

An HIV/AIDS Toolkit for Tertiary Institutions

by

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ABBREVIATIONS

AAU	Association of African Universities
ACU	Association of Commonwealth Universities
ADEA	Association for the Development of Education in Africa
AIDS	Acquired Immune Deficiency Syndrome
ASO	AIDS Service Organisation
COREVIP	Conference of Vice Chancellors Rectors and Principals
DVC	Deputy Vice Chancellor
GIPA	Greater Involvement of People with HIV/AIDS
HIV	Human Immunodeficiency Virus
HR	Human Resources
M&E	Monitoring and Evaluation
MTT	Mobile Task Team on the Impact of HIV/AIDS in Education
NGO	Non Government Organisation
PWA	Person/s Living with HIV/AIDS
SAUVCA	South African Universities Vice-Chancellors Association
STI	Sexually Transmitted Infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
VCT	Voluntary Counselling and Testing

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INTRODUCTION

The HIV/AIDS pandemic is now more than two decades old. In Africa, the pandemic has taken its greatest toll on our economies and societies that are often weakened by poverty, internal conflicts and constrained in their responses to such a profound threat. For much of the recent past, evidence of the pandemic's crippling impacts has dominated the headlines and the development agenda (UNAIDS, 2002).

In education, the response to HIV/AIDS has often been narrowly centred on the need to 'teach HIV/AIDS' as our best hope of keeping the threat at bay. In practice, the response has centred on using the school curriculum to make children aware of the pandemic and give them the knowledge skills and values necessary to respond to the epidemic. Life skills programmes, sexuality education, peer education and health promotion – all of which were in the school system to some degree - have now taken on different dimensions in the face of a pandemic that affects children, their parents, their teachers, their school managers and ultimately the education system.

Tertiary education poses a radically different set of educational, institutional and social issues. The need to define a response that makes sense in the tertiary education context is the primary motivation behind the HIV/AIDS Toolkit, a project of the Association of African Universities that is discussed in this paper.

What makes a specific response necessary and different in tertiary education? The findings are drawn from a cross section of studies that have surveyed the extent of the impact and the preparedness of African institutions to respond to HIV/AIDS (Chetty, 2000, Kelly, 2001, Anarfi, 2000, Nzioka, 2000, Magombo, 2000).

- Evidence is growing that students, staff and communities linked to tertiary institutions are all showing the impacts of HIV/AIDS –either because of being infected or affected.
- However, there are a range of different responses within tertiary education that address HIV/AIDS in varying depth and scope. The trend towards a comprehensive response that addresses prevention, treatment, care and social support is taking hold but too many responses have to date been ad hoc and unsustainable.
- Tertiary education institutions educate and train sexually active young adults, unlike most of the school system. Therefore, students are often vulnerable because of risky social and sexual behaviour that is common amongst young adults in residential campus settings (alcohol abuse, drug use, low quality housing, sexual abuse etc.)
- Students are largely free to choose what they want to study and therefore not obliged to participate in formal or non-formal prevention interventions – even when these are available.
- Though critically important as part of a comprehensive response, prevention remains the dominant trend in a context where treatment, care and support need to be addressed.
- Poverty is a factor that makes young people especially vulnerable to transactional sex – an observable phenomenon in educational institutions.
- Financial and other resource constraints make it difficult to motivate HIV/AIDS as an institutional priority.
- Not all institutional managers are convinced of the role they are expected to play in the fight against HIV/AIDS and many do not have the skills needed to develop and manage a response to the pandemic.
- Not enough institutions have taken seriously the need to mitigate the pandemic through planning and pro-active responses.
- A culture of denial and silence – even in tertiary education - continues to hamper efforts to mobilise students and staff.

The HIV/AIDS Toolkit is not intended to provide a quick fix to such a complex set of issues. However, it signals the seriousness with which tertiary education views the issue of HIV/AIDS, it emphasises the strategic and specific role which tertiary education institutions play in the education sector's response to HIV/AIDS, and most importantly, it elaborates practical ways for motivating and comprehensive responses.

WHAT IS THE TOOLKIT?

The HIV/AIDS Toolkit is a package developed specifically for tertiary institutions by the Association of African Universities (AAU) in 2003 with the aim of supporting the development and management of comprehensive institutional responses to HIV/AIDS. It is available in hard copy in both English and

French. The Toolkit is the outcome of a project initiated in 2001 with the support of the ADEA Working Group on Higher Education.

The package comprises:

- resource materials on HIV/AIDS in the African tertiary education context
- advocacy strategies for use within tertiary institutions and amongst their constituencies/social partners
- and, practical guidelines for the design, management and implementation of HIV/AIDS policies and programmes in African tertiary education institutions.

WHERE DOES THE TOOLKIT IDEA ORIGINATE?

AAU's role

The Toolkit stems from a number of sources within the African tertiary education community and the international higher education community. The AAU is responsible for harnessing these strands in the form of a package.

It is fair to say that for more than a decade, African tertiary institutions have been active in a range of ways in the fight against HIV/AIDS usually in the form of advocacy and research. The range of responses has now broadened and deepened to include far more sophisticated projects and structural reforms that are making HIV/AIDS more integral to the core business of tertiary education.

Since 2001, AAU has moved towards formalizing its activities in the area of HIV/AIDS. Firstly, WGHE provided support to AAU's workshop for senior managers entitled SUMA in Cairo, which targeted African senior university managers and included a dedicated module on HIV/AIDS.

At the same time, AAU was awarded a grant to develop a 5-year Core program and to develop an HIV/AIDS toolkit for further training of its members.

In 2002, ADEA/WGHE provided institutional grants to 4 African institutions to develop and implement policy on HIV/AIDS. 'African Universities Against AIDS', the core statement that drives AAU's response to the HIV/AIDS epidemic was developed at the same time.

By 2003, the need for a comprehensive response within the education sector was clearly articulated in AAU's 2003-2013 Vision and Strategic Plan.

In March 2003, the AAU presented the first draft of the Toolkit to a Master Trainers Workshop at the COREVIP meeting in Mauritius that included roughly 20 selected participants. The feedback from that process has been integrated into the package.

International collaboration

The HIV/AIDS Toolkit is also the product of inputs and collaboration from many sources. It has been trialled with sample groups of higher education representatives in Anglophone and Francophone countries. Expert assistance has come from a range of sources including the United Nations Development Programme (UNDP), Johns Hopkins University, and the South African Universities Vice Chancellors Association (SAUVCA). It draws on research and advocacy studies developed by many organisations including: the Association of Commonwealth Universities (ACU), the Mobile Task Team on the Impact

of HIV/AIDS in Education (MTT) and a host of individual higher education institutions on the continent. Wherever appropriate, these sources are acknowledged.

HOW SHOULD THE TOOLKIT BE USED?

Firstly, the HIV/AIDS Toolkit provides *a framework and a process* within which an institution, organisation or project is able to do the following:

Assessment: Analyse the nature of the problem confronting your institution and its constituencies

Planning: Decide on which policy objectives and programmes to pursue

Design: Plan and develop HIV/AIDS related interventions that meet the objectives you have identified

Implementation: Move from policy and planning to action

Monitoring: Know that your implementation is in line with the agreed plans

Evaluation: Assess whether the strategy and interventions are working

Secondly, the Toolkit also provides some of the information and tools that are required at each step for specific types of interventions. Where specific resources (e.g. design guidelines for a peer education project) are available elsewhere, the Toolkit provides suggestions on appropriate sources. A sample of the best electronic resources is listed in the Links section of this paper.

If the Toolkit does not cover all the aspects of a problem, users are encouraged to use the network that the Association of African Universities provides along with its national level counterparts. The AAU offers access to nearly 300 member institutions and many partners elsewhere in the world at which significant expertise has now been developed in the area of institutional responses to HIV/AIDS.

Thirdly, the structure of the Toolkit is organised in line with the core business areas of higher education institutions (teaching and learning, research, community engagement). In the Toolkit, the functions, which fall within each of these areas, have been specifically identified and discussed in relation to whether and how HIV/AIDS affects them.

Who is the Toolkit aimed at?

Not all tertiary education institutions are prepared for dealing with issues that may be regarded as extremely “personal” and “cultural”. However, the fact that HIV/AIDS is spread largely through sexual behaviour, makes it imperative for organisations to not only raise awareness, but also to actively promote policies and procedures which assist students, employee, staff and management and other community stakeholders to combat the epidemic. Active management of HIV/AIDS requires managers to step into a sphere in which management itself is confident and competent to raise previously “personal” issues, for the benefit of the individual and the organisation.

The emphasis in this Toolkit is on the role of institutional managers and project leaders in academic (deans, heads of department or senior faculty) and non-academic functions (e.g. head of student services, head of human resources, head of the campus clinic). Likewise, student organisation leaders, trade union shop stewards or a peer education project leader will hopefully find the package equally useful. Many of the issues raised here also have a generic application beyond tertiary education institutions.

What are the intended outcomes of the Toolkit?

The Toolkit looks at the pandemic and proposes a range of responses from the perspective of the education sector. The harsh reality is that HIV/AIDS is already taking a toll on students, staff and tertiary education communities in a host of unexpected ways.

Challenge: Why should higher education institutions be involved in the fight against HIV/AIDS? Firstly, because we care; secondly, because it is clear that this epidemic affects all areas of core business in tertiary education. Thirdly, because tertiary education institutions are leaders in our education community and leadership is desperately needed on many levels in the fight against this epidemic. Fourthly, because we recognise that the burden of fighting HIV/AIDS cannot rest only with national governments.

Challenge: The African tertiary education community must ensure that it uses all the means available to within African institutions and through our partnerships with the international community, to **prevent** the spread of the epidemic, **mitigate** its impacts on our communities and institutions and **manage** the epidemic in a proactive sustainable programme of action. The Toolkit is intended to provide the users with the *practical and intellectual tools* that can be harnessed in developing, planning and managing a response to HIV/AIDS across all the core business areas of their institutions.

Is there a model on which the Toolkit is based?

The Toolkit uses an education management perspective rather than a specific model as its point of departure. This approach is in keeping with the AAU's capacity building programme for African university managers, entitled 'SUMA'.

Why a focus on management? Because, as a threat, HIV/AIDS cuts across institutional boundaries. More importantly, it affects the **management systems** upon which institutions depend for their every day operations and their long-term future. What are some these systems: student support services (residences, prevention programmes and services, campus health services, counselling and psychosocial support), human resource planning and development (workplace policy for affected and infected staff, programmes to educate and support affected and infected staff), student finance (bursaries, insurance, non discrimination policy).

Tertiary education in Africa comprises a variety of institutional types (universities, colleges, teacher training institutions, technical institutes etc). The form and structure of these institutional types differs by country and history and the Toolkit's approach therefore needs to be adapted accordingly. The vice chancellor of a large, urban teaching and research institution will have a very different remit to the head of a small primarily rural teacher training college. Ideally, the Toolkit must work for both audiences.

In the same vein, the context and regulatory environments within which higher education institutions differs widely across the continent. These factors have a major influence on the roles which institutions fulfil in the education sector, the economy and the societies within which they operate. Many of the recommendations in the Toolkit, which depend on larger policy frameworks – usually set by government – and will need to be synchronised with a national policy context. For example, if an institution promotes voluntary counselling and testing (VCT) as a care and support strategy, it should ideally do so within the framework set by national or state level governments.

It should be said that there are other competing – and very compelling – approaches to addressing HIV/AIDS in tertiary education. For some institutions, research has proved to be their most relevant and effective way of contributing to the fight against HIV/AIDS. In other cases, African higher education institutions have provided a home for advocacy and human rights NGOs focusing on HIV/AIDS that have

established global reputations for their work. Both these approaches have a common thread that sets them apart from the approach in this Toolkit: they have an *external focus*. In contrast, the Toolkit is about developing a sound *internally focused* response to HIV/AIDS. More importantly, it is about the importance of leadership within the institution as a basis for being a leader in society.

WHAT RESULTS CAN BE EXPECTED FROM THE TOOLKIT?

The use of the Toolkit has not yet been evaluated through a formal process but the strategies and lessons that it promotes are drawn from accepted current good practice, as the case study examples show. Time is an important consideration in this case.

For example, the focus on policy by AAU, ACU and other national bodies representing tertiary education (e.g. SAUVCA) is borne out by the significant change in number of institutions that now have policy in some form. In 2000, a handful of institutions in South Africa had policy on HIV/AIDS. By mid 2003, nearly all have developed policy of some form on HIV/AIDS.

What concrete examples of responses to HIV/AIDS are available from Africa and elsewhere?

The examples selected for use in the Toolkit (University of the Witwatersrand, University of Botswana, University of Zambia, University of the Copperbelt, University of Nairobi) represent a small sample of the growing corpus of innovative, high quality responses that are coming from African institutions.

They were chosen to represent good practice in a range of different country settings, institutional contexts and specific functions. At present our knowledge does tend to rely mostly on examples from universities – particularly from Anglophone countries. Fortunately, through monitoring by organisations like ACU and more recently AAU, there will be more systematic tracking of these responses across the international tertiary education community. In this way our understanding of qualitatively different environments in low prevalence countries and different educational systems will be enhanced.

The case studies summarised briefly below - and presented in full in the Appendices - focus on the key areas in which responses to HIV/AIDS have developed: *policy development, teaching/curriculum change, research and community outreach*. None of the case studies is a Toolkit by itself; instead the case studies show examples of what should flow from the implementation of the Toolkit.

University of the Witwatersrand

The University has invested considerable effort in developing and implementing what is widely viewed (within South Africa) as a very comprehensive policy response to HIV/AIDS. As a large comprehensive research and teaching institution, it is fortunate to have a number of leading academics that have made major contributions to national policy development on the health, legal and social aspects of HIV/AIDS. The institutional policy covers all of the key aspects to which an institutional policy must respond. These include: the institution's approach to HIV/AIDS and how HIV/AIDS affects the institution's mission; the rights and responsibilities of students and staff, the resources and services it will commit to fighting HIV/AIDS, the implementation arrangements it will use and the process through which the policy will be reviewed. Policy development has been accepted by an increasing number of African institutions as a central component of an institution wide response to HIV/AIDS and as the basis for driving programmatic interventions.

University of Botswana

The University has responded to the threat of HIV/AIDS through a number of interventions (curriculum change, an impact assessment, health services etc). The example used in the Toolkit -- a life skills programme -- is driven by the need to provide students with the knowledge, skills and values that equip them to deal with the threat of HIV/AIDS on a personal level. This approach highlights the need to intervene in the curriculum in ways that are directly relevant to the needs of students and to make them more aware of the larger threat that confronts their communities. It supplements a range of other curriculum reforms, which are geared more towards skills, that graduates need to confront HIV/AIDS in the world of work.

University of Nairobi

The University of Nairobi is a leading institution in vaccine research and trials in Africa. Three things make the example an important case study. Firstly, it shows the responsibility which faculties of medicine/health sciences must be prepared to take on the in fight against HIV/AIDS. This responsibility is typically expressed in the commitment to bio-medical research. Secondly, an off-shoot of the research process is the advocacy role which health sciences professional can play in breaking the barriers to understanding, assisting government in efforts at social and political mobilisation and also setting better standards for policy and practice in the provision of health services. Thirdly, this example illustrates the value of sustaining research capacity in African institutions and the ways in which this capacity can be used to build international partnerships (in this case Oxford University) and leverage additional resources in the fight against HIV/AIDS.

University of the Copperbelt

The 'In But Free' project, developed by Copperbelt University, is a path-breaking example of a university responding to the needs of an atypical and vulnerable community – prison inmates. Using interventions like peer education, VCT and home-based care, it demonstrates the power of reducing risk to inmates themselves and their families. It also brings to life a basic principle that tertiary institutions must be engaged with the world in which they operate and be responsive to their communities so that they can make meaningful contributions to real, immediate problems. Also, it breaks the silence around a world in which it is well known that HIV infection thrives because of a range of risky social and sexual behaviours.

University of Zambia

This case study highlights a question that should be at the core of student services in the context of HIV/AIDS. How well do we know and understand the behaviours and needs of students in tertiary education? At the University of Zambia, the relatively simple intervention of KAP studies revealed important insights into the levels of stigma around HIV/AIDS and the prevalence of risky sexual behaviours. The University responded with an IEC programme based on counselling and education with a focus on the needs of students. This case study underlines the importance of the complex interactions that make tertiary institutions both exciting and challenging – as well as being vulnerable. Managing and supporting student life in the age of HIV/AIDS requires that institutional managers actively intervene in what may previously have been considered 'the private life of individuals' – and having the skill to do so effectively.

WHAT DIFFICULTIES MIGHT ONE ENCOUNTER IN USING OF THIS TOOLKIT?

The role of the focal person using this Toolkit has many dimensions. The Toolkit is designed for use by specialists and non-specialists, who are required to work in a capacity where they mobilise expertise (medical, legal, psycho-social) as part of a comprehensive response. This could be the newly designated HIV/AIDS co-ordinator who is usually responsible for student services and is now required to develop policy, initiate programmes, raise funding, conduct impact monitoring and a host of other tasks which are specific to HIV/AIDS.

Assuming responsibility for developing an institutional response to HIV/AIDS is not a small task. Neither is it free from difficulties. It demands leadership in a variety of contexts where commitment, decisiveness, foresight and tenacity are all required. The simple act of breaking the silence about HIV/AIDS will in some cases unleash personal, political and cultural dynamics within the institution, which can be positive, negative, unwieldy, unforeseen or even extraordinary. Whatever the response, as a lead/focal person one has the responsibility to prepare ‘champions’ who can carry a clear and informed message about the importance of the epidemic to higher education, why our institutions should be involved and how best to shape their responses in terms of **prevention, treatment, care and support** – particularly for those living with HIV and AIDS and those immediately affected by the epidemic.

There is no simple, formulaic model that responds to the challenge that HIV/AIDS poses to each institution. There are good examples that tell us that the same intervention can often have very different impacts in two different contexts. The Toolkit should be read and used as a framework from which an institution develops its own approach to HIV/AIDS rather than as a set of rigid prescriptions.

The Toolkit has been developed bearing in mind the regional variations of the epidemic across the continent. Overall, West Africa could be characterised as a relatively low prevalence environment with differing factors driving the epidemic. For example, ‘the HIV epidemic in Ghana to date has shown a different pattern from that in many other countries in sub-Saharan Africa. National levels of HIV infection are estimated to have risen more slowly than seen elsewhere, from around 2.4% in 1994 to around 4% in 2002’ (Schierhout and Johnson, 2003). Cultural factors and early interventions appear to have kept the pandemic at bay countries like Senegal. In contrast, Southern African countries are higher prevalence areas with South Africa and Botswana showing critically high levels of prevalence based on survey data from ante natal clinics. In East Africa, Uganda has shown the most compelling results from social mobilization around HIV/AIDS, changes in behaviour and community based responses to care and support. Within the recent past, levels of prevalence have declined to 6.4% in 2001 from a high of 21.1% in 1991 (Low Beer and Stroneburner, 2003). Other countries in the region – for a range of reasons have not made equally significant gains in reversing the tide.

The point here is that differing strategies will be needed to address these variations across the continent. In high prevalence contexts, it is urgent to intensify and improve implementation of programmes across the education sector. In low prevalence contexts, it is urgent to scale up the response. Users of the Toolkit will need to tailor the message and the uses of the Toolkit for each of these environments.

Roles

It should be evident from the outline above that a focal person working within an institutional context will have to fulfill a number of different roles. Identifying these roles to potential trainees is important in the process of selection and training. They can be summarized as follows:

- ✓ Advocacy
- ✓ Sensitization
- ✓ Resource mobilization
- ✓ Partnership development and management
- ✓ Policy development
- ✓ Programme design
- ✓ Implementation support for projects
- ✓ Co-ordination
- ✓ Stakeholder liaison
- ✓ Networking
- ✓ Research
- ✓ Evaluation

What are the obstacles and how might the difficulties be overcome?

Working with HIV/AIDS in a tertiary education context comes with both personal and professional rewards, pressures and constraints. Educational institutions are conservative in nature and take time to respond to new ways of thinking and working. There will be times when nothing moves, where fatigue sets in and the challenge becomes overwhelming. There will be other moments where good leadership and the innovative qualities of higher education institutions are cause for pride and celebration. If a checklist of survival skills were necessary, it might include the following:

- ✓ Start by focusing attention on the big picture – ‘the mission of the institution’
- ✓ Use the resources already available
- ✓ Use networks
- ✓ Use partnerships
- ✓ Avoid the trap of developing programmes that are easily available elsewhere
- ✓ Find a way of being relevant/useful within government’s overall strategy and programme

Practical advice to institutions that might wish to use this HIV/AIDS Toolkit

This paper presents a summary of a project that is large and complex. Not every institution will be able to mount a comprehensive response to HIV/AIDS and that may be for justifiable reasons (lack of capacity, resources etc). There are good reasons to develop and sustain a smaller response such as focusing on high quality research in the area of HIV/AIDS – if that is where the emphasis of the institution lies. The approach developed by the Toolkit is not to say ‘drop research and invest in prevention’. Likewise, the manager of a research institute should not feel compelled to take on the roles that fit best with the departments concerned with student services. Tertiary institutions become more difficult to manage each year and the Toolkit should not be seen as an ‘all or nothing model.’ Instead, it would be far more pragmatic and productive to get managers and other leaders to take from it what is appropriate to building a better response in their own terms.

It requires institutional leaders to define a path that is appropriate, relevant and feasible in the context in which the institution operates. Whatever the choice, the Toolkit offers a ‘starter pack’ of information, techniques and advice. As in any new initiative, there are always pre-conditions for success. In the case of HIV/AIDS, there is one universally acknowledged factor: **leadership**. Where it comes from does matter: vice chancellors make a distinct impact but a shop steward could be equally effective at work place level.

At the very minimum, leadership must address itself to four challenges that have the potential to create a fundamental shift.

- Break the silence
- Recognise the threat which HIV/AIDS poses to the institution and its stakeholders
- Support and build upon the work already being done (small student projects, small scale research or basic prevention)
- Make a response to an HIV/AIDS affected world an integral part of the institutional mission.

THE AUTHOR

Dhianaraj Chetty is currently based in South Africa, and has a background in education planning and policy development. After training at the International Institute of Education Planning (IIEP) in Paris he spent five years in management at the national Ministry of Education in South Africa, in the first democratic government. Since then he has worked as an advisor to national and international agencies in higher education on policy and programme development in the areas of HIV/AIDS, higher education/business linkages and higher education planning. In 2000, he co-developed and established the first national HIV/AIDS programme in South African higher education with the South African Universities Vice Chancellors Association (SAUVCA) and is now working on similar initiatives elsewhere in Africa and Asia. In 2002 he joined the USAID/Mobile Task Team on HIV/AIDS (MTT) in Education, a team of specialists working across Africa in an advisory capacity to ministries of education and education institutions.

He is the author of the HIV/AIDS Toolkit and a number of other publications on HIV/AIDS in the education sector.

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LINKS

ACMC, Association of Canadian Medical Colleges, www.acmc.ca

ACU, Association of Commonwealth Universities, www.acu.ac.uk

AEGIS, www.aegis.org

AF-AIDS, www.af-aids.org

AFRICASO, African Council of AIDS Service Organisations, www.enda.sn/africaso.org

AVERT, www.avert.org

HEARD, www.und.ac.za/und/heard

Higher Education Against HIV/AIDS (South Africa), www.heaaids.org.za

HIV INSITE, University of California San Francisco, <http://hivinsite.ucsf.edu/>

KIT, Royal Tropical Institute, www.kit.nl

SYNERGY Project, www.synergyaids.com

UNAIDS, Joint United Nations Programme on AIDS, www.unaids.org

UNESCAP, UN Social Development Information on the Internet, www.unescap.org

WORLD BANK, www.worldbank.org and eservice@worldbank.org

APPENDICES

⇒ *CASE STUDY: POLICY DEVELOPMENT*

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

HIV/AIDS POLICY

Preamble

The University recognises that South Africa, with the rest of southern Africa, is experiencing a devastating HIV/AIDS epidemic. The University also recognises that HIV/AIDS is not only a health issue, but one which concerns the entire University community and our society in every possible respect. As an institution that strives to engage with society and be responsible to it, the University is committed to playing an active role in mitigating the impact of HIV/AIDS, both on its internal constituency of staff and students, and on society as a whole. The University will aim to achieve this by integrating HIV/AIDS into its core functions of teaching, research and service, the components of which are outlined in this policy. In doing so, the University hopes to be a caring community where all are equally valued.

Values underlying the policy

The following values guide this policy:

- People living with HIV/AIDS will not be discriminated against in obtaining access to education and/or employment at the University;
- People living with HIV/AIDS have the right to dignity, respect, autonomy and privacy concerning their HIV/AIDS status; stigma and prejudice will be actively countered;
- HIV/AIDS can affect any of us; the policy should in no way perpetuate stereotypes of HIV/AIDS as belonging to gay or straight, white or black, young or old, men or women; it should, however, recognise specific vulnerabilities and risk factors arising from physiology or social power relations;
- HIV/AIDS concerns all of us; an appropriate response to HIV/AIDS can be achieved only by ensuring that consideration of HIV/AIDS is a part of every activity at the University; the full range of stakeholders should be involved in defining and implementing the response to HIV/AIDS at the University;
- HIV/AIDS has to be understood and addressed in its social context; this includes power relations between men and women and sexual violence against women, changing values and meanings around sexuality, and the multiple legacies of apartheid.
- Appropriate strategies for caring for and the treatment of persons living with HIV/AIDS are essential.

Components of the policy

The policy has the following five components:

1. Rights and responsibilities of staff and students affected by and living with HIV/AIDS;
2. Integration of HIV/AIDS into teaching, research and service activities of all Faculties;
3. Provision of prevention, care and support services on campus;
4. Implementation: structures, processes, monitoring and evaluation.
5. A provision for policy review.

1 Rights and responsibilities of staff and students affected and infected by HIV/AIDS

1.1 *Rights of staff*

In accordance with the Constitution of South Africa, the Employment Equity Act (No 55 of 1998), the Labour Relations Act (No 66 of 1995), the Medical Schemes Act (No 131 of 1998), and the government's draft Code of Good Practice on Key Aspects of HIV/AIDS and Employment:

- 1.1.1 Generally, no employee, or applicant for employment, may be required by the University to undergo an HIV test or disclose their HIV status¹;
- 1.1.2 If a person's HIV status becomes known to the University, it shall not be the basis for refusing to enter or renew an employment contract;
- 1.1.3 HIV status shall not be a criterion for refusing to promote, train and develop a staff member;
- 1.1.4 An employee may not be dismissed simply because he or she is living with HIV/AIDS;
- 1.1.5 No employee shall have his/her employment terminated on the basis of HIV status alone, nor shall HIV status alone influence decisions on retrenchment or retirement on the grounds of ill-health;

¹ HIV testing may be determined to be justifiable by the Labour Court in terms of Section 50 (4) of the EEA.

- 1.1.6 With regard to sick leave and continued employment, HIV related illness will be treated no differently to other comparable chronic or life threatening conditions; if an employee, in the opinion of the Head of School/Division, is unable to continue working because of ill-health, the usual conditions pertaining to disability or ill-health retirement will apply;
- 1.1.7 HIV status will not be reflected on any personnel files, and the HIV status of any employee will not be disclosed by another member of staff without the informed consent of the employee;
- 1.1.8 The University requires that the trustees and administrators of retirement, provident and medical scheme funds may not disclose the identity of an employee living with HIV/AIDS to the University without the member's written permission;
- 1.1.9 The University believes that it is in interest of all parties to prevent unfair discrimination against employees with HIV/AIDS with regard to access to employment benefits such as medical scheme, provident and pension funds. However, the University recognises that the governance and rules of these funds are not entirely within its control.
- 1.1.10 The University endeavours to provide a working environment in which employees with HIV/AIDS are accepted, and are free from prejudice and stigma;
- 1.1.11 Staff have a right to know of possible risks of occupational exposure to HIV in their working environments.
- 1.1.12 The University endeavours to provide a working environment in which occupational exposure to HIV is minimised, and will provide the necessary protective equipment and provide access to post occupational exposure prophylaxis (PEP). Where service is in a hospital environment, however, it is the hospital's responsibility to provide protective equipment and PEP for staff. The University is responsible only for work conducted in a university environment.
- 1.2 Rights of students**
- 1.2.1 No applicant may be required to have an HIV test before admission to the University;
- 1.2.2 No student or applicant may be required to reveal his or her HIV status before admission or during the course of study;
- 1.2.3 Notwithstanding Rule M1, in which applicants to the University are required to be physically capable of study, HIV status may not be a factor in the admission of students to higher degrees, to specialised fields of study or for employment as tutors or auxiliary workers;
- 1.2.4 HIV status alone may not be a ground for refusing to grant loans, bursaries and scholarships;
- 1.2.5 No student may be required to have an HIV test before field trips or other activities of the University, unless there are special circumstances which warrant it;
- 1.2.6 No student will be refused admission to University residences because of his/her HIV status, nor will an HIV test be required prior to admission to residence;
- 1.2.7 Unless medically indicated, HIV/AIDS is not a reason to terminate a student's registration;
- 1.2.8 Should a student have an HIV test using Campus Health and Wellness Centre or other University facility, the results will remain confidential between the student and the person authorised to give the result;
- 1.2.9 No member of staff or student may disclose the HIV status of a student without their informed consent, which should preferably be in writing;²
- 1.2.10 The University endeavours to provide a learning environment in which students with HIV/AIDS are fully accepted and safe from prejudice and stigma;

² However, Health Professions' Council guidelines on the duty of medical doctors to disclose HIV status to partners and other health professionals, will apply for those staff who are governed by such regulations.

1.2.11 The University endeavours to provide an educational environment in which accidental exposure to HIV is minimised, and will provide the necessary protective equipment, and will arrange access to post exposure prophylaxis (PEP). Where service is in a hospital environment, however, it is the hospital's responsibility to provide protective equipment. The University remains responsible, even in the hospital environment, for the provision of PEP to students.

1.3 **Responsibilities of staff and students**

1.3.1 Staff and students have a responsibility to become informed about HIV/AIDS, and to develop a lifestyle in which they will not put themselves or others at risk of infection;

1.3.2 Staff and students who are living with HIV/AIDS have a special obligation to ensure that they behave in such a way as to pose no threat of infection to any other person;

1.3.3 Health professionals and Health Science Faculty students who are living with HIV/AIDS have an obligation to choose professional paths that minimise risks of transmission to their patients;

1.3.4 Staff and students must respect the rights of other staff and students at all times. No prejudicial or discriminatory attitudes or behaviour towards people living with HIV/AIDS will be tolerated;

1.3.5 No employee or student can refuse to work, study with or be housed with other employees or students living with HIV/AIDS;

1.3.6 Staff and students who do display discriminatory attitudes to colleagues living with HIV/AIDS will be counselled in the first instance, but if the discriminatory behaviour persists, formal disciplinary procedures will be instituted;

1.3.7 Unless medically justified, no students may use HIV/AIDS as a reason for failing to perform work, complete assignments, attend lectures or field trips or write examinations;

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

1.3.9 Wilfully undermining the privacy and dignity of a member of staff or student with HIV/AIDS will constitute a breach of discipline, and appropriate disciplinary steps will be taken.

1.3.10 Students are encouraged to develop and implement their own student-led responses to HIV/AIDS. The University will support these initiatives.

2 Integration of HIV/AIDS into teaching, research and service activities of all Faculties:

2.1 Teaching

HIV/AIDS education will, where appropriate, be incorporated into the curriculum of all faculties. This could take the form of debate and an understanding of how HIV/AIDS will impact on their future professional lives. In addition, students will have training in relation to HIV/AIDS in the workplace. They should enter the workforce fully equipped to manage HIV/AIDS programmes, deal with colleagues and staff who are infected, and to monitor and sustain workplace initiatives. They should also know the legal implications of HIV/AIDS.

2.1.1. All Schools and Faculties will be required to consider how to achieve integration of HIV/AIDS into the curriculum at both undergraduate and postgraduate level. If they decide not to integrate such material into the curriculum, they will be requested to

account for this to the Dean or Faculty Board. This will include aspects of HIV/AIDS relevant to the subject area of the Department/Faculty, HIV/AIDS in the workplace and general life-skills education.

- 2.1.2 Support will be provided to Faculties to develop and implement plans to integrate HIV/AIDS into curricula.

2.2 Research

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

- 2.2.1 The University Research Committee will develop policy to establish a variety of incentives and forums to promote research on HIV/AIDS within and across faculties.

- 2.2.2 In particular, mechanisms will be established to support HIV/AIDS research activities that are innovative, address strategic priorities, and are inter-disciplinary.

2.3 Service

Service learning would be an appropriate approach to synergise teaching, research and service in the field of HIV/AIDS. All Departments/Faculties will be required to consider, develop and implement annual plans to ensure their contribution to the:

- 2.3.1 prevention, care and support needs of staff and students on campus;
2.3.2 environment outside of the University. This will be easier for faculties training professionals who are required to undertake practical training.

3 Provision of prevention, care and support services on campus;

3.1 Information and prevention

- 3.1.1 Appropriate and sensitively presented information on all aspects of preventing and coping with HIV/AIDS will be made widely accessible to staff and students. This information will address and be directly relevant to the day-to-day realities of staff and students;
- 3.1.2 All students and staff will be offered education that examines the relevance of HIV/AIDS to their own lives, in the context of broader challenges facing them as young adults. Through this training students will be encouraged to understand social attitudes and develop a caring and non-discriminatory approach to HIV/AIDS as well as a tolerance for and understanding of different social groups;
- 3.1.3 Condoms will be freely available and widely distributed through multiple channels, on campus and in residences;
- 3.1.4 The use of free STD care provided through the Campus Health and Wellness Centre will be promoted;
- 3.1.5 Affordable confidential and voluntary HIV testing will be provided through the Campus Health and Wellness Centre;
- 3.1.6 Peer education programmes will be developed and implemented on campus and in student residences;
- 3.1.7 Particular attention will be paid to addressing issues of loss, grief and bereavement;

- 3.1.8 Adequate measures to prevent the spread of HIV in contact sports will be instituted (see annexure 1- extract from SARFU Policy Statement on HIV and Rugby participation);
- 3.1.9 Universal precautions (annexure 2) will be implemented whenever the potential for exposure to blood or other high risk body fluids exists;
- 3.1.10 Staff in managerial or supervisory positions will receive training in all aspects of this policy and how to implement it.

3.2 Care

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

3.3 Counselling and support

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

3.4 Post exposure prophylaxis

- 3.4.1 In environments where the risk of occupational exposure to HIV exists, procedures for notification of exposure and access to post-exposure prophylaxis will be adequately sign posted.
- 3.4.2 Mechanisms to address the needs of individuals who are currently vulnerable to occupational exposure to HIV and who are not covered by the Wits Medical Scheme or the Faculty of Health Sciences Student Insurance will be investigated.

4 Implementation: structures, processes, monitoring and evaluation.

- 4.1 The HIV/AIDS policy will be supported and championed by the senior executives of the University. This includes the Vice-Chancellor and Deputy Vice-Chancellors, Executive Directors and Deans of Faculties, Heads of Schools and the Senior Management Group;
- 4.2 All heads of schools, departments and units will be briefed on the policy, its content and its implementation;
- 4.3 HIV/AIDS will be a standing item on meetings of the Senior Executive Team, Faculty Boards and other University governance structures;
- 4.4 Deans will designate a person responsible for ensuring implementation of the policy in each Faculty and to represent the Faculty at central coordination and monitoring processes; this person will convene an HIV/AIDS task team in her/his faculty which is

- representative of students, academic and support staff; s/he will be required to report on activities on a quarterly basis;
- 4.5 An HIV/AIDS office, reporting directly to a Deputy Vice-Chancellor will be established, and staffed by a person appointed at senior level. The functions of this office will include: to coordinate and act as a secretariat for the implementation of the policy across the university; establish task teams to support implementation of specific aspects of policy within faculties; access outside expertise and materials which can assist faculties in integrating HIV/AIDS into teaching, research and service; convene periodic meetings of faculty representatives to assess and support implementation of policy; establish and implement a monitoring and evaluation process which can track the impact of HIV/AIDS on campus as well as the impact of interventions;
- 4.6 In the implementation of the HIV/AIDS Policy, the University will seek to collaborate with other tertiary educational institutions. This includes the Tertiary Education HIV/AIDS Initiative.

5. Policy review

HIV/AIDS is not static and policies addressing aspects of the pandemic as they affect the institution, must be revised from time to time. The University will thus review this policy on a regular basis to:

- evaluate its effectiveness;
- take cognisance of fresh initiatives around HIV/AIDS, whether these be from government, within the tertiary educational sector or elsewhere;
- consider appropriate amendments to the policy in light of the above.

⇒ *CASE STUDY: CURRICULUM CHANGE*

UNIVERSITY OF BOTSWANA THE HIV/AIDS EDUCATION, PREVENTION AND CONTROL COURSE

Introduction

The HIV/AIDS course is taken as a General Education course to provide life skills to students in order to enable them to participate in HIV/AIDS prevention activities as individuals or aggregates. It will also assist the students to take responsibility for their own health especially the prevention of sexually related infections and the improvement of health seeking behaviour. The course comprises a single module taken over one semester (14 weeks), either during the first or second semester.

Code: ENE 100/GEC 147

Credits: 2

Course Synopsis

This course focuses on increasing awareness and understanding of HIV/AIDS. An understanding of human sexuality, predisposing factors, causes and the nature of HIV/AIDS are examined. The epidemiological trends of HIV/AIDS nationally, regionally,

and internationally are explored. The management of HIV/AIDS with emphasis on primary and secondary prevention are the major concepts of the module. The course equips students with the knowledge, skills and attitudes to enable them to adopt positive behavioural changes regarding HIV/AIDS. The course should also discuss strategies for mitigating the HIV/AIDS epidemic.

Course Objectives

At the end of the course students should be able to:

- Demonstrate an understanding of human sexuality and their own sexuality;
- Develop social, moral, ethical and communications skills as well as negotiation assertiveness;
- Review factual information on HIV/AIDS;
- Identify factors that precipitate the spread of HIV/AIDS
- Discuss the impact of HIV/AIDS on individuals, families and the community;
- Suggest solutions for combating the spread of HIV/AIDS, especially among youth;
- Participate in interactive activities that are geared towards behavioural change;
- Identify ways of mitigating against the spread of HIV/AIDS

Target Group

The module is targeted for University students and the UB community and any other interested persons

Course Structure

The course is divided into seven units of one to two lecture hours each, taken in the order in which they are documented.

The students can opt to take these units in a one-week block in a training seminar/workshop or as a semester course.

The units will be offered in series every week of the semester. Students will also be encouraged to make some field visits to suggested sites where necessary, and if possible to expose themselves to in-country HIV/AIDS problems and related intervention programmes.

Course Units

Unit 1: Focuses on the epidemiology, background and natural history of HIV/AIDS. The importance of studying HIV/AIDS is also included.

Unit 2: Discusses issues of human sexuality as it relates to HIV/AIDS transmission and care. The unit addresses human physical, physiological, social, emotional and sexual development. It also includes individual, family and societal reactions to these human developmental changes, and their possible impact on individual and/or group behaviour.

Unit 3: Explains the HIV/AIDS disease process in terms of the nature of the disease, the immune system and the organ system changes, clinical manifestations, diagnosis and management of the infection, with emphasis on the preventive strategies at all levels.

Unit 4: Addresses predisposing factors to HIV infection and transmission. Special attention is drawn to the socio-economic, biological, social, demographic and cultural determinants of HIV infection. Gender and reproductive health issues and concerns related to HIV transmissions are discussed.

Unit 5: Articulates the impact of HIV/AIDS, including the educational, economic, social, demographic, psycho-emotional and religious impact of the disease on the individual, family, community and the entire society.

Unit 6: Provides information on the strategies and programmes for the prevention and control of the HIV/AIDS pandemic.

Unit 7: Covers life skills development in order to assist students to acquire the necessary survival skills for appropriate personal development, and to promote healthy and personally resourceful life styles. Emphasis will be laid on identifying and defining morally and socially acceptable life styles and behaviours.

Key commitments

The Faculty of Education invites you to an educational programme that instills a sense of sharing, caring and change. We all need to share, care and change in light of the pandemic that has hit on us all.

Share: We need to share our experiences, fears, sorrows and hopes. We need each other's skills and support. Wherever you are, just call to come and share what you can offer.

Care: We are all we have for each other. We need to care for one another. We must care for our feelings, our bodies and minds. We must care for our friends and families together as a united force. Humility is the lead ingredient in this programme.

Change: Our behaviour and those of others around us, our attitudes towards ourselves and others, and our outlook on life must reflect concern and resourcefulness to self and others. Let's act now to reflect these important human attributes. We are committed to that.

Benefits of Attending the Course

- Increased knowledge of the epidemiology, disease process, causes, prevention, and control of HIV/AIDS, and life skills for dealing with the pandemic at individual, group, family and community levels;
- Increased motivation to participate more actively in self care (especially preventive care) and in other HIV/AIDS activities, locally, nationally and internationally;
- Confidence building in dealing with and providing support for those infected and affected by the HIV/AIDS;
- Certificate of attendance will be provided;
- The course will appear in the transcript.

⇒ CASE STUDY: RESEARCH

Trials of First AIDS Vaccine Candidate Designed for Africa Officially Begin in Nairobi

NAIROBI, Kenya, 6 March 2001—The first AIDS vaccine candidate designed specifically for Africa officially entered human trials in Nairobi today when Dr. Pamela Mandela Idenya of the Kenyatta National Hospital became one of the first volunteers to be inoculated in the Phase I trial.

The preventive vaccine candidate is based on subtype A of HIV, the most common strain in East Africa. The vaccine candidate is the product of an International AIDS Vaccine Initiative (IAVI)-funded partnership between the research teams of the Medical Research Council's Human Immunology Unit at Oxford University in the United Kingdom and the University of Nairobi in Kenya.

"A universally accessible AIDS vaccine is the world's best hope for ending this pandemic," said Dr. Seth Berkley, MD, president and chief executive officer of IAVI. The New York-based organization recently launched a \$550 million capital campaign with a \$100 million challenge grant from the Bill & Melinda Gates Foundation.

IAVI acts as a virtual vaccine company, canvassing the globe for the most promising scientific prospects. IAVI currently has five different AIDS vaccine candidates under development, all for Africa, and intends to launch vaccine development projects in India and China this month. "We salute Dr. Idenya and, indeed, all of those who have volunteered to participate in AIDS vaccine clinical trials," Dr. Berkley said. "They are the true heroes of this endeavor. With 15,000 new HIV infections every day, there is no time to spare."

"Global problems require global solutions," said Dr. Gro Harlem Brundtland, director-general of the World Health Organization and chair of the Global Alliance on Vaccination and Immunization. "A vaccine is the best hope for controlling this epidemic -- in Africa and throughout the world."

Dr. Brundtland added that vaccines have traditionally taken far too long to trickle down to countries that need them most. "I commend AVI and its partners for planning ahead to assure global access to this vaccine should it prove to be successful," she said.

In December the three nonprofit partners announced an agreement under which all existing and future patents covering the vaccine candidate will be owned jointly by the Medical Research Council, the University of Nairobi and the International AIDS Vaccine Initiative. The partners agreed to use their patent ownership and any resulting royalties to help ensure access to a successful AIDS vaccine in Kenya and in other developing countries.

Phase I testing of the subtype A DNA vaccine began last August in Oxford, when Dr. Evan Harris, a member of the British Parliament, became the first individual to be injected with the vaccine.

Prof. Andrew McMichael, head of the Medical Research Council's Human Immunology Unit in Oxford and one of the world's leading researchers in cellular immunity, said: "We are excited that trials have begun in Nairobi for this approach. Our research indicates that this vaccine has a very good chance of stimulating cellular immune responses to HIV. Research also suggests that white blood cells activated by the vaccine can destroy virus-infected cells. For HIV, this approach may be more effective than the traditional vaccine approach of stimulating antibodies."

The rationale for this approach comes from extensive studies of sex workers in Nairobi and elsewhere. Despite frequent exposure to HIV, a small minority of these women has resisted infection over many years. "We hope this vaccine will stimulate the same strong cellular immune response to HIV that we have seen in these women," said Prof. J. J. Bwayo, who is chairman of the Department of Medical Microbiology at the University of Nairobi.

Bwayo said: "Until now, most AIDS vaccines have been made from strains circulating in the North, specifically, subtype B. The development of this vaccine begins to address the great need for vaccines designed specifically for Africa." He added: "We recognize that vaccine trials on HIV/AIDS present unique challenges. This trial has gone through rigorous safety and ethical protocols. With HIV we insisted on even higher standards of safety and ethics. The vaccine candidate is not curative but preventive. It is inspired by findings by our scientists in Nairobi."

The International AIDS Vaccine Initiative is an international non-profit scientific organization founded in 1996 whose mission is to ensure the development of safe, effective, accessible, preventive HIV vaccines for use throughout the world. IAVI's work focuses on four areas: creating global demand for AIDS vaccines through advocacy and education; accelerating scientific progress; encouraging industrial involvement in AIDS vaccine development; and assuring global access. IAVI is a UNAIDS collaborating centre. Its major donors include the Bill & Melinda Gates Foundation, the Rockefeller Foundation, the Sloan Foundation and the Starr Foundation; the governments of the United Kingdom, the United States, the Netherlands, Canada and Ireland; and the World Bank.

⇒ CASE STUDY: COMMUNITY ENGAGEMENT

'IN BUT FREE' – an HIV/AIDS intervention in an African prison

Dr OSCAR SIMOOYA
Copperbelt University, Zambia

Dr Simooya is currently project leader of IN BUT FREE an HIV/AIDS intervention in Zambian prisons and also serves as a Board Member of the Copperbelt Health Education Project in Zambia. His research interests include studies of the epidemiology of AIDS in prisons, studies of antiretrovirals, maternal to child

transmission and the relationship between HIV infection and tropical diseases.
Provision of Comprehensive HIV&AIDS care in Prisons

Unprotected male-to-male sex, sharing of razor blades, tattooing and injecting drug use have been recognized as risk factors for HIV transmission at Kamfinsa Prison in Zambia. Beginning July 1995, an intervention called 'In But Free' and led by inmates trained as peer educators (PEs) has been implemented at the prison with support from the University of the Copperbelt. Activities include face-to-face information giving, provision of HIV/AIDS educational materials. Distribution of scissors, voluntary HIV counselling and testing and the promotion of better standards of hygiene. No condoms have been distributed. The project has been well received by inmates and staff. A total of 119 PEs have been trained and hold regular meetings with other inmates. Sixty pairs of scissors have been made available. Reports from inmates and staff indicate a reduction in tattooing and injecting drug use but male to male sex and the sharing of razor blades continues. HIV testing shows prevalence rates of 75% compared to the national average of 19% in adults. These findings suggest that the risk HIV transmission at the prison is still high and measures to address this situation are urgently needed. Condom distribution in prisons must now be considered as well as steps to improve the poor living conditions in most Zambian prisons.

Although it is now more than two decades since the AIDS pandemic was recognized as a major public health problem, prisoners throughout the world continue to receive less protection and care against HIV/AIDS compared to the communities outside. In countries where attempts have been made to initiate programmes for inmates, most of these efforts have been imported from outside and do not reflect the reality of the epidemic inside jails.

Prisons are not closed off worlds. Prisoners and indeed prison staff move in and out of jail each day. Many prisoners are in jail for only a short period of time and return to society after release. Any infection acquired inside can therefore be readily transmitted outside. Protecting inmates against HIV will in the long run protect society from HIV/AIDS.

Additionally, it is a fact that prisoners go to jail to serve their sentences for offending society and not to get AIDS or other infectious diseases. Denying prisoners the right to be protected against infectious diseases is a denial of fundamental human rights. Programmes to protect prisoners are therefore desperately needed.

There are different approaches that may be used to develop HIV/AIDS programmes in prisons but I believe that certain conditions must be met in order to ensure the long life of the project:

1. Prisons are primarily high security institutions and for most prison staff, security considerations will most often override public health concerns. The participation of the prison command in the development of an intervention is therefore crucial to the long-term future of the programme.
2. Baseline surveys must be conducted to define the extent of the HIV/AIDS problem in any country's prison system. National trends on seroprevalence and risk

behaviours may not necessarily be the same inside jail.

Once the trust of the prison community has been established and the magnitude of the epidemic inside defined, the next step is to consider the appropriate response. In general, the response to HIV/AIDS in prison must be guided by the prevailing situation in each country. The intervention must however comprise programmes for the prevention of new infections and the care of those already living with HIV/AIDS. Although lack of funds may be a hindrance, a lot can be achieved with limited resources.

HIV/AIDS awareness is high but there are inmates who still believe that you cannot get HIV from another man and tattooing. Current IEC materials are inappropriate and do not highlight the risks observed in prisons.

Activities offered in the programme include: aggressive health education/promotion led by inmates and staff trained as peer educators, development of IEC materials relevant to prisons, VCT, provision of medical clinics, support for recreational activities, advocacy for improved social services in prisons and home based care for terminally ill inmates. The project does not distribute condoms, as it is believed condom availability would encourage homosexuality a punishable offence in Zambia.

The project is evaluated through monthly project reports, an annual prison conference, focus group discussions with inmates and staff, peer educators reports, KABP studies, clinic records and results of VCT.

Our main challenges are: high levels of STIs and TB, lack of drugs in most prison clinics, poor hygiene and overcrowding, and the issue of terminally ill inmates. An approach to government has been made for a fast track release, on compassionate grounds, for those with terminal AIDS.

References:

Detailed discussion of our work can be read in: Simooya et al. (2001). Culture Health & Sexuality, Vol 3 (2), pp 241 - 251 and Simooya et al. (2001). AIDS, Vol 15(13), pp 1741 -1744.

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⇒ CASE STUDY: STUDENT SERVICES

HIV/AIDS AND UNIVERSITY OF ZAMBIA (UNZA)

Prof Hector Chiboola
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Presentation to the Association of Commonwealth Universities Workshop, Lusaka, Zambia, November, 2001.

HIV/AIDS education programmes have been established in many workplaces in Zambia; and anti-AIDS clubs formed at many schools, including the University of Zambia. Zambia has been one of the pioneers in sub-Saharan Africa in developing a multi-sectoral response to the HIV/AIDS epidemic. In part, this has happened partly because of the recognition that AIDS adversely affects the development efforts in virtually all sectors in the country. Many of these impacts have been reported elsewhere, and it is apparent that in education, for example, AIDS among teachers results in increased absenteeism and disruption in the routine functioning of schools.

Because an AIDS death to an adult results in the loss of household labour and income, children are often required to leave school and remain at home or go to work to compensate for losses. Girls, in particular, may have to forfeit their educational opportunities for less honourable activities such as prostitution or commercial sex work to raise income for livelihood. HIV infection rate is often highest in the younger age group (15 – 25 years) because of their vulnerability. The younger age group form a relatively large proportion of the adult population in Zambia, and are therefore a potential factor in the HIV/AIDS epidemic.

Most students at UNZA are aged between 19-26 years, the age group which is highly vulnerable to HIV incidence. The students as well as having important roles in the economy of Zambia are likely to become the wage earners not only for themselves and their immediate family, but also for their extended family. Given the many challenges that are often faced by students, and in recognition of the impact of HIV/AIDS in all sectors of society, the UNZA Counselling Centre in conjunction with KARA Counselling and Training Trust (KCTT) conducted a study to determine the knowledge and attitudes to HIV/AIDS and sexual practices amongst UNZA students in 1993. This is the only credible source of information that specifically explored the knowledge, attitudes and practices (KAP) toward HIV/AIDS of students at University level. It involved a sample of 1,240 students.

The KAP study revealed that knowledge regarding HIV transmission was only moderately good considering that the students are among the most highly educated group in the country. Most students knew that HIV infection was spread through blood, semen and vaginal fluids; and nearly 50% also thought that HIV could be transmitted through saliva and mosquitoes seems popular among different study groups (4,12,14,15), probably indicating a need for further exploration of these issues in the context of situational factors.

The study also revealed that despite the fact that the majority of students knew someone with HIV/AIDS they still held very negative attitudes to those with the disease. For instance, 8% felt that people with HIV/AIDS had led immoral lives, 14% felt that people with HIV/AIDS should be isolated, and 15% did not like the idea of working with people who have HIV/AIDS. Such negative attitudes seem predominant in the general population and greatly contributes to the mystification, stigmatisation, and perpetuation of inappropriate fears of HIV/AIDS.

Sexual behaviour among UNZA students tended to agree with other surveys where men state that they are more sexually active than women. On admission into UNZA, 53% of male and 24% of female students said that they had had one or more sexual partner (in reference to “freshers” or new students). When the same question was asked among the continuing students, 85% of male and 61% of female students indicated that they had had one or more sexual partner. This clearly demonstrates that sexual behaviour amongst University students is quite permissive and a celebrated undertaking. This scenario is made possible because of the newly gained freedom and independence from parental control as well as the desire for sexual experimentation characteristic of adolescence and young adulthood.

INTERVENTIONS

As a result of this study the UNZA Counselling Centre instituted a programme of HIV/AIDS information and education to students in 1994. A confidential HIV counselling and testing facility was also introduced at campus through a USAID funded project coordinated by Kara Counselling and Training Trust. Although 53% of students had earlier indicated that they would like to take an HIV test the demand was extremely low, with only 10 students submitting for the test, though a larger number attended to counselling alone. Apparently this seems to be a common finding in other projects in the country where people frequently express interest in HIV counselling and testing but seldom take the test even when it is made accessible, convenient and cheap for them to do so. The low utilization demand for HIV counselling and testing led to its discontinuation toward the end of 1994, although there is need to evaluate better avenues for providing voluntary HIV counselling and testing in the existing health care delivery system.

The information, education and communication (IEC) strategy involves social skills training in peer counselling and education for HIV/AIDS, assertiveness and negotiation for safe sex practise, condom promotion and use, and sustainable social behaviour change. This strategy aims to empower the students and encourage them to take a leading role in HIV prevention, mitigation and advocacy.

The students have formed anti-AIDS clubs and actively participate in processes for the planning, implementation and appraisal of HIV/AIDS related activities and interventions. The clubs are used as forum for continued debate and discussion of issues related to HIV infection and AIDS. A booklet on HIV/AIDS awareness suitable for University students was developed in 1994, and it addresses the many misconceptions and knowledge gaps common among most students. The booklet is used as a teaching aid and relevant information material on HIV/AIDS.

At the national level UNZA has, in collaboration with the Zambia Counselling Council and the National AIDS Programme, participated and facilitated the development of a national policy on HIV/AIDS counselling. The Policy provides guidelines and a framework for counselling service provision, including voluntary HIV counselling and testing. The document is currently receiving ministerial attention prior to its ratification and adoption for implementation by the Government.

Institutional framework should be established at higher education establishments for the implementation of HIV/AIDS related activities. The involvement and participation of students in these activities is paramount and a key to their success and progress. Effective networking and collaboration among institutions of higher learning on HIV/AIDS issues is necessary and must be promoted.

The successful implementation and management of HIV/AIDS programmes at whatever level calls for the provision of adequate resources in respect of financial, human, logistical and technical. It is apparent that there is inadequate resources mobilized for the implementation and management of HIV/AIDS programmes at higher education establishments not only those obtaining in Zambia, but also in other countries worldwide. Efforts should be advanced to mobilize adequate resources to address the various facets of the HIV/AIDS pandemic as we enter the next millennium: Universities should spearhead this process.

CONCLUSION

The problem of HIV/AIDS requires concerted efforts to address it using a multi-sectoral approach. It should not be viewed as a health problem alone, but rather as a social problem whose effect has impacted all sectors of society. Operations research is required so as to continually inform and aid the planning and management of HIV/AIDS programmes. There are many unanswered questions, misconceptions and knowledge gaps that may require further exploration to understand their occurrence and what needs to be done to address them.