HIV & AIDS
An Action Guide for Higher Education Institutions in the SADC Region

s a r u a
southern african regional universities association

Leading Regional Development through Higher Education
SARUA is a not-for-profit leadership association of the heads of the public universities in the 14 countries of the SADC Region. Its mission is to promote, strengthen and increase higher education, research and innovation through expanded inter-institutional collaboration and capacity-building initiatives throughout the Region. It promotes universities as major contributors towards building knowledge economies, national and regional socio-economic and cultural development, and for the eradication of poverty.

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Foreword

Good Governance of HIV and AIDS

HIV/AIDS is currently a major crisis for the Southern Africa region exerting a devastating toll on individuals, families, societies and economies in general. It is having an increasingly damaging impact on the region's universities institutionally, in terms of new student enrolment, retention of staff and existing students, as well as research quality and capacity. There is also the external impact on unmet demand for graduates in the public and private sectors, especially for business and political leaders, teachers, medical professionals, senior civil servants, the judiciary, diplomats, the military and police.

Through commissioning and publishing this “HIV and AIDS Action Guide for Universities”, SARUA seeks to utilise the considerable amount of work already done by a number of universities in the region, consolidate international best practice, and to promote innovative approaches to HIV/AIDS management amongst its members to secure institutional stability and ensure the growth of higher education.

Managing the impact of HIV in a forward-looking, tolerant and inclusive framework should reflect the core qualities of our universities; innovation, independent thinking, and leadership.

We hope this Action Guide will be a useful tool in this process.

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SARUA

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1 Introduction

Southern Africa is the epicentre of the global HIV epidemic\(^1\), and countries in this region are being urged to take a multi-sectoral approach to the pandemic. Large and important institutions such as universities play a particularly crucial supporting role in this effort. A critical issue for universities is to prevent HIV infections among their students, who are usually in the age groups most vulnerable to HIV. However, universities are also increasingly being asked to provide care and support to infected students and staff. They also need to consider programmes to manage and mitigate the impact of HIV/AIDS on their core purposes of teaching and research.

The Southern African Regional Universities Association (SARUA) is interested in supporting universities throughout the region in developing appropriate HIV and AIDS responses. To this end SARUA has commissioned the development of this document, an Action Guide on HIV/AIDS for Universities. This concise planning tool helps to identify the minimum level of services and activities that should be present in all institutions, as well as to provide links to the wealth of information and service providers available on the topic.

The Action Guide explains the theory behind its recommendations, makes concrete suggestions and points the reader to other available resources. It can be used as a framework to develop an HIV and AIDS Action Plan for an individual university; or to plan a collaborative response by a group of universities in one geographical area.

2 Regional and country HIV epidemics

Figure 1: HIV Prevalence in Southern and Eastern Africa, 2005

Source: UNAIDS Regional Support Team for Eastern and Southern Africa

The Southern African region is the worst affected by HIV in the world. According to the United Nations Joint Programme on HIV/AIDS (UNAIDS), “almost one third of the world’s people living with HIV live in this sub region”. It is now regarded, to an even greater extent than previously believed, to be the epicentre of the global HIV epidemic. The main mode of transmission in this region is through heterosexual sex, with women making up the majority of HIV infected people.

They are being infected earlier than men and the gap in HIV prevalence between the genders is continuing to grow⁴.

Southern Africa is characterized by highly generalized epidemics, with HIV prevalence ranging in many countries from 15% to 35%. An epidemic is generalized when the prevalence rate exceeds 1%⁵. In many cases in this region, the epidemic has reached a situation of being termed “hyperendemic”; where it is constantly present at a high incidence and/or prevalence, and where the prevalence in the general adult population is greater than 15%⁶⁷. The hyperendemic situation of countries in this region is a continental and a global exception, and do not appear to be occurring elsewhere⁸.

However, even in Southern Africa, the epidemic is not uniform. There are some countries, especially the Island States, where the epidemic is still at a low level or concentrated among high risk populations, like sex workers or IV drug users. For this reason it is important to design HIV programmes which are suited to the type of epidemic that is present in a country or even a specific region or institution.

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2.1 A Break Down of Countries by Nature of their Epidemic

Concentrated: <1%<sup>10</sup> of the General Population is Infected with HIV
- Madagascar (0.5%)
- Comoros (<0.1%)
- Mauritius (0.5%)
- Seychelles (<1%)

Generalized: 1% - 15% of the Population is infected with HIV
- Angola (3.7%)

High Generalized (Hyperendemic): >5% of the Population is Infected with HIV
- Botswana (24.1%)
- Lesotho (23.2%)
- Namibia (19.6%)
- Mozambique (16.1%)
- Malawi (14.1%)
- Swaziland (33.4%)
- South Africa (18.8%)
- Zambia (17%)
- Zimbabwe (20.1%)

Development problems, such as poor infrastructure, poorly skilled populations, generalized impoverishment, and widespread hunger are aiding the spread and impact of HIV in the region. Added to this is the social instability that characterizes many countries in Southern Africa. In addition, a large portion of the regional population is highly mobile through migratory work systems, and gender imbalances continue to promote the spread of HIV. As Southern African governments attempt to build up their economies and their health and education sectors, they need to respond to the HIV epidemics within their countries.

In order to reverse a generalized epidemic, “fundamental changes in social and community processes and norms” are required. In terms of HIV prevention and behavioural change, this would require normative change and partner reduction in the population as a whole<sup>11</sup>. This requires large-scale programmes of prevention, treatment and care, ones which target as many groups and sectors as possible and reach all corners of a community.

Universities have a role as “thought leaders” in promoting this type of societal change. However, in many cases their first responsibility is to the university population i.e. students and staff. People attending universities in the region are mainly in those age groups most at risk of contracting HIV. This is exacerbated by the nature of university environments, which act as focal points for social and sexual interaction. Universities in the region need to try and prevent HIV infections among students, who will become the highly-skilled personnel in a country’s economy in the years to come.<sup>12</sup> Universities need to pass on HIV messages and information, to change behaviour, access people already infected and affected by the disease, and to develop the focus required to address the epidemic. Through their actions universities can also ensure that their students are well positioned to lead programmes addressing HIV in the future.

In the countries with generalized and hyperendemic HIV epidemics university responses need to go further than HIV prevention programmes. They need to be aware of the social, economic and psychological effects that HIV and AIDS have on all people within the university community, not simply the health of individuals, and they need to plan their responses accordingly. HIV can lead to a depleted pool of skills and knowledge, loss of staff and students, and ultimately reduce capacity to work and study<sup>13</sup>. Universities play important roles in communities, particularly in terms of leadership. They also are highly influential on a community’s attitudes and practices, especially on future decision makers. Through generating and disseminating new knowledge, they “have the capability of influencing policy and shaping the development agenda and in mobilizing research as a decision making tool”<sup>14</sup>.

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10 “<” less than; “>” greater than
3 General impacts of HIV and AIDS on universities

Universities function as a microcosm of the larger society within which the institutions exist. As such, your institution will therefore feel the impact of HIV/AIDS on many different levels. There is little doubt that the epidemic will make its mark on the “bottom-line” of your university balance sheet, but more importantly the impact extends into productivity and the future prospects of your institution. The following chapter provides you with some insight into the extent to which the epidemic can affect your university.

Remember that the impact of HIV will depend on the severity of the epidemic in your country or region, and within your university. Much of the chapter below assumes a generalised or hyperendemic HIV epidemic situation, since this is the most common in the region. However, if your university is in a low prevalence country, you may well not be aware of all of the impacts that are described here.

3.1 Financial impacts

- **Increased costs:** It is likely that your university may experience increases in direct costs (i.e. costs that involve increased financial outlay), indirect costs (those that reflect reduced workforce productivity which whether by the infected worker or by others whom HIV/AIDS concerns deflect to the other activities) and systemic costs (those arising from the way that the disease reduces the overall skills and experience in the workforce, affects on moral etc.).
- **Reduced productivity:** Absenteeism can make a huge impact on the functioning of universities, and accounts for the largest share of the costs arising from HIV and AIDS in the workplace. While significant costs are also incurred for funerals, deaths of trainee members of staff represent a threefold loss: the loss of well qualified and carefully selected individuals; the loss of training investments; and possibly the costs of repatriating the remains of the deceased.
- **Threatens sources of income:** Many students may not be able to fulfill their aspirations of attaining a higher education, not because they do not meet required standards but due to financial constraints. HIV/AIDS constrain the public and private resources available for university education and make a significant impact on household economies. This means that families and individuals tend to have fewer cash resources at their disposal, whether for education or for other purposes. As a result, universities will be constrained in their efforts to generate income through student fees.

3.2 Social Impact

- **Investment in education:** When families feel financially constrained they may be less inclined to invest in education and training programmes where the returns lie in the distant future. The expectation of a lower lifespan as a result of HIV/AIDS may contribute to this mentality.
- **Avoidance of certain professions:** Families and individuals who know of individuals having contracted the disease in high risk employment may become less inclined to invest in training towards high risk professions. Teachers, health workers and other critical professions may experience drops in enrolment as they have historically been associated with high levels of HIV infection.
- **HIV/AIDS and university teaching and research functions:** Due to higher levels of sickness and death a number of teaching programmes may need to utilize more junior and less experienced staff. The loss of experienced staff and the increased reliance on more junior staff may find universities operating under less than ideal circumstances.
- **Reduced learner participation in academic activities:** Many students have difficulties coping with their positive status. A large number of students study away from home and do not have the support of a family in dealing with some of their emotional difficulties. These difficulties may have a profound effect on the students’ ability to learn and concentrate.
- **HIV/AIDS and university social life:** In many countries the culture of university campuses appears to be ambivalent about sugar daddy practices, sexual experimentation, prostitution on campus, unprotected casual sex, gender violence, multiple partnerships and similar high risk activities. Residences at universities should be considered as high risk environments for the transmission of HIV, and student communities with elevated rates of risky sexual behaviour may be important sources of new HIV infections.

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4 Know your university’s HIV Risk

Given the variability of the HIV epidemic in different countries, and in different regions of countries, the first important step in developing your response to HIV is to estimate how badly your university is affected. As already described in chapter 3 there many ways in which HIV can affect your university. However, these impacts are not uniform across the region. There are a number of questions that you need to answer, in order to try to determine how bad the risk to your institution is.

- What is the prevalence of HIV among your student body? If the prevalence is high, then you need to consider whether students are being infected before they become part of the university, or after. This is important in designing an HIV prevention programme. You may need to conduct or commission research in order to answer this question.
  
  Either way, a student body with high (>5%) HIV prevalence needs to be considered as a crisis, and demands a comprehensive response, as discussed in chapter 7.

If the prevalence is low (<1), then HIV is one of a number of conditions the university needs to consider that may affect students. It may well make sense to still focus on condom distribution and promotion, but as much to prevent Sexually Transmitted Infections (STIs) and unwanted pregnancy as to prevent HIV. Institutional responses should not be HIV specific, but focus on general wellness and reproductive health.

- What is the HIV prevalence among your staff?
  You staff may have a similar HIV profile to your student body, or they may be quite different. If the employees of the university have an HIV prevalence of >5%, the impacts may be quite severe, as discussed in chapter 3. In this case the university needs to have a comprehensive HIV programme in place to mitigate the potential impact of HIV.

If however the HIV prevalence is low (<1%), then the impact of HIV on the university is likely to be low. However, the university should still consider HIV prevention programmes, even if these are embedded in general reproductive health and wellness programmes.

- Are there other ways that HIV could harm the university? Even if HIV prevalence is low among students and staff, there could be other impacts to the university. For example, as discussed in chapter 3, revenue could decrease because of the level of HIV in the country as a whole, which could decrease the funds that are made available for tertiary education.

There are significant challenges in determining the HIV risk to your university, especially measuring HIV prevalence. These include logistical, cost and ethical challenges. However, these can be overcome by using a logical step-wise approach as described below.

4.1 HIV prevalence in Your Community

The first step in estimating your HIV risk is to determine the HIV prevalence in your country and community. If you are in one of the low prevalence countries, then the chances are that the HIV prevalence among your students and staff will also be low. However, this assumption will only hold true if the students and staff are drawn from the surrounding population. If, for example, you have many students from neighbouring countries with high HIV prevalence, then you will not be able to extrapolate from national or regional figures.

If you are in one of the high prevalence countries it may be more difficult to tell how badly affected your institution is. It will depend on the communities from which your students and staff are drawn, and their risk behaviour before and during their time at the university.

Another way of estimating HIV prevalence, without actually measuring it, is to use some sort of actuarial model. This allows you to adjust for factors like the age and sex profile of students and employees, which have a big impact on HIV infection levels. This should be performed by someone with well experienced in working with these models.

The same potential drawback can apply when using modelling; the models will extrapolate from measured HIV prevalence in the surrounding communities, or from national data. If your students and staff are not drawn from these communities then this modelling can be misleading.
4.2 Measuring HIV Prevalence

The most accurate way of determining HIV prevalence at your university is to go out and measure it. This is really only worthwhile where you suspect that your institution is likely to be different from the surrounding community, or where national or regional HIV prevalence is between 1% and 5%, which makes your response difficult without a clear picture of your situation. HIV prevalence surveys should not be undertaken in low prevalence environments, unless students and staff are coming from high HIV prevalence environments in significant numbers.

If you are intending to conduct an HIV prevalence survey, please bear in mind the following:

- Make sure it is done using a random sample. Using volunteers, or voluntary counselling and testing (VCT) data, gives a very misleading picture of HIV prevalence.
- Be cautious about using oral HIV collection methods. These methods can be misleading in low HIV prevalence environments, because they can give high numbers of “false positives”.
- Measure HIV prevalence among students and staff. Otherwise you may get only half the picture.
- Conduct a behavioural questionnaire at the same time as the HIV testing, and preferably link the two, although in an anonymous way. This allows you to see who is most at risk of HIV in the university population.

4.3 Measuring Sexual Behaviour

There is great value in understanding student and staff knowledge, attitudes and sexual behaviour. This helps a great deal when designing an HIV programme. Even in low HIV prevalence settings, STIs are a considerable problem. University students are at an age of increasing sexual activity, and are often living away from home. This provides access to new sexual experiences which have not previously been possible, and for which they may not be adequately prepared.

Although it is possible to use surveys to measure knowledge and behaviour, qualitative methods can also be extremely helpful. You need to consider:

- Are there students or staff who are financially vulnerable? Examples are students receiving late bursaries, staff that need to do practical activities in remote areas, whose salaries take time to be paid.
- Are there people who are required to travel frequently?
- Are there people living apart from families?
- Do students or staff abuse alcohol, and is there a culture of binge drinking?

These are all well-known risk factors for HIV, and may be worth exploring through focus groups or in-depth interviews.
5 How to Institutionalize your Response

Most universities in Southern Africa should assume that they will be severely affected by HIV and AIDS, considering the extent of the epidemic in the region. This section applies to these universities. Should your institution have low levels of HIV infection among students and staff, not all of the suggestions in this section will apply to you.

Success in overcoming HIV/AIDS within universities demands exceptional personal, moral, political and social commitment on the part of senior university management.16 Your university will need to make tangible arrangements for the management and control of HIV/AIDS in order to achieve any substantial leverage over the epidemic.

You may want to ask yourself the following question. Is my university in a position to say:

“We have strong leadership, efficient management structures, policy and programmes in place to provide prevention, support and treatment for our students and staff based on an agreed minimum standard in the sector”

The following sections can be used to reflect on what you may need to focus on to develop processes towards achieving an effective and efficient institutional response to HIV/AIDS. In each section there a number of questions that can assist you in assessing the progress your university has made in addressing HIV, and what still needs to be done.

5.1 Management

HIV and AIDS in universities need to be addressed as a management issue. The university is in the business of educating people, not in the business of HIV and AIDS, particularly in highly specialised areas such as treatment, care and support. The university must manage the epidemic as an integral part of university business, and management must lead this response. If this is not done HIV can threaten the core functions of the university.

Leadership and Regional Partnerships

1. Is there identifiable leadership on the issue of HIV/AIDS at your university?

Leadership is necessary for HIV/AIDS to be made a priority at universities as strong decision making provides a clear vision for the rest of the university in terms of the creation of programme structures and multi-sectoral networks.

Strong leadership will be necessary to lead the process of:

- Assessment: Evaluating the current and future impact of HIV/AIDS on the institution and subsequent institutional response.
- Planning: The design of programmes that are in line with the individual needs of your university.
- Design: Deciding on the form of your HIV/AIDS policy, strategy and programmes.
- Implementation: Allocation of responsibilities among leadership, establishment of processes prior to the implementation of your response and mobilisation of resources.
- Monitoring and Evaluation: Actively mobilising on measurements of the success or efficiency of your response.

2. Does your university work in partnership with other institutions towards the creation of a regional response to HIV/AIDS?

If not, it may be beneficial to initiate such a process to:

- Ensure integrated responses to the epidemic across the region.
- Facilitate the free flow of information, knowledge and practices between institutions.
- Provided coherent or complimentary action and initiatives on different campuses.

A number of regional committees are already in place to provide support to universities in the SADC region. Chapter 8 provides a comprehensive list of these committees.

Institutional Culture and Student Participation

3. What is the level of student participation at your university?
Students need to be mobilised to become part of the strategy with HIV/AIDS. A small but growing number of students are beginning to disclose their status and the deployment of such individuals at the forefront of the HIV/AIDS strategy at your university may be a viable way to forge new ground in student leadership and participation.

5.2 Policy and Programme Development

Policy Development

4. Does your university have a formal written policy on HIV/AIDS?
The benefit of having a policy or framework is that it represents an institutional commitment to the HIV/AIDS plan of action. Any policy on HIV/AIDS must demonstrate a visible commitment to resources and programmes or else the process will be incomplete.

5. Do your targets reflect those for national and international HIV/AIDS action?
It is important to place the context of your university within the broader context of the country and region. University policy must be guided and informed by national policy.

Your university should also be guided by international development targets.

6. Does your policy have the right focus?
Policies usually go through a range of adaptations over time. No doubt this will be the case for an HIV/AIDS policy as changes will need to be made as the disease unfolds. A variety of policy areas need to be clearly outlined in such a policy. The Association of African Universities (AAU) has put together a comprehensive resource entitled “A Toolkit for Higher Education Institutions in Africa, Mitigating the Impact of HIV/AIDS”. According to this toolkit the minimum standard for HIV/AIDS policy development at universities would be to include some detail on the following:

- The rights and responsibilities of staff and students affected and infected by HIV/AIDS.
- Integration of HIV/AIDS into teaching, research and service activities of all university faculties, centres and units.
- Provision of preventative care and support services on campus.
- Implementation of policy: structures, procedures, monitoring and review.

7. Who can help your university set up an HIV and AIDS policy and programme?
Fortunately, numerous organisations have the expertise needed to set up HIV and AIDS policies and programmes. It is not necessary for universities to go at it alone. In addition, a few universities have developed highly comprehensive and successful policies and should therefore be approached for guidance and assistance on how to embark on such a process.

Examples of Universities with a comprehensive HIV/AIDS policy in place:

- University of Cape Town, South Africa
- University of Kwa-Zulu Natal, South Africa

The above policies are publicly available and can be viewed by visiting their websites.

Examples of groups that can assist are:

- National AIDS Control Programme
- Public and private sector medical staff
- Business associations
- Unions and workers’ associations
- Non-governmental organisations (NGOs)
- People living with HIV/AIDS
- Other universities or organisations that have established HIV and AIDS programmes
- International organisations (UNAIDS, other UN agencies)
5.3 Planning

Capacity Development

8. Does your university employ human resources dedicated exclusively to managing HIV/AIDS?

Many studies done in the area of university responses to HIV/AIDS show that variations exist between universities in the level of human resources devoted to the disease. Those institutions with dedicated human resource capacity for HIV/AIDS are found to be in a better position to manage and deliver a more efficient and effective HIV/AIDS programme. The number and level of staff that are dedicated to manage and implement an HIV programme should depend on how badly the university is affected by HIV.

9. Does your university have the internal capacity to respond effectively to HIV/AIDS?

Although the aim is to have a regional response to HIV/AIDS, the efficiency of these responses will depend largely on institutions having the capacity to respond effectively to the disease. It is possible that some universities may have an exceptional skill base, and that it is often only a question of application and utilisation of these in-house skills that requires attention. However, if this is not the case at your university then active measures need to be taken to develop the required capacity.

10. What systems do you have in place to protect the intellectual capacity at your university?

The retention of valuable human resources is of paramount importance to your institution. The university makes a significant investment in individual academics and this investment needs to be protected from the impact of HIV/AIDS. Losing such individuals to the disease can be very damaging to a university. It is therefore important to ensure that processes are in place to ensure that staff have access to HIV prevention, treatment and care and support programmes. The same should also apply to students, and universities must appreciate the role that students can play in providing intellectual leadership. Effective workplace and peer education programmes along with providing access to treatment, care and support, should form part of your university’s mission statement and rank among its core responsibilities.

Applying a multidisciplinary approach

11. Does your HIV/AIDS committee comprise a multitude of disciplines?

A university should apply multidisciplinary principles when developing the institution’s HIV/AIDS responses. HIV/AIDS should not be a concern for those in the medical field only as there is scope within HIV/AIDS for every academic discipline at your university. Likewise it is essential for HIV/AIDS coordinating committees to be comprised of staff with various skills drawn from many different fields.

Measuring Success

12. Why should I monitor my programme?

Just as students are monitored for their class performance and periodically evaluated in their knowledge and understanding of the subject material so does your HIV and AIDS programme need to be monitored. This should be built into the programme in the design stage and will allow for routine monitoring to track progress, help to identify the beneficiaries for each activity and identify the target number of people you want to reach.

Periodic evaluations (usually at mid-term and end of programme) allow the management to see how well the programme is being implemented. Monitoring your programme is important if you want it to be effective. Also, documenting your results will help to build up a library of successful HIV and AIDS implementation programmes and contribute to the overall knowledge base of successful interventions.

If the university is receiving external funding for its HIV programme the funders will probably require monitoring and evaluation information about the programme.

Mainstream Curriculum Development

13. Has your university incorporated HIV into the curriculum of all courses?

All courses should provide some HIV/AIDS basic information as part of their first year of training. It is important that all first year students be engaged in education about HIV/AIDS. Such introductory modules should effectively engage these young learners about the disease, prevention strategies and risks of unsafe sex as well as promote care and support services that are accessible to them. However, it is important to realise that generic HIV modules may not be sufficient to facilitate meaningful engagement with the disease. These modules should also start to relate HIV to the content of the course, which could make them more relevant to students.

In addition to the first year compulsory course, your university should consider providing education on HIV/AIDS which is specific to each profession, and impart skills to students to sufficiently prepare them for the realities of their eventual workplace environments. For example, architecture students may need to consider ways to provide affordable housing for orphans, accountancy students may need to look at ways that HIV impacts on the finances of a business etc.

5.4 Programmes

14. What should an HIV and AIDS response focus on?

Comprehensive HIV and AIDS programmes should focus on the core areas of:

- Prevention
- Treatment, Care & Support
- Impact Mitigation

Each sub-component contains a number of possibilities that can be adapted according to your situation and resources. Also a number of inexpensive options are available for those who are concerned about balancing an adequate response with limited resources. Ideas on the kinds of programmes your university can embark on are discussed in chapter 6.
6 Prioritizing your response to HIV and AIDS

This chapter gives you the top response priorities at-a-glance, to help you to quickly identify and take action where needed. These include:

- Top five HIV prevention methods.
- Top five treatment, care and support activities.
- Top five ways to protect your university from the impacts of HIV and AIDS.

6.1 Prevention

Prevention strategies are means of keeping employees, students and others free from HIV infection. The main route of HIV transmission in Southern Africa is through heterosexual sex.

<table>
<thead>
<tr>
<th>Top 5 HIV Prevention Activities</th>
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<tbody>
<tr>
<td>1. HIV and AIDS awareness raising.</td>
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<tr>
<td>2. Identify and change university practices that encourage high risk sexual behaviour.</td>
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<tr>
<td>3. Distribution of male / female condoms.</td>
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<tr>
<td>4. Provision of HIV counselling and testing.</td>
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<tr>
<td>5. Treat STIs and provide access to reproductive health services.</td>
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</table>

There are many factors that make people, especially young women, vulnerable to HIV infection. Some of the most important are:

- Multiple partnerships, especially having more than one partner at the same time.
- Big age gaps between sexual partners.
- Not using condoms consistently.
- Not knowing your own and your sexual partner’s HIV status.
- The presence of other sexually transmitted infections.
- Excessive alcohol use and “binge drinking”, which decreases individual responsibility and increases high risk behaviour.

HIV prevention programmes must not only promote awareness of HIV, but address all of the factors listed above.

Education

While Education is considered a prevention strategy, it is a concrete response in itself. Education aims to raise awareness and inform people of the facts about HIV and AIDS. This is done through what is called Information-Education-Communication (IEC) strategies and also may be done through social mobilization. This may involve any of the following activities:

- Information, education and communication strategies about the facts of HIV and AIDS (i.e. mass campaigns, messaging, advertising, distribution of pamphlets and other resources such as DVDs, displaying of posters, etc.)
- Once-off HIV / AIDS awareness days or events.
- Routine information presentations about HIV/AIDS policies, programmes, stigma, discrimination, and other information.
- Peer education programmes – help to mobilize society, one person at a time or in groups.

6.2 Treatment Care and Support

Universities in the high prevalence countries of Southern Africa need to accept that a significant proportion of their students and staff may be infected with HIV. In the last few years HIV treatment programmes have expanded dramatically, and it is now possible to ensure that all the HIV infected individuals who require treatment have access. On the other hand, there are many important interventions that can be implemented for these people before they require antiretroviral treatment.

In countries with low HIV prevalence HIV treatment, care and support programmes should be integrated into general wellness programmes, especially for staff.

<table>
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<th>Top 5 Care and Support Activities</th>
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<tr>
<td>1. Access to treatment programmes</td>
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<tr>
<td>2. Provide access to HIV testing services</td>
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<td>3. Access to psycho-social support and counselling programmes</td>
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<td>4. Provide information on nutrition and diet</td>
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<tr>
<td>5. Access to referral services for the diagnosis and treatment of TB</td>
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<tr>
<td>6. Programmes that reduce the stigma of HIV</td>
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</table>
Treatment
Once a person is infected with HIV they may stay healthy for years without ever showing any signs of the disease. However, once a person is diagnosed with HIV they should be referred to a doctor/clinic for testing of their blood to screen the CD4 count of the individual. This tests the strength of the person's immune system. When a person's CD4 count falls below acceptable levels and a person demonstrates the ability to adhere to treatment, then antiretroviral treatment will be recommended. Routine testing of CD4 levels is required to determine when a person requires treatment and to monitor the immune system response throughout treatment.

Currently there is no cure for AIDS. However, there is medicine to slow down the progress of HIV and the damage to the immune system. This is called antiretroviral medicine or ARV. ARVs slow down the reproduction rate of HIV. Your immune system is what keeps your body healthy. Since ARVs slow down the damage to your immune system, you can live a longer and healthier life, if they are used properly.18

Support services
After diagnosis and besides treatment there are a number of important care and support services that are necessary and available for a person with HIV as well as those affected by another individual's HIV status. This could be the person's significant partner, parents, children, other family members, or friends. These services include:

For the HIV positive person:
- Information about safe behaviour to prevent re-infection or infecting others
- Information and support on disclosing one's status
- Information on nutrition and diet
- Psychosocial support or counselling
- Referral services (to local clinic, or non-governmental service providers)
- Treatment for opportunistic infections, especially TB. TB kills people with HIV more than any other illness
- Contraception services
- STI treatment services
- Parent and community support groups
- AIDS support clubs
- Home based care

For those affected by HIV:
- Psychosocial support or counselling
- HIV counselling and testing
- Referral services (to local clinic, or non-governmental service providers)
- Parent and community support groups

6.3 Ways to Protect your University from the Impact of HIV and AIDS

Top 5 ways to protect your university from the impact of HIV and AIDS

1. Conduct an HIV risk assessment
2. Develop an HIV policy, strategy and implementation plan
3. Work with partners in your environment
4. Build AIDS competent leadership
5. Monitor your programme

What factors need to be considered in an HIV risk assessment?19

While there are very distinct ways of determining HIV infection, the underlying factors that can contribute to the transmission and spread of HIV or exacerbate the impact of AIDS can be difficult to determine. Let's look at a few examples of where to start in the university setting.

Target audience
The target audiences in the university are students and staff. Students are a high priority in this setting, because of the cost of training higher education students and the fact that graduates represent the most skilled and valuable economic resources in a country. Many of these students will go on to become future leaders across all sectors of society. Thus the likelihood of a student becoming HIV infected during their studies has considerable implications.

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There are obvious reasons to consider the risk profile of staff, since HIV infection in this group can hamper the work of an institution. The more senior the individual the more impact their illness can have. However, there may be other individuals in key positions or with scarce skills who need to have special attention paid to them.

**Socio-economic factors**
Social and economic realities have a direct impact on HIV and AIDS, as well as the quality of life of university students and their potential success. Many students and staff are forced to migrate to towns to attend universities. This has implications on the ability of students to be financially secure while living away from home in urban settings, making them vulnerable to HIV infection.

**Student culture**
For many students university life is an opportunity to experiment and be adventurous. Very often experimentation with sex, alcohol and drugs occur during university years, especially among students who live away from home. It is risky sexual behaviour among heterosexuals that promotes the transmission of HIV in most generalized epidemics, and alcohol and drug abuse that lowers inhibitions and leads to risky sex and even date rape. Therefore attitudes towards substance use, sex and gender roles play a critical role in HIV prevention.

**Gender issues**
Male and female roles are often shaped by society, culture, immediate and extended family, our communities, and individual decisions. When addressing HIV and AIDS, it is necessary to address sexual behaviours, and this is not typically an easy topic to address within mixed audiences. Also, there are disproportionate impacts of HIV and AIDS on women in terms of health, social and economic status and these should be addressed. Thus, gender issues must be considered in all activities and strategies.

**How can my university promote HIV risk reduction?**
We've looked at some examples of underlying factors that may exacerbate HIV and AIDS. How can you change these seemingly overwhelming obstacles?

First, let's look at simple and direct means to address them, in ways that are manageable for the university setting.

**Promoting a safe environment**
We agree that in general, university students are impressionable, may not have adequate or consistent income, and are living without consistent adult supervision and constraint for maybe the first time in their lives. Put this together with peer pressure and this makes university students highly vulnerable to HIV. Making universities safe in terms of HIV must be addressed at all these levels.

- Prevention campaigns must focus not only on the basic facts of the disease, but the dangers of alcohol and drug abuse, safe vs. risky sexual behaviours, and barrier methods to prevent HIV transmission. Focusing on gender issues will open up the discussion to address date rape, freedom of choice to use contraceptives, negotiating safe sex and other related issues. Breaking down the cultural taboo of discussing very personal issues such as sex, sexual relations and power relationships may be easier in same-sex settings. Thus, some approaches and services may work best in male- and female-only group situations.

- An unstable economic situation is another gateway to HIV. In the university setting, very often bursaries are not dispersed until well into the school year. Many students may turn to commercial sex work to support themselves between income flows. Ensuring that bursaries are dispersed well in advance and looking into alternative income generating opportunities for students on campus are some means of addressing student economics.

- Involving faculty along with students in any HIV campaign is critical. Although universities very often do not want to admit it, sexual relationships between students and faculty are not uncommon. Cross-generational relationships are a major risk factor for HIV transmission.

- Another issue to consider is when students and staff are placed far away for practical training or work, often in rural areas. This adds to the vulnerability of these individuals, since a combination of loneliness, not enough money and the use of alcohol can contribute to high risk sexual behaviour. Students and staff must be adequately informed and supported throughout their placements, particularly in far off and remote areas.
Invest in an HIV and AIDS programme!

As indicated earlier, universities need not go about it alone. There are plenty of organisations and other experts that will be happy to assist the university in developing interventions that best suit that institution. First, an HIV and AIDS policy must be developed. Then a programme should be designed with assistance from the experts and considering the priorities of the institution. Finally, the programme must be implemented. This may mean that resources must be allocated to the programme in terms of hiring or training staff, obtaining materials, establishing working committees, and for special events. Providing adequate coverage for university employees in terms of health and other benefits may also require additional resources.

All of these are issues which need to be considered during the development of the institution’s strategy. It is an unfortunate fact that HIV and AIDS need to be factored in to the running of any large institution in the Southern African region. Universities need to take appropriate action, and continue to be leaders in the national programmes that are tackling this disease.
7 References


Kaya, H.O. & Kau, M. 1994. ‘Knowledge, Attitudes and Practice in Regard to AIDS: The Case of Social Science Students at the University of Bophuthatswana.’ Curationis 17:2


8 Additional Resources


9 Support Organizations


