculum (37 percent); plans to manage the employee living with HIV (40 percent); as well as plans that anticipate the loss of work hours and skills when staff members become ill (20 percent).

Another measure of the extent of policy development and planning around HIV and AIDS is whether an institution has a formal policy for infusing HIV and AIDS into the curriculum.

Management structures

In terms of managing the institutional response, most higher education institutions have a *steering committee* guiding their institutional response to HIV and AIDS and nearly all report that students are represented on the committee.

Less than half of all institutions have established an HIV and AIDS centre or management unit. Fourteen institutions that do not have such a structure said that they do see a need for one. Opinions on this issue vary across the sector but management units or a dedicated co-ordinator/institutional manager does provide a focal point in the development and implementation of an institutional response.

HIV/AIDS and governance

The council and senate structures drive the policy formation and implementation within an institution. It is indicative of how seriously these bodies are taking the epidemic given that over half of all gov-erning councils or senates have passed at least one resolution regarding the institutional response to HIV and AIDS over the past four years.

Additional resources

20% have additional financial resources allocated to HIV and AIDS planning and activities, and the most common source of this additional funding is the institution's central budget. A small number receive additional funding from external donors and/or businesses. The lack of additional funding at institutional level is a concern not only for the impact it will have on the provision of services to students and staff but for the ongoing sustainability of these services. It is anticipated that budget provision for the continued wellness of an institution will increasingly become a priority issue as the long term affects of HIV and AIDS impact on institutions.

Three-year rolling plan

Most South African higher education institutions operate on a three-year rolling plan that is based on institutional priorities, planned outputs and expected income from various sources. These plans are fundamental to management

and cut across all functions within the institution. Currently, less than 50% of institutions report that HIV and AIDS features in their plan. Despite the high level of commitment from management in other respects, this data does reflect a critical problem in getting institutions to internalise and integrate HIV and AIDS into the core of institutional planning and management frameworks.

Partnerships

Partnerships are a key managerial strategy for initiatives such as the HEAIDS programme and are commonplace, well established and usually described in positive terms. Partners include donors, research organisations, non-governmental organisations (NGOs) as well as government departments and institution based donors.

A wide variety of national, provincial, and local AIDS support organisations are already partnered with institutions (see table below), although a few organisations were more often mentioned: Department of Health (7), Planned Parenthood Association of South Africa (4), ATTIC (4), Hospice (4), Treatment Action Campaign (3), DRAMAIDE (3), and NAPWA (3).

Institution level partners of the HEAIDS Programme

• AIDS Can Project	• Department of Health	• KwaZulu-Natal Tertiary Education HIV and AIDS Forum
• AIDS Consortium	• Department of Health, Germany	• Lifeline
• Alice Trained Community Workers	• Department of Labour	• Limpopo HIV and AIDS Directorate
• Alliance Against AIDS in Africa	• Department of Land Affairs	• Local AIDS Council
• ATICC	• Department of Social Development	• Local Municipalities
• AWID	• Dramaide	• LoveLife
• Bambanani Youth Project	• FAFHEF	• Mahube Youth
• Baptist Children Centre	• Faith and Hope Integrated Organization	• Makona District Health Office
• CADRE	• HIVAN	• Mankweng Hospital
• CANSA	• Hospice	• McCord's Hospital
• CompreCare	• Human Health Development Trust	• Memory Boxes
• Department of Education		• NACOSA

- NAPWA
- Nazareth House
- NICDAM
- NMMM AIDS Council
- Oliver Tambo Chair of Human Rights
- Other organisations
- Other Tertiary Institutions
- Partnership in HIV and AIDS Support Organisation
- People Centred Development Programme
- Planned Parenthood Association of South Africa

- PLWHA
- Positive Muslims
- Potchefstroom Hospice Raphael Centre
- Red Cross SA
- SAUVCA/CTP
- Sedibeng AIDS Council
- Settlers Hospital
- Sinikithemba
- Sizophila
- SOS
- Soshanguve Theatre Organisation
- South African Youth Council

- St Johns Ambulance
- Stellenbosch AIDS Council
- SWEAT
- Tabeisa
- TELP
- The House of Resurrection
- Treatment Action Campaign
- Tshepong AIDS Project
- Tshibogang Christian Action Group
- Ubuntu Youth Organization
- UNDP – Northern Province
- YMCA

Strengths

Institutions are beginning to recognise their strengths in how they have responded to HIV and AIDS and in so doing provide a basis on which to build for the future. The most notable strengths are in the following areas:

◆ committed leadership and management by those directing their institution's HIV and AIDS response;

◆ collective skills and knowledge of individuals as well as the dedicated, qualified and talented professional staff;

◆ the existence of strong HIV and AIDS or non-discrimination policies;

◆ infrastructure which addresses social and academic development and support; and

◆ acknowledgement of their role as the trainers of future academic and social leaders and the long term impact that HIV and AIDS will have upon the institution.

What issues need attention?

HIV/AIDS in the workplace

Human resource managers are not sufficiently aware of and connected with HIV and AIDS programmes at their institutions. This suggests that workplace-related issues have been seriously overlooked, a trend which is common in the public sector more generally. Too many institutions may be relying on employees to get access to the information they need from private providers such as medical aid schemes. Evidence from workplace programmes show the recurring need for a more proactive approach to prevention and social support.

The importance of HR support lies in the obvious benefits of knowing and understanding the impact of risk, the cost to life and pension schemes, absenteeism as well as the implications for medical aid support. The need for HR support also extends beyond these obvious implications into capacity building initiatives in HIV and AIDS, care and support and peer education for staff.

Collaborations

Although institutions report a good relationship with the DoE and DoH, stakeholders consistently report a weak, poorly managed, or non-existent relationship with the Department of Labour (DoL). This has implications for the planning of skills development in line with HIV and AIDS issues and will need to be explored more proactively. There is also an urgent need for institutions to establish greater partnerships with business and community projects.

Internal communications

Senior managers remain concerned about the strength of internal communications and a level of complacency about HIV and AIDS amongst students and staff. There is a greater need for all levels of internal communication to be improved; from lecturers and management attending HIV/AIDS events to the writing and publishing of articles relating to the epidemic in newspapers and on the campus intranet.

Future priorities

The audit showed a strong consensus that integrating HIV and AIDS into the curriculum should be the first priority;

ideally this would extend to increasing the number of accredited qualifications in the field of HIV and AIDS. Prevention services and care and support services were ranked as secondary priorities. Interestingly, institutional managers see HR and research/knowledge creation as the lowest priority, suggesting that institutions prioritise the need to focus on visible actions (i.e. services delivery).

Three-year plans

Until HIV and AIDS is recognised by all institutions as an integral part of the institutional planning processes such as the three-year plans, it will not get the attention it needs in financial terms and in terms of management time and effort. The three-year planning process is the ideal mechanism for institutions to reflect their commitments, to report on their progress and to promote a more strategic response to the epidemic. It also enables institutions to measure progress against agreed national indicators as well as the strategic plan.

■ Prevention

The HEAIDS programme indicators defined HIV and AIDS prevention services to include condom distribution, VCT, STI and peer education programmes.

Of the institutions in the audit

71%	provide prevention services.
86%	distribute condoms on their campuses.
86%	distribute condoms supplied by the Department of Health.
34%	additional condoms supplied by other groups or organisations.
74%	have established VCT services.
69%	provide free VCT services.
77%	offer STI treatment services.
71%	have established a student peer education programme.
20%	have established a staff peer education programme.

Availability of services

The emphasis on prevention services is evident in that most institutions are providing prevention services (overall 74 percent). This is encouraging because it mirrors the global reading that prevention is still regarded as the most important and critical intervention at this point in time. Without a prevention focus there is the ancillary rise in infection and related services and care. However, with prevention and developed prevention programmes beyond awareness there is the real possibility of protecting individuals, families, the professions and the larger economy.

Condoms

Most institutions reportedly distribute condoms on their campuses, and much of this supply comes directly from the DoH, although several also report receiving additional condoms from other groups or organisations. All condoms are distributed free of charge. More than 440 000 condoms were distributed within higher education during March, April and May 2003 and over 70 percent of these condoms were distributed at universities.

VCT

Nearly all the VCT services within higher education are provided free of charge. Pre-test counselling appears to strongly encourage testing, as determined from data collected between March and May 2003. These results show that 92 percent of those that received counselling during this period were subsequently tested.

STI treatment services

More institutions now offer STI treatment services. 77 percent of all STI services reported an increase in the use of their institutions' STI services since January 2002, but (similar to VCT) utilisation rates are low – on average only 2.4 persons per institution per day. Again, the numbers of females significantly outnumber males (see results for prevention indicators, below).

Peer education for students

Student peer education programmes are flourishing and the most common models focus on both peer education and peer counselling. Funding for student peer education programmes is generally provided from institutional budgets and to a

lesser extent by the HEAIDS prog-
ramme.

Support to peer educators is generally
provided in the form of training, fol-
lowed by provision of materials. Only a
few programmes (24 percent) provide
financial remuneration to the peer edu-
cators.

Peer education for staff

The small number of staff peer education
programmes is an area of concern and
likewise the trend that most of these
were only started in 2003. Staff peer
education programmes more often offer
financial remuneration.

Results for Prevention Indicators

Indicator	Unit of measure	TOTAL
Condom Distribution during March, April and May 2003	No. Condoms n=30	443 100
Existence of quality HIV and AIDS prevention services for HEI staff and students	% of HEI n=35	71
Prevention Services available: ● VCT ● STI Treatment ● Peer Education services ● referral systems for off-site VCT services	n=35 % of HEIs % of HEIs % of HEIs % of HEIs	 74 77 71 14
Use of VCT services ● Males ● Females ● Staff ● Students	No. persons reached (March to May 2003):	1 984 778 1 206 65 1 919
Use of STI Treatment services ● Males ● Females	No. persons reached (March to May 2003):	3 814 1 081 2 733

Although most VCT service managers report an increase in utilisation since January 2002, the data suggests that average utilisation is very low. On average only 1.3 persons use the VCT service in a single institution each day, although it must be noted that this data is derived from a five day week whereas, in fact, there is no VCT testing on a Friday[5]. The data also show that many more students than staff and more females than males use the service. This suggests that there is considerable room for increasing the reach of the VCT service, especially to males and to staff within institutions.

The quality of STI services also needs attention, particularly in ensuring consistent supplies of STI drugs – 30 percent of the STI services reported experiencing shortages or stockouts of STI drugs in the past six months.

Prevention services for staff require more attention and need to be reviewed as part of a comprehensive strategy for employees.

■ Treatment, care and support

Availability of services

The majority of institutions offer treatment, care and support services to staff and students either on-site, off-site or through referrals. When treatment, care and support services are available, they are offered to students and staff alike, although in some cases, the service may only be available to students.

Likewise, most institutions have an on-site clinic or health services of which a few are free. However, most do charge nominal fees to both staff and students. Of the clinics, most offer a variety of counselling services (in such areas as VCT, STIs, sexuality, rape, pregnancy, termination of pregnancy, sexual abuse, substance abuse, and family planning). Nearly all clinics reported an increased utilisation of both general health services and use of reproductive health services since January 2002.

The most common services provided are psycho-social support and PEP. Home-

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[5] It is general practise not to conduct VCT testing on a Friday given the concern that there can be no effective follow-up during the weekend if the results are positive.

based care and anti-retroviral therapy are available but not widely.

It is very important that a few institutions are offering students and staff access to ART, but with the recent changes in government policy (i.e. availability of generic drugs and the government's recently issued ART roll-out plan), this picture is expected to change significantly in the near future.

The availability of trained clinical staff in general HIV and AIDS areas is fairly good, although institutions have fewer staff that have been trained in comprehensive management of HIV.

Of the institutions sampled

71%	offer treatment care and support services to staff and students either on-site or through referral.
66%	have on – site clinic or health services.
80%	provide psycho-social support – for students.
80%	offer psycho-social support – for staff.
8%	supply home based care – for staff.
12%	provide ARVs – for staff.
12%	provide ARVs – for students.
20%	make available palliative care – for staff.
24%	make available palliative care – for students.
36%	offer treatment of opportunistic infections for staff.
40%	offer treatment of opportunistic infections for students.
32%	have PEP for staff.
40%	have PEP for students.

Availability of counselling services

Counselling service	Unit of measure	Total n=35	
		For students	For staff
VCT		74 (26)	66 (23)
STIs		82 (29)	71 (25)
Sexuality		80 (28)	66 (23)
Rape	% Institutions, (n)	71 (25)	63 (22)
Pregnancy		80 (28)	66 (23)
Sexual abuse		69 (24)	60 (21)
Substance abuse		57 (20)	57 (20)
Family planning		66 (23)	66 (23)

Strengths

Even within the confines of a health focused approach to HIV and AIDS, it is encouraging to see that campus clinics, counselling services and wellness strategies are responding well to the challenge of HIV and AIDS. This also suggests that a more balanced and holistic approach to wellness is beginning to take root amongst the users of the services and providers. It makes good sense for institutions to continue promoting referrals to good quality facilities in the public and private sector where they are available and affordable. This takes the onus off campus-based services for providing a full array of services for relatively small numbers of clients which may be both unaffordable and impractical. That said, many institutions still require additional services. As in the case of VCT services, referrals also strengthen the linkages between the public health sector and institutions.

Living positively

The involvement of People Living with HIV and AIDS in higher education programmes and services is improving. The most sustained initiative to promote pos-

itive living and the involvement of PLWHAs is the Health Promoter programme run by Dramaide, an NGO based at the University of Zululand. Backed by the Johns Hopkins University, the current programme started in 2002 and involves 16 institutions. Health Promoters (men and women living positively) are placed on campuses across the country and attached to the institutional HIV and AIDS programme. The Promoters facilitate support groups, and are active in condom distribution and education programmes. They provide some social support for students, particularly those in hostels and residences. Public disclosure amongst students and staff is still uncommon and students are more inclined to disclose within support groups where there is a sense of shared confidentiality. The advent of treatment access programmes supported by institutions may change this dynamic since treatment programmes appear to require a high level of social support to make them effective.

What issues need attention?

Clinic staff were asked whether they thought their institutions had the necessary resources to deliver effective on-site HIV and AIDS services. Generally less than half of all respondents felt that there is sufficient staff to deliver an effective HIV and AIDS response, although most believe that there is sufficient knowledge and skills.

Very few respondents (particularly among clinical staff) believed that there are sufficient financial or material resources. With this feedback in mind, institutional managers will need to think carefully about ways to augment and improve the capacity, resources and skills available to continue providing good quality care and support services.

The pressure on existing facilities and services will increase sharply if more institutions become involved in ART access programmes and home based care. Both of these require capacity and are management intensive. The involvement of higher education institutions in ART access programmes is a bold new initiative which has the potential to significantly influence the

uptake of prevention services such as VCT and to change the dynamics of HIV and AIDS within the higher education community.

It is encouraging, that despite these concerns, most respondents believe that their higher education institutions have the necessary leadership to deliver an effective HIV and AIDS response.

■ Teaching HIV and AIDS

Integrating HIV and AIDS into higher education curricula has been recognised as a priority area by a number of policy proposals and research findings in the past few years (Chetty, 2000, Kelly 2000). It is also recognised as the area of greatest complexity because of the factors that influence curriculum change in higher education. In South Africa, higher education institutions currently operate on two quite different models. In the case of universities, faculties have considerable independence in deciding on their content and priorities. Univer-

sities of technology on the other hand, have historically worked within a standardised curriculum framework. Both types of institutions also offer some of the same programmes and others which are specific to an institutional type. One other historical difference that affects the connection between teaching and research is relevant. Universities of technology were only recently accorded the authority to grant degrees and were not funded to conduct research in the past. As a consequence, qualifications and research outputs by these institutions differs significantly from universities.

To accommodate these differing frameworks a group of teaching departments, which are common to both types of institutions were selected for analysis during the audit. They include: Anthropology, Communications, Economics, Education, Engineering, Journalism, Law, Medicine, Management Studies, Nursing, Psychology, Public Health, Religious Studies, Social Work and Sociology.

Of the institutions sampled

61%	of academic programmes sampled are infusing HIV and AIDS into their curriculum at undergraduate level.
60%	of universities have established a policy for infusing HIV and AIDS into the curriculum.
51%	of universities of technology have established a policy for infusing HIV and AIDS into the curriculum.

The HEAIDS programme calls upon all higher education institutions in South Africa to build HIV and AIDS content into teaching and learning with the necessary scope and depth. The programme also envisions that graduates should be competent in HIV and AIDS issues and will be able to use this knowledge in their careers.

Interestingly, nearly two-thirds of academic programmes sampled in this audit are infusing HIV and AIDS into their curriculum, although this is more com-monly found at universities and in under-graduate academic courses. Core cours-es and service learning are the most common means of infusing HIV and AIDS while short courses are the least common approach used.

The emphasis on the integration of HIV and AIDS into curricula is notable in the institutional policies of 11 institutions. The data below indicates the types of courses being used to carry HIV and AIDS related content and skills.

Teaching – HIV and AIDS Indicators

Indicator	Unit of measure	Total n=35	
		Undergraduate	Postgraduate
Infusion of HIV and AIDS into the curriculum through • Service Learning • Infused through all courses • Core Courses • Foundation • Elective Courses • Short Courses	% of academic qualification programmes	53 40 61 38 39 26	43 41 43 23 41 21

What issues need attention?

Although 30 percent of higher education institutions report having distance-learning programmes at their institutions, only seven percent of these have a policy for including HIV and AIDS into the distance-learning curriculum, although some have proceeded with infusing HIV and AIDS content into distance learning courses.

While most academic heads of department believe it is their responsibility to incorporate HIV and AIDS into the curricula, most of their attention has been focused on the impact of HIV and AIDS on a profession, and few have received training or capacity building, to enable them to teach HIV-related materials. In response to the priority which institutional leaders attach to teaching HIV and AIDS, this is an area that will require concerted action in the near future.

There are also opportunities on which to capitalise through a stronger focus on the following areas:

◆ the impact of HIV and AIDS on professions;

◆ the content related to a particular profession;

◆ employers and professional bodies show high interest in the incorpora-

tion of HIV and AIDS into the curriculum;

- incorporating personal behaviour change strategies into HIV and AIDS programmes; and

- training or capacity building, to enable teaching staff to teach HIV-related skills and content.

As yet, too few institutions have infused HIV and AIDS content in courses for distance learners and the use of interactive and web based resources is still under-developed. Though distance education is well developed and expanding in higher education, these low rates of uptake in distance education programmes that integrate HIV and AIDS signals the need for further investigation and development.

■ HIV and AIDS in the workplace

Workplace programmes

26%	currently have a staff workplace programme in place.
71%	report that general training on HIV and AIDS for employees is delivered.
49%	of representatives from management and human resources have received such training.
25%	of union officials have received HIV and AIDS training.
37%	provided training for hostel managers and wardens of residences.
20%	of institutions have a peer education programme for staff.

Workplace programmes

With respect to workplace programmes, it is notable that only a few institutions currently have a staff workplace programme in place, although ten others reported that the development of their workplace programme is in progress. The existing programmes cover all staff, including administrative, academic and support staff. The content of the existing programmes focuses more on delivery of information and prevention services than treatment or care services.

Capacity building

In terms of capacity building for key stakeholders throughout the sector, a variety of training is being delivered, but management and union officials are being reached less often than academic staff:

- *General training on HIV and AIDS* for employees is reportedly delivered by most institutions, although only half of them indicate that representatives from management and human resources have received such training, and even fewer union officials have received HIV and AIDS training.

- *Training on the legal aspects of HIV and AIDS* is being delivered by approximately 50% of the institutions. This is specifically targeted at employees and human resources managers. Again too few managers in other functions and even fewer union officials have received training on the legal aspects of HIV and AIDS.

- *Training for Wardens in Residences* is being delivered by 13 institutions.

The training mainly focuses on counselling, which is offered annually at nine institutions, and quarterly at two institutions. *Training for sub-Wardens in Residences* most commonly focuses on support for sexual assault victims.

Peer education

Progress in the development of peer education for employees is developing at the same pace as the more general programmes. Apart from UCT, those peer education programmes already in existence are at most four years old and the remainder were started in 2003. Nearly all respondents reported that 'training of peer educators', 'participation from members of staff' or 'integration of HIV and AIDS into the curriculum' as their most significant achievements.

An average of 140 staff peer educators per institution have been trained since the programme began within these institutions. An overall total of 980 staff peer educators have been trained within the seven institutions. Results indicate that an average of 20.25 hours is required to train a staff peer educator.

There are strong arguments in favour of investing in risk assessments in order to establish a clearer sense of the probable costs to institutions that are likely to arise from AIDS related absenteeism, illness and death. Such a cost risk analysis is presently being conducted at higher education institutions. Likewise, the likely impacts on employee benefits, training, succession planning and demand for care and support services need closer attention as the epidemic matures. Large organisations in the private sector have generally reacted far more quickly to the potential risks. However, the education sector – including higher education – has been reluctant until recently to examine its risk profile thoroughly. It is hoped that the outcomes of the teacher supply and demand analysis being undertaken by the Teacher Unions and the DoE will lead to greater openness and understanding of the risk factors affecting education sector personnel.

Peer education as a prevention strategy for employees shows great promise. This report has noted elsewhere that the workplace component of most institutional responses is lagging behind the pace at which responses aimed at students have taken shape. Expansion and deepening of strategies like peer education could provide an important way into the lives of lower skill service staff that typically have to rely on overburdened public sector services.

■ Research

77%	report that they encourage the use of research findings in their teaching.
357	post-graduate research projects related to HIV and AIDS were reportedly produced by just 9 universities in 2002.
71%	have ethics policies concerning research on HIV and AIDS.
40%	have research units focusing on HIV and AIDS.

One of the goals of the HEAIDS programme is to generate new knowledge about how to address HIV and AIDS in the higher education sector, as well as to ensure that research conducted through higher education institutions meets ethical standards that are specifically related to HIV and AIDS.

On the basis of the findings from the audit, it was clear that a research audit across all the institutions would not be possible within the limitations of the study. Research databases are rarely centralised and tracking is also limited within academic departments. Of the research audits that have been conducted at institutional level, some have already yielded impressive results showing increased research outputs across all disciplines (UWC, 2003).

What issues need attention?

- Promotion of research on HIV and AIDS in the universities of technology.

- Dissemination of the institutional research audits.

- Capacity building in social, behavioural and economic aspects of HIV and AIDS research.

- Stronger connections between research and teaching.

- Sectoral research – the impact on the quality of programmes, bursaries, pension funds, research to evaluate the effectiveness of the interventions that are initiated on campuses and measuring progress of the sector against the sector indicators.

HIV is a dynamic virus that requires continual surveillance. Part of the research agenda which higher education needs to pursue must involve research that provides regular and credible 'internal intelligence' on the impacts of the epidemic and the risk behaviours which require the most attention. Evaluation feedback from service delivery and from programmes implemented through teaching and community outreach can and should provide a knowledge basis for the strategic direction which institutions choose to pursue and the planning of interventions for students and employees. The case for this internal research is especially strong in the HR field

because of the paucity of information
and strategic thinking about how best to
protect and support employees from the
impact of HIV and AIDS.

Chapter III – Learning from experience

This part of the report reviews selected examples of the innovations that have emerged in higher education over the past three years.

- 'Your Moves', an interactive CD ROM, was developed by the HEAIDS Programme and its institutional partners.

- As discussed in the previous section, the audit of 35 institutions have provided important benchmarks against which future activities can be measured.

- The HIV/AIDS Toolkit is a collaboration between HEAIDS and the African Association of Universities.

- Rutanang, the standards of practice for the implementation of peer education is another collaborative initiative with the CDC, Department of Health and the Harvard School of Public Health.

- The proposal on teacher education is a joint initiative between the curriculum working group of HEAIDS and the Deans Forum which represent all faculties of education (teacher training).

■ Prevention – 'Your Moves'

'Your Moves' is an interactive CD ROM launched in 2003 by HEAIDS as an initiative to curb HIV infection in students and staff in higher education institutions using interactive media. 'Your Moves' poses questions about the complex life choices that face young people in a game of love and life. It is possible to play the game either from male or female perspective. It is intended as a resource to
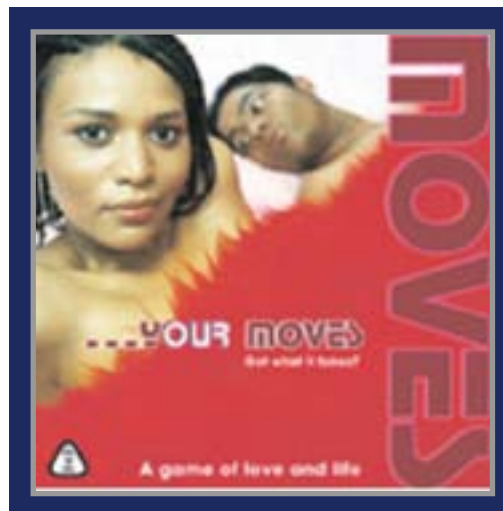
support the psycho-social dilemmas facing young adults. Given its interactive nature, it also encourages dialogue and debate among students. There is a facilitator's guide available in order to lead focus group discussions.

The CD forms part of South Africa's comprehensive higher education sector strategy on HIV and AIDS. Seven thousand copies of the CD were distributed to institutions across the country. It has been used in induction and orientation programmes for first year students, as a teaching resource, for skills development and in campus clinics for students and staff.

Development of the CD involved input from experts and students in higher education institutions. Using South African actors and developing a script highlighting the myriad of contextual situations which students face, the CD encourages the user to make a choice – which in turn generates the likely consequences of such a decision.

The project is aimed at being incorporated into formalised risk reduction programmes and being offered at all institutions across the higher education system.

A pilot study that explores these possibilities is currently being run at the University of the Western Cape and the Tshwane University of Technology.

■ HIV and AIDS Audit: Interventions in South African Higher Education

HEAIDS commissioned this audit to assess the range of HIV and AIDS services, activities and interventions in each of the 35 higher education institutions in South Africa against the programme framework and its indicators. The audit
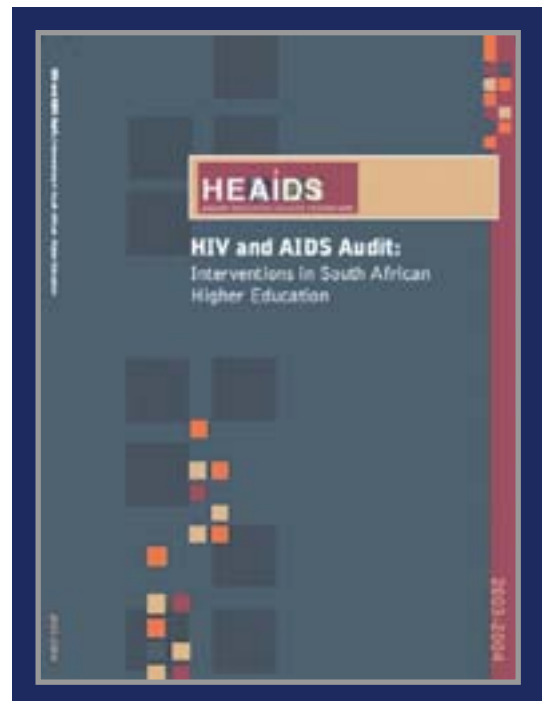
therefore represents a baseline against that framework and its indicators.

All 35 of South Africa's higher education institutions were reviewed in this audit, and responses were solicited from the Vice-Chancellor (or Rector), the Institutional Officer, a HR representative, the Dean of Research, the Dean of Students, an On-Site Clinic representative and the Peer Education Manager, as well as a subset of Heads of Departments at each institution. Overall, the audit had an 84 percent response rate 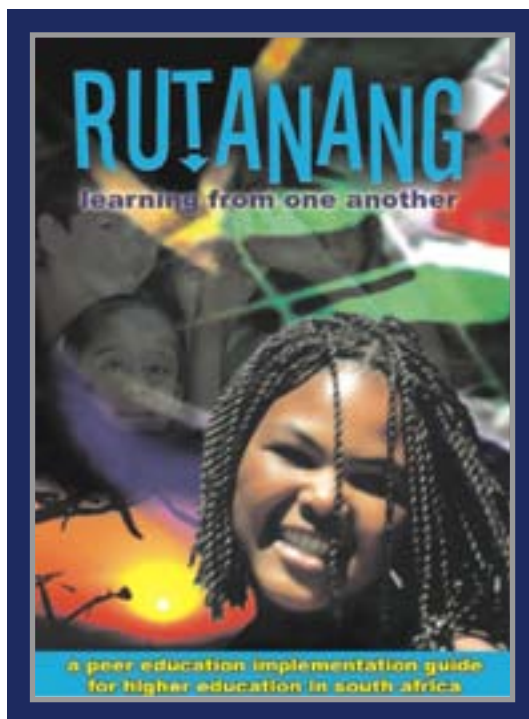which represents a positive response from the stakeholder groups. The findings of the audit are conveyed in more detail in chapter II of this report.

■ Peer education – Rutanang

Rutanang – 'learning from one another' – is the outcome of an HIV/AIDS and life skills programme developed initially by the Departments of Health and Education in South Africa for schools and NGOs. The key motivations for promoting peer education as a prevention strategy apply equally strongly in higher education:

Since young people do most of their talking, listening and learning about sexuality with other young people, peer education is a crucial component of prevention programmes addressing HIV/AIDS and other threats to health. For many youth, adults are not credible messengers of sexual abstinence and other responsible behaviours: and many adults, whether professionals or parents, are not comfortable helping youth examine their attitudes, understand the risks, and develop new skills related to sexual behaviour. The necessary outcomes of HIV education – including re-enforcing accurate and consistent information, helping young people examine and change how they think and behave sexually, building decision-making skills, facilitating voluntary counselling and testing, and strengthening community sanctions against sexual violence – require face-to-face discussion with people who are trusted, knowledgeable, accessible and relatively comfortable talking about sexual matters. (Deutsch et al, p iii)

RUTANANG

learning from one another

a peer education implementation guide
for higher education in south africa

Peer education is flourishing on higher education campuses because of its acknowledged advantages: multiplier effect, flexibility and relevance to the needs of young people. At the same time, it remains vulnerable to the availability of funding, the transient nature of student populations and its place outside the formal examinable curriculum. In this context the HEAIDS programme has sought to find ways of making peer education sustainable and an accredited skill for both trainers and the trainees; to

do this requires standards of practice and a level of rigour. Rutanang is an important step towards the goal of a more effective and sustainable education and HIV and AIDS prevention programmes.

At present there are pilot studies being conducted at the universities of the Western Cape, KwaZulu-Natal (Westville), the North-West University and the Nelson Mandela Metropolitan University.

■ **Curriculum development – HIV and AIDS and teacher education**

In July 2003, the curriculum working group of the HEAIDS programme began a collaborative process with a forum representing heads of South Africa's faculties of education with the aim of integrating HIV and AIDS into pre-service teacher education curricula. Teachers are recognised as the key to successful education and prevention strategies targeting children. So far most of the national effort had focused on teachers already in the classroom. This collaboration produced a framework document centred on the motivations, structure

and content of a compulsory module to be included in all pre-service education curricula.

Three manuals form an educational package – the student guide, reader, and facilitator manual for the lecturer – and institutions are already in a testing phase in order to make the resource available to all institutions.

This is the first major step towards a more co-ordinated approach to training teachers in skills and content related to HIV and AIDS. A further extension of this initiative, with support from the Harvard School of Public Health, is planned to include training in HIV and AIDS for school leadership.

The intention of the module is to:

- provide educators with a basic knowledge of HIV and AIDS and how they impact on all aspects of our schooling and society;
- develop competences in the teaching approaches and styles appropriate to teaching about HIV and AIDS to learners;
- develop the personal capacities and confidence needed by educators in coping with HIV and AIDS responsibly in the daily life in schools; and
- develop appropriate collegial attitudes and values so as to contribute to the maintenance of a caring and compassionate climate in the school and other settings of their professional activities.

■ **Capacity building – An HIV/AIDS Toolkit for Higher Education Institutions in Africa**
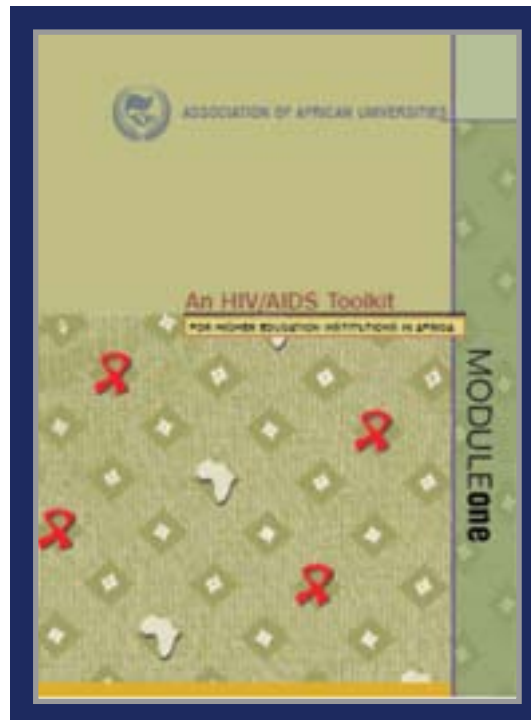
The African Association of Universities (AAU) took the initiative in 2002 to begin work on the development of a capacity-building programme on HIV and AIDS for its member institutions, which number roughly 300 across Africa. The first major output of the programme is in the form of an advocacy and resource document aimed at supporting the development and management of responses to HIV and AIDS. The materials were developed with the specific needs of African university managers and the African context in mind, using the case study method of the Senior University Managers in Africa (SUMA) programme as a platform. The

Toolkit was trialled with a group of institutional managers in early 2003 and HEAIDS subsequently agreed to co-publish and distribute the materials in 2004.

Despite 20 years of experience in Africa, the weight of evidence thus far tells us that understanding HIV and AIDS in the education context, generating the will to act on the epidemic, analysing its implications and implementing a response are not always readily available skills in higher education. The crippling realities of denial and stigma as well as the perennial lack of adequate funding, meant it was necessary to provide institutional managers with the intellectual and practical tools to respond. As the Toolkit shows, money is often a second order problem that can be overcome by leadership and innovation. By examining the potential impacts of HIV and AIDS on each area of the core business of higher education (teaching, research and community engagement), the Toolkit defines a management process and options for a range of scenarios. The Toolkit will be available for purchase on request from www.heaids.ac.za as well as via the AAU website (www.aau.org).
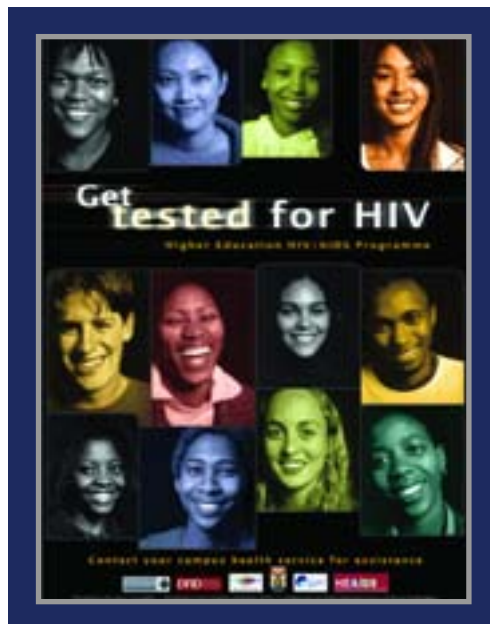
Chapter IV – Future directions

Even with the promise of affordable drugs, treatment and support, our thinking about the HIV epidemic needs to adopt a long-term view. The epidemic will be with us for a considerable time in terms of the impacts on individuals, families and communities. Unless prevention efforts in Asia make a substantial and immediate difference in the course of the epidemic on that continent, indications are that a new frontier in the battle against AIDS will define the next three to five years. As more African governments and agencies begin to 'scale-up' testing and treatment programmes as a new development priority, where do higher education institutions stand in this rapidly unfolding scenario?

The HEAIDS audit concludes that whilst the programme was intended to develop a more strategic and comprehensive response HIV and AIDS by institutions, most of its successes thus far are health focused. These achievements are by no means insignificant if we look at the scale on which prevention, treatment care and support services are available. However, the issue of the strategic orientation of the programme is a key finding which will require some fundamental adjustments as the programme goes forward beyond 2004. What is now called for is closer attention to the points of leverage which can be used to strengthen the less developed areas of an a sector response.

In the course of the institutional audit, some themes recurrently surface when senior managers and other institutional stakeholders were asked to name their priorities for the near future. There was a strong consensus that future priorities must include the following:

- integrating HIV and AIDS into the curriculum with appropriate depth and scope and paying special attention to distance learning;

- prevention services for staff and students that go beyond awareness raising;

- treatment, care and support services including ART;

- strengthening and consolidating the programme in line with the strategic plan;

- responding proactively to the epidemic as it unfolds;

- better marketing and promotion of the programme;

- stronger involvement of all stakeholders (including communities);

- encouraging regional collaboration and networking on initiatives;

- improving understanding of behaviour change models and learning;

- training of institutional managers in key management competencies that will enable them to manage the programmes within their institutions more effectively and efficiently; and

- strengthening workplace programmes.

■ Specific interventions

This listing of priorities goes some way towards providing a litmus test of what institutions see as the areas of highest impact and where visible changes need to happen. In some cases specific inter-ventions may also be necessary.

- It is interesting to note that institutional managers ranked research and knowledge creation as their lowest priority. This runs contrary to higher education research and knowledge creation. Perhaps it reflects the sense of urgency that managers feel in the need to have visible changes in the responses to the epidemic in terms of lowering the risk of infection, changes in sexual and social behaviours and skills in managing the impact of the epidemic. In relation to these objectives, research may be too long-term and intangible.

- Anecdotal evidence suggests that there is resistance amongst staff with regard to curriculum development in the area of HIV and AIDS. These concerns will need to be addressed and overcome in order to achieve the desired level of integration of HIV and AIDS issues into the core responsibilities of academics and the work they do. Ultimately the most effective instrument for change in policy on what programmes are offered and the funding of courses,

Future priorities

- Link HIV and AIDS policy to formal teaching structures (and where possible, be governed by a formal committee).
- Provide integrated training on how to infuse HIV and AIDS policy into the curriculum (include utilisation of the teaching development department to train lecturers on how to infuse HIV and AIDS into their course material).
- Develop curriculum integration policy at institutional and departmental levels.
- Increase infusion across courses.
- Increase the emphasis on HIV and AIDS in the Distance Learning Curriculum.
- Look for opportunities for replicating best practices amongst national and international higher education institutions.

might be the Department of Education's programme and qualification mix (PQM) process. This process is the equivalent of the three-year planning process and provides the same leverage to 'steer' the system towards new priorities. Some specific proposals on curriculum interventions include:

- In keeping with the overall thrust in

government policy, HEAIDS will pay closer attention to developing research capacity and output amongst the newly formed universities of technology. As in the case of curriculum, government's existing regulatory mechanisms which monitor and reward research outputs in higher education will be explored as a point of leverage. Again, some specific proposals are worth considering:

- Develop research and ethics policies that are appropriate for HIV and AIDS research.
- Grow the importance and output of research in universities of technology (including training for ethics committees).

- Develop incentives for researchers focusing on HIV and AIDS.
- Encourage research in areas such as the social impact of the epidemic and the psycho-social implications of the epidemic.
- Increase research partnerships with internal and external partners to enhance knowledge sharing and collaboration (including funding opportunities for inter-disciplinary research).
- Develop better mechanisms for tracking and disseminating research outputs at institutional and sector level.

At present, HEAIDS plans to continue supporting higher education responses to HIV and AIDS for, at least, the next four years. It will begin paying closer attention to other issues such as indicators of behaviour change and ensuring that newly formed institutions use the opportunity of renewal to re-affirm the commitment which higher education has made over the past decade to transformation. There can be little doubt that higher education in South Africa has reaped enormous benefits from a decade of freedom, now is the time to re-affirm the responsibilities that come with freedom.

Biographical notes

Dhianaraj Chetty is an advisor to national and international agencies in the education sector on policy and programme development in the areas of HIV/AIDS and higher education. In 2000, he co-developed the Higher Education HIV/AIDS Programme with the South African Universities Vice-Chancellors Association (SAUVCA). As a member of the USAID/Mobile Task Team on the Impact of HIV/AIDS in Education (MTT), he is part of a team of specialists working across Africa in an advisory capacity to ministries of education and education institutions. He is the author of 'An HIV/AIDS Toolkit for Tertiary Institutions in Africa' and a number of other publications. For more information, contact: chettyd@iafrica.com

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