HIV/AIDS: Towards a Strategy for Commonwealth Universities

An ACU project funded by the UK Department for International Development

REPORT of the LUSAKA WORKSHOP

Hosted by the University of Zambia from 7 – 10 November 2001

1. Preamble

"If the efforts of every Commonwealth country were to match the best examples, it would halve the global HIV/AIDS problem: and the best examples always occur where society is engaged at every level - from the top down and from the grass roots up." (Dr Peter Piot, Executive Director, UNAIDS, speaking at a conference of the Para 55 Group in Melbourne in October 2001)

UNAIDS statistics reveal that the Commonwealth, which encompasses less than 30% of the world's population, now has more than 60% of global HIV infection. HIV/AIDS is undermining the very forces of society that should be at the forefront of fighting it; and it is an uncomfortable reality that the continuing failure to control the prevalence of the pandemic will have the most serious consequences for development in the most affected countries (*ibid.*).

2. The context and objectives of the Lusaka Workshop

The Association of Commonwealth Universities (ACU) has over 500 member universities spread over 36 Commonwealth countries. About half of those universities are in parts of the world where the HIV/AIDS pandemic has reached the proportions of a national emergency. ACU, with the support of the UK Department for International Development (DFID) is engaged in a major project to help them combat and, if possible, pre-empt the impact of the pandemic on the universities themselves, their staff, students, finances and research outputs; on the communities in which they are located and which they service; and ultimately on national development.

Universities are in a uniquely privileged position in that, through collaboration in research and the sharing of strategies, information and experience of best practice, they have the potential to be a powerful influence for good not only within the higher education sector but also within the community at large - regionally, nationally and internationally.

The ultimate objective of the overall project is to engage the on-going commitment of the whole university community in the battle against HIV/AIDS. This means enlightening those in the higher education sector who may be as yet unaware of the broad impact and implications of HIV/AIDS on their institutions; eradicating the tendency towards denial and stigmatisation; identifying practical initiatives that will lead toward the prevention of further infection and the appropriate care and support of those who are already living with, or affected by, HIV/AIDS; and providing opportunities for those already active in the field to share their experiences.

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Ultimately, we aim to leave a legacy of materials that will provide clear guidance and set standards that can be used and applied in a wide variety of environments.

The first three stages of the project are now complete. An initial mapping survey, now published (and soon to be available on the ACU website) under the title *Issues in Policy Development*, was undertaken to establish the extent to which HIV/AIDS is, or is recognised as, a problem in the universities around the Commonwealth, to identify some of the strategies that are in place for dealing with it, and to give examples of some of the policies that already exist. This survey provided very valuable background information for the second stage of the project, which was a round-table meeting of interested parties in Geneva in March 2001. Hosted by WHO/UNAIDS and attended by participants from DFID and UNESCO as well as from the university sector in southern Africa, India, Latin America, Malaysia, the UK and the West Indies, the aim of the consultation was to scope the problem across the regions represented, share experiences of what activities and strategies have proven effective, critique the original project proposal and agree the next steps. One of those next steps was the Lusaka Workshop, which is the subject of this report and which completes the third stage of the overall project.

The specific aims of the Lusaka workshop were to:

- assess the scale and scope of the problem in the sub-Saharan African countries that were represented
- look at the particular issues which HIV/AIDS raises within the context of teaching, research, management and engagement with the community
- identify examples of good practice that can be adopted or adapted for use in a wide range of universities.

A "workshop document" was commissioned to serve as a draft module on which to base this workshop; and the lessons learnt (in terms of process, content and outcomes) from this and the subsequent workshop in India will then be used to inform, modify and/or further increase the usefulness of the document. In due course, the workshop document will be published as a source of reference and good practice on which institutions right across the Commonwealth will be able to draw.

3. Who participated?

Participation was by invitation to the executive head of a cross section of ACU member universities in southern and eastern Africa. Ten* universities were represented either by the Vice-Chancellor himself or by his/her nominee plus, in most instances, one other senior colleague. One university (Namibia) delegated 3 participants, of whom one was a fourth year student. (He was the only student representative.)

*Botswana, Cape Town, Copperbelt, Eduardo Mondlane, Kenyatta, Malawi, Namibia, Natal, Zambia and Zimbabwe. For the full list of the 27 participants (i.e. including the resource team), and their contact details, please see *Appendix 1*.

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4. Structure of the Workshop

The workshop was structured so that, on the first afternoon, priority was given to examining the scope and scale of the key HIV/AIDS-related issues in each of the countries and universities represented. The two subsequent days were devoted to looking in detail at why and how the university sector should respond to the HIV/AIDS imperative within the context of management, teaching, research and community engagement - effected through a combination of introductory presentations, case studies and examples of good practice. And the final morning presented the opportunity in plenary session to review and summarise the key issues that had arisen out of the workshop; and individually (or as a university/country) to consider and articulate how best to turn the rhetoric into practice upon returning home.

For a copy of the workshop programme please refer to *Appendix 2.*

5. Institutional Overviews: scope and scale of the key issues

A number of clearly identifiable common themes and issues emerged from the university presentations, as follows:

5.1 **Prevalence:** Many of the delegates made reference to the perceived, and in some instances documented, prevalence rates in their countries. In Botswana, for instance, "most people" are thought to be HIV+; but because of the very high per capita income they can afford to eat well, maintain a relatively good standard of living and purchase the necessary drugs that will delay the development of AIDS. In South Africa, the possibility exists that a whole generation will be wiped out: the University of Cape Town reported predictions that by 2005 the infection levels for university undergraduates in South Africa will have reached 33% (cf 21% for post-graduates) while infection levels for Technikon undergraduates are expected to have risen to 36%. In Mozambique, the average prevalence rate is 16% for 15-49 year olds with a range from 5.2 to 21.

However, the overwhelming message is that:

- There is a lack of substantiated evidence of prevalence rates for staff and students in the university sector.
- It is extremely difficult, for various reasons, to collect relevant statistical data. Some of the objections are cultural, some reflect an unwillingness to accept that “it could happen to me”, some relate to the fluid nature of a university’s population, and many are related to the fear of stigmatisation. It is rare indeed, for instance, to find AIDS acknowledged on a death certificate as a cause of, or contributory factor to, death.
- There are significant ethical difficulties around the issue of compulsory disclosure (and the comparative value of the interests of the individual versus those of the collective).
- This lack of data makes financial modelling and planning extremely difficult. One university is currently spending some 10% of its grant

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per annum on AIDS-related responsibilities such as funerals; and that figure excludes the costs of drugs. Consequently, a large proportion of its resources is being spent on a "disappearing past" rather than on developing and moving forward.

5.2 **Research:** some universities are endeavouring to address the lack of prevalence data as well as a number of other HIV/AIDS-related issues. Examples include the following:

- The University of Zambia is one of six universities engaged in a study commissioned by ADEA (Association for the Development of Education in Africa) to see in what ways the university has been affected by AIDS and how it has responded; what steps are being taken to control and limit the spread of AIDS; what activities in teaching, research, publication and advisory services are undertaken; and how the university proposes to deal with the impact on the national labour market for graduates.
- Botswana, Copperbelt and Zambia all reported the efforts they are making to collect data on sickness and deaths in the hope that, although many cases may not be openly attributed to HIV/AIDS, some indicative patterns will emerge.
- After 4 years of an awareness and sensitisation programme at Eduardo Mondlane, a KAP (Knowledge, Attitude, Practice) study revealed that 95% of students were well informed about HIV/AIDS, 53% had good attitudes to people living with AIDS and 40% used condoms. Nevertheless 26% had more than one partner (and of those, 12% had 7 partners each) and 21% admitted to having sex with sex workers while under the influence of alcohol or (increasingly) drugs. It is evident that much more research is required into the relationship between increasing student knowledge (at secondary as well as tertiary levels) and changing behaviour.
- Both Namibia and Zimbabwe reported on their on-going research into ways in which traditional medicine contributes to and/or complements western clinical practices. Interestingly, it was a former Vice-Chancellor of the University of Zimbabwe, who was himself a traditional healer, who promoted a programme of international collaborative research between traditional healers and clinicians.

What is abundantly clear, however, is that HIV/AIDS research is for the most part uncoordinated (institutionally, nationally and regionally), ill-resourced and largely hidden away in "silos".

One exception as far as research resources is concerned is the University of Botswana, which is in the relatively happy position of having a generous research budget and the full support and commitment of both its Vice-Chancellor and Head of Government, yet only half of the available resources are being utilised. A possible reason for this may be that HIV/AIDS is still perceived to be a "government responsibility".

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5.3 Institutional Responses appear for the most part to be concentrated on:

- *Peer education and student counselling*: many of the universities represented spoke of their well developed and well utilised peer education and counselling services; but they are not in every instance part of a coherent university response to HIV/AIDS. There is a danger, moreover, that having established such services, a university might think it has made its contribution to the problem and need do no more.
- *HIV/AIDS "education"* - i.e. providing dedicated courses (whether voluntary or compulsory) but not "mainstreaming" HIV/AIDS throughout the curricula.
- Ensuring a *culturally sensitive approach.* Universities are very conscious of (or in some instances rendered powerless by) the parameters within which they are working. These may be political, such as national HIV/AIDS policies and strategies (or the lack thereof); religious, as in Malawi, for instance, where both the Roman Catholic and Scottish churches condemn the use of condoms and are hugely influential; or relate to the resistance in many cultures to talking about sex. There is, furthermore, immense sensitivity to the whole question of cultural traditions (such as initiation ceremonies) and the extent to which they may add to the incidence of AIDS.

There are also, however, examples of specific initiatives that are proving to be very successful and valuable, such as:

- A number of universities (e.g. Botswana, Cape Town, Kenyatta, Natal) are establishing HIV/AIDS units to coordinate activities across the institution and combat "ad hocism".
- The staff at Copperbelt University formed a voluntary trust in 1993, to which they contribute on a monthly basis, and which enables the ill and sick to be cared for in the fee-paying wing of the hospital. This, combined with the support of the university clinic, means they are no longer off-loaded to the less well resourced wings of the hospital.
- Similarly, a funeral society has been established at the University of Botswana in order to ease the burden both on the bereaved and on the university.
- Eduardo Mondlane is taking the lead among seven higher education institutions in Mozambique (i.e. all save the Catholic University) in establishing a *Joint University HIV/AIDS Prevention and Impact Reduction Project.* Its aims are to support the development of institutional capacity, change attitudes, reduce impact (by offering voluntary counselling and testing and by treating STIs and opportunistic infections), and to manage, monitor and review its effectiveness over 3 years.

5.4 Where are we now? Here again, there were commonalities across the region:

- There is gratifying evidence of increased leadership and stimulus from government as well as institutional leaders.

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- New policies are being developed - but the problem remains of putting those policies into action.
- The fear of stigma and discrimination continues to be a major hindrance to opening the debate, to securing reliable data, to providing appropriate care for those who are infected and/or affected by HIV/AIDS, and to ensuring rights-based appointment and promotion procedures.
- Irrespective of education and sensitisation programmes, it is proving extremely difficult to change the sexual behaviour of university students, many of whom feel they are at an age when sexual experimentation is their "right", whose hormones are at peak capacity, and/or whose perceived or actual poverty may incline them towards prostitution.
- Not all institutions are in a position to provide such recreational or sporting facilities as the students argue would give them something else to do than engage in sexual activities.

5.5 Barriers to Change: irrespective of some improvements noted above, the most commonly cited barriers to change are:

- Lack of high level commitment
- Lack of necessary structures for implementation
- Lack of empirical evidence of the scope and scale of the problem
- Lack of resources (human and financial)
- Lack of buy-in from the campus community
- Limited access into the academic curriculum

6. HIV/AIDS and the university's core business

There is much evidence that HIV/AIDS has a direct impact on the operations of universities. In 1999, Zambia suffered a net loss of 400 teachers (900 were trained but 1,300 were lost to HIV/AIDS, according to statistics provided at the CCEM meeting in Halifax). Copperbelt University is losing 17 – 20 members of staff per year, whilst Kenyatta University is losing at least one member of staff or one student every month in a country which is losing 6,700 teachers a year (18 a day). A third of the nurses who graduated in Natal three years ago are now dead. In this context, the participants at this meeting recognised that universities have to act, and act immediately, if they are not only to safeguard their own survival but also to plan for the future human resource needs of their countries.

This means examining their response in every aspect of a university's core business, which we define here as teaching, research, management and community outreach.

6.1. Management

Because it underpins and supports all that the university community endeavours to achieve, there is much to be gained from looking in the first instance at management issues.

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6.1.1. Managerial Choices

HIV/AIDS raises a most complex set of issues that impact across finance, human resource policy and procedures, institutional policy, programmes, students and staff welfare, gender, health and safety, employee benefits, minimum standards, HIV/AIDS and the workplace, structures, accountability, resources, performance criteria and coordination across the institution. Thus, in beginning to address the question "how should we, as a university, respond?", a number of choices have to be considered in order to assess what is realistic and feasible:

- Should our response model attempt to be comprehensive or should it be selective? (Or will it simply be *ad hoc*?)
- Having chosen our response model, will the strategies we introduce be formal or non-formal; compulsory or voluntary?
- Will we focus initially on academic staff, non-academic staff or students (different issues arise in each domain)?

6.1.2. The University as a Change Agent

Whatever may be our response to these overarching managerial choices, it is clear that, for a university to act as an effective change agent, the following criteria are essential:

- *Good governance/leadership and political will*

It is of course a significant advantage if the Head of State takes the lead by declaring HIV/AIDS a national emergency and directing all ministries to include it in their budgets and strategies; but the evidence exists that, even in countries where political will is lacking, the critical factor is the Vice-Chancellor and the lead that he or she is able, and may be determined, to give.

By including the fight against HIV/AIDS in the university's strategic objectives, by unlocking thereby the door to human and financial resources, and by jealously guarding the university's right to academic freedom, university leaders are able to set an example of what can be achieved with appropriate determination.

- *Commitment from all levels within the institution*

Although the example set by the Vice-Chancellor is absolutely critical, it is also essential that those who lead at every level of the institution - whether, for example, registrars, deans, heads of department, laboratory managers, estates managers or student leaders - are similarly committed to the principle and practice of:

- *Mainstreaming of activities*

Infinitely more can be achieved, in both the short- and long-term, if the response to HIV/AIDS is integrated into every aspect of what a university is and does. It is not appropriate, because it is not effective, simply to "bolt on" a range of *ad hoc* activities.

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- *Resources and structures to facilitate change*

Strategies and commitment are required to budget for, and allocate appropriate human and financial resources.

- *Impact assessment and evaluation exercises*

Equally, there is a pressing need for impact assessment and evaluation exercises in order to find out what is working well and where to place those resources.

6.1.3. Managerial Priorities

The following emerged from the presentations and discussion groups as the key managerial priorities:

i. **Institutional policies** are a fundamental, albeit not exclusive, element of the managerial response; and should have the following characteristics:

- they should be context specific, process driven and mutable
- active, not static
- driven by the university leadership and by all levels of the university community (including students and, essentially, people living with AIDS)
- they should be culture and gender sensitive and incorporate issues related to sexual harassment and human rights
- each policy should proclaim a set of minimum standards and goals for the institution; and should be based on the premise that simple things can and should be done well
- policies should be "loudly proclaimed" so that the local society hears the voice of the university and recognises - and responds to - the lead it is taking and the hope it is offering

ii. **Structures and strategies** need to be examined at all levels to ensure that they are adequate and appropriate to deal with the HIV/AIDS problem. For instance:

- do they need to be more creative to enable appropriate and innovative responses?
- do they involve all possible constituents - staff, students and the community?
- do they properly reflect local cultures and sensitivities?

iii. **Sustainability and resources** also have to be assessed within the parameters of the specific contexts and cultures. To ensure that strategies are realistic, some of the following questions may be asked:

- given the limited resources and capacities of universities, how can we find innovative ways of ensuring the implementation of our policies?
- students are social capital: should their energies be mobilised?
- should we consider setting up (small or large) coalitions of regional

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and national networks to share resources, capacity and materials?
- should we be forming partnerships with NGOs and other agencies?

iv. Finance: It is worth reiterating that:

- sustainable systems require realistic budgets
- budgets need to be based on fact/data and fully costed (It was interesting to learn that studies in Brazil have revealed that it is more cost effective to provide anti-retroviral drugs than to pay for funerals and death benefits.)
- access to funds from national and international levels requires open dialogue - and explicit data (ideally in a form which allows comparison) about how much the HIV/AIDS pandemic is actually costing the university
- project proposals to external agencies should be costed realistically, and to this end, it is essential that the appropriate management structures are in place

v. Staff and student welfare: In planning a response to the impact of HIV/AIDS on staff and student welfare, all agreed that the following are critical elements:

- It is essential to introduce a culture of debate to enable all the voices to be heard and for all sides (government, university management, staff and students) to be well informed about the issues.
- Such openness and involvement can help students reach their own ethical conclusions about behavioural issues and lead, for instance, to their taking "ownership" of such difficult decisions as how to curb the availability of alcohol on campus.
- Unions should be encouraged to recognise their key role in debating benefit packages.
- Institutional "audits" / research into the student experience is crucial. (Are there, for instance, sufficient recreation facilities?)
- Consider the potential benefits of providing ARTs as incentives to encourage both staff and students to be tested and openly to seek help when they fall ill.
- With the increasing availability of affordable drugs, endeavour in university policies and practices to "normalise" HIV/AIDS as a chronic disease rather than an assumed death sentence. This would significantly impact on the tendency towards stigma and discrimination.

6.2 Community Outreach / Engagement

Participants clearly felt uncomfortable with the notion of "outreach", which they felt had negative connotations of the "ivory tower" reaching out to the community. They preferred to think in terms of "engagement" because it denoted working together with the community - each learning from the other. No university can any longer afford to think of itself as an ivory tower: students and staff do not live in isolation, but

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share common problems with their community; and as such, there should be a symbiotic relationship between the academic and the wider community.

There are, of course, many aspects of engagement (such as peer counselling, provision of Voluntary Counselling and Testing services etc), but some that emerged from this meeting as particularly worth noting and pursuing are the following:

- The need to work closely with, and learn from, traditional healers and traditional medicines - both in formal research partnerships and through collaborative practice. An advantage of such engagement is the mutual respect and credibility that develops from it, and the consequent access it opens to groups with which it might not otherwise be possible to connect.
- The role that the university can play (given its independence of church and state) in tackling ethical issues related to human rights and in trying to eradicate or at least change some of the traditional and cultural practices that have been proven unsafe. The university would be the appropriate channel, for instance, to argue for legislation that no-one under the age of 18 should be forced into initiation practices.
- The use of incentives as a means of encouraging engagement (e.g. the University of Natal provides both academic and non-academic transcripts as a means of recognising and giving credit for community work or counselling).

6.2.1. Examples of Good Practice in Community Engagement

Home-Based Care Programme: a lecturer at the University of Botswana set up a home-based care programme for HIV/AIDS infected and affected members of the community; and the programme proved so effective that the Government has taken it up as a model.

Youth Radio Station: the University of Namibia established a radio station in 2001 (under the auspices of the UN), which uses music, jingles, drama and talk shows as a means of mainstreaming HIV/AIDS issues among youth. It aims both to entertain and educate; and a survey revealed that it is the most popular radio programme for young people. 78% of young people in the 16 – 24 age bracket and 98% of the students on campus listen to it. Incidentally, it promotes and enhances the image of the university and provides a range of practical training, skills and experience that are of value to graduates wanting to work in the broadcasting and communications industries.

House to house counselling: the University of Namibia has started a pilot project whereby school leavers in areas where prevalence is determined to be high are trained to equip them for house to house counselling. Their brief is to go from door to door collecting information about the incidence of STDs and HIV-related sickness and death, and to report back to the clinic, which then takes appropriate action to provide the necessary services.

My Future is my Choice is a University of Namibia initiative which aims to empower students in the 15 – 18 year old age bracket by giving them the information and skills that will enable them to make the personal choice to change their behaviour. It is firmly based on the concept of child to child transfer of knowledge (i.e. the older child

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passes information to the younger - a system which is culturally acceptable and common in Africa); and the government is now interested in adopting the programme for lower grade school children.

Introducing certificate courses: Kenyatta University is offering a wide variety of HIV/AIDS-related courses at the certificate, diploma (mainly in the holidays, for teachers) and post-graduate levels, as well as a compulsory core unit for all students. At their last graduation, there were 85 recipients of certificates for one or other of these HIV/AIDS courses; and they are proving increasingly popular because of their reputation for helping graduates to secure really good jobs. What is particularly interesting is that full-time programmes are now being offered in the evenings - by demand and on a "paid for" basis - and it is not only working people from the community but also students who are opting to register for and pay for these programmes, such is their perceived value and relevance. The fee structure also means that the university can afford to pay for well-qualified and able teachers, thereby perpetuating the success of the programmes.

Training community leaders in HIV/AIDS: Kenyatta University is also involved through these programmes in spearheading the training of community leaders so that they are sufficiently informed about the issues and can play their part in minimising the spread of the pandemic.

Involvement in community improvement projects: Another aspect of Kenyatta's involvement with the community is the development of an outreach project called OKUO. This involves students and staff in various community projects such as cleaning the environment, advising on mother to child transmission, helping to plan home and family care (including advice on nutrition), providing counselling on HIV/AIDS and assisting with the care of orphans.

6.3. Teaching and Research

A key element of a university's mandate is to extend and disseminate knowledge. With respect to HIV/AIDS, this means searching for the answers to questions that concern and affect human life and society, and to impart that knowledge to the principal actors both within and without the university so that they can make informed decisions about how to manage the impact of HIV/AIDS both institutionally and nationally.

In an HIV/AIDS affected society, it is essential that universities produce AIDS competent graduates who are sufficiently flexible to cope with "covering" for sick and dying colleagues; who are well informed about the ethical (human rights) as well as the practical implications of HIV/AIDS in the workplace (including precautions, support and care, and the budgetary implications thereof); who are sensitive to the gender issues; and who, above all, approach their discipline - be it architecture, mining, sociology or whatever - from the perspective of HIV/AIDS.

Government departments, the teaching professions and some specific industries are already to a greater or lesser extent aware that they require graduates who will be competent to plan and strategise for the needs of AIDS affected industries and society; but much more open debate is required both between the university and the

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public and private sectors, and between disciplines within the university itself, in order to help each other understand the implications and the practicalities of what is required. Similarly, much more research is required into the ramifications of HIV/AIDS within every discipline. What, for instance, will be the impact on society of millions of AIDS orphans? What sort of housing should architects be planning for future communities of child-led households? HIV/AIDS is not only a serious intellectual area in its own right; it is also a professional issue in every discipline.

6.3.1. Teaching

While none would argue that it is easy to produce AIDS competent graduates, the following points were raised as of key importance:

Mainstreaming is essential, and demands that the inclusion of HIV/AIDS be systematic and concerted - not a "bolt on" activity, but an integral part of the curriculum in every discipline. In essence, it means structuring every discipline from the perspective of HIV/AIDS - and it has to be recognised that this demands time (probably at least18 months) as well as a great deal of effort and commitment on the part of the faculty (both top down and horizontal). In some contexts it also demands a paradigm shift away from exam-orientated and towards "survivor skills"-orientated curricula.

All agreed, moreover, that there is no point in re-inventing the wheel and that there should be much more interaction between universities so that examples of what works at a practical level can be shared - not least as a means of persuading less than enthusiastic Deans to buy-in to the notion of change. The Universities of Natal and Pretoria are known to have produced some excellent briefs on how to mainstream HIV/AIDS into a variety of disciplines; and it is hoped that efforts can be made by ACU at a future stage of this project to find ways of collecting and maintaining a database of examples of good practice to which any university can refer.

The pros and cons of compulsory and voluntary courses: In addition to the core requirement to mainstream HIV/AIDS into the curriculum of every discipline, there remains the question of whether a university should offer, say, a first year course in the basics of HIV/AIDS' prevention and care; and, if so, whether it should be compulsory or voluntary.

In favour of a compulsory course is that it sends a clear message about the university's concern and the leadership it provides; it ensures that all students and many staff are exposed to the facts and key issues; it could correct misinformation and/or erroneous understanding; and offers the significant advantage of bringing the topic into the open.

The arguments against compulsory courses are that they could hinder mainstreaming, or dissociate HIV/AIDS from academic disciplines and professional areas; there is a danger of superficiality or trivialization or "overkill"; a mandatory course can defeat its own purpose if students, having completed it, think they now "know it all"; and the large numbers of first year cohorts present not inconsiderable logistical problems.

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It is, however, of immense importance to note that, while there is at least some evidence in developed countries that HIV/AIDS education at school is contributing to delayed sexual activity, increased usage of condoms and fewer changes of partner, there is almost no evidence in Africa that education is materially affecting behaviour.

Informal versus formal education: Eduardo Mondlane University was not the only one to signal a preference from the student body for informal over formal HIV/AIDS education. Sporting activities, cultural sessions at weekends, audio visual rather than written information, peer education, quizzes and competitions were all cited as examples of vehicles of information and education favoured by students. On the other hand, many universities reported that students are very happy to talk in their lectures about AIDS-related issues, especially if approached from the perspective of sexuality and gender because the latter, in particular, helps them to understand issues around relationships, violence and empowerment. There remains, nevertheless, the need to be aware of the potential sensitivities of students who may have suffered an AIDS-related bereavement and who may find such discussions painful.

The importance of involving People Living with AIDS (PLWAs): While it was freely acknowledged that it is essential to involve PLWAs both in planning and delivering HIV/AIDS education, the difficulties of identifying PLWAs was equally commonly acknowledged. While some universities sense an increasing willingness to declare HIV+ status, others are looking towards the possibility of offering ARTs as a means of encouraging voluntary counselling and testing and the possibility of declaration.

Incentives: Although it is fully recognised that embracing HIV/AIDS education is a demand - or in some perceptions drain - on human and financial resources, there are also recognisable incentives. For instance, a university stands to enhance its reputation as a provider of AIDS competent graduates and is thus likely to attract increasing applications for admission; it can gain an income stream from providing HIV/AIDS courses to outside bodies and/or providing consultancy services within industry (*vide* the SADC centres of specialisation which will be called upon to provide training in HIV/AIDS to public sector services across the region); and it could earn income from developing textbooks (for which there is a big demand).

Disincentive: HIV/AIDS fatigue can be a disincentive in a university in which HIV/AIDS has not been embraced from the top down and where too few members of staff and/or students suffer the symptoms of trying to do too much without adequate support.

6.3.2. Research

Reference was made at the start of this section to the research imperative; but some of the characteristics of current HIV/AIDS research in Africa are as follows:

- It is largely undertaken in "silos" of disciplines and organisations; it is thus very difficult to find out who is doing what, where - whether on a regional, national or international basis.

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- The emphasis is still primarily on research in the biomedical, social and health sciences; and scant regard is paid as yet to establishing multi-disciplinary research projects.
- There is an immediate need to engage philosophy and medical ethics departments in the development of appropriate policies to guide research.
- There is, however, a perceivable growth in the use of systematic needs assessments (both internally and externally) to set direction.
- Networks are beginning to emerge to support research activities.
- Questions relating to intellectual property rights hamper the development of international and even national cooperation; and patenting is a further barrier by virtue of the costly and elaborate processes that it demands.

It is important to recognise that the contribution of universities should not be confined to large scale studies using primary sources. Much can also be achieved, at relatively little cost, by projects which collect and refine information that is already available. For example, a project analysing the costs being incurred by universities on funeral and welfare benefits would provide not only valuable knowledge of the impact of HIV/AIDS on higher education but also further insights into wider trends.

Furthermore, it is clear that universities have a central role to play in the *evaluation* of programmes and initiatives. In the projects reported above, most of the results have been in terms of inputs to the debate - the number of individuals contacted, materials produced or qualifications awarded, rather than wider outcomes such as the effect on behaviour and thus long-term prevalence. This is perhaps inevitable, given the limited amount of time and funding available - but it is also a central issue. As we note above, in the longer term it is important that the growth of well-intentioned, innovative and apparently successful projects is accompanied by a wide body of evidence on the effectiveness of education and dissemination work to society as a whole. This is a need which African universities, as the main source of independent, trained manpower with intimate knowledge of local conditions, are uniquely placed to fill.

Incentives: in addition to the intrinsic value of research related to HIV/AIDS, there are clearly other benefits such as academic recognition and the possibility of promotion; the chance to ensure that research is undertaken that is context specific and relevant (e.g. the virus in Botswana is quite different from that in the USA and demands a tailored response); the opportunities to publish, not only in international journals but also, essentially, in Africa (thereby promoting the growth, reputation and value of African journals); and personal fulfilment.

What would aid research? The consensus was that the following issues should be addressed, either by the participants themselves, where appropriate, or by an external agency such as ACU:

- More information is required about donor agencies and NGOs that are interested in funding HIV/AIDS projects; and what their criteria are.
- A mechanism should be created through which universities can speak collectively to donors.
- The sector needs to act in concert to support (equally balanced) research partnerships and meaningful collaboration.

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- It would be profoundly useful if a regional database were established on research projects and expertise.

6.3.3. Examples of Current Research Activities

"*Seroprevalence of HIV/AIDS in surgical and medical patients at Queen Elizabeth Hospital"*: the University of Malawi reported a study which sought to make at least a small indentation on the paucity of data that is available on the prevalence of HIV in the general population of Malawi. Over a two week period in October 1999 and January 2000, all new admissions were invited to participate in the study and were offered pre- and post-test counselling. Of 769 medical admissions (of whom 11 refused to be tested) 70% were HIV+ (the highest percentage ever recorded in Africa); and of 457 surgical admissions (of whom 10 refused to be tested), 35% were HIV+. A further breakdown of the statistics revealed a higher incidence of infection in women than in men in every category.

It is hoped that these data may be useful in the development of clinical algorithms for in-patient management and optimal use of limited resources. Although a very small study, it provides an example of the value of "starting small" and of doing something rather than nothing.

"In but Free" (HIV/AIDS Prevention in Prisons) is a community based programme of the Copperbelt University and the Zambia Prison Service. It grew out of two base line surveys, conducted in 1994 and 1998/99, of risk behaviour in prisons in Zambia and aims to promote HIV/AIDS prevention in Zambian prisons using inmates and officers as the key players in the intervention. It is a well recognised fact that prisoners world-wide are paid less attention *vis-à-vis* HIV/AIDS than any other group in society, yet the very circumstances which render them especially vulnerable (men having sex with men (MSM), intravenous drug use, initiation practices such as tattooing, insufficient supplies, and hence sharing, of razors) have led to a prevalence rate among prisoners of 27% (*cf* 19% nationally). The *"In but Free"* project has already trained 450 inmates and 65 prison officers as counsellors; has been instrumental in introducing regular health checks; and is pressing for home-based care for the terminally ill. Interestingly, condoms may not be issued to prisoners as MSM is illegal in Zambia and carries a jail sentence of five years.

HIVAN (HIV/AidsNetworking) is a new initiative of the University of Natal. Founded in 2001 at the instigation of the Vice-Chancellor, its fundamental purpose is to facilitate such networking between academia and society as will mobilise and coordinate a cohesive critical mass of expertise, resources and strategies (for teaching, research and intervention) initially within KwaZulu-Natal and ultimately, it is hoped, nationally and perhaps also internationally. It is essentially multi-disciplinary and multi-sectoral in its approach; and one of its key components is the development of a data base with linked websites of information resources and networking tools. It is also a focus for HIV/AIDS graduate research and training; it provides a campus HIV/AIDS support unit; and organises fellowship and job-swap programmes that facilitate exchange of experience and expertise. Of particular relevance in the context of this report is that HIVAN offers support to lecturers who are endeavouring to integrate HIV/AIDS into their courses.

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7 Outcomes and Recommendations

Main outcome: This workshop was part of a process that is leading towards the publication of a document which, it is hoped and intended, will not only persuade universities of the necessity of taking action against HIV/AIDS, but will also be a guide to good practice as they seek to do so. In that respect, the issues that arose, and the examples of good practice that were identified during this workshop, will inform and be used to modify the work in progress on that document.

Key recommendations: It became clear during the course of this workshop that the following key issues need to be addressed:

- The need to move from the rhetoric to the practical
- The pressing need for data on prevalence (which could be approached on an anonymous, institution-wide basis)
- The need for cohesive and comprehensive data on current research activity across the region (ideally building on the HIVAN database) and internationally (either through HIVAN or perhaps through an ACU portal)
- The need for a databank of who is doing what in practical terms (e.g. setting up HIV/AIDS units, running skills audits, developing survey models)
- A mechanism for sharing techniques and advice about how to integrate HIV/AIDS into the curricula
- Increasing, and increasingly open, dialogue between the universities and government so that government knows what the universities are facing, and what they are trying to achieve - and can provide appropriately supportive political will and funding
- A systematic programme of evaluation to determine both the effectiveness of specific initiatives and draw more general conclusions on the extent to which HIV/AIDS education is materially affecting the behaviour of young people

Institutional Responses:

At the end of the workshop, the participants were invited to commit to paper what initiatives or changes they would ideally wish to be able to introduce upon their return to their institutions. Nine of the ten universities present shared their thinking with the resource team; and the most commonly cited ambitions were:

- to introduce, where none already exist, relevant HIV/AIDS policies
- to implement policies where they exist but have lain dormant
- to organise and run institutional seminars or workshops with middle management in order to "sell" the importance of mainstreaming
- to get hold of real examples of how to mainstream HIV/AIDS into the various curricula

At a level of practical detail, one university intends to organise an anonymous, campus-wide saliva test; another to organise an audit of HIV/AIDS skills and expertise (with a view to sharing them with other universities).

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How can ACU help?

In addition to a report of the workshop, participants felt that the following would be particularly helpful to them:

- a review of the action plans after, say, 3 - 6 months, to see and share what progress has been made as a result of this workshop
- assistance with the process of setting up an African Coalition (of universities committed to networking with, and supporting each other in their HIV/AIDS-related endeavours)
- assistance with data collection and dissemination (on the web)
- provision of a co-ordinated, central database of information about donor agencies, their criteria for supporting HIV/AIDS-related projects and what projects are already being supported
- advice about, and assistance if possible (e.g. materials, resource persons, funding, as appropriate) with future workshops

7. Evaluations

Nineteen of the 22 university delegates completed an evaluation form and unanimously declared that the structure of the workshop was appropriate, that it had given them a better understanding of the issues, and had been relevant and appropriate to their needs.

Some very helpful comments were made, notable among which were the following:

- it would have been helpful had the workshop document been distributed in advance of the meeting
- it would have been profoundly valuable to have benefited from the insights of one or more people living with AIDS
- the discussion groups should have been smaller

These points will be addressed, where possible, in the planning of the next workshop.

8. Acknowledgements

Particular thanks are due to the University of Zambia for hosting this workshop, for all the logistical planning that went into it in advance, and for the secretarial assistance and administrative support that was so generously provided during the workshop; to DFID for providing the funds that made it possible to hold the workshop and to prepare the materials for it; and to all the speakers, presenters, chairs, facilitators and participants who have contributed so much to the furtherance of the aims and objectives of the overall project.

Attachments:

Appendix 1: Participant Contact List
Appendix 2: Workshop Programme
Appendix 3: Press Release, Lusaka, 10 November 2001

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