

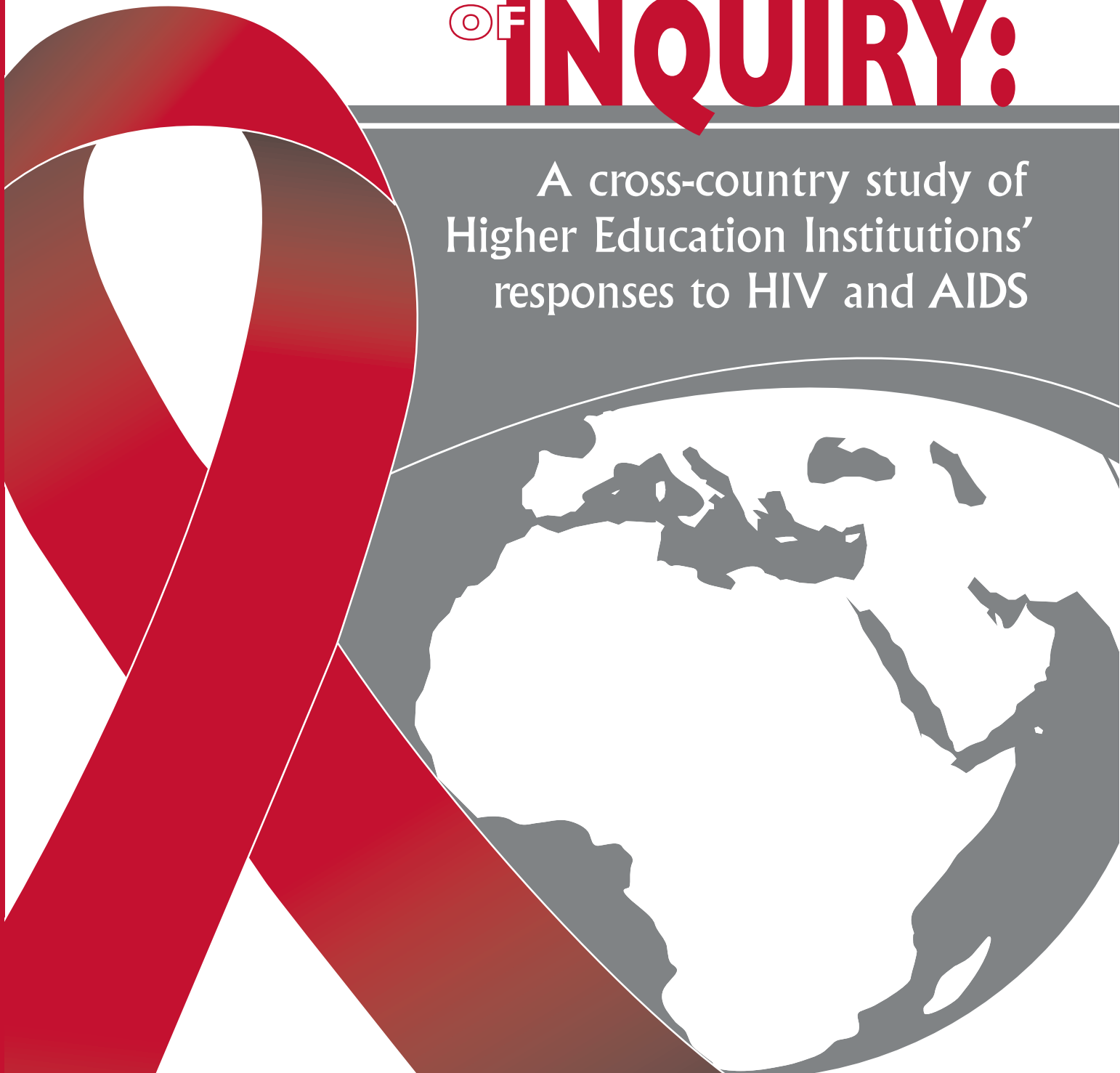


United Nations
Educational,
Scientific and
Cultural Organization

EXPANDING THE FIELD OF INQUIRY:

A cross-country study of
Higher Education Institutions'
responses to HIV and AIDS

EXPANDING THE FIELD OF INQUIRY: A CROSS-COUNTRY STUDY OF HIGHER EDUCATION INSTITUTIONS' RESPONSES TO HIV AND AIDS



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FOREWORD

This report is the first to document, at a global level, the response of higher education institutions to the AIDS epidemic. The accounts shed much light on the stance that universities in various parts of the world have adopted when confronted with HIV and AIDS. But they are also deeply disturbing in the way they document the lacklustre response in institutions in a number of different settings. At the institutional level, many universities have effectively turned their backs on the epidemic. Though there are noteworthy exceptions, the report conveys the overwhelming impression that the situation in universities world-wide remains similar to what Association for the Development of Education in Africa (ADEA) observed in universities in Africa in 2000-2001 and what the Association of African Universities (AAU) recent synthesis report confirms to be still more or less the same situation: universities with little knowledge about their HIV and AIDS status; effective denial that the epidemic is of relevance to an institution's guiding mission or to the challenges it faces; no rigorous impact assessments undertaken; sporadic, uncoordinated responses that rely heavily on the initiatives of concerned staff or students; failure to mainstream the response across the institution; limited understanding of the need to institutionalise the response and what this could mean; and, in many cases, uncertain leadership by top management.

As occurs almost universally in the current global approach to HIV and AIDS, the major concerns of the few higher education institutions that are taking action tend to focus on addressing the epidemic by direct interactions with the virus, whether this is through biomedical/pharmaceutical or behaviour change approaches. In doing so, they overlook the range of underlying causes that enable the epidemic to maintain its hold. The epidemic flourishes because transmission occurs in an environment characterised by poverty, gender imbalances, inadequate public health protection, migration in search of work or away from conflict zones, cultural practices, joblessness and hopelessness, north-south inequalities, unbalanced trade relations, and similar structural issues. So long as these situations continue, policies that focus on biomedical and behavioural responses to HIV and AIDS will never bring the epidemic under control. But there is little evidence that any university has considered the relationship of these issues to HIV and AIDS.

The review asks why is there so little inquiry around HIV and AIDS "in environments that traditionally foster discussion and debate, challenge ways of thinking and being, and offer responses to some of society's most pressing concerns". The tragic situation brought out by this report is that, apart from some tinkering around the edges, universities have continued with business as usual in a world with AIDS. Such a situation cannot continue. Hopefully, this report will stimulate university authorities to change it. It is incumbent on universities, diverse as they are across the world, and each confronted by a different AIDS epidemic, to institutionalise a comprehensive AIDS response into their development, transmission and dissemination of knowledge. They face the great challenge of becoming the lead thinkers in an AIDS-debilitated world. It is their responsibility to develop understanding of the roots of the epidemic and to propose actions that address it within the total context of development. Without such inquiry and action, universities cannot be true to their mission in a world with AIDS—and even worse, without such inquiry and action, the struggle against the disease will be never-ending.

Michael J. Kelly
December, 2005

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ACRONYMS

AAU	Association of African Universities
ACU	Association of Commonwealth Universities
ADEKUS	Anton de Kom University of Suriname
AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Therapy
AUB	American University of Beirut
CARICOM	Caribbean Economic Community
CCM	Country Coordinating Mechanism
CDC	Centre for Disease Control and Prevention
CFPA	China's Family Planning Association
COPRESIDA	Presidential Council on HIV/AIDS
DFID	Department for International Development
DRC	Democratic Republic of the Congo
EDC	Education Development Centre
EMIS	Education Management Information System
FBO	Faith-Based Organization
GDP	Gross Domestic Product
GHESKIO	Groupe Haïtien d'Étude du Sarcome de Kaposi et des Infections Opportunistes
GNP+	Global Network of People Living with HIV/AIDS
HARP	HIV and AIDS Response Programme
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
HUE	Hanoi University of Education
IEC	Information, Education, and Communication
ILO	International Labour Organization
IPPF	International Planned Parenthood Federation
KAP	Knowledge, Attitudes, and Practices
LEMSIC	Lebanese Medical Students International Committee
M&E	Monitoring and Evaluation
MOET	Ministry of Education and Training
N/A	Not Available
NAP	National AIDS Programme
NIH	National Institutes of Health
NGO	Non-governmental Organization
NUL	National University of Lesotho
OI	Opportunistic Infection

PAHO	Pan-American Health Organization
PEP	Post-Exposure Prophylaxis
PPP	Purchasing Power Parity
PSI	Population Services International
PTCT	Parent-to-Child Transmission
PUCMM	Pontificia Universidad Católica Madre y Maestra
REJES	Réseau des Jeunes Engagés dans la lutte contre le Sida
RH	Reproductive Health
RIHES	Research Institute for Health Sciences
RUC	Renmin University of China
SCORA	Subcommittee on Reproductive Health and AIDS
SIRHASC	Strengthening the Institutional Response to HIV/AIDS/STI in the Caribbean
SRC	Student Representative Council
SRI	Social Research Institute
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infections
TOT	Training of Trainers
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UnB	University of Brasília
UNDP	United Nations Development Programme
UNESCO	United Nations Education, Scientific, and Cultural Organization
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICA	Association of Caribbean Universities
UNICEF	United Nations Children's Fund
Unikin	University of Kinshasa
UniQ	University of Quisqueya
UO	University of Ouagadougou
US	United States
UWI	University of the West Indies
VCT	Voluntary Counselling and Testing
VOC	Voluntary Outreach Clinic
WHO	World Health Organization
WIGUT	West Indies Group of confirmed University Teachers
WTO	World Trade Organization
YFCDP	Youth Family and Community Development Project
YVA	Youth Volunteers' Association

EXECUTIVE SUMMARY

This report compares, analyses, and summarises findings from twelve case studies commissioned by the United Nations Education, Scientific, and Cultural Organization (UNESCO) in higher education institutions in Brazil, Burkina Faso, China, Democratic Republic of the Congo (DRC), Dominican Republic, Haiti, Jamaica, Lebanon, Lesotho, Suriname, Thailand, and Viet Nam.

It aims to deepen the understanding of the impact of HIV and AIDS on tertiary institutions and the institutional response to the epidemic in different social and cultural contexts, at varying stages of the epidemic, and in different regions of the world. The overall objective is to identify relevant and appropriate actions that higher education institutions worldwide can take to prevent the further spread of HIV, to manage the impact of HIV and AIDS on the higher education sector, and to mitigate the effects of HIV and AIDS on individuals, campuses, and communities. Specific focus includes:

- Institutional HIV and AIDS policies and plans;
- Leadership on HIV and AIDS;
- Education related to HIV and AIDS (including pre- and in-service training, formal and nonformal education);
- HIV and AIDS research;
- Partnerships and networks;
- HIV and AIDS programmes and services; and
- Community outreach.

Commonalities, differences, and gaps are presented to inform the future response of tertiary institutions and their partners.

Overall, the case studies demonstrate that there is little known in all of the twelve institutions about the situation of HIV and AIDS. Information on staff and student morbidity and mortality is largely unavailable, and AIDS-related deaths are reported anecdotally. While small-scale knowledge, attitudes, and practices surveys have been undertaken on some campuses, no rigorous impact or risk assessments were available in any institution. As such, all institutions are dealing with a problem whose magnitude and impact is unknown.

The idea of institutionalising an HIV and AIDS response in higher education institutions seems to be a relatively new, and often poorly-understood, way of operating. There are few examples of where it has happened in an effective and sustained way. Only one institution included in this review has developed and implemented a policy framework to guide the institutional response. In another, the policy remains on hold, after three years of consultation and debate. In yet another, no policy exists but a strategic plan is in place—though not funded, and therefore, not implemented.

In all of the other institutions, HIV and AIDS initiatives—be they in the realm of teaching, research, or services—are sporadic, uncoordinated, and reliant on the initiative of a few dedicated staff and students. Most focus predominantly on preventive education, at the expense of wider efforts to address stigma and discrimination against people living with HIV, to establish workplace policies and programmes for staff and students, and to provide treatment, care and support (or referrals) to appropriate services. Even within the few institutions that have begun to consider more systematic initiatives, most are not mainstreamed across all departments for all institutional members.

There are promising examples of research programmes contributing to national policies and programmes and a greater understanding of HIV and AIDS at multiple levels. Peer education programmes have expanded HIV preventive education and health promotion, and developed life skills and psychosocial competencies among members. Awareness raising campaigns appear to have contributed to increased dialogue and improved knowledge, although concomitant changes in behaviour are less certain.

Institutionalising an HIV and AIDS response in the tertiary sector, however, requires more than just producing high quality research, supporting peer education, and awareness raising campaigns. It requires self-assessment and reflection on the impact of HIV and AIDS on the institution, on the extent of student and staff illness and death and how this affects the demand and supply of quality educa-

tion, and the adequacy of mechanisms in place to provide prevention, care, and support services to staff, students, and the surrounding community.

In some of the institutions included in this review, this self-assessment and reflection are neglected fields of inquiry. This is, in part, due to a lack of understanding of the impact HIV and AIDS have—or have the potential to have—on institutions and their members. In others, long-standing beliefs that HIV and AIDS are outside of the realm of the education sector, or that “it has already been covered” in secondary school curriculum inhibit a response. Silence and denial are cited as obstacles to addressing the issue, as are “lack of resources,” “overburdened curriculum,” and “AIDS fatigue.”

In environments that traditionally foster discussion and debate, challenge ways of thinking and being, and offer responses to some of society’s most pressing concerns, higher education institutions need to also ask themselves some difficult questions. This includes inquiring about the

rationale and function of their institutions and the role they play in transforming individuals and societies.

With regard to HIV and AIDS, this means challenging existing assumptions about young people, social and sexual behaviours, gender and power imbalances, and social change and proposing a range of interventions that are both internal to the institution, as well as external in the communities from which the staff and students are drawn and which are served by the university and the wider society. It means preparing students for their future roles as professionals, family, and community members living a world with HIV and AIDS and imagining a society post-AIDS to which they can all strive.

As higher education institutions are centres for the development of intellectual and human potential, the foundation is there for this to happen. It will require expanding the field of inquiry in creative, transformative, and forward-thinking and -acting ways.

INTRODUCTION

HIV and AIDS are placing enormous challenges on the higher education sector by weakening demand for and access to education, depleting institutional and human capacity, reducing availability of financial resources for the sector, and impeding the delivery of quality education. At the same time, evidence is increasingly showing that education can be one of the best defences against HIV as it equips young people with invaluable tools to increase self-confidence, social and negotiation skills, to improve earning capacity and family well-being, to fight poverty and to promote social progress. Investing in quality education for girls and young women has also been shown to reduce their vulnerability to domestic violence, sexual abuse, and trafficking, and to provide benefits in terms of better health and educational outcomes for both present and future generations.¹

Young people between the ages of 15 and 24 are considered by the Joint United Nations Programme on HIV/AIDS (UNAIDS) to be the most threatened by HIV—an estimated 10 million people in this age group are living with HIV and AIDS and half of all new HIV infections (more than 6,000 daily) occur among young people.² A variety of factors contribute to this increased vulnerability including limited access to HIV information, education and services; gender power imbalances; poverty, and limited education and employment opportunities; risk-taking behaviour including drug and alcohol use, and commercial sex; and increased biological vulnerability to HIV infection, particularly among young women.

Tertiary institutions' campuses can heighten this risk—a recent review of university campuses in six countries in Africa found ambivalence or even an openness to “sugar daddy” practices,³ sexual experimentation, sex work, unprotected casual sex, gender-based violence, multiple partners, and other high-risk activities.⁴ Other studies have noted pressure exacted on students or colleagues by university staff for sexual favours in return for good grades or promotions.⁵

There is limited information available to date on higher education institutions' responses to HIV and AIDS, and most

of the existing studies focus on countries in sub-Saharan Africa⁶ or in the Caribbean.⁷ In the African context, Michael Kelly⁸ found an overwhelming silence at institutional and individual levels regarding HIV and AIDS, a lack of information and hard data, and an imperfect knowledge of the disease and its impact on institutions. Where actions had been taken, responses were characterised by:

- Notional awareness rather than concrete actions;
- Focus on prevention and not pro-active control;
- Initiatives from individuals or departments as opposed to efforts to mainstream HIV and AIDS across the institution;
- Limited effort to replenish societies' AIDS-depleted skills; and
- Concentration on awareness raising at the expense of behaviour change.

The Association of African Universities (AAU) also found the “virtual absence of institution specific targeting and action”⁹ and, in response, has taken a number of steps to encourage tertiary institutions to initiate or improve their institution-specific HIV prevention programmes by:

- Developing a Toolkit with resource materials on HIV and AIDS in the African higher education context, advocacy strategies for use within tertiary institutions and their partners, and practical guidelines for the design, management, and implementation of HIV and AIDS policies and programmes in African higher education institutions;
- Advocating for the development of institutional HIV and AIDS policies;
- Supporting the integration of HIV and AIDS issues into curricula; and
- Conducting research on the impact of HIV and AIDS on institutions and the level of university responses.¹⁰

To support dynamic and proactive responses, the Association of Commonwealth Universities (ACU) has undertaken a multilevel project funded by the United Kingdom's Department for International Development (DFID) to:¹¹

- Inform higher education sectors of the impact and implications of HIV and AIDS;

Table 1: Economic impacts of HIV and AIDS on an institution's workforce

Direct costs	Indirect costs	Systemic costs
Benefits packages	Absenteeism	Loss of workplace cohesion
Recruitment	Morbidity on the job	Loss of productivity
Training	Management resources	Loss of skills and experience
HIV and AIDS programmes		

Source: Whiteside and Sunter 2000

- Diminish the tendency toward denial and stigmatisation of people with HIV;
- Motivate action leading towards the prevention of further infection and the appropriate care and support of those already living with, or affected by, HIV and AIDS; and
- Develop clear guidance and standards applicable for a wide range of settings.

As the loci of debate, innovation, and progress, higher education institutions' engagement in knowledge generation through teaching, research, and inquiry on HIV and AIDS is essential. Tertiary institutions are crucial agents of change and providers of leadership directions for society—their active commitment is essential to critical debate and interventions related to HIV and AIDS.¹²

Every higher education institution must engage dynamically and proactively with the epidemic as none are immune to the disease and all have responsibility for the well-being of their students and staff. The long lead-time between initial HIV infection and the development of AIDS has implications for institutions as some students may already be when they enrol and fall ill during their studies.¹³

Tertiary institutions also have a special responsibility for the development of human resources, as they are responsible for the preparation of a large segment of the professional and skilled personnel that society needs. Future teachers, doctors, nurses, civil servants, engineers, entrepreneurs, and scientists leave the doors of these institutions to teach children, lead governments, and make decisions affecting entire societies.¹⁴

HIV also presents an ongoing financial concern as it has the potential to impair institutional functioning, including the core operations of management, teaching, research, and community outreach. HIV and AIDS can increase costs, reduce productivity, divert limited resources, and threaten sources of income. These costs can be direct, involving increased fiscal outlays; indirect, through

reduced workforce productivity; or systemic e.g., arising from reduced overall skills and experience in the workforce (see Table 1).¹⁵

To date, very few rigorous studies are available on the costs of HIV and AIDS on tertiary institutions' operations. It is obvious that the establishment of institutional responses to HIV and AIDS will be an expense, with limited immediate benefits in terms of direct savings. But the initial costs of establishing prevention and care programmes will be more cost effective than doing too little and bearing the costs of high levels of infection and morbidity in later years, with subsequent effects on families, societies, and economies.

Review objectives

This review aims to deepen the understanding of the impact of HIV and AIDS on tertiary institutions and the institutional response to HIV and AIDS in different social and cultural contexts, at varying stages of the epidemic, and in different regions of the world.

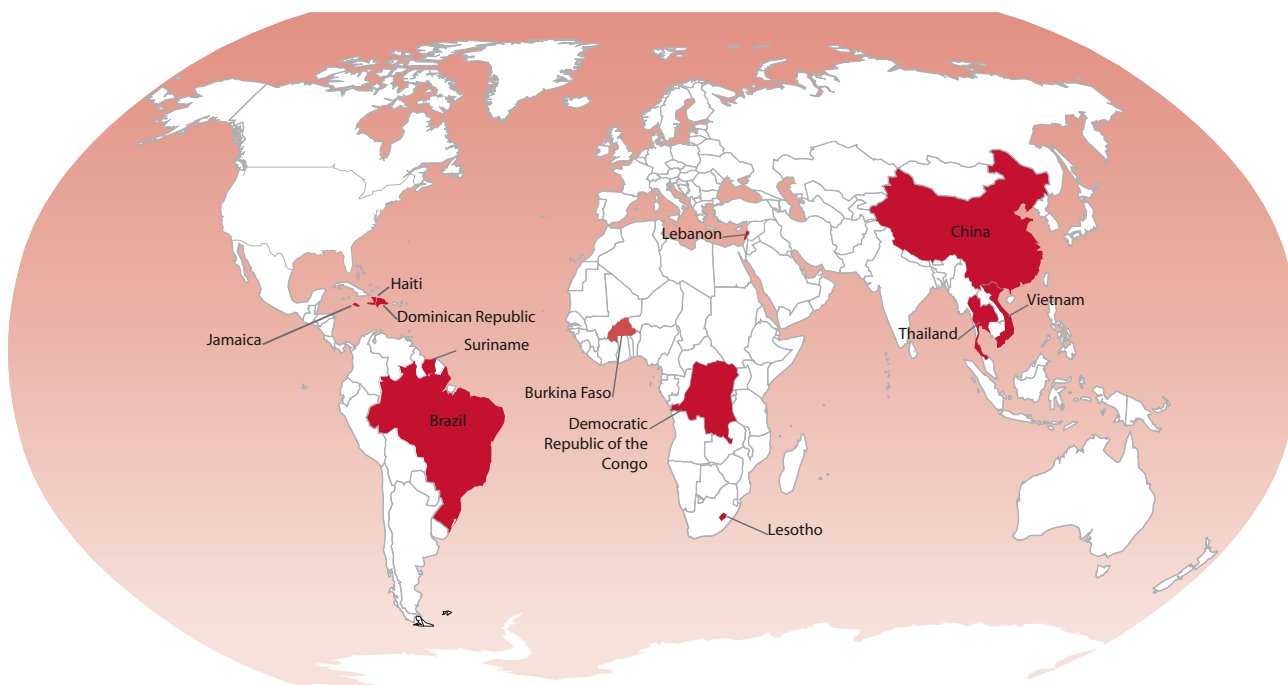
The overall objective is to identify relevant and appropriate actions that higher education institutions worldwide can take to prevent the further spread of HIV, to manage the impact of HIV and AIDS on the higher education sector, and to mitigate the effects of HIV and AIDS on individuals, campuses and communities.

Review methodology

This review is based on 12 case studies conducted in higher education institutions¹ around the world (see Figure 1, page 13) including those in:

- Burkina Faso, DRC, and Lesotho in Africa;
- Brazil and Suriname in Latin America;
- Dominican Republic, Haiti, and Jamaica in the Caribbean;
- Lebanon in the Arab region; and
- China, Thailand, and Viet Nam in Asia.

Figure 1: Countries included in the Review of Higher Education Institutions' Responses to HIV and AIDS



Each case study analysed the institutional response with regard to:

- Institutional HIV and AIDS policies and plans;
- Leadership on HIV and AIDS;
- Education related to HIV and AIDS (including pre- and in-service training, formal and nonformal education);
- HIV and AIDS research;
- Partnerships and networks;
- HIV and AIDS programmes and services; and
- Community outreach.

Data collection for the individual case studies was based on a range of methods including:

- Internet searches including institutional websites (e.g., tertiary institutions, regional associations of universities), UN agencies (e.g., UNESCO, UNAIDS, and WHO), local and national NGOs partnering with the education sector, online databases and clearinghouses (e.g., UNESCO International Institute for Educational Planning's HIV/AIDS Impact on Education Clearinghouse), and other relevant websites.
- Document review (e.g., memoranda, institutional policies and action plans, course outlines and curriculum reviews, surveys, reports, Education Management

Information Systems (EMIS), and other “grey literature” not available on the public domain).

- Site visits (e.g., Office of the Chancellor, HIV and AIDS Units, health clinics or counselling centres, libraries or resource centres, student clubs, senates, etc.).
- Semi-structured interviews and focus group discussions (with, for example, administrators, faculty, HIV and AIDS focal points, health care centre staff, and students), based on guidelines and study protocol established by UNESCO. Communications included email correspondence and telephone interviews to ensure cost-effectiveness.

Methodological issues:

- It was difficult to empirically compare the findings of the 12 case studies due to the country-specific nature of this process. Although guidelines were provided to consultants to standardise the topics covered and issues explored, each consultant made an independent decision on how to undertake the review (e.g., hold semi-structured interviews, questionnaires, focus group discussions), leading to variable quality and depth.
- A short timeline led to difficulties for some consultants in accessing key persons during their review. In some

cases, consultants' visits took place during student holidays, in others during exam periods. While in most cases, consultants were able to meet with a wide range of persons, there were notable gaps in some reviews that led to assumptions based on information from other informants and desk reviews.

- The potential for officials to respond with a recitation of goals and aspirations, rather than evidence of achievement is acknowledged as is potential inflated claims of success. Interviews with student representatives, faculty and staff, and other stakeholders aimed to revisit claims and provide a comparative analysis.
- To some extent, the exercise itself may be useful as the results. In one institution, for example, university officials noted that the process of self-assessment and reflection generated a realisation that the institution could and should be doing more. This learning and advocacy process is integral to future planning and programming in all of the institutions involved in this review.

CASE STUDY CONTEXTS

Demographic, health, and socio-economic situation

The countries selected for this review vary in population distribution and density, educational attainment, and levels of economic and social development. For example, China and Brazil are the first and fifth, respectively, most populous countries in the world while Suriname is home to only 400,000 people (see Table 2 below). Haiti and Lebanon have relatively high population density as compared with Brazil and Suriname. Young people under age 15 make up more than 40 percent of the population in Burkina Faso, DRC, Haiti, and Lesotho.

In many of the countries included in this study, uncertain health outcomes await these youth. In Burkina Faso, DRC, Haiti, and Lesotho, life expectancy is currently around 50 years or less while AIDS mortality is lowering

life expectancies in the hardest hit countries. In 2010, life expectancy at birth is projected to be 31 years less in Lesotho, 12 years less in Burkina Faso, 9 years less in Haiti and the Dominican Republic, 5 years less in Suriname, and 2 years less in Thailand, than it would have been without AIDS.¹⁶ In DRC, AIDS is believed to have reduced life expectancy by 9 percent in the 1990s.¹⁷

Some countries also demonstrate striking intracountry variations in health outcomes of the rich and the poor, of men and women, of various ethnic groups, and of those living in rural and urban areas or different geographic locations. For example, in China's western provinces, women face a greater risk of maternal death than those living in the eastern coastal areas.¹⁸ In Brazil, a child from the poorest wealth quintile is more than three times as likely as a child in the wealthiest to die before age one.¹⁹

Table 2: Selected demographic and health indicators of case study countries

	Total area (k2) ^a	Population mid-2005 (millions) ^b	Population density (per k2) ^a	Population < age 15 (% total) ^b	Percent urban ^b	Life expectancy at birth (years) ^b			Total fertility rate ^b	Infant mortality rate ^b	Maternal mortality ratio, 2000 ^c
						Total	Male	Female			
Burkina Faso	274,200	13.9	50	46	17	44	42	46	6.2	81	1,000
DRC	2,345,410	60.8	25	48	30	50	49	52	6.7	95	990
Lesotho	30,355	1.8	61	38	13	35	36	35	3.5	92	550
Brazil	8,511,965	184.2	21	29	81	71	68	75	2.4	27	260
Suriname	163,270	0.4	2	29	74	69	66	73	2.6	26	110
Dominican Republic	48,730	8.9	183	34	64	68	66	69	2.9	31	150
Haiti	27,750	8.3	292	42	36	52	51	54	4.7	80	680
Jamaica	10,991	2.7	248	23	52	73	72	75	2.3	24	87
Lebanon	10,400	3.8	367	28	87	74	72	75	2.2	17	150
China	9,596,960	1,303.7	136	22	37	72	70	74	1.6	27	56
Thailand	514,000	65.0	127	23	31	71	68	75	1.7	20	44
Viet Nam	329,560	83.3	253	29	26	72	70	73	2.2	18	130

Sources: (a) CIA 2005 (b) PRB 2005 (c) UNDESA 2005

In Burkina Faso and Lesotho, more than one third of the population live on incomes of less than US \$1 per day, while more than half of the population in Haiti and Viet Nam live below national poverty lines (see Table 3).²⁰ In China, poverty rates have fallen sharply. Between 1990 and 2001, the incidence of \$1 a day poverty declined by 50 percent, with 130 million fewer people living below the international poverty line.²¹ Despite this achievement, China still has 102 million people living in poverty, and income growth is unlikely to maintain the pace of the past two decades.²²

Four countries in the review are considered to have low human development (<0.500) according to UNDP's 2004 Human Development Index (HDI), which measures a country's achievements in terms of life expectancy, educational attainment and adjusted real income.²³ The other eight are classified as having medium human development (between 0.500 and 0.799). China is one of the fastest climbers in the HDI ranking, while the three African countries included in the review have seen declining HDIs since 1995.²⁴

There is also evidence that economic prospects depend largely on political and policy environments. For example, in China, improved investment climate and stronger policies have sustained economic growth and made inroads in reducing poverty.²⁵ At the same time, political turmoil and increased instability in Haiti and DRC has led to declining economic growth rates.²⁶

Educational attainment

Secondary school enrolment ratios are below 40 percent in Burkina Faso and Lesotho, although entry ratios are expected to grow by over 50 percent in the coming years in Burkina Faso, should current transition rates from primary to secondary education remain unchanged.²⁷ Enrolment rates have also been rising in Lebanon, leading to a highly literate population—one of the highest in the Arab region.

Secondary enrolment ratios and national wealth appear to be closely linked. In case study countries with US\$ 3,500 GDP per capita or more, enrolment ratios are above 70 percent, with the exception of the Dominican Republic (see Tables 3 below and 4 page 17). Despite its low GDP, Viet Nam has attained exceptionally high levels of secondary enrolment and literacy for both men and women.

In a number of countries, widening access to primary and secondary education, along with urbanisation, demographic change, and the growing economic importance of knowledge and skills has led to the expansion of higher education. For example, China now has higher education institutions serving more than two million or more students,²⁸ while Brazil enrolls nearly four million students.²⁹

Private education, including for-profit, philanthropic, non-profit, and religious institutions, has been growing in many countries to meet this demand. For example, China now

Table 3: Selected economic indicators of case study countries

	GDP PPP per capita (US\$) 2004 ^a	Population living below (%) ^b			Human Development Index ^b
		\$1 a day 1990-2003	\$2 a day 1990-2003	National poverty line 1990-2002	
Burkina Faso	1,220	45	81	45	0.317
DRC	680	...	...	...	0.385
Lesotho	3,210	36	56	49	0.497
Brazil	8,020	8	22	17	0.792
Suriname	...	...	...	...	0.755
Dominican Republic	6,750	<2	<2	29	0.749
Haiti	1,680	...	...	65*	0.475
Jamaica	3,630	<2	13	19	0.738
Lebanon	5,380	...	...	...	0.759
China	5,530	17	47	5	0.755
Thailand	8,020	<2	33	13	0.778
Viet Nam	2,700	...	...	51	0.704

Notes: ... No data available, * Data refer to a period other than that specified

Sources: (a) PRB 2005 (b) UNDP 2005

has more than 800 private higher education institutions, while private institutions comprise nearly 80 percent of Brazil's higher education system.³⁰ In the DRC, although the government has established a number of pedagogical institutes, and private universities and institutes have attempted to respond to the growing demand, shortages of material and financial resources, trained technical staff, and educational infrastructure continue to pose a challenge.³¹

Within all countries included in this review, there are imbalances in higher education enrolment between urban and rural areas, rich and poor households, men and women, and among ethnic groups. Efforts to address these imbalances will require investments at all levels of the education system to ensure that all candidates can compete for access to higher education.

HIV and AIDS

Eight of the countries in this review have generalised HIV epidemics (HIV prevalence >1 percent), meaning that HIV is spreading through the general population, rather than being confined to populations at higher risk (e.g., sex workers and their clients, men who have sex with men, and injecting drug users) (see *Table 5, page 18*).

Lesotho is the country hardest hit by HIV in this review; here, nearly one-third of the adult population is living with HIV. Brazil and China's low prevalence rates mask large numbers of people living with HIV due to large populations. Brazil, for example, now accounts for more than one third of the estimated 1.8 million people living with HIV in Latin America.³² Haiti has the largest number of people living with HIV in the Caribbean.³³

Among the countries included in the review, variations can also be found by primary modes of transmission; geographic distribution; percent of HIV-infected adults who are women; and age groups most affected. For example, in the African, Caribbean, and Arab countries included in this review, unprotected heterosexual intercourse is the predominant mode of HIV transmission. In the DRC, heterosexual transmission is linked to 87 percent of AIDS cases,³⁴ while 60 percent of reported new infections are transmitted through heterosexual intercourse in Jamaica.³⁵

In the case study countries in Asia, the epidemic has been much more dynamic. For example, although transmission through injecting drug use remains a main route (accounting for 57 percent of all reported cases) in Viet Nam, the number of sexually transmitted cases has continued to increase.³⁶ In China, about 70 percent of HIV infections are

Table 4: Selected education indicators of case study countries

	Percent literate (aged 15-24), 2000-2004 ^a		Gross enrolment ratio, secondary education 2002/2003 ^b		Gross enrolment ratio, tertiary education 2002/2003 ^b	
	Male	Female	Male	Female	Male	Female
Burkina Faso	26	14	14	9	2	1
DRC	77	61	...	...	...	...
Lesotho	83	99	30	39	3	2
Brazil	95	98	105	115	18	23
Suriname	...	...	63	85	12	9
Dominican Republic	93	95	53	65	26	43
Haiti	66	67	...	...	...	...
Jamaica	91	98	83	85	10	25
Lebanon	97	93	76	83	40	48
China	99	99	71	69	17	14
Thailand	98	98	82	81	16	24
Viet Nam	95	95	75	70	10	11

Note: ... Data unavailable

Sources: a UNDESA 2005 b UNESCO Institute for Statistics 2005

attributed to injecting drug use and tainted plasma from unsafe blood product collection procedures from paid donors.³⁷ UNAIDS predicts, however, that the potential overlap between commercial sex and injecting drug use is likely to become the main driver in China's fast-evolving epidemic.³⁸ In Thailand, although heterosexual intercourse still accounts for the majority of new infections (80 per cent), injecting drug use and unsafe sex (both between men, and men and women) are accounting for a significant proportion of new infections.³⁹

High rates of HIV infection among women of reproductive age, a large total population of women of reproductive age, high birth rates, and the lack of interventions to prevent the parent-to-child-transmission (PTCT) of HIV have led to high rates of paediatric AIDS in some countries. In Jamaica, for example, paediatric AIDS accounts for 8 per cent of the total AIDS cases, while AIDS is the second leading cause of death in children aged 1 to 4 years.⁴⁰ In Lesotho, an estimated 15 per cent of infants are born HIV-positive or are infected soon after birth.⁴¹ In Haiti, more than 3,970 children are believed to be born with HIV annually.⁴²

Within countries, prevalence also varies widely by geographic location. The epidemic in Viet Nam is concentrated in large cities, as well as in certain provinces along

the Cambodian border.⁴³ HIV and AIDS affects all parts of China, but the bulk of the impact has occurred in rural, poor areas in about 200 of China's 2800 provinces.⁴⁴ In Jamaica, most HIV infections are occurring in urban areas.⁴⁵ In the Dominican Republic, higher HIV prevalence rates can be found in areas in which tourism, sugar cane industries, and export processing zones are prevalent.⁴⁶ In the DRC, higher infection rates can be found in areas affected by the consecutive conflicts.⁴⁷

AIDS is also affecting women and girls in increasing numbers. In Burkina Faso, DRC, and Lesotho, women make up nearly 60 per cent of adults living with HIV (see *Table 5*).⁴⁸ In China, an increasing proportion of women living with HIV are women (see *Figure 2, page 19*). In Brazil, while the number of new cases among men has stabilised, HIV prevalence rates are growing among women.⁴⁹ Young women often face higher odds of becoming infected than men. For example, women younger than 24 years in the Dominican Republic were almost twice as likely, and teenage girls in Jamaica were two-and-a-half times more likely, to be living with HIV than their male counterparts.⁵⁰

In Viet Nam, the proportion of young people aged 20 to 29 among reported cases has been increasing rapidly from 15 per cent in 1993 to 62 per cent at the end of 2002.⁵¹ In Suriname, about 11 per cent of new HIV infections in

Table 5: HIV and AIDS estimates in selected countries, end 2003

	Percent of adults aged 15-49 with HIV and AIDS	Percent of HIV-infected adults who are women	Estimated number of people living with HIV (adults and children)	AIDS-related deaths in adults and children
Burkina Faso	1.9	56	300,000	29,000
DRC	4.2	57	1,100,000	100,000
Lesotho	28.9	57	320,000	29,000
Brazil	0.1	27	660,000	15,000
Suriname	1.7	34	82,000	<500
Dominican Republic	1.7	27	88,000	7,900
Haiti	5.6	58	280,000	24,000
Jamaica	1.2	46	22,000	900
Lebanon	0.1	...	2,800	<200
China	0.1	23	840,000	44,000
Thailand	1.5	36	570,000	58,000
Viet Nam	0.4	33	220,000	9,000

Note: ... Data unavailable

Source: UNAIDS 2004b

the first quarter of 2001 were believed to occur in people under 20 years of age.⁵² In Lesotho, 2003 HIV sentinel surveillance data found that the 22 to 29 year age group was most affected with an average HIV prevalence rate of 39 percent.⁵³ In the DRC, the most affected age groups include women aged 20-29 and men aged 30-39.⁵⁴ In Jamaica, the ratio of men to women infected is 1.6:1; however, women outnumber men in the 14 to 29 age range.⁵⁵

National responses to HIV and AIDS

All countries have established some form of high level structure to support the national response, such as a National AIDS Committee or Commission, an Inter-Ministerial Committee, or a Presidential-level body dealing with HIV and AIDS. While in many countries such as Brazil, Burkina Faso, Jamaica, Thailand, and Viet Nam, these structures were established early on—in the late 1980s and early 1990s—they are relatively recent in China (2004), the Dominican Republic (2000), and Lesotho (2001).

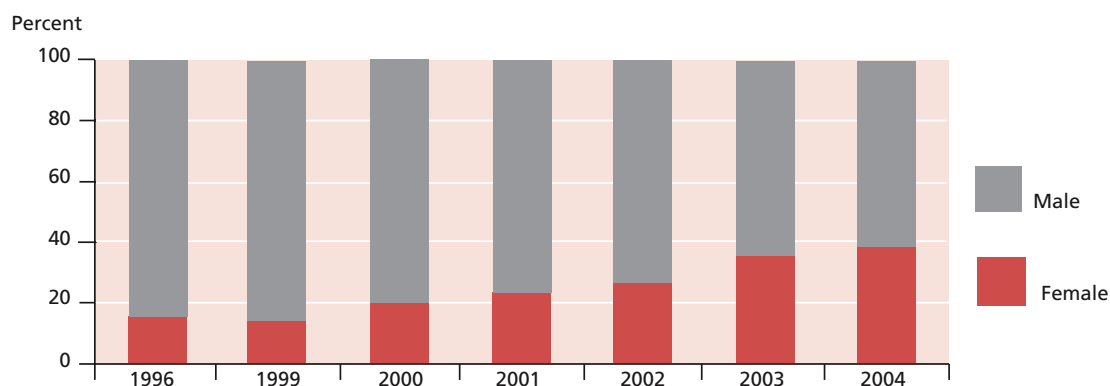
National strategic HIV and AIDS plans exist in all countries, and in some countries, such as Burkina Faso, DRC, Thailand, and Viet Nam, successive short- and medium-term plans have been put in place over the years. While the priorities in these plans differ widely among countries, most include some combination of: information, education, and communication (IEC) campaigns; monitoring and surveillance of the epidemic; blood transfusion safety; prevention, diagnosis and treatment of sexually transmitted infections (STIs); voluntary counselling and testing (VCT); prevention of PTCT of HIV; reduction of stigma and discrimination against people with HIV; and the provision of antiretroviral therapy (ART).

Most countries have established multisectoral committees and approaches to budgeting and programming, reflecting a recognition that national responses require more than just initiatives by Ministries of Health. This is also in line with numerous declarations, including the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) Declaration of Commitment⁵⁶ and the “Three Ones” principles, promoted by UNAIDS which include “one national AIDS coordinating authority, with a broad based *multisectoral* mandate.”⁵⁷ In Viet Nam, for example, 21 ministries and civil society organizations have become active members in the national response.⁵⁸ In Burkina Faso, 18 Ministerial Committees for AIDS Control have been established.⁵⁹

Decentralised approaches to planning and implementing activities have been prioritised in a number of countries, although they are far from being systematic. In Thailand, governors and provincial health departments were requested in the early 1990s to develop provincial AIDS plans. In Burkina Faso, 45 Provincial Committees, and 8,000 Village Committees for AIDS Control are in place. In Suriname, the National STI/HIV Programme established teams responsible for developing prevention programmes at district levels.⁶⁰ While decentralisation is believed to make decision-making more democratic, equitable, and responsive, evidence demonstrates that efforts are required to empower local level decision-makers to effectively coordinate decentralised operations through the establishment of adequate structures, systems, and training.⁶¹

The number of actors involved in the implementation of national programmes has ballooned in most countries, and includes faith-based organizations (FBOs), NGOs, networks of people living with HIV, and private industry

Figure 2: Proportion of adults with HIV by sex, China, 1998 - 2004



Source: Yongfeng 2005 (unpublished)

and workers' organizations. Some are working at the local level to provide care and support to people affected or infected by HIV and AIDS, while wider national and regional initiatives have been established to expand care and treatment options to people living with HIV, enhance public awareness around testing and treatment availability, and train health professionals to provide quality care. In Brazil and Thailand, civil society organizations have played a decisive role in advocating for stronger responses and adherence to human rights norms, reducing stigmatisation of HIV-infected persons and their families, and home and community based care and support.

The active involvement of people living with HIV in the national response is far from universal in the countries included in this review. While most countries do have associations of people with HIV and AIDS (with the exception of Lebanon and Suriname),⁶² the number of individuals included in the network, the scope of coverage, and the level of involvement is uneven. For example, in the DRC and Lesotho, there is only one association, compared to eight in Burkina Faso. In some countries, national networks have had an international impact. For example, the Dominican Republic's Network of People Living with HIV/AIDS (REDOVIH) presented a legal petition in the Inter-American Court of Human Rights that has promoted comprehensive socio-medical care and ART for people living with HIV.⁶³

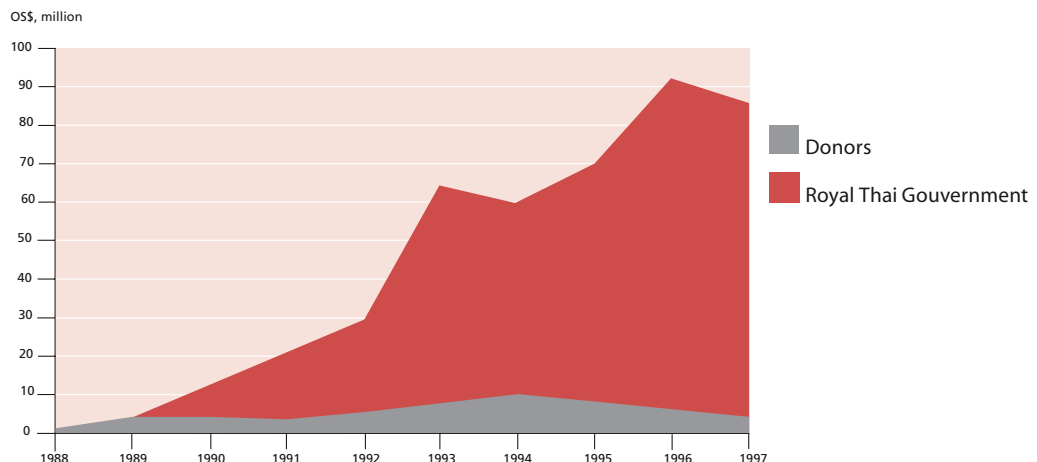
Development partners have been active in supporting national responses, and include a wide range of stakeholders such as UN agencies, bilaterals and multilaterals, and international NGOs. Development assistance has become a large part of many countries' HIV and AIDS budgets. For example, in Viet Nam, it accounted for 40 percent

of the national AIDS budget from 2001 to 2003.⁶⁴ While Thailand has also been successful in mobilising funds from development partners, the Government is accounting for an increasing proportion of the spending on HIV and AIDS (see Figure 3).

With a large number of development agencies and implementing partners, coordination of the response has often been an issue. HIV and AIDS Theme Groups have been established in most of the countries included in this review to ensure coordinated and joint actions at the country level. Country coordinating mechanisms (CCM) are also in place in countries receiving Global Fund grants, and include representatives from both the public and private sectors. In other countries, such as the Dominican Republic, National Coalitions have been established to ensure improved collaboration and coordination.

Some recent developments in countries included in this review give cause for guarded optimism. Thailand's targeted prevention programmes reduced new infections from 140,000 in 1991 to 21,000 in 2003.⁶⁵ In Haiti, the proportion of pregnant women testing HIV-positive reduced by half from 1993 to 2003-2004 (from 6.2 to 3.1 percent); declines have been most pronounced in urban areas and among 15-24 year olds.⁶⁶ Downward trends have also been observed among young pregnant women in urban areas in Burkina Faso, and among female sex workers in the capital, Ouagadougou.⁶⁷ In the Dominican Republic, HIV infection levels among pregnant women have been declining since the late 1990s, to 1.4 percent in 2004.⁶⁸ In Lesotho, the epidemic may be stabilising; mean HIV prevalence was 27 percent when recently measured among antenatal clinic attendees, slightly lower than the 29 percent measured in 2003.⁶⁹ In Brazil's cities, the con-

Figure 3: Donor and government spending on AIDS, 1997-1998



tribution of injecting drug use to HIV transmission appears to have declined, perhaps attributed to harm reduction programmes including needle and syringe exchange.⁷⁰

Brazil and Thailand have been able to provide access to ART to significant proportions of their populations. In Brazil, ART is offered freely through the public health system since 1996—reaching approximately 170,000 people in September 2005.⁷¹ In Thailand, the public health sector has been providing ART since 2000; more than half of those in need of ART were reportedly getting them in mid-2005.⁷² But China's progress in realising its 2003 pledge to provide free ART to those who need it has been slow; in mid-2005, only about 20,000 people were receiving ART in the 28 provinces and autonomous regions where it had been introduced.⁷³ ART reached a mere 12 percent and 10 percent, respectively, of people who need them in Haiti and the Dominican Republic in September 2005.⁷⁴

Further efforts are needed by all countries included in this review to intensify actions and increase momentum toward universal access to prevention, treatment and care. National programmes must learn from progress, but remain vigilant for rapidly changing epidemics. This demands sufficient scale, intensity and long-term vision and leadership from all sectors, including governments, affected communities, NGOs, the private sector, the media, and the education sector.

Education sector responses

The majority of countries in the studies report having established education sectoral HIV and AIDS plans, accord-

ing a recent review of Ministries' of Education responses.⁷⁵ However, the extent to which they address HIV and AIDS in tertiary education likely varies, as evidenced by the case studies and other sectoral reviews. In Haiti, for example, the Education Strategic Plan for the Prevention and Fight against HIV/AIDS focuses on the special vulnerabilities and the impact of HIV and AIDS on primary and secondary school students as populations particularly at risk.⁷⁶

In China, tertiary institutions are required to implement HIV preventive education, as specified by the National Strategic Plan 1998-2010, Action Plan 2001-2005, and the State Council's Communication Strategy 2004-2008 for HIV/AIDS Prevention and Control, as well as by annual directives issued by the Ministry of Education since 2001 (see Box 1).

In Viet Nam, the Ministry of Education and Training's (MOET) role in supporting tertiary education institutions has been defined in the National Strategy to "assume the primary responsibility for, and coordinate with other ministries, branches, central agencies and the provincial/municipal People's Committee in organizing the integration of the programme on education for HIV/AIDS prevention and control knowledge and skills into the training curriculum of universities, colleges, intermediate professional schools, vocational schools, and general education schools, suitable for their students."⁷⁷ Although there is currently no sectoral action plan in place, the MOET provides general guidelines and instructions annually to higher education institutions for HIV-related programmes.

Box 1: China's Guidelines for Tertiary Institutions (2002)

- The objective is to equip students with correct knowledge of STIs/HIV/AIDS, enhance awareness and skills for self-protection from infection and encourage the adoption of healthy lifestyles.
- Key messages should include: basic concepts of STI/HIV/AIDS ; modes of transmission; ways and measures to prevent infection; information about blood donation; non-discrimination, care and support for people with HIV/AIDS ; sources of related information, services and help; and related national policies, laws and strategies.
- Suggested approaches: optional courses, thematic lectures, peer education, online education, on-campus broadcasting, school newsletters, on-campus billboards, quizzes and contests, etc.

Specific targets for tertiary institutions to accomplish by 2005:

- Train all school doctors and health education teachers in HIV/AIDS prevention and related knowledge.
- Provide the information sheet, "Health Education Prescription for STI/HIV Prevention," to all first year students in universities, colleges and occupational training schools.
- Disseminate prevention and control information through thematic lectures, or health education or related curriculum, at least one hour per academic year.
- Have a collection of HIV prevention learning materials in the libraries and reading rooms in 80% by 2005, and 100% by 2008, of tertiary institutions;
- Have on-campus information billboards specifically for HIV and AIDS education in 70% by 2005, and 85% by 2008, of tertiary institutions.

HIV AND AIDS IN THE CASE STUDY INSTITUTIONS

There is no system in place in any of the countries included in this review to record the impact of HIV and AIDS on the education sector in general, and in higher education institutions in particular. And while small-scale knowledge, attitudes and practices (KAP) surveys have been undertaken on some campuses, no rigorous impact or risk assessments were available in any institution. As such, all institutions are dealing with a problem whose magnitude and impact is unknown.

Anecdotal evidence suggests that a number of institutions are experiencing staff and student deaths from HIV-related causes. In the last decade, staff at the University of Ouagadougou (UO) in Burkina Faso believe they have lost at least six permanent teachers to HIV and AIDS, and in the past year alone, one professor and two technical staff. At the University of Quisqueya (UniQ) in Haiti, a staff member in the Department of Academic Affairs recalled a suspected case of AIDS, saying that the person chose to resign when opportunistic infections became too frequent. At the Pontificia Universidad Católica Madre y Maestra (PUCMM) in the Dominican Republic, a faculty member seemed to remember a former professor that died *“but that was several years ago.”*

Records, such as health centre or administrative or management records were often, when available, incomplete or did not mention HIV and AIDS. For example, at the National University of Lesotho (NUL), the Dean of Student Affairs' records reported over 30 student deaths from January 2002 to March 2005 from natural causes. Tuberculosis, the most common HIV-associated opportunistic infection in developing countries, often figured in the files, although HIV and AIDS were not mentioned. Health Centre staff reported three student deaths due to AIDS-related causes over the same period. Five others tested elsewhere, and are being given follow up and support counselling at the centre.

In many countries, university officials admitted that it was difficult to distinguish HIV-related absences from those due to other issues. For example, at the University of

Kinshasa (Unikin) in the DRC, staff and student absences were reported to be frequent as many teachers lecture in other private universities in neighbouring provinces while others work in Ministerial cabinets and private enterprises. Similarly, a large proportion of students were believed to have jobs, and as one Dean explained, *“We do not really have records regarding student absenteeism, so it is of course difficult to know if students stay away because of AIDS.”* At UniQ, faculty noted that students and staff may also be absent due to financial constraints related to the economic situation, general insecurity, or other health-related issues.

Student deaths may also be more difficult to track than staff deaths, as they may occur not when students are on campus, but instead during a vacation or following withdrawal from studies. It has been suggested that, given the long period that intervenes between HIV infection and the emergence of AIDS, the full extent of student HIV infection will not unfold until students graduate from universities.⁷⁸

In some cases, the absence of information was due to the belief that HIV and AIDS was not an institutional issue. For example, at the American University of Beirut (AUB) in Lebanon, a Department Chair explained, *“We treat HIV/AIDS as any other infectious disease. Before, we used to emphasise HIV at the time when there was a focus on HIV/AIDS.”* Similarly, at the Anton de Kom University of Suriname (ADEKUS), one key informant explained, *“HIV/AIDS is not really a problem for the university. Of course we know that it is becoming a big problem in the society, but we do not experience the problem inside the university.”* Not everyone at ADEKUS is convinced. As another faculty member explained, *“Four years ago, when we asked our students if they knew someone living with HIV/AIDS, almost 100 percent would say no. When we pose the same question now, 25 percent of the students answer affirmatively. HIV/AIDS is getting closer to our students.”*

In both ADEKUS and AUB, the lack of information at the institutional level may be due to limited information on HIV and AIDS at the country level. In both Lebanon and

Suriname, there is limited surveillance capacity to monitor the epidemic—HIV incidence depends largely on passive reporting of HIV infections discovered in clinical settings or in routine screening.⁷⁹

There is evidence across most universities included in the review that stigma and actual or feared discrimination against people living with HIV also makes it difficult for those who are willing to do so to come out publicly about their HIV status:

- *“Sometimes all of our colleagues suspect that someone is living with AIDS, but the infected guy will insist on saying that he has hepatitis or a liver problem, or any disease other than AIDS.”* –Professor, UO
- *“There are, of course, a lot of taboos regarding HIV and AIDS so students would not give having HIV and AIDS as a reason for their absence. AIDS triggers the feeling of isolation. If a student is affected by AIDS, he or she would not want to talk about that.”* –Dean, ADEKUS
- *“No one is so crazy as to mention his disease [AIDS] to a colleague because the whole city of Ouagadougou will quickly be informed! Then rumours and gossip will cause your rapid death.”* –Lecturer, UO
- *“Okay, let’s say you are HIV+ and your status is indicated in your file. Here, administrative employees who have access to your file have their children attending the university, and when they see that in your file, they will warn their child to stay away from you. The child in turn will tell his/her friends and in no time, you will be isolated and when you go to the cafeteria, you will see that nobody wants to sit near you or use cutlery or glass that you may have touched...”* Medical student, UniQ
- At NUL, 58 percent of male and 70 percent of female students queried said that they *“considered it to be shameful to be HIV-positive”*.
- At the Hanoi University of Education (HUE) in Viet Nam, consultation with former students who are living with HIV and AIDS revealed that students would leave school once they learnt of their HIV status, mainly due to stigma and discrimination.
- At Unikin, 90 percent of students in a 2004 survey reported not minding sitting next to a student living with HIV, but 57 percent would not accept buying food from a person with HIV. More than two-thirds (68 percent) of students said they would not want to reveal the HIV status of a family member living with HIV.
- At Chiang Mai University (CMU) in Thailand, staff in the Faculty of Nursing reported needing to address the attitudes of both staff and students toward people infected or affected by HIV and AIDS.

- At the University of Brasilia (UnB) in Brazil, people working on the issue—such as interns, trainees, and researchers at ComVivência—reported having suffered from the stigma which still clouds discussions about the disease on campus.

Fear of, and preoccupation with, transmission through casual contact leads to stigma in the form of isolation of persons believed to be living with HIV and AIDS. For example, some students at UO were observed not wanting to sit at the same table with a classmate suspected of being infected with HIV. A student in a focus group discussion commented, *“It is not really discrimination—it is a way to protect ourselves due to...not knowing how someone living with HIV/AIDS may react. Being physically far from this person is a better way of being careful. Better safe than sorry.”*

Continued reluctance on the part of many people to speak openly and address HIV and AIDS because of fear, shame or the silence that surrounds the disease makes it difficult for higher education institutions to determine the scope of the problem and provide care for staff and students who may be living with HIV. It also contributes to the low use of existing services. For example, 75 percent of respondents in a 2000 KAP study undertaken by UO’s Faculty of Medicine wanted to know their HIV status, but only 40 percent agreed to take a blood test.⁸⁰

Some students and faculty members interviewed expressed believing that students at university level are informed and knowledgeable about HIV and AIDS. For example, at ADEKUS, one student explained, *“the students at the university really know a lot about HIV/AIDS. They know how you can get the infection, they know about condoms and how to use them, and they will not endanger themselves.”*

Evidence in many institutions, however, demonstrates that while students may know the basic facts about HIV transmission, misconceptions and myths persist. For example, at UniQ, a student reported believing that the heat generated by two bodies during sexual intercourse would cause the latex of the condom to dilate, which in turn would allow the virus to enter. Others voiced the fear that the condom could be “lost” in the woman’s vagina. At NUL, some students reported not using condoms because they “bring disease,” are “not reliable,” and “do not protect against HIV,” while others said that “AIDS does not exist.”

Case study findings suggest significant risk activity on many campuses, including casual sex, and low and inconsistent condom use. At Unikin, 59 percent of students in

a recent survey reported having used condoms with non-regular partners at last intercourse.⁸¹ At NUL, 34 percent of male and 75 percent of female respondents reported a low and inconsistent use of condoms, and 90 percent of male and 93 percent of female respondents reported that casual sex was prevalent. At PUCMM, more than 70 percent of students reported being sexually active.⁸² At the University of the West Indies (UWI), of the students surveyed in a 2004 study:⁸³

- 80 percent had had sex;
- 55 percent were currently sexually active;
- 43 percent had had more than one sexual partner in their lifetime;
- 50 percent had not used a condom at their last sexual encounter with their regular partner;
- 37 percent of those sexually active had undergone an HIV test;
- 40 percent of those sexually active did not know the status of their regular partners; and
- 27 percent of those sexually active did not know the status of their non-regular sexual partners.

The case studies also provided information on other factors that were believed to contribute to increased vulnerability of students, including:

- No on-campus accommodation at ADEKUS, NUL and UniQ, and insufficient accommodation at NUL, Unikin, and UO.
- Anecdotal reports of “sugar daddy” practices at ADEKUS, NUL, and Unikin. Sugar daddy relationships are associated with both age and economic asymmetries, and are believed to limit young women’s power to negotiate safer sexual behaviour.⁸⁴
- Some female students are believed to be engaged in commercial sex to pay for school fees, to support their families, or to purchase material goods (ADEKUS, NUL).

- Little experience, particularly of female students, of living away from home and outside of parental control. Newly experienced freedoms, combined with cultural definitions of intimacy, and economic dependency can increase risk of HIV (HUE, UniQ).
- Beliefs by parents and church leaders that discussions about condoms lead to earlier or increased sexual activity in young people. At UniQ, one student voiced his frustration with a family member whom he scolded, *“refusing to give a condom to your sons is like burying your head in the sand. You know that my cousins are sexually active. Do you prefer them to get HIV just because you refuse to admit that?”*
- Although rape and sexual assault have been reported on a few of the campuses included in the review, only one institution (PUCMM) reported having 24-hour campus security.

Higher education institutions need to consider aspects of the institution that may facilitate the spread of HIV, such as limited on-campus accommodation, sexual mixing between staff and students, risk of exposure to HIV-contaminated fluids in medical or laboratory environments, coercive sex, limited access to condoms, and a culture of silence that makes it difficult for people to discuss their HIV status, and put in place measures to mitigate these aspects. This must also include vulnerabilities of academic, professional, administrative, technical, and support staff—for which information was largely unavailable in the case study universities included in this review. In order for this to occur, deeper reflection, engagement, and commitment are required to make HIV and AIDS the core business of every institution.

OVERVIEW OF INSTITUTIONAL RESPONSES TO HIV AND AIDS

The institutions included in this review have addressed HIV and AIDS in varying depth and scope. Only one institution (UWI) reported providing an institutional policy framework for a comprehensive response addressing prevention, treatment, care and social support. In another institution (UnB), HIV and AIDS was addressed across a continuum of prevention and care—although no policy framework or strategic action plans were in place to guide the response.

In all of the other institutions, HIV and AIDS initiatives—be they in the realm of teaching, research, or services—are sporadic, uncoordinated, and reliant on the initiative of a few dedicated staff and students. Most focus predominantly on preventive education, at the expense of wider efforts to address stigma and discrimination against people living with HIV, to establish workplace policies and programmes for staff and students, and to provide treatment, care and support (or referrals) to appropriate services. Even within the few institutions that have begun to consider more systematic initiatives, most are not mainstreamed across all departments for all institutional members.

In some cases, the failure to establish an institutional response is due to a lack of understanding of the impact HIV and AIDS have—or have the potential to have—on the institution and its members. In others, it is due to a long-standing belief that HIV and AIDS is a public health issue, outside of the realm of the education sector, or that “it has already been covered” in secondary school curriculum. Silence and denial are cited as obstacles to addressing the issue, as are “lack of resources,” “overburdened curriculum” and “AIDS fatigue.”

This section presents a review of the institutional responses undertaken by the 12 institutions with regard to: HIV and AIDS policies and plans; leadership on HIV and AIDS; education related to HIV and AIDS; HIV and AIDS research; partnerships and networks; HIV and AIDS programmes and services; and community outreach. Commonalities, differences, and gaps are presented to inform the future response of tertiary institutions and their partners.

HIV and AIDS policies and plans

Policies that provide a framework within which institutions can organise a response are the exception rather than the rule in the universities included in this review. Only one institution—UWI—has developed and implemented a policy on HIV and AIDS. At NUL, a draft policy and plan were produced in 2002, although they have not been finalised due to changes in management.

UWI's current policy replaces its first policy on HIV and AIDS, developed in 1995. The 2004 policy addresses a wider variety of issues including: the rights of affected persons; confidentiality; managing HIV/AIDS within the University (treatment of affected persons, education and counselling, employee guidelines, medical/laboratory environments, and accidental exposure to HIV); staff and student responsibilities; gender-related issues; research; and the community. A separate policy on sexual harassment and assault also exists; these policies exist in isolation from each other with no formal links between the two.

NUL's draft policy addresses five components, including: responsibilities of staff and students; provision of prevention, care and support services on campus; employment policy; enrolment policy; integration of HIV and AIDS education into teaching, research, services, and activities in all university faculties, institutes, units, and other constituencies.

At both NUL and UWI, the HIV and AIDS policy was the outcome of consultations with multiple stakeholders, including staff and students—although no participation of people with HIV or marginalised groups (e.g., men who have sex with men, or drug using communities) was reported in either institution. Despite this consultative process and its ten-year existence, staff and students reported not being well-informed of the content of the policy at UWI.

UO has no institutional policy, although it has recently elaborated a five year plan (2005-2009) entitled “*University Strategic Plan for HIV/AIDS Control through Training and Research.*”

This plan outlines initiatives to:

- Raise awareness about HIV and AIDS among staff and students;
- Develop modules on AIDS to be included in all students' training; and
- Conduct relevant research related to opportunistic infections, socio-economic issues, and nutrition and dietary guidelines for people living with HIV.

The plan was developed in 2004 with the participation of administrative personnel, faculty, support staff, and students. Still in its early stages, administrative officials report knowing little of its content, while students are largely unfamiliar of its existence. The estimated budget for the plan, US\$ 2 million, has not yet been funded.

Similarly, HUE has no institutional policy on HIV and AIDS, although action plans are developed and integrated into the annual action plan of the university's Youth Union. The Youth Union develops the plan in collaboration with a number of stakeholders, including the Department of Political Affairs, Department of Training, the Health Centre, the Security Section, the Dormitory Management Board, the Labour Union, and the Students' Association. The accompanying annual budget, allocated by the University and complemented by different national and international agencies, is estimated to be around US\$ 5,000. Financial support is also provided from the Medical School at AUB to the Lebanese Medical Students Committee's Standing Committee on Reproductive Health including HIV and AIDS (SCORA) for HIV-related activities.

The draft NUL policy also contains a strategic plan, which outlines actions to be taken by NUL staff for policy implementation including capacity building; information generation, dissemination, and storage; fundraising; networking; care and support; and community service. Each action has corresponding objectives, activities, progress indicators, implementation timeline, and responsible persons—although no accompanying budget has been developed.

An overall budget is, however, in place at NUL based on government directives for all ministries, departments and institutions to set aside two percent of their overall budget for HIV and AIDS activities. However, like most ministries and departments, NUL has not been able to use this budget effectively. Since 2002, less than half of the allotted budget has been used, and for the academic year 2004–2005, less than a quarter of the allotted US\$ 35,000 was dispensed. Perennial underspending suggests that efforts

are required to allocate appropriate human, physical, and material resources to NUL's initiatives.

In the other institutions included in this review, no efforts are underway to establish policies, strategic plans, or budgetary provisions for the implementation of HIV and AIDS activities. In one institution (UniQ), key informants felt that any publicity concerning an HIV and AIDS policy would adversely affect the image of the University and have a negative impact on its enrolment.

Leadership on HIV and AIDS

“The evidence is abundant that higher education institutions can—if they choose—play a critical role in the struggle against HIV and AIDS...one factor stands out in almost every example of a strong and well-conceived response to HIV and AIDS in the higher education community: leadership... Leaders can and do change attitudes: leadership is the key to driving management structures to mobilising resources, overcoming barriers, and making resources available.”
—Association of Commonwealth Universities, 2002b

The realisation that higher education institutions should be at the forefront in the HIV and AIDS response is neither apparent nor pervasive among staff and leadership in many of the institutions surveyed. At AUB, AIDS was reported by administration officials and teaching staff not to be a priority and that there were “no directives from the University to prioritise HIV at the university level.” At UO, where the HIV prevalence is thought by students, administrators and campus associations to be high,⁸⁵ one administrator said that the “administration isn't involved in the process” and leaders are not committed to an institutional response. At ADEKUS, a Dean explained, “What normally happens is that one starts to respond only when the problems present themselves. As long as we don't really feel the problem in the University, as long as we don't see a real impact, it is difficult to expect a response and to expect a deep reflection about the issue.”

In many institutions, Deans, Department Heads, and Professors are active in leadership at national and regional levels, as members of Global Fund's CCMs, National Commissions on “3 by 5,”⁸⁶ National AIDS Committees, and other networks. These engagements, however, are typically personal assignments—not institutional representations—and rarely seem to result in similar leadership efforts at the institutional level.

Teachers unions have been notably absent in efforts to advocate and implement an institutional response.

HIV and AIDS were not included in the programmes of teachers' and researchers' unions in any of the reviewed universities. One of the staff unions at UWI, the West Indies Group of confirmed University Teachers (WIGUT), reviewed the original 1995 HIV and AIDS policy; however, outside of this process there has been little direct involvement from WIGUT as a body in the HIV and AIDS programme on campus.

There was also no overt leadership or involvement from people living with HIV or sexual minorities in any of the universities' responses. In only one university—CMU—was mention made of a self-help group for students with HIV and AIDS; however, no information was available on the size of the group or its level of activity.

Students have been active in HIV and AIDS activities through anti-AIDS clubs, student groups, and other peer education networks (see *section on Nonformal education*); however, there is little evidence of student leaders working in tandem with university administration to formulate strategies, mobilise resources, and implement planned and coordinated activities. Most lack staff backing and a strong mandate.

In the case study universities in China and Viet Nam, leadership has largely been dictated by guidelines and directives from the central level. For example, in Viet Nam, HUE's training programmes on preventive education follow guidelines established annually from the MOET, the Hanoi Youth Union Committee and Hanoi's Committee of the Communist Party direct. At the Renmin University of China (RUC), directives, policy guidelines, and targets for HIV and AIDS education are established for tertiary institutions by the Ministry of Education (see *Box 1 on page 21*).

In a number of institutions, a variety of departments, individuals, and student groups are providing leadership—albeit in an uncoordinated and often ad hoc manner characteristic of the response. For example,

- At RUC, the Communist Party Commission is reportedly responsible for overseeing all of the policies and programmes related to health and welfare issues; the Trade and Student Unions for protecting the rights and interests of faculty and students; the Family Planning Office for condom promotion; and the RUC Hospital for the distribution of health information during orientation and the organization of lectures on HIV prevention.
- At HUE, the University Committee for "HIV/AIDS, Social Evils and Prostitution" provides general guidelines; the Department of Political Affairs provides direction and

coordination; and the Youth Union carries out HIV prevention activities among students and the Labour Union carries out activities for staff.

- At the UniB, Com-Vivência provides psychological and social support and counselling, HIV prevention, training and education, and research activities. The Centre of Studies and Multilateral Actions in Education and Health (NEAMCES) and its HIV/AIDS Unit conduct research, hold courses and workshops, provide counselling services, and distribute condoms and informational material. The University's Hospital is a reference centre for treatment and care of people living with HIV in Brasilia and surrounding towns.

While all institutions report having clear divisions of labour and responsibility, consistent instructions and guidelines, and strong administrative support for the programmes, there are no frameworks or governing bodies to ensure continuity, coordination, and quality control.

University-wide structures to coordinate and implement the institution's response were found in only two of case study institutions. At NUL, a HIV/AIDS Coordinating Committee was established in 2002. Initially composed of volunteers, the Committee was reconstituted in September 2004 by process of nomination, responding to criticism from some academic staff that Committee members were insufficiently qualified and were making personal gain from HIV-related work. Lack of support, in-fighting among members, and the "add on" of tasks to existing teaching and administrative functions has, however, reportedly weakened the institutional response. Some academic staff reported feeling that lip service is all that is being paid to HIV and AIDS and that a clearly pronounced policy, focused HIV and AIDS programmes, formal teaching of HIV and AIDS and proper planning of staffing of the HIV/AIDS Committee are long overdue.

The HIV and AIDS Response Programme (HARP) is the lead agency for UWI's response. Established in 2001 to ensure a more organised response within the university and to develop and monitor HIV and AIDS policies, HARP has the power and potential to be a "best practice" for other institutions in the region and around the world. It consists of a multidisciplinary, cross-faculty team of staff and students, with invited membership from government and non-governmental organizations. Its activities have included: integrating HIV and AIDS into curricula; training teachers; expanding resource materials available for staff and students; establishing peer education programmes; supporting research; and conducting community outreach.

Education related to HIV and AIDS

Pre- and in-service training for university staff

University staff in general reported lacking training on HIV and AIDS. At ADEKUS and UniQ, no pre- or in-service training for staff is provided. At UO, university personnel reported having received no training on HIV prevention and mitigation and little training and support on the integration of HIV and AIDS into curricula. Those who had received training on teaching techniques and methodologies related to HIV and AIDS reported that the training was limited in scope and did not result in curriculum change. Similar statements were made by academic staff at NUL, although changes in management was also invoked as an obstacle to the establishment of concrete actions following training programmes.

At HUE, teachers who teach subjects integrated with HIV and AIDS issues are often trained in short courses organised by the MOET, and national and international agencies. The United Nations Population Fund (UNFPA) has also established Trainer of Trainer (TOT) courses and budgets for teachers to develop teaching materials on reproductive health. These teachers have then organised training courses for other universities, colleges, and provinces. Notably, teachers who do not teach HIV and AIDS lessons do not receive any training on HIV and AIDS.

At Unikin, UNFPA's Reproductive Health of Adolescents and Youth (SRAJ) project is training teachers at Unikin to integrate reproductive health issues into relevant curriculum. Notably, this includes professors from the Schools of Medicine, Demography, and Social Sciences—again, suggesting that teachers from other units do not need technical and material support to address HIV and AIDS in their teaching programmes or in their own lives.

It is clear from the studies that not all teachers have been well prepared to teach sensitive subjects such as HIV and AIDS. As one future teacher at HUE explained, *“During our teaching practice, we taught lessons on reproductive health and HIV/AIDS. I asked my teacher how I should teach this lesson because students were very interested in the topic. My teacher told me that this was a sensitive issue—I should only follow what is mentioned in the textbook.”* Another student at HUE focused on the need for more appropriate teaching methodologies, audiovisual teaching aids, and equipment: *“If HIV/AIDS were taught by appropriate and innovative teaching methods, students would have gained more. Teaching methods are more important than teaching time.”*

Significant preparation of teachers and other staff was only found in one institution—UWI. Here, HARP has facilitated TOT workshops, training a total of 60 academic staff on virology, serology and biology of HIV; its social, political, and economic dimensions; teaching sensitive material in the classroom; understanding the sexual mores of students; and issues related to care and treatment. It has also provided regular training sessions on basic information on HIV and AIDS for non-academic staff members of one of UWI's staff unions, upon request. The union had indicated that its members were affected by HIV and AIDS and did not know where to turn for support and guidance.

Formal HIV and AIDS education

Unsurprisingly, HIV and AIDS have been integrated into the Medical (Medicine, Pharmacy, Health Technology, and Nursing) faculties and schools of Public Health of all of the institutions included in the review. Coursework largely focuses on the biological, pharmaceutical, and medical aspects of HIV and AIDS related to students' future professions. At CMU, UnB, and UO, international training courses have been established for health professionals (e.g., physicians, nurses, health technicians, and specialists), typically with the support from national and international agencies.

While some institutions have devoted attention to HIV and AIDS at other points in the curriculum, such as Education, Geography, Law, Psychology, Sociology, and Theology, HIV has not been mainstreamed into teaching programmes. International agencies' support has often reinforced thinking that AIDS is of importance to certain specialty areas. For example, at Unikin, UNFPA is supporting the integration of reproductive health issues (including HIV and AIDS) into only three faculties (namely, the Schools of Medicine, Demography, and Social Sciences). AIDS seems to be seen to be relevant to the professional life of only a few—doctors, teachers, social workers—rather than to all students in their future roles as professionals, family and community members living in a world with HIV and AIDS.

Not all institutions are convinced of the role they should play in addressing HIV and AIDS through their teaching programmes. According to one Dean at Unikin, *“Our mission is to transmit knowledge. We're not here to do sex education.”* At ADEKUS, where administration officials reported that HIV and AIDS was not (yet) a problem for the University, the President explained that *“At present, the faculties do not have concrete plans to incorporate HIV/AIDS into the curriculum.”*

With no guidelines or directives from administration, little training, and often no technical or material support, the inclusion of HIV and AIDS in the curriculum often depends greatly on the interest and motivation of individuals or departments. At PUCMM, one professor reportedly devoting two or three classes to human sexuality aspects noted *“I did it mostly on my own, for the sake of the students because there is no extra payment at all.”* At UO, staff in Sociology and Psychology courses reported introducing HIV and AIDS on a *“voluntary basis.”* At CMU, it was reportedly *“entirely up to the lecturer to either include HIV in the curriculum or not.”*

Where HIV and AIDS have been integrated into curriculum, there is often little focus on students’ own personal risk or vulnerability. Some university officials seemed to assume that this would have already been covered in secondary school education programmes. As the Dean of the Faculty of Technical Sciences at ADEKUS said, *“Life skills and preparation for life programmes should be concentrated in primary and secondary education—it is not really a core task of the university.”*

RUC was the only institution to report offering courses (e.g., Psychology, and Character Development) covering some elements of life skills for young people to cope with peer pressures, construct healthy interpersonal relations, and reduce their vulnerability to HIV. At HUE, life skills education was reportedly integrated into courses to ensure that future teachers will be models for their students. One professor in the Faculty of Psychology and Pedagogy explained, *“The students of this university must be good models in learning about and practicing HIV prevention...Otherwise, teachers will not fulfil the task of teaching students and of being a good model for students.”* Students who participated in the review made similar statements.

At NUL, steps have been taken to integrate HIV and AIDS into the curricula, but have not produced sustainable results. For example, five members of NUL academic staff were trained in *“Integrating HIV/AIDS as a social issue into university curricula”* by the University of South Africa in 2003. This team then held workshops for academic staff, and made subsequent efforts to move the process forward through the necessary University channels; however, the process has reportedly been curtailed by changes in university management.

UWI has supported a participative approach to curriculum development using both infusion and stand-alone models. In 2002, HARP established a Curriculum Development

Committee to identify opportunities across disciplines to integrate HIV and AIDS into existing courses and to establish stand-alone courses. The process was consultative and cooperative in nature and had impressive results: 23 of the 40 courses targeted for integration in the 2003-2004 academic year were successfully integrated with HIV content, and 17 new courses were developed. A total of 32 (15 existing, 17 new) of the courses were delivered, exposing nearly 1,000 students to this information.

HARP has also expanded the information available for teachers to use in their courses. It piloted, updated, and finalised an HIV and AIDS Teaching Resource Manual with multi-disciplinary teaching support material for lecturers which is now also available on CD-Rom. HARP further procured more than 60 new publications for the University libraries and distributed 170 HIV and AIDS videotapes to academic departments of the University.

Nonformal education

Students are often provided with information on STIs, HIV, and AIDS during student orientation at the beginning of the academic year. While this may be useful in communicating factual information and/or correcting misconceptions, a number of problems with this approach have been identified in the case studies, including:

- Information sharing is typically a one-way approach (e.g., distributing leaflets), with no room for discussion or further exploration of the issues;
- HIV and AIDS are covered along with a long laundry list of other issues such as drug, alcohol, and tobacco prevention, and physical and health care more generally. As such, the depth of the issues covered is often lacking; and
- The time devoted is often too short to be credited with making any difference. At NUL, for example, only 15 minutes were devoted to HIV and AIDS at the student orientation in 2004.

Most institutions have seen the formation of student welfare societies, AIDS societies, anti-AIDS clubs, or other committees designed to raise awareness about HIV and AIDS, provide peer support, and conduct community outreach. In some cases, these groups are associated with the medical faculties such as UniQ’s ACTISTSIDA, a group of medical students; AUB’s Lebanese Medical Students Committee’s Standing Committee on Reproductive Health including HIV and AIDS; Unikin’s Club des Amis de la Santé Publique, established by medical students; and UO’s Students’ Pharmacy Circle and Students’ Association in Health Sciences. At PUCMM, medical students were trained as peer educators to provide information on HIV and AIDS

and other health issues during student orientation. While these initiatives demonstrate student commitment and activism, they also speak volumes about the extent to which the epidemic has been considered a public health, rather than a development, issue.

Little has been done to evaluate the impact of these non-formal associations, and while there is evidence that their activities have contributed to increased dialogue and awareness, concomitant changes in behaviour are less certain. Student associations' activities were also subject to criticism, including complaints that they:

- Lack depth: For example, RUC's 3-hour participatory peer education training sessions were found to stimulate students' desire for more information, which could not be fully satisfied by peer educators. One student explained, "*I attended six sessions, always expecting to learn something new...but to my disappointment, at every session the topics are the same.*"
- Lack coverage: Reaching those who generally already have high level of awareness about the issue e.g., medical students; and
- Overly focus on prevention, and rarely address stigma and discrimination, or the need for a continuum of care for people with HIV.

Other challenges reportedly facing programmes included "AIDS fatigue," or saturation with HIV and AIDS information. One student at NUL explained, "*...when DOPE [the students' radio station] mentions HIV/AIDS, we switch off and play our CDs...we have heard enough about AIDS.*" This suggests a need to find new ways to keep audiences engaged.

Evidence from peer education programmes in secondary schools suggests that they can be effective when they use participatory and experimental learning techniques, take into account the "youth culture", and use language to which young people can relate.⁸⁷ Peer education programmes were reportedly in place in nearly half of the institutions included in this review⁸⁸ with varying levels of institutional support and training:

- RUC's programme was the most long-standing, having been initiated by the Youth Volunteers' Association (YVA) in 2000 as a pilot adolescent reproductive health project funded by UNFPA and implemented by the China Family Planning Association (CFPA). Four years after the completion of the pilot phase, the programme has gradually extended to other universities, secondary schools and communities, even without steady funding arrangements from donors. Notably rare among peer education programmes, the YVA monitors the impact

of its sessions, noting the number and type of participants, topics covered, and feedback and recommendations from participants.

- At UWI, a peer education programme has also been established through HARP, with supervision provided by the Student Counselling Unit. While peer education generally forms part of the informal curriculum, peer educators have also been used by UWI in formal classes, where they have acted as assistant lecturers and discussants on a module on health and security.
- In some of the other institutions in which peer education programmes were in place, inadequate support, training and supervision were reported to be an issue. At NUL, for example, peer educators reported having difficulties discussing HIV with their colleagues due to stigma and insufficient support from the HIV/AIDS Committee. At CMU, student leaders providing life skills education receive no formal guidelines, and no monitoring or evaluation is undertaken. Linkages were also uncertain between peer education networks and available health services and research programmes in many institutions. Strengthening these links may be effective in improving health-seeking behaviours and monitoring, evaluation and documentation.

Research on HIV and AIDS

Many of the institutions included in this review have contributed to the international understanding of HIV and AIDS. This research has covered all areas—biomedical, scientific, health systems, sociological, and ethnographic—and frequently extends to include community outreach. Some of this research has been presented at international and national conferences, seminars and consultations, and published in well-known journals and scientific publications.

At CMU, research findings have influenced policies and programmes not only in Thailand, but across the region. For example, CMU's "Enhancing Care Initiative" (conducted in collaboration with Harvard University and the Merck Company Foundation) to improve the clinical care of people living with HIV in resource-constrained settings impacted Thailand's national guidelines for HIV and AIDS treatment and care. The Faculty of Nursing is currently assisting a nursing school in Myanmar to establish a home-based care scheme.

While research has been extensively disseminated internationally, information on HIV and AIDS research and related services seems to be poorly shared within and/or among universities. In some cases, this appeared to be due to information being housed in a specific faculty (e.g., the

School of Public Health library at Unikin), while in others, research results were not available in the library—and only accessible on the Internet (e.g., UO, UniQ). There was no database or other mechanism in place in any of the studied universities to monitor and track the output of HIV-related research.

Although some research is institutional, most appears to be individual, and dependent upon the availability of foreign funding. At NUL, research was reportedly undertaken on an independent basis and “*motivated by personal gain rather than collective benefit.*”⁸⁹ Only at CMU and UnB did significant departmental initiatives seem to be in place, although at CMU research direction were believed to be guided by one or more of the following factors, listed in order of importance:

- Demands for research from donor and funding agencies, NGOs, and UN agencies (for which researchers receive financial rewards);
- Personal interests of academic staff; and/or
- Demands for research from policy-makers for policy and strategic design, or for evaluation purposes.

Collaboration across topic areas, faculties, and universities was reportedly a problem in many of the universities conducting research on HIV and AIDS, leading to unidimensional research (largely biomedical) and poor cooperation. Institutional research action plans can assist in harmonising individual and departmental initiatives and identifying avenues for collaboration. Plans should include research that addresses not only the biomedical aspects of HIV and AIDS, but also the roots of the spread of the disease which include poverty, gender imbalances, inadequate public health protection, migration, cultural practices, joblessness and hopelessness, north-south inequalities, and similar structural issues. Platforms at the national and regional levels where researchers can share and discuss their research, and highlight research priorities are also urgently required.

Partnerships and networks

Most institutions have partnerships with other—typically foreign—universities for research and education programmes. The most extensive network can be found at CMU; in 2004, the University had collaborative agreements and memoranda of understanding with 143 universities and other educational and research institutions in 25 countries.⁹⁰

International agencies are also assisting in different components of the response. For example, UNFPA has supported the integration of HIV issues into universities’ curriculum

and programmes in a number of countries. In Lebanon, UNFPA and the United Nations Children’s Fund (UNICEF) have funded AUB to expand information on sexual and reproductive health for young people over the Internet. UNESCO and UNAIDS are collaborating to create a joint professorial chair to conduct training and research on HIV and AIDS in Haiti.

A few institutions are involved in the national sectoral responses to HIV and AIDS. This includes UO which is part of the Ministry of Secondary and Higher Education and Scientific Research’s Ministerial Committee for AIDS Control, PUCMM which is part of the Presidential Council on HIV/AIDS (COPRESIDA), and NUL which participates in Lesotho’s CCM.

Intra-university cooperation within countries is particularly weak, apart from the notable exception of numerous Faculties of Medicine which have been able to establish partnerships across university hospitals. These programmes have enabled expanded training opportunities for students and staff, collaborative research projects, and on-site learning.

One of the more interesting examples of partnerships included in this review is UnB’s NEAMCES. The Centre has gathered professors and students from Angola, Brazil, Cape Verde, Guinea-Bissau, Mozambique, Peru and Senegal to conduct research, implement multilateral cooperation projects, and facilitate exchanges of experiences in the fields of education and health. The list of NEAMCES’ main partners and supporters include UNAIDS, UNESCO, USAID, the Brazilian Ministry of Health’s STD/AIDS Programme, and several NGOs.

Some of the African and Caribbean institutions included in this review are also members of continental and international associations including AAU, UNICA, and the Southern African Development Community (SADC) Research Network on HIV and AIDS. While these networks have the potential to assemble best practice, materials, and curriculum guidelines in the tertiary sector, they have largely been unexploited to date by the member institutions.

Finally, there are two notable gaps in partnerships and networks in the large majority of institutions. These include:

- The involvement of networks of people living with HIV as partners in the institutional response: Only UnB and UWI include networks of people living with HIV in their list of partners, although some other universities (PUCMM, UniQ) reported inviting networks of people with HIV to activities to provide testimony and to raise awareness.

- Internal partnerships across faculties: Most institutions concentrate on their external partnerships, although internal partnerships across faculties may be more effective in defining an institutional approach.

HIV and AIDS programmes and services

Evidence demonstrates a significant lack of workplace programmes for university staff members in the case study universities. This despite International Labour Organization (ILO) recommendations (see *Box 2*) that employers should initiate and support programmes in their workplaces to inform, educate, and train employees on HIV and AIDS prevention, care, and support.

Box 2: ILO Code of Practice, 2001

HIV/AIDS is a workplace issue, and should be treated like any other serious illness/condition in the workplace. This is necessary not only because it affects the workforce, but also the workplace, being part of the local community, has a role to play in the wider struggle to limit the spread and effects of the epidemic.

For example, WHO-derived guidelines for the prevention of HIV infection in the workplace, especially in case of needle-stick injuries or exposure to (possibly) HIV-infected blood products were reportedly in place in only three of the universities studied (CMU, UnB, and UWI) along with post-exposure prophylaxis (PEP) kits. These

“universal precaution” guidelines have been available for over 20 years and should be implemented without delay in all universities. In universities in which the implementation of PEP medical responses (consisting of medication, laboratory tests, and counselling) cannot be established, referral systems should be in place in case of accidental exposure to blood products in laboratory settings, and sexual assault.

Institutional HIV and AIDS programmes have also been argued to be cost-effective, because:⁹¹

- Tertiary institutions have a goal to provide skilled, educated, thinking individuals for a wider society. Individuals infected with HIV (who lack access to life-prolonging ART) are likely either to make a far smaller social contribution, or make none at all as a result of premature death;
- The effects of HIV (increased absenteeism, morbidity, and mortality) reduce the effectiveness of teaching by creating more trauma and disruption and by demotivating students about their future prospects; and
- Defaults on fees may rise as students divert spending to their HIV-related health care needs.

Few institutions reported having comprehensive services in scope or in coverage (see *Figure 4*). UWI and UnB, the exemplary exceptions, provide services across a continuum of care—including prevention, testing (including STI diagnosis and treatment and VCT), (free) treatment including ART and treatment of opportunistic infections, and counselling.

Services—where available—focus primarily on students, and namely undergraduate students. While most are not formally restricted to students, they do not extend adequately

Figure 4: HIV and AIDS services offered by institutional health centres

No health centre, no services (HIV or otherwise)	Basic medical care, basic counselling, no treatment or care services	Basic medical care, HIV counselling, no treatment or care services	Basic medical care, HIV counselling, condoms and contraceptives (for married couples)	STI diagnosis and treatment and referrals to nearby hospital for VCT	STI diagnosis and treatment, VCT	Comprehensive care (STI diagnosis and treatment, VCT, HIV counselling, free ART and treatment for OIs)
ADEKUS, UNIQ	AUB, CMU, PUCMM, UO	HUE	RUC	NUL	UniKin	UnB, UWI

to academic and non-academic staff. RUC is the exception, with its catchment area including the entire RUC community, or roughly 18,750 students, 5,800 faculty and support staff (including 2,200 retired staff) and over 10,000 family members of the faculty as well as nearby migrant workers. At UnB, although services are available for academic and support staff, most reportedly refer to outside institutions as their contracts provide them with private health insurance.

The provision of counselling in most institutions is grossly inadequate, with few if any staff receiving the professional preparation required to provide these services. Even where staff have been trained, such as in HUE, services are often provided only upon students' request, suggesting that staff may be uncomfortable with discussing sexuality or HIV and AIDS.

Condoms were reported not widely available on most campuses. In some institutions, they were distributed by student associations or health centres periodically on World AIDS Day, Valentine's Day, or on other occasions or available on demand at health centres. At UO, condoms could be purchased in university kiosks, but were not available at university dormitories. UWI was, again, the exception with male condoms freely available; promotional activities with condom companies—including the female condom—were also reported. At CMU, a proposal to establish a "Condom Café" for students, combining the provision of condoms and sexual health advice with coffee, tea, and internet services, was reportedly refused by the University, despite informal enthusiasm from Durex and AusAID for support.

Community outreach

Community outreach is—in some institutions—a practical component of students' academic programme, and part of their research, training, and education. For example, at:

- AUB, medical students, in collaboration with the Palestinian Red Crescent Society, provide care and education, including HIV preventive education, in voluntary outreach clinics at a nearby Palestinian refugee camp;
- UnB, undergraduate and postgraduate Social Services and Psychology students volunteer, and do their field or document research at the Com-Vivência facilities;
- CMU, students in the Department of Health Promotion, Faculty of Medicine, receive academic credit for community education projects, including those related to HIV awareness and behaviour change. Others in the Department of Community Medicine, Faculty of

Medicine, participate in practical assignments on HIV prevention, care, and support in nearby communities.

- UniQ, each faculty has a training programme providing services to the community. In the Faculties of Educational and Agricultural Sciences, students have been trained to conduct information sessions on HIV and AIDS in nearby secondary schools.

HIV and AIDS awareness-raising activities for nearby secondary schools are also common. For example, at HUE, the Youth Union, in collaboration with the Students' Association, organises activities on life skills, adolescent reproductive health, and HIV and AIDS for sister organizations such as children shelters, rehabilitation centres, local schools and wards. At RUC, the Youth Volunteers' Association has established cooperative agreements with several middle schools and communities to help train peer educators on adolescent reproductive health issues. The Lebanese Medical Students International Committee's (LEMSIC) SCORA at AUB organises peer education workshops upon request, as well as education activities for prisoners, scouts, clubs, and other groups. In many countries, however, students noted resistance to conducting sexual education on the grounds that it promotes immorality or should be restricted to married couples, and a persistent anti-condom stance among parents and religious leaders.

At CMU, peer education projects in secondary schools have an additional component engaging teachers, educational staff, and families to support reproductive and sexual health education. The Youth Family and Community Development Project (YFCDP) has employed a collaborative approach to school-based curriculum development, involving school principals, teachers, parents, and students. Parents have also been targeted for additional activities to build their comfort level and capacity to discuss reproductive health and sexuality with their children. In an evaluation of the initial pilot phase, teachers reported feeling less embarrassed addressing sexual education in the classroom knowing that they had the support of parents and school administration.

Other efforts targeting "at risk" populations have been undertaken by RUC's Institute of Gender and Sexuality. The Institute has developed two publications to reach communities with research, advocacy, and health education interventions including: *Friends*, a bimonthly periodical offering gay communities a platform to exchange information and ideas about issues related to rights, health, and relationships. In 2000, *Friends* had a reported circulation of 5,000 copies per issue.⁹² The second publication—a weekly

or bi-weekly e-newsletter entitled *Miss (Sex Workers)*—advocates for sex workers’ rights and promotes risk-reductive behaviours.

Outreach to persons affected and infected by HIV and AIDS was rare in the case study universities—likely reflecting the preoccupation in many contexts on prevention. Notable exceptions include:

- Students at HUE were reportedly providing care and support for people living with HIV at nearby rehabilitation centres.
- At UnB’s Com-Vivência, on-site internships enable students to support psychological and social assistance counselling and care for people living with HIV and their families.
- At CMU, the Faculty of Nursing has developed a manual for health education and care of young people with HIV, based on young people’s experiences. The manual was used to organise training camps for young people with HIV, after which some participants reportedly developed networks of teenagers with HIV, and become active as peer educators for HIV.

BURKINA FASO

University of Ouagadougou (UO)



BASIC FACTS

Established: 1974	Total staff: 791
Status: Public university	Total teachers: 430
Location: Ouagadougou	Total students: 19,393
Number of faculties: 8	% students female: 26%

The University of Ouagadougou (UO) is the largest university in Burkina Faso, offering a wide range of university programmes ranging from science and technology to management, law, and the humanities. It is considered to be one of the most stable and competitive universities in West Africa.

UO has no institutional policy although it has recently elaborated a five year institutional plan (2005-2009) entitled “*University Strategic Plan for HIV/AIDS Control through Training and Research*” which aims to:

- Raise awareness among staff and students about HIV and AIDS;
- Develop modules on AIDS to be included in all students’ training;
- Conduct relevant research related to opportunistic infections (e.g., tuberculosis, skin disorders, diarrhoea), socio-economic issues, and nutrition and dietary guidelines for people living with HIV.

The plan was developed in 2004 with the participation of administrative personnel, faculty, support staff, and students. Still in its early stages, administrative officials report knowing little of its content, while students are largely unfamiliar of its existence. The estimated budget for the plan, US\$ 2 million, has not yet been funded.

Although twelve units at UO report directly to the Ministerial Committee against HIV and AIDS for Secondary and Higher Education and Scientific Research, there is no coordination

between them at the University level. No University-wide structures are in place to coordinate and implement an institutional response. According to one administrator, “*the administration isn’t involved in the process*”.

University personnel have received no training on HIV and AIDS prevention and mitigation and little training and support on the integration of HIV and AIDS into curricula. Those who have received training on teaching techniques and methodologies on HIV and AIDS report that the training was limited in scope and did not result in curriculum change.

HIV and AIDS are integrated into coursework in the Medical Science and Pharmacy faculties, covering largely biomedical and technical issues related to students’ future professions. No life skills education is provided to build capacities in decision-making, problem resolution, or communication and negotiation. On-site learning is provided through partnerships with other university hospitals and health centres in Ouagadougou and Bobo-Dioulasso, enabling training for medical students in diagnosis and care and facilitating research opportunities for staff and students.

HIV is also addressed briefly in some Sociology and Psychology courses, but it is not an integral study component. Those who have introduced HIV and AIDS in their curriculum report doing so on a voluntary basis; no directives have been made by the University to do so and no support (e.g., technical or material) has been provided.

UO provides a graduate course entitled “*Training in Care and Support for Patients Infected by HIV in sub-Saharan Africa*” for general practitioners and specialists, paramedical and psychological professionals, and voluntary associations. The course is compulsory for the interuniversity degree on HIV and AIDS and aims to “*improve medical care and support for patients infected with HIV in francophone Africa through post-graduate multidisciplinary training for professionals responsible for the care of people living with HIV who are likely to train others in their home countries.*” The course was recently introduced in 2004, and has trained, as of June 2005, over 80 physicians and civil society organization leaders.

Some student associations including the Students’ Pharmacy Circle, the Students’ Association in Health Sciences, and the Students’ Sociology Club, as well as other groups such as the N’Kosi Association and the AIDS Info Club, are involved in disseminating HIV preventive messages through departmental associations and clubs. However, activities are reportedly sporadic—occurring once or twice a year—and have not been evaluated to determine their impact on HIV-related knowledge, attitudes, and behaviours.

HIV-related research has been undertaken by individual professors and students and supported through interna-

tional partnerships including those established with Belgian Cooperation, the French National Agency for Research on HIV/AIDS, and the University of Brescia (Italy). This has enabled researchers to undertake biomedical research, health systems research, and sociological studies related to HIV and AIDS. Some of the results have been published in scientific reviews and presented at national or international conferences; however, students report having difficulties accessing this information at the University level.

UO has no HIV-related programmes or services, apart from periodic condom promotion and VCT campaigns. Those testing positive are referred to the Mobile Treatment Centre or to the Centre Hospitalier Universitaire National Yalgado Ouedraogo for counselling, and referrals to care and support services including ART. The University does not monitor or follow-up on this process and no records are kept on file.

In general, the University of Ouagadougou’s institutional response consists of small-scale activities lacking structural organization and strategic planning. Moreover, most of the activities focus on awareness-raising, and do not coherently and adequately prepare students for their future roles as professionals, family and community members living in a world with HIV and AIDS.

DEMOCRATIC REPUBLIC OF THE CONGO

University of Kinshasa (Unikin)



BASIC FACTS

Established: 1949	Total staff: 4,510
Status: Public university	Total teachers: 1,433
Location: Kinshasa	Total students: 24,083
Number of faculties: 10	% students female: 30%
	Student/teacher ratio: 16:1

The University of Kinshasa is the oldest and largest university in the DRC in terms of the number of students enrolled and the size of the teaching body.

There is no institutional policy or strategic plan relating to HIV and AIDS, and the University has generally been slow to act on the threat that HIV poses to the institution and its community. There is evidence that this may be due to a lack of understanding of impact of HIV on the university (due to limited data on HIV-related morbidity and mortality among student and staff) and the perception that HIV and AIDS is not the business of universities. As one Dean explained, “*Our mission is to transfer knowledge. We are not here for sexual education.*”

There are no coordinating bodies or focal person leading efforts underway at the institution. While an office (*les oeuvres étudiantes*) has been established to promote students’ well-being and health, its mandate does not include HIV and AIDS activities. Most HIV-related initiatives have been undertaken by student groups, with the support of outside technical and financial assistance.

HIV-related content can be found in the Schools of Medicine at the University of Kinshasa, focusing largely on the biological and medical aspects of the disease as it relates to students’ future professions. Recently, steps have been taken to look at HIV and AIDS more broadly and to encourage the development of skills and risk-reductive behaviours through the “*Reproductive Health of Adolescents and*

Youth” (SRAJ)-Unikin Project, established in 2004. Funded by UNFPA, and administered by the Vice-Chancellor, the Project aims to increase access to quality reproductive health services including abortion management, family planning, STI/HIV prevention, IEC and counselling through the following interventions:

- Advocacy for reproductive health (RH) education;
- Integration of RH topics into university curricula in the faculties of Medicine, Demography and Social Sciences;
- Research on key RH issues;
- Development of ongoing training on RH;
- Integration of RH services for young persons into the university health care system; and
- Establishment of a recreational and attractive environment that can promote the exchange of ideas and motivate students to change their behaviour.

While promising, the intervention has a number of limitations. First, HIV is integrated only into select (3) faculties, rather than across the University curriculum. Second, teacher training is provided only for those faculties, meaning that teachers from other faculties who may wish to address HIV and AIDS in their courses are not provided with the support and training to do so. Finally, due to the broad objectives of the project, HIV and AIDS risk being overshadowed by other topic areas.

Nonformal education on HIV and AIDS has been largely run by students’ groups and supported by external NGOs. For example, the NGO 3C-Santé was the first to be author-

ised by the university to operate on campus in 1994. Its activities have included: HIV and AIDS education through interpersonal communication (group discussions, video forums); condom distribution; and STI diagnosis and treatment at the students' clinic. Two other NGOs, Groupe de Réflexion, d'Action et d'Information Médicale and Organization pour une Vie Excellente au Congo have also been authorized to conduct activities aimed at increasing students' knowledge and supporting risk-reductive behaviours. An anti-AIDS club, Club des Amis de la Santé Publique, established by medical students in 1999, also aims to raise awareness on HIV and AIDS—primarily by extending invitations to guest speakers to support seminars and conferences.

Some steps have also been taken by the University with the support of donor agencies to raise awareness outside of the classroom setting. In 2003, the School of Public Health's Small Project Development Fund (SPDF)-Unikin, supported by UNAIDS, trained more than 280 students to become peer educators. Under the SRAJ-Unikin project, 200 more students have been trained to act as peer educators and counsellors to promote VCT services. Further evaluation is required of these programmes to determine their effect on knowledge and behaviour change.

A variety of research (e.g., clinical, sociological, anthropological, epidemiological, and behavioural) related to HIV and AIDS has been conducted at the university, including the first national ethnographical study on AIDS undertaken in 1995 by the Centre de Coordination des Recherches et de la Documentation en Sciences Sociales desservant l'Afrique Sub-saharienne. The School of Public Health has also signed a contract with the Ministry of Health to conduct HIV surveillance and to monitor trends among groups identified to be at risk. The findings are reportedly shared with the Vice-Chancellor's office, the Ministry of Health, and are publicly accessible in the School of Public Health's library. Other collaborative relationships have been established with a number of foreign universities including Tulane University, the Institute

of Tropical Medicine of Antwerp, Catholic University of Louvain, Johns Hopkins University, and the University of North Carolina at Chapel Hill.

Students are reported to have collaborated in research projects as interviewers, data collection and entry personnel, and as secondary authors. The School of Public Health reports that more than 100 students have been trained to date as interviewers, with some also receiving additional data support training.

HIV and AIDS services, including VCT, by and large target students; there are no specific programmes for professors and/or administrative staff. Under the SPDF-Unikin project, the School of Public Health established two VCT centres on campus in 2003—one in the Student Health Centre (located in one of the students' dormitories) and the other at the Mont-Amba Hospital (located one kilometre from the students' dormitories). Each centre received a counselling box equipped with a VCR, videos, written educational materials, and condoms. Health personnel were trained in the syndromic management of STIs, and provided with laboratory equipment for STI diagnosis and medicines for treatment. STI treatment costs US\$ 1.20, and VCT services are provided free of charge. ART is not available in either facility; however, referrals are made for counselling and treatment for those who test positive.

A recent evaluation of the SPDF-Unikin project (2005) determined that knowledge of HIV and AIDS and reported condom use at last sexual encounter increased among students; however, attendance at the VCT centres did not increase dramatically. Barriers to use of existing services may be due to: concerns about the confidentiality of the VCT process as student volunteers work at the facilities; the location of the VCT facility in student dormitories—and the accompanying fear that someone will see them testing; and a lack of perceived risk. Further efforts are needed to raise awareness of HIV and the benefits of testing, challenge stigma and discrimination against people with HIV, and increase the confidentiality and accessibility of services.



LESOTHO

National University of Lesotho (NUL)

BASIC FACTS

Established: **1975,**
previously Pius XII (est. 1945)

Total staff: **815**
Total teachers: **386**

Status: **Public university**

Total students: **5,197**
% students female: **53%**

Location: **Roma**

Number of faculties: **7**

Student/teacher ratio: **N/A**

Previously part of the University of Botswana, Lesotho, and Swaziland, the National University of Lesotho (NUL) is located some 35 kilometres southeast of Maseru, Lesotho's capital. The only university in the country, NUL remains largely an undergraduate university aimed at producing skilled professionals to assist in Lesotho's development.

NUL does not have an institutional policy on HIV and AIDS, although a draft policy and plan were produced by NUL's HIV/AIDS Coordinating Committee in 2002. The plan outlines actions to be undertaken by NUL staff and students including policy formulation; capacity building; advocacy; information generation, dissemination and storage; fund-raising; networking; care and support; and community service.

These documents have undergone scrutiny and amendments by NUL staff and students through consultative workshops and individual contributions; however, major changes in University management structures have hampered their implementation. In May 2005, the draft policy was presented to Senate but was returned once again for further consultation.

In the Vice Chancellor's letter of appointment, he assured the Committee of management's total support and requested members to "advise on the most efficient, cost-effective, equitable and socially responsive way for the University to confront and overcome the challenges posed by HIV/AIDS in the university community." To enable the

Committee to plan and implement activities, an HIV/AIDS Office was established in July 2003.

Initially composed of volunteers, the Committee was reconstituted in September 2004 based on nominations by University departments and institutes, as well as the Student Representative Council (SRC). This action was taken to respond to criticism from some academic staff that Committee members were insufficiently qualified and were making personal gain from HIV-related work. This lack of support, coupled with in-fighting among Committee members has reportedly weakened the institutional response.

NUL has established a budget for HIV and AIDS activities, in line with the Government's directive for all ministries, departments and institutions to set aside two percent of their overall budget for HIV-related work. However, like most ministries and departments, NUL has not been able to use this budget effectively. Since 2002, less than half of the allotted budget has been used, and for the academic year 2004-2005 less than a quarter of the allotted US\$ 35,000 was dispensed. The HIV/AIDS Coordinating Committee reports that this is due to:

- Limited knowledge of relevant activities to be planned;
- A lack of full-time employed staff solely responsible for HIV and AIDS work;
- Staff turnover in key management positions; and
- Limited autonomy by the HIV/AIDS Office as the budget is centrally controlled.

Steps have been taken to integrate HIV and AIDS into the university curricula, but have not produced sustainable results. For example, five members of NUL academic staff were trained in “*Integrating HIV/AIDS as a social issue into university curricula*” by the University of South Africa in 2003. This team then held three workshops for academic staff from December 2003 to May 2004, and made subsequent efforts to move the process forward through the necessary University channels. The process is reported to have been curtailed by changes in university management. Similarly, the Committee in 2002 proposed, based on suggestions made in NUL HIV and AIDS fora, the introduction of a compulsory course for first year students including life skills education. Here again, no progress has been made to date and the Acting Vice Chancellor has recently suggested, instead, that first year students be introduced to life skills education during student orientation. In 2004, NUL devoted a 15-minute time slot for HIV and AIDS in the orientation programme; with the Acting Vice Chancellor’s approval, five days may be allocated to life skills.

HIV and AIDS education is provided only in selected disciplines. For example, the Faculty of Health Sciences offers HIV and AIDS as a stand-alone course for third year students and covers HIV and AIDS in a course on Health Promotion for second year students, while the Faculty of Humanities’ Theology Department offers a course entitled “*HIV/AIDS and Human Survival*”. These courses are reported to have a limited reach and to be lacking in detail due to limited time and resources, including informational materials.

Research on HIV and AIDS is reportedly undertaken on an individual and independent basis by faculty members, dependant on outside funding, focused on communities outside of NUL, and poorly disseminated to intended beneficiaries. A study currently underway in the Sociology Department entitled “*NUL Students’ Reaction to Challenges Posed by HIV/AIDS: Readiness to Adopt Ownership of the Pandemic*” is expected to shed some light, however, on the knowledge, attitudes, beliefs, and behaviours of NUL students.

Students have been providing, with the university’s assistance, peer support and promoting HIV and AIDS awareness. NUL trained 60 peer educators in 2004 and planned a series of peer education activities for the 2004-2005

academic year. These activities have been hampered by management changes and peer educators report having difficulties discussing HIV and AIDS with their colleagues. To date, three anti-AIDS clubs have registered with the SRC, and are represented in NUL’s HIV/AIDS Coordinating Committee. These clubs take the lead in organising events on World AIDS Day, and report a gradual increase in student and staff attendance and participation in these events.

NUL’s Health Centre also participates in information dissemination, and provides STI diagnosis and treatment, and VCT to both staff and students.⁹³ From January 2004 to June 2005, Centre staff counseled 100 people, around 60 percent of whom underwent testing. Notably, non-academic NUL staff have primarily benefited from these services. The Centre has also reached out to the outside community through the provision of training on home-based care for domestic bursary staff.

Some lecturers, including in particular those in the Faculty of Education, also report engaging students in education on home-based care and HIV and AIDS in general. However, like other programmes, these are uncoordinated and often limited in impact.

One of the most important strategies for the NUL HIV/AIDS Committee and Office has been to forge links and ensure collaboration with donors, UN agencies, Government Ministries and other Universities and stakeholders. At present, the Committee participates in the Lesotho CCM of the Global Fund and individual members participate in activities undertaken by local NGOs.

Although the University has taken steps to address HIV and AIDS, its response has been limited by the temporary nature of senior management leading to limited vision and planning; delayed implementation of an HIV and AIDS policy to guide activities; lack of an established HIV and AIDS unit with knowledgeable and experienced staff able to mount a comprehensive programme; and limited autonomy of the HIV/AIDS Committee’s Office to manage resources. Further steps are needed to liberate the draft policy from the traditional burdensome university decision-making processes and implement it without further delay.

BRAZIL

University of Brasilia (UnB)



BASIC FACTS

Established: 1962	Total staff: 2,278
Status: Federal university	Total teachers: 1,297
Location: Brasilia	Total students: 30,672
Number of faculties: 62	% students female: N/A
22 Institutes and schools	Student/teacher ratio: 24:1

The University of Brasília (UnB), located in Midwestern Brazil, offers undergraduate and graduate degree programmes, extension courses, and distance education. Scientific research has always been one of the core priorities of the University, with more than 250 research groups investigating more than 850 different subjects.

Despite lacking an institutional policy on HIV and AIDS, clear support from the Dean's office, and human, financial, and material resources, UnB has been able to develop and implement various HIV-related initiatives since 1996, particularly in its Medical, Social Services, and Psychology schools. Furthermore, the University's Hospital (HUB) is a reference centre for the treatment and care of people living with HIV in Brasilia and surrounding towns.

Implemented largely in partnership with government agencies, international organizations, NGOs and private firms, UnB's initiatives have focused on increasing awareness; promoting risk-reductive behaviours and encouraging VCT; delivering HIV-related training programmes for students and teachers (university, elementary and high school); and improving treatment and care for people living with HIV.

Com-Vivência is UnB's most visible response to the HIV/AIDS epidemic. Established in 1996, it is as much a research and a training centre as it is a help centre for people with HIV and AIDS. Financed by the University's Department of Community Affairs and housed in HUB,

Com Vivência provides:

- *Training and education* including short courses or one-day lectures for health professionals, school teachers, social workers, NGO staff, prisons, state and central-level governmental agencies, private sector firms, and youth. Training programmes have been conducted in collaboration with, and supported by, the Federal District Government's Health Secretariat, the National STD/AIDS Programme, the National Anti-Drugs Secretariat, the Ministry of Education, and UNESCO, and include instruction on the prevention of PTCT; medical and psychological care for people living with HIV; sexuality and safer sex; and drug use and HIV and AIDS. Since its inception, Com-Vivência has trained more than 30,000 people, and provided on-site learning through its internship programme supporting eight Social Services and Psychology undergraduate students per semester.
- *Research* ranging from bioethics, social policies, psychological treatment, health care and counselling, gender-related aspects of HIV and AIDS, to anthropological explorations of the consequences of HIV and AIDS. Professors associated directly or indirectly with Com-Vivência have written and published various articles or presented lectures at national and international scientific symposia based on the Com-Vivência experience.
- *HIV prevention services* including, VCT, free condoms (including female condoms), workshops and lectures, and the distribution of IEC materials provided by the State Secretariat of Health.

- *Psychological and social assistance support and counselling* including pre- and post-test counselling for HIV, regular individual and group meetings with people with HIV and special sessions for family members of people with HIV, pregnant women with HIV, children or adolescents with HIV, and parents of children or adolescents with HIV, and other groups.

In addition to hosting Com-Vivência on its premises, HUB also provides HIV-related services including medical consultations, VCT, treatment of opportunistic infections, and the provision of free ART. The hospital is also the primary on-site training and education centre of the city, hosting more than 500 undergraduate and postgraduate internships, as well as 20 different residency programmes accredited by the Ministry of Education. Recent research conducted at HUB includes studies on diagnosis, treatment alternatives, organic reaction to drugs, and HIV- and AIDS-related diseases.

HUB services are primarily used by lower- to lower-middle income segments of Brasilia's population, and occasionally by patients from surrounding towns and states. Professors and staff tend not to use the Hospital as their contracts provide them with private health insurance which covers care from private medical institutions. Most students also have private insurance and are, thus, more likely to use private services.

NEAMCES, based in the Department of Social Services, has also been organising thematic seminars and courses, conducting research, and facilitating the exchange of experiences related to HIV and AIDS through support to students and visiting professors from Latin American, Caribbean, and African countries.

Noteworthy training events include:

- A 60-hour extension course, *"Quality of Life, Health and Policies to Fight the Global HIV/AIDS Epidemic"*, conducted for the third time from July to August 2004, and resulting in the publication of articles and academic pieces developed in undergraduate and graduate programmes.
- *1st Brazilian Meeting for Mozambican Students* held in December 2003, in collaboration with the Eduardo Mondlane University of Mozambique, in which more than 100 students were trained to work on HIV prevention policies in Mozambique.

These events along with training programmes for health workers, surveys to assist people living with HIV, the promotion of cultural activities, and participation in health-related conferences have been supported by collaborations with UNESCO, UNAIDS, USAID, the Brazilian Ministry of Health STD/AIDS Programme, and numerous NGOs.

NEAMCES is also providing HIV-related counselling services for students, professors, staff, and other community members through its HIV/AIDS Unit, established in 2004. The Unit hosts "safer sex" workshops, lectures and courses, distributes male and female condoms, and disseminates informational materials. According to NEAMCES' Coordinator, the Unit has been successful at creating permanent bonds with its users.

While different institutions within UnB have committed themselves to playing an active role in HIV prevention, mitigation, care and support, the University is not yet as a whole supporting an institutional HIV and AIDS response. The development of an institutional policy to determine the rights, roles, and responsibilities of institutional stakeholders is strongly encouraged to ensure a sustainable and coordinated response.

SURINAME

Anton de Kom University of Suriname (ADEKUS)



BASIC FACTS

Established: 1968	Total staff: 288
Status: Autonomous	Total teachers: 256 (of which 133 are part-time)
Location: Paramaribo	Total students: 3,281
Number of faculties: 3 (undergraduate only)	% students female: 66%
5 Research institutes	Student/teacher ratio: 13:1
4 Institutes	

Anton de Kom University of Suriname (ADEKUS) is Suriname's only university. With the goal of becoming a centre of excellence in science and technology, the University is dedicated to high quality education, scientific research and public service.

There is no institutional policy or action plan related to HIV and AIDS and institutional leaders do not seem to be convinced that an institutional response is required. As one key informant explained, "Of course we know that it [HIV and AIDS] is becoming a big problem in the society, but we do not experience the problem inside the university." This sentiment was echoed by the Dean, "As long as we don't really feel the problem in the University, as long as we don't see a real impact, it is difficult to expect a response and to expect a deep reflection about the issue."

There is other evidence that suggests that students may be more vulnerable than is generally thought. As one Dean explained, "Four years ago, when we asked our students if they knew someone living with HIV/AIDS, almost 100 percent would say no. When we pose the same question now, 25 percent of the students answer affirmatively. HIV/AIDS is getting closer to our students." Sex work and "sugar daddy" relationships to pay for school fees or to purchase material goods were also reported, although there was insufficient information to determine how prevalent these practices were.

HIV-related content can only be found in the curriculum of the Faculty of Medicine. This includes a seminar for third year students that presents information on the modes of transmission, and ways to prevent infection. The Head of the Public Health Department also noted during the seminar, "We invite our students to talk freely and openly about HIV/AIDS."

The lack of integration of HIV into other aspects of the curriculum was reported by most faculty and administration officials to be due to overloaded curriculum and structural and institutional changes at the University. For example, the University President explained that Deans report that "There is little space...to add additional topics and new areas of studies." In a separate interview, a Dean claimed, "We really don't have space left for life skills training...There is no way that we can add new themes to the programme." Recent efforts to restructure the curriculum are believed to have led to a more technical approach to educational planning, creating fewer opportunities for broad-based educational programmes. As one Dean explained, "Nowadays, we are more oriented towards the statement of educational objectives, in terms of knowledge and skills. We are less focused now on a more general preparation and education of our students for life in the society...we have started to focus more on measurable outcomes of education and less of general preparation of the students."

The Student Dean, however, stressed the responsibility of the University to offer opportunities for personal development and for a better preparation for life. There is a need, she explained, for "...programmes that are holistic and that train students in a wide variety of skills that [they] need in life and in work." The Dean of the Social Science Faculty also saw the relevance of HIV and AIDS issues in the universities' programmes, although with a more limited application: "I tend to say that it is not necessary to include the HIV/AIDS theme in all of the programmes, with the exception of sociology, where the AIDS theme could be part of the theme of Gender of Medical Sociology.... If we add HIV/AIDS in all of our programmes, it would be purely to provide comprehensive training."

There was no evidence of other initiatives to develop or promote leadership in the field of HIV and AIDS. Nonformal educational activities related to HIV and AIDS were largely absent; no peer education programmes or support groups were reported and no periodic activities were planned for national or international days such as World AIDS Day. Students reported that activities were undertaken by campus student organizations during orientation for new students, although no further information was provided.

Some students and faculty members suggested during the review that students were informed and knowledgeable about HIV and AIDS. One student explained, "The students at the university really know a lot about HIV and AIDS. They know how you can become infected, they know about condoms and how to use them, and they will not endanger themselves." Another student agreed but added that, "Well, you can never have too much information. But maybe it not a lack of information that is the problem...although there is information on HIV/AIDS, the real problem is related to the acceptance of the reality of HIV/AIDS all around us...[and] stigmatisation—this is what we need to focus on."

Research related to HIV and AIDS is undertaken in the Faculty of Medicine, although some think that University should be more involved. A Member of Parliament and former President of the National AIDS Committee noted, "The University can and should give an important contribution to research with regard to HIV/AIDS in Suriname. There are so many studies to be done: we really have a serious lack of reliable data on the development of the epidemic, the situation of specific groups, and the influence of contextual factors. The University has the experts who could conduct this research." Similar comments were made by the Presidents of the Prohealth and Lobi Foundations, NGOs active in conducting research on sexual and reproductive health.

No health services were available for staff or students although the President has mentioned the possibility of establishing condom distribution points on campus. ADEKUS is also preparing to establish a psychosocial centre providing social and emotional counselling and care for students, although no mention was made of specific counselling for HIV and AIDS.

Although public service is explicitly mentioned in the University mission, community outreach has been a matter of individual action. Some students are believed to be active in the activities of local NGOs, and one student is a Youth Ambassador of the Caribbean Economic Community (CARICOM), involved in HIV and AIDS campaigns. However, there is no evidence of widespread commitment to community engagement, or of incentives offered by the University for outreach opportunities (e.g., course credits, certificates).

Most Deans seem to recognise that, in the long run, the University cannot stay isolated and will need to engage at the institutional and the community level on HIV and AIDS. As one Dean explained, "The University will have to allow for a shift towards a more explicit presence...offering more support to society."

DOMINICAN REPUBLIC

Pontificia Universidad Católica Madre y Maestra (PUCMM)



BASIC FACTS

Established: 1962	Total staff: N/A
Status: Private, religious	Total teachers: N/A
Location: Santo Domingo	Total students: 7,927
	% students female: 60%
Number of faculties: 4	Student/teacher ratio: N/A

Pontificia Universidad Católica Madre y Maestra (PUCMM), part of the International Federation of Catholic Universities, is dedicated to teaching, investigation and community service. PUCMM promotes academic excellence, and the “*harmonious synthesis of reason, science, culture and life with the Christian faith.*”

The university does not have an institutional policy on HIV and AIDS, and not all university authorities are convinced that one is needed. Several Department Heads reported during the assessment that “*there did not seem to be a demand for the implementation of a policy on HIV/AIDS.*” At the same time, one Department Head noted that a policy addressing—at a minimum—universal precautions whenever the potential for exposure to blood or other bodily fluids exists “*would personally help a student or staff out if accidental contamination were to occur.*”

HIV and AIDS education is provided in the faculties of Medicine and Dentistry, typically consisting of biological-clinical-treatment aspects, with little focus on psychological aspects such as decision-making and problem-solving, stress management and coping, and communication and negotiation skills. However, the Health Sciences faculty reportedly was in the process in 2005 of evaluating the curriculum content related to STIs/HIV/AIDS to also provide skills on prevention and communication. Medical students interviewed showed a deep interest in the further integration of HIV and AIDS in their curriculum and all interviewed thought it would be appropriate to include

“*some class or classes about sexual matters in the first year of university.*”

University staff in general reported lacking training on HIV and AIDS. In 2003, the Centre for Integral Prevention, Formation and Investigation established a one-year Post Graduate Course for professors to enable them to integrate sexuality and issues into their courses; however, due to lack of funds, this programme was discontinued in 2004. The Centre has, instead, focused on training peer educators for the University’s orientation programme.

Since 2003, PUCMM has established an orientation programme for first year students, addressing drug abuse, alcohol, HIV and AIDS, and physical and health aspects more generally. Initially a one day session, the programme was reported to expand from August 2005 to be one week in duration and delivered by peer educators. The 2005 peer group (comprised of 20 medical students) was trained by the Students’ Dean and the Centre for Integral Prevention, Training and Investigation on STIs/HIV/AIDS, alcohol consumption, drug abuse, psychological skills, and nutrition and is responsible for monitoring, educating, and supervising newly-admitted students during orientation.

As a religious institution, abstinence is strongly encouraged, although other non-formal education activities addressing other aspects of prevention have been organised periodically by WHO, the Pan-American Health Organization (PAHO), COPRESIDA, and REDOVIIH. These have included

conferences and seminars on HIV-related themes and awareness-raising activities conducted in partnership with the Faculty of Health Sciences. Notably, students report that a large part of those participating are those within the Health Faculty itself, or “*those who already are generally well-informed about the epidemic*”. Further efforts need to be made to reach out to students from other faculties, such as Engineering, Telecommunications, and Architecture, who may have less access to information and skills-building activities.

Research on HIV and AIDS conducted within the university dates back to the mid-1980s, and includes legal and medical research, and KAP studies. Most research is undertaken by students completing degrees in Dentistry, Law, and Medicine; some are presented and/or published, although largely in local journals and conferences. To date, the large majority of HIV-related theses focuses on medical aspects of the disease, and no studies have been undertaken on psychological aspects of HIV and AIDS or the social and cultural roots of the disease.

The Students’ Health Centre is open to the entire university community, although professors reportedly only use the Centre for employment-related procedures (e.g., physical exams, the completion of a medical history form). The Centre does not have laboratory facilities, and as such, does not perform VCT. The staff has not received any train-

ing on HIV-related issues, and is largely used for general complaints such as headaches, stress, gastro-enteric complaints, and common respiratory ailments.

There is reportedly little demand at the Health Centre for HIV and AIDS information. A staff member could recall only two recent occasions in which students, both foreign, attended the Centre because they were concerned about having been infected with HIV. These students were referred to private health care professionals outside the institution, and no follow-up had been made by the Centre.

The University recently initiated an agreement with COPRESIDA to co-administer several peripheral public health clinics in Santiago. These clinics provide a range of HIV and AIDS services including information, counselling, testing, treatment, and care of people living with HIV. Initially including four clinics, coverage may be scaled up to the regional level in the future.

This agreement has the potential to expand the technical and financial resources available to PUCMM for HIV- and AIDS-related work and to provide on-site training for students and staff. PUCMM should capitalise on this opportunity to not only focus on serving the needs of *society* but also the needs of its *students and faculty* to the information, services, and skills necessary to reduce their vulnerability and risk to HIV.

HAITI

University of Quisqueya (UniQ)



BASIC FACTS

Established:	1988	Total staff:	N/A
Status:	Private	Total teachers:	173 (of which 128 part-time)
Location:	Port-au-Prince	Total students:	1,600
		% students female:	N/A
Number of faculties:	6	Student/teacher ratio:	N/A

The University of Quisqueya (UniQ) is Haiti's leading private university in terms of the number of students and the number of programmes offered. Committed to serving the needs of society, each faculty has a training programme that provides community service.

Political instability and insecurity in recent decades has reportedly affected enrolment rates, with greater numbers of students attending Dominican tertiary institutions. To promote a safer learning environment, UniQ is planning to move the campus to the northern outskirts of Port-au-Prince in 2006. There are no plans to establish on-campus student dormitories, meaning that students will continue to be required to commute.

There is no institutional policy or plan at UniQ related to HIV and AIDS. Some key informants felt that any publicity concerning an HIV and AIDS policy would adversely affect the image of the University and have a negative impact on its enrolment. The Vice-President for Academic Affairs did, however, indicate that there was a tacit agreement that no staff or students living with HIV would be dismissed or asked to withdraw. There is evidence that fear of stigmatisation makes this a moot point as most persons prefer to resign or withdraw from studies as soon as they start having frequent bouts of illness.

There is no dedicated administrative or departmental structure for the coordination and implementation of the institution's response to HIV and AIDS, and related leader-

ship appears to be the efforts of select individuals. This includes the Vice-President for Academic Affairs, and the Head of the Orientation Unit (a psychologist), who has been "doubling" as a counsellor and mentor in sex education. Students have also been active, although there appears to be no mechanism to link the student- and staff-level initiatives.

UniQ reported being eager to spearhead the involvement of tertiary education institutions in the national response. In 2002, the university participated in the development of the Ministry of National Education, Youth and Sports' Strategic Plan for the Prevention and Fight against HIV and AIDS and produced a 12-page document entitled "*HIV/AIDS and the education community: UniQ gets involved.*"⁹⁴ In this paper, UniQ committed to activities at three levels: HIV and AIDS education, research and community service.

Presently, medical students learn about HIV and AIDS at the advanced level of their course of study through courses on parasitology, virology, and infectious diseases, anatomopathology, and dermatology.

The first course on Sexuality, STIs, and HIV/AIDS was piloted in the 2004-05 academic year as a sex education course but within the framework of a peer education project. Students in select faculties (Education, Medical and Health Sciences, and Agronomy) followed the one-week course developed to prepare them to be HIV and AIDS peer educators. These participants—now part of a

Network of Young People Committed to Combating AIDS (REJES)—were subsequently sent to conduct information sessions about HIV and AIDS in high schools. Reportedly successful, the administrators are currently considering introducing it as a compulsory foundation course.

UniQ has also developed, in collaboration with the Haitian Study Group on Kaposi's Sarcoma and Opportunistic Infections (GHESKIO), and Cornell and Vanderbilt Universities, a Masters in Public Health modular programme targeting health care professionals and social workers working in HIV and AIDS counselling and detection centres. The first course was in July 2005; evaluation of the programme is pending.

Medical students at UniQ have also established a club, ACTISTSIDA, which raises awareness among students about STIs, HIV, and AIDS. Activities are sporadic, and take place primarily during World AIDS Day. The impact of these efforts is not measured and there is no follow-up, making it difficult to ascertain knowledge or behaviour change among the student population.

There is no evidence of a body of knowledge being produced directly at UniQ on the various aspects of HIV and AIDS. The bulk of published Haitian research on HIV and AIDS comes from two main organizations, Partners in Health/*Zanmi lasante* and GHESKIO. Research findings were believed to be difficult to access at the University as book acquisition is reportedly a problem.

To reinforce national scholarly research on HIV and AIDS, UNESCO and UNAIDS are collaborating to create a joint UNESCO/UNAIDS professorial chair. It is likely that this will be a rotating post, meaning the incumbent will visit a different university each year to conduct training and research.

There are no HIV and AIDS related services on campus as there are no health centres or sick bays. During the time of the assessment, there were no billboard displays or evidence of condom distributors nor were there emergency kits or PEP available for incidents of exposure to staff and students (e.g., needle stick injuries, exposure to blood or other body fluids). Moreover, use of existing HIV and AIDS services off-campus, such as VCT, are reported by students to be low due to a) perceived lack of confidentiality; b) "*stressful and frightening*" counselling techniques; c) inavailability of counselling services; d) fear of stigma and ostracism; and d) the perception that HIV is a "*death sentence*".

Efforts by UniQ to engage itself in the HIV and AIDS response are quite recent, and it is difficult at this stage to measure their effectiveness. The will seems to be there, although further steps are required to establish an institutional structure capable of delivering coordinated activities that are monitored for their overall impact on knowledge, attitudes, and behaviours among staff and students.

WEST INDIES University of the West Indies (UWI)



BASIC FACTS

Established:	1948	Total staff:	1,737
Status:	International tertiary institution	Total teachers:	630
Location:	Jamaica (Mona campus)	Total students:	10,781
		% students female:	68%
Number of faculties:	5	Student/teacher ratio:	17.1:1

The University of the West Indies (UWI) serves 15 countries in the Caribbean⁹⁵ on three campuses located in Jamaica, Trinidad and Tobago, and Barbados. All campuses are quasi-autonomous but integrated through centrally administrated functions and operations at the Mona Campus in Jamaica.⁹⁶

"HIV and AIDS represent a major health tragedy in the Caribbean...UWI is positioned to play a central role in educating [partners and stakeholders]...and to fight HIV and AIDS. My vision is to expand and enhance our contributions in the effort to the community and we obviously need to have the same effort within the university..." -Vice-Chancellor, UWI

UWI developed its first policy on HIV and AIDS in 1995. Many stakeholders—largely from the academic community—participated in its development and the draft policy was reviewed and approved by WIGUT, one of UWI's staff unions, before its promulgation. Although the policy was not very comprehensive, it was perceived to be adequate at the time.

The policy was redrafted in 2004, again in collaboration with a range of stakeholders, to address a greater variety of issues. Research undertaken by Masters-level students in the Social Science department was believed to have fed into the current policy, which addresses: rights of affected persons; confidentiality; managing HIV and AIDS within the University with regards to treatment of affected persons, education and counselling, employee guidelines,

medical/laboratory environments, and accidental exposure to HIV; staff and student responsibilities; gender-related issues; research; and the community. Stakeholders are reportedly committed to keeping the policy timely and relevant to current challenges.

The policy does not cover issues pertaining to the financial management of HIV and AIDS in the institution such as: employee benefits, inability of students to repay student loans or skills replacement and training costs. The policy does, however, make provision for staff and student welfare and for ART and access to PEP in the event of accidental exposure to blood products in laboratory settings and sexual assault. A separate policy on sexual harassment and assault also exists; but these policies exist in isolation from each other with no formal links between the two.

Even though an HIV and AIDS policy has been in existence for 10 years, the general feeling from many informants during the assessment was that the policy is not well-known among staff and students. No informant could recall if there had ever been a need to enforce the policy in cases in which an individual's rights were infringed.

Leadership at UWI has consistently demonstrated commitment to the regional HIV and AIDS response. The Chancellor, a distinguished medical professional, was previously a member of PAHO and currently carries special responsibility for HIV and AIDS in the region. He has indicated that he is more than willing to put his expertise

at the institution's disposal. The previous Vice-Chancellor was also very supportive of HIV and AIDS initiatives, establishing the University's HIV and AIDS Response Programme (HARP) in 2001. The current Vice-Chancellor is perceived to be central to HARP's successful functioning.

HARP is a multidisciplinary group dedicated to using the University's capacities to partner with government and NGOs to contribute to HIV and AIDS prevention and care, and to mitigate the impact of the epidemic. It aims specifically to:

- Accelerate action by UWI in response to the growing HIV and AIDS epidemic through research, education, training, and strategic engagement with the wider society;
- Develop and monitor institutional policies;
- Generate, attract, and manage resources to sustain the response to HIV and AIDS; and
- Serve as a clearinghouse for HIV and AIDS information, working in collaboration with and complementing national, regional and international agencies.

There is a notion within the institution that HARP is part of the Medical Faculty, perhaps because HARP's Coordinator is also the Head of the Department for Community Health. However, HARP's mandate is to look at the entire University's response. As a Senior Project Officer explained, HARP is placed in the Medical Faculty in terms of "*location but not vision.*"

HARP began to gain momentum in 2002 when UWI collaborated in the Strengthening the Institutional Response to HIV/AIDS/STI in the Caribbean (SIRHASC) initiative. Funded by the European Commission, SIRHASC had five project outputs; UWI was one of the lead agencies for two outputs, namely 1) an increased pool of appropriately skilled personnel to contribute to effective policy development, planning and implementation of STI/HIV/AIDS programmes; and 2) more comprehensive and accurate information on the course, consequences, and costs of the epidemic through improved surveillance, monitoring, and evaluation of national control programmes and through operations research.

UWI HARP has made strides in integrating HIV and AIDS into curricula. In 2002, HARP established a Curriculum Development Committee to identify opportunities across disciplines to integrate HIV and AIDS into existing courses and to establish stand-alone courses. The process was consultative and cooperative in nature and had impressive results: 23 of the 40 courses targeted for integration in the 2003-2004 academic year were successfully integrated with HIV content, and 17 new courses were developed. A

total of 32 (15 existing, 17 new) of the courses were delivered, exposing nearly 1,000 students to this information.

HARP has also expanded the information resources available for teachers to use in their courses and provided training opportunities. It piloted, updated, and finalised an HIV and AIDS Teaching Resource Manual with multidisciplinary teaching support material for lecturers which is now also available on CD-Rom. HARP further procured more than 60 new publications for the University libraries and distributed 170 HIV and AIDS videotapes to University academic departments. Under the SIRHASC initiative, UWI facilitated two two-day TOT workshops in 2003, training a total of 60 academic staff and has provided regular training sessions on basic information on HIV and AIDS for non-academic staff members of one of the staff unions. The SIRHASC initiative also enabled UWI to recruit a Health Communication Specialist, and a Public Health and Health Promotion Specialist.

A peer education programme has also been established through HARP, with supervision provided by the Student Counselling Unit. While peer education generally forms part of the informal curriculum, peer educators have also been used by UWI in formal classes, where they have acted as assistant lecturers and discussants on a module on health and security.

HARP, the Campus Health Service, and the Campus Counselling have also engaged in periodic IEC activities on campus, generally distributing Ministry of Health materials. HARP itself has produced limited promotional materials in the past; many campus stakeholders have complained about a lack of funds to do so.

The University has made a significant contribution to the regional body of knowledge on HIV and AIDS across a range of disciplines. Current research includes: clinical trials; communication for social and behaviour change; gender and the position of women; health economics; community health and psychiatry; and education. The SIRHASC initiative funded a study on the psychosocial needs of women living with HIV, and two HIV and AIDS impact assessments (in Haiti and Suriname). The University does not, however, have a good monitoring system to gauge the various new and ongoing research initiatives and information-sharing across departments remains problematic.

HIV and AIDS services are notably comprehensive, and confidentiality is assured. The Health Centre has STI diagnosis and treatment, pre- and post-test counselling is provided to all individuals undergoing HIV testing and ongoing

counselling is available in the Campus Counselling Unit for people requiring further psychosocial care. Staff at the Centre are adequately prepared to diagnose and treat opportunistic infections and free ART is available onsite, along with adherence counselling. Four students were following treatment at the time of this assessment and were reportedly showing good adherence. PEP is available to staff and students in the event of sexual assault, needle stick injuries and to individuals working with patients and blood products in the University hospital and laboratories. Where necessary, referrals can be made to other external service providers.

The overall response of UWI and specifically the activities of HARP have made significant strides in mainstream-

ing HIV and AIDS into the life of the University. UWI has adopted a comprehensive approach, including policy development and implementation, integration of HIV and AIDS into curriculum, research, and numerous services for students and staff. It has the potential to become a “best practice” for other institutions in the region and around the world.

Steps to formalise its status—with core staff in dedicated institutional positions—and a structure on the main campus (not in the medical school) would assist in conveying the independent and multidisciplinary nature of its initiatives. Core funding from the university budget would also defer dependency on donor funding and demonstrate it as a central part of the University.



LEBANON

American University of Beirut (AUB)

BASIC FACTS

Established:	1866	Total staff:	N/A
Status:	Private university	Total teachers:	576
Location:	Beirut	Total students:	6,936
		% students female:	49%
Number of faculties:	6	Student/teacher ratio:	13:1

The American University of Beirut (AUB) is a private university functioning under a charter from the state of New York (US) to serve people of Lebanon and the Middle East. Students come from upper-middle to high-socio-economic classes from Lebanon, other countries in the Arab region, and beyond. The campus includes multiple student facilities, libraries, and dormitories in a liberal and tolerant atmosphere.

"In the 1990s, it was all about AIDS for student nurses and for research! Now... it is not a priority anymore."

—Assistant Professor, School of Nursing

"We treat HIV/AIDS as any other infectious disease. Before, we used to emphasise HIV when there was a focus on HIV/AIDS."

—Chair, Department of Microbiology and Immunology

There is no HIV- and AIDS-related policy at the university nor any reported institutional response. On the contrary, most respondents voiced that HIV and AIDS is no longer a priority, as it was in the 1980s and 1990s. Low HIV prevalence rates and a low estimation of the burden of HIV on universities were cited in the review.

HIV and AIDS issues are taught like any other health topic in the Schools of Medicine, Nursing, and the Faculty of Health Sciences. Education focuses on modes of transmis-

sion and precautions, physiology and clinical manifestations, diagnostic procedures, prevention and education for patients and families, and treatments for opportunistic infections. HIV education is also included in an elective course on "Health Awareness" offered for students of various majors. This course introduces students to general principles of health and wellness with the aim of ultimately encouraging positive health attitudes, reinforcing healthier lifestyles, and helping students to make informed decisions related to their well-being.

To equip teachers with the skills, instructional methods, and resources to provide this education, the School of Nursing is preparing a training programme for all nursing faculty at AUB. This programme will be based on the Nursing School of New York's curriculum,⁹⁷ and WHO guidelines and directives. AIDS-related information is also provided to staff members through annual seminars for faculty prepared by the Continuing Education Committee and the Research Committee. These seminars are also used to disseminate guidelines and recommendations from the International Council of Nursing, the US Centre for Disease Control and Prevention (CDC), and the American Dentists Association.

HIV- and AIDS-related research is limited at AUB, comprised primarily of a few knowledge and behaviour surveys conducted by faculty for the National AIDS Programme (NAP). Researchers reported having limited access to data and information—particularly for clinical or medical research due

to few patients with HIV and AIDS attending the University hospital—and bemoaned the lack of collaboration among universities and with the Ministry of Public Health. Past and proposed collaborative projects with the US CDC and Johns Hopkins University are anticipated to improve this situation.

Medical students in LEMSIC have taken the leadership role in providing HIV preventive education to students and the surrounding community. LEMSIC's SCORA carries out workshops, fundraising events, and World AIDS Day seminars for students, school children, prisoners, scouts, rehabilitation centres and clubs. Although there has been no formal evaluation of their programmes, LEMSIC's President explained, "*we always have people coming back to us to repeat [our peer education] workshops and this is a good sign*". LEMSIC also launched a website, with support from UNICEF and UNFPA, on sex education for youth in the Arab region (<http://www.sx-education.org>). All of these activities have been conducted in collaboration with the NAP and student bodies in other universities including Balamand University, Lebanese University, and Beirut Arab University, reflecting a certain degree of collaboration and networking at the student level.

AUB's Medical Centre, with the help of the Palestinian Red Crescent Society, has also established links with the community through a voluntary outreach clinic (VOC) established in 2001 in an impoverished Palestinian refugee camp on the outskirts of Beirut. The VOC seeks to improve access to quality clinical services, and provide

proper and regular checkups to people living in and around the camp. It also provides doctors with the opportunity to interact with patients outside of the classical clinic or hospital setting, and at the same time, strengthens collaboration with civil society.

AUB, as a leading university, is in a good position to lead initiatives on HIV and AIDS among other universities, and to provide community outreach to raise awareness and affect behaviour change. At present, however, its response has been largely dictated by the efforts of committed individuals—mostly students but also some faculty members—leading to fragmented interventions that are sustainable only as long as the individuals are present and their commitment is assured.

Although the Arab region has been, to date, less affected by HIV and AIDS than other regions, UNAIDS attests that there is significant scope for the further expansion of the epidemic.⁹⁸ Evidence from numerous countries demonstrates that there is no room for complacency. Governments and civil society organizations in Brazil, Cambodia, Senegal, and Thailand acted decisively to introduce prevention programmes when HIV prevalence was low, and have achieved declining levels of new infections. Similar steps at the national *and* institutional levels in Lebanon can limit the further spread of the disease as well as deepen knowledge and increase acceptance—among both university staff and students and the wider society—of people living with HIV.



CHINA

Renmin University of China (RUC)

BASIC FACTS

Established:	1950	Total staff:	2,966
Status:	Public university	Total teachers:	1,568 (of which 378 part-time)
Location:	Beijing	Total students:	18,752
Number of faculties:	17 Schools 8 Departments 13 Research institutes	% students female:	57%
		Student/teacher ratio:	13:1

Renmin University of China (RUC) is a comprehensive research-intensive university, focusing on the humanities, social and management sciences, with additional programmes for natural, information, and environmental sciences.

"It is incumbent on every member of the society to respond to HIV/AIDS ...and RUC is definitely not an exception. RUC holds many responsibilities for the society, education, research and social services, all requiring attention to any issue, including HIV/AIDS, that threatens the well-being of the members of the university."

-Prof. Ma Junjie, Vice Secretary of RUC Communist Party Commission

RUC does not have a written policy or strategy to guide its response to HIV and AIDS, although sexual and reproductive health has been integrated into other strategies, such as *RUC Strategy for Improving and Strengthening Ideological and Ethical Education among Students*. HIV- and AIDS-related initiatives at RUC have been guided mainly by national policies and guidelines. Higher education institutions are required to implement HIV preventive education, as specified by the National Strategic Plan 1998-2010, Action Plan 2001-2005 and the State Council Communication Strategy 2004-2008 for HIV/AIDS Prevention and Control, as well as by directives issued annually by the Ministry of Education since 2001.

The administrative leadership in the response largely takes the form of participation and supportive statements by RUC leaders at HIV and AIDS awareness-raising events and campaigns organised by the various sectors of the University. While there are no university-wide structures specially designated for coordinating and implementing the institutional response, the existing leadership and coordination mechanisms for social- and health-related programmes assume such responsibility.

HIV and AIDS is not part of the core curricula at the university, but provided through optional courses including 1) a 36-hour Health Education course offered by the RUC Community Health Centre, which includes four hours covering HIV/AIDS -related issues; and 2) Psychology and Character Development, offered by the Psychological Health Counselling Centre of RUC. Notably, the overall coverage of formal HIV-related education is limited, and its impact has not been evaluated and documented.

RUC's contribution to HIV and AIDS research has been made mainly through the Institute of Gender and Sexuality. In addition to conducting numerous national research projects in collaboration with WHO, the Ford Foundation, and universities in other countries, the Institute established in April 2005 an AIDS Working Centre to focus on supporting HIV and AIDS interventions among female sex workers across the country. Another research institute, the Centre for Population and Development Studies, has also been involved in HIV preventive education since 2003,

when it was designated by the Ministry of Education to execute a pilot project on HIV preventive education in rural secondary schools. Research papers from both units have been published in national and international journals, and presented at international and national HIV/AIDS conferences and seminars.

Multiple sectors of the RUC are involved in providing HIV- and AIDS-related services, primarily for students. Information, counselling, condoms, and referral services for HIV and AIDS are provided at the Community Health Centre, the Psychological Health Counselling Centre and the Family Planning Office. The Director of the Community Health Centre mentioned there was no compelling reason at the moment to provide VCT and HIV-related treatment services, as, to date, no HIV cases have been detected at the Centre.

HIV- and AIDS-related community outreach is organised primarily through research and student-led educational activities. For example, the primary purpose of the newly established AIDS Working Centre within the Institute is to reach female sex workers with research, advocacy, and health education interventions. Various student organizations also provide community outreach in AIDS-affected areas, while the Youth Volunteers' Association (YVA) has established links with other universities and secondary schools in Beijing to train peer educators on adolescent reproductive health issues.

Initially piloted in 2000 with support from UNFPA and China's Family Planning Association (CFPA), YVA's peer

education programme has become a regular activity and is supported by RUC's Youth League. Evaluated, institutionalised, sustained, and believed to have reached the entire undergraduate student population, the programme is considered by many students and staff to be RUC's most successful HIV-related activity. The following factors are believed to have contributed to its success:

- Political support from credible international and national organizations (UNFPA and CFPA) and positive media coverage of initial project activities assisted in attracting the attention, involvement, and subsequent support from the University leadership.
- Involvement of young people in the entire process, from planning and implementation to monitoring and evaluation of the activities.
- Students' interests have guided the development of content and training methods.
- Adult professionals and professional organizations no longer view themselves (as they had initially) as authoritative educators but as supporting partners to the programme.
- The programme enables both learners and educators to develop their life skills and competencies in a broad sense. As one peer educator who is now a member of IPPF's Youth Council, UNFPA's Youth Advocacy Group, the UN Theme Group on HIV/AIDS and Young People in China, and an active participant in various international forums explained, *"I used to be a very shy girl...I could hardly speak out in the public. It is peer education that built up my confidence and my ability."*



THAILAND

Chiang Mai University (CMU)

BASIC FACTS

Established:	1964	Total staff:	10,685
Status:	Public university	Total teachers:	2,078
Location:	Chiang Mai	Total students:	24,053
Number of faculties:	17 Faculties with 107 Departments 3 Research institutes 1 Graduate school 18 Academic support centres and community service centres	% students female:	N/A
		Student/teacher ratio:	12:1

Chiang Mai University (CMU) was the first institute of higher education in the north, and the first provincial university in Thailand. CMU offers a wide range of programmes including international undergraduate, Masters, and Doctoral programmes in collaboration with numerous foreign institutions.

CMU does not have an overall policy nor a strategic or action plan to guide its response to HIV and AIDS. There is no University-wide HIV/AIDS focal point, coordinator or coordinating body, and no task team or working group. Despite this, numerous faculties and institutes have established HIV preventive education, conducted research, supported HIV-related programmes and services, and undertaken community outreach.

Numerous faculty members including departmental Deans, Directors, and senior researchers, are active in national and regional HIV responses. Some have served or are serving as members of national committees including those on Communicable Diseases, "3 by 5", AIDS Prevention and Control; as reviewers e.g., reviewing the implementation of Thailand's National Strategic Plan on HIV/AIDS 2002-2007; and as Board members e.g., of an umbrella foundation that includes the Asian Harm Reduction Network and the Thai Harm Reduction Network.

The University does not have an overall policy or guidelines for HIV preventive education—the inclusion of HIV-related issues in curricula is left up to each individual faculty or department. HIV/AIDS -related content is scattered across the curriculum of the medical faculties (Medicine, Pharmacy, Health Technology, and Nursing), focusing largely on the biological, pharmaceutical, and medical aspects of HIV and AIDS related to students' future professions. A course on counselling, including counselling people with HIV, is also conducted by the Pharmacy Faculty. Some HIV-related coursework is supported by external collaborations. For example, Population Services International (PSI) has helped to teach about condom promotion, while the Department of Nursing receives funding from the Ministry of Education/Department of University Affairs to provide training on the HIV prevention in the workplace and universal precautions. In none of the faculties, however, is there a clear focus on students' own personal risk or vulnerability.

The Faculty of Nursing also provides international training courses on Midwifery education for safe motherhood; Nursing care of patients with HIV/AIDS; Community-based care for HIV and AIDS; Management of HIV/AIDS prevention and care; Prevention and care of HIV and AIDS for mothers and children; Training educators and trainers in HIV and AIDS prevention and care; and Coping with psychosocial

problems. From 1999 to 2003, 15 courses were offered, including participants from 17 countries⁹⁹ supported by the Department of Technical and Economic Cooperation, UNDP, UNFPA, UNICEF, and WHO. Plans are also underway to establish a “Centre of Excellence in HIV/AIDS Care,” building on the Faculty’s international training programmes and existing network of students and researchers.

The University strongly promotes research as part of its overall mandate. Its research response to HIV and AIDS is often of world-class quality, and has influenced policy-making and strategic planning not only in Thailand, but in the entire region. An explicit example is the “Enhancing Care Initiative”, established in 1998 in partnership with Harvard University and the Merck Company Foundation, to improve the clinical care of people living with HIV in resource-constrained settings. The research findings were included in Thailand’s national guidelines for HIV and AIDS treatment and care. Many research results have also been shared at international conferences or published in scientific magazines.

In addition to Government funds, CMU’s research facilities receive considerable funding from foreign sources, including the US National Institutes of Health (NIH), UN agencies, NGOs, and foreign universities. HIV-related research has been conducted mainly by two faculties and one research institute. Current research themes include, for example:

- In the Faculty of Nursing: school-based sex and HIV preventive education; the provision of services to people with HIV, including young people.
- In the Medical Faculty: prevention of PTCT of HIV, care and treatment of people with HIV, patient education, and HIV vaccine development.
- In the Research Institute for Health Sciences (RIHES): a broad range of biomedical, clinical, epidemiological and behavioural research e.g., HIV/AIDS vaccine trials; community-based VCT trials; and studies related to peer education among injecting drug users, ART compliance, and the detection of mutant HIV strains.

Numerous HIV-related qualitative research projects were also conducted in the mid-1990s by CMU’s Social Research Institute (SRI), although little has been done in recent years.

In general, it appears the research activities of CMU are driven by individuals and by the availability of foreign funding. There is limited collaboration across faculties and no mechanism is in place to track the output of HIV- and AIDS-related research, although theoretically research reports are collected by the library and can be searched online. Better coordination and information-sharing among facul-

ties in the area of research and HIV preventive education was invoked by many key informants as an urgent need.

Regarding HIV and AIDS programmes and services, the Health Centre at the University Compound provides basic medical care and counselling. While HIV testing is not available at the Centre, referrals can be made to the many free or low-cost VCT centres located in Chiang Mai. Condoms are available at stores around campus, and can be obtained free of charge from the Provincial Health Department and other Government health facilities. There is a VCT and STI clinic attached to the Faculty of Medicine where staff and students work to obtain practical experience. A licensed pharmacy, established for the same purpose, is part of the Faculty of Pharmacy.

The medical faculties have WHO-derived guidelines for prevention of HIV infection in the workplace, especially in case of needle-stick injuries or exposure to HIV-infected blood products. These ‘universal precaution’ guidelines are part of the curriculum in all medical faculties, including Dentistry. PEP kits are available in the faculties in case of accidental exposure to HIV.

The University has established links with the community including marginalised populations (e.g., men who have sex with men, sex workers, and injecting drug users) and has been at the forefront of efforts to promote home- and community-based care. This work extends to countries surrounding Thailand—for example, the Faculty of Nursing is currently assisting a nursing school in Myanmar to set up a home-based care scheme. Students from certain faculties (e.g., the Departments of Community Medicine, and Health Promotion, and the Faculty of Medicine) are encouraged to participate in community outreach through practical assignments, for which they receive academic credits.

The Faculty of Nursing has also conducted community outreach for young people through its recently completed six-year LifeNet Programme for young people in the entertainment sector and the ongoing YCDP. YCDP components include: the development and implementation of school-based curriculum on sexual and reproductive health issues; awareness raising and capacity building initiatives to support teachers to teach and parents to discuss these issues with their children outside of the classroom; as well as the development of a manual and training program to provide health education and life skills for young people with HIV. Initially piloted in a select number of locations, the project is currently being documented and will be replicated in other schools in the North.

CMU's response has included some of the essential and fundamental underpinnings of the national response, demonstrated to have curbed the epidemic in the 1990s. These include:

- Adopting a holistic approach to prevention and care through a wide range of interventions;
- Responding through multi-sectoral actions that move HIV beyond the health sector;
- Working across the "prevention and care continuum," demonstrating that care improves and strengthens prevention, and prevention improves care and support; and
- Involving people at risk, and people with HIV as partners in the design and implementation of prevention, care, and support programmes.

However, coordination is lacking—no single institution, faculty, or individual appeared to know what research on HIV and AIDS was being undertaken, or what HIV and AIDS education for teachers and students was available. A Coordinator—housed in the office of the President or at RIHES—responsible for maintaining an accessible database of research activities and outcomes could obviate duplication, ensure focused and effective use of resources, and improve access to information. A university-wide policy is also urgently required to guide CMU's research agenda, how HIV and AIDS is taught across faculties, how teachers and professional staff are prepared for a professional and personal life in a world with HIV and AIDS, and how HIV and AIDS are managed internally at CMU as an institution, especially with regard to HIV-affected and vulnerable students and faculty.

VIET NAM

Hanoi University of Education (HUE)



BASIC FACTS

Established:	1951	Total staff:	1,113
Status:	Public teacher training university	Total teachers:	853
Location:	Hanoi	Total students:	14,835
Number of faculties:	21	% students female:	70%
		Student/teacher ratio:	17:1

The Hanoi University of Education (HUE) is the leading teacher training university in Viet Nam with a special role to develop human resources for the education sector at all levels and to conduct educational studies.

HUE is considered by the MOET to be one of the few universities in Viet Nam to have successfully implemented an HIV and AIDS programme. The programme, in place since 1991, focuses on preventive education through formal and non-formal education activities. HUE was recently awarded in 2004 a Certificate of Merit by the Prime Minister for achievements in HIV and AIDS and drug prevention.

There is no specific policy on HIV prevention and control at HUE; however, guidelines on HIV preventive education are provided to faculty each academic year based on those established by the MOET, the Hanoi Youth Union Committee, and the Hanoi Committee of the Communist Party.

Leadership in responding to HIV and AIDS at the university is manifested by a programme structure which includes a *University Committee for HIV/AIDS, Social Evils and Prostitution*. The Committee is comprised of members from the university administration, Labour Union, Youth Union, Health Centre, Dormitory Management Board, Training and Finance departments, and all faculties. A clear division of labour and responsibilities, consistent instructions and guidelines, and strong programme support have been

noted by HUE staff and students as key factors assuring programme success.

The programme also utilises the unique character of the political system in Viet Nam to ensure effective implementation, as the Party provides comprehensive leadership. HIV prevention is implemented through the political and ideological education system, with the Youth Union playing a pioneer role.

"The teaching process must end up helping other individuals, communities and societies to know how to prevent HIV infection, not just to equip students with knowledge and skills for protecting themselves from HIV."

-HUE Youth Union Secretary

The university has integrated HIV and AIDS into the teaching curriculum in the faculties of Psychology and Pedagogy, Geography, Political Science Education, and Biology and Agricultural Techniques. HIV-related content is reportedly designed for students who will go on to teach about HIV and AIDS at different educational levels and includes: basic virology, immunology, transmission modes, prevention measures, care and support, reduction of stigma and discrimination, and the impact of HIV and AIDS on socio-economic development.

Those interviewed agreed that HIV and AIDS education was very useful and relevant to students, so they are moti-

vated and very keen to learn about it. As a Professor in the Faculty of Biology explained, “students are extremely interested in learning about HIV/AIDS because they find it quite relevant [in order to] know how to protect themselves as well as to educate their students in the future.” Moreover, the results of exams with HIV-related questions have generally demonstrated a good understanding among students about the subject.

While formal education is designed only for students specializing in four disciplines, non-formal education is designed for all students of the university, and is implemented through many available communication channels (including posters, bulletins, discussions, club meetings, HIV and AIDS awareness-raising contests, song and artistic performances, loudspeaker announcements). HIV and AIDS messages are also delivered during orientation during the first week of every academic year and during World AIDS Day. The Youth Union and the Student’s Association are the major forces for information and communication activities, although the Health Centre also prepares periodic HIV-related messages for reporting on the loudspeaker system, on bulletins or on posters and provides technical assistance for other units. Moreover, the university often cooperates with the National AIDS Committee, the Hanoi Red Cross, the National Committee for Population, Family and Child Protection, the Central Youth Union among others, to organise training courses and HIV and AIDS communication activities for students.

Non-formal education is also considered by many students to be more suitable for talking about sensitive issues such as sex and condom use, and has been utilized to complement formal education in this area, especially in transfer-

ring skills. Most informants revealed that they expected to learn more about sensitive issues through extra-curricular activities rather than as part of their formal curriculum. It was noted by students, however, that the frequency, coverage, and quality of HIV and AIDS communication and education needs to be improved.

“In class, teachers and students feel reluctant to talk about sensitive issues. Teachers only show it and say ‘it’s condom’. We only learn how to use it by looking at paintings. In contrast, we feel comfortable to discuss about safer sex, practise using condoms in extra-curricular activities.”

-Focus group discussion, female student of Psychology and Pedagogy

As the ultimate goal of the university’s preventive education activities is to enable students to help other people to protect themselves from HIV infection, the university has trained hundreds of youth volunteers each year, who work as HIV and AIDS peer educators in the university, in sister organizations and in targeted communities. During the summer holidays, many trained students are sent to rural provinces to implement social development programmes, of which HIV and AIDS is one of five components.

Although HUE cannot be credited with providing a comprehensive approach to HIV and AIDS education, it is believed to have contributed to awareness-raising and the adoption of protective and risk-reduction measures to prevent HIV transmission and prepared future teachers to address HIV and AIDS in their own lives and in the lives of those they will instruct and mentor.

CONCLUSIONS AND RECOMMENDATIONS

Little is known in all of the case study institutions about the **vulnerability of the university community and the impact of HIV and AIDS on the institution** and the community it supports. Existing studies—where available—cover largely quantitative findings of the sexual KAP of students, while those of the faculty and staff population are rarely subject to review. At the same time, no impact or risk assessments have been undertaken in any of the institutions on HIV and AIDS' effect on the direct, indirect, and systemic costs of the universities; its teaching and research activities; its human resources and student enrolments; and the wider functioning of the university.

Most institutions, due to their research and investigative capacities, are perfectly capable of undertaking this analysis. Data collection and impact assessment activities at various levels within the institution should be prioritised including assessments of the:

- Actual and potential financial impact of HIV and AIDS on the institution;
- Extent of student and staff morbidity and mortality and how this affects the demand and supply of quality education; and
- Utilisation of current services, and demand for additional services.

Sustained advocacy, capacity building, and technical assistance will be required for university authorities as well as Ministries of Higher Education to enable a more comprehensive understanding of impact and the required response, and to mobilise external support. UNESCO and its international partners, as well as continental and international associations such as AAU, UNICA, and the SADC's Research Network on HIV and AIDS can do more to support these initiatives.

There is a need to develop **policy frameworks** that locate HIV and AIDS as part of the mission and core business of tertiary institutions. While institutional policies need to be developed in country-specific legal and social contexts,

most will include the following components:

- Rights and responsibilities of the institutional community including people with HIV and those affected by the epidemic;
- HIV-related teaching, research, and service activities (including community outreach);
- Prevention, care, and support services to be provided by the institution;
- Institutional arrangements allocating roles and responsibilities; and
- Review, monitoring, and evaluation mechanisms for policy implementation.

Policies should also be coherent with national policies and strategies in the education sector to ensure a continuous and comprehensive response.

The consultative process employed by UWI and NUL in the development of their policies is to be commended, and demonstrates the importance of the inclusion of institutional stakeholders. Initial consultations for the *development* of the policy should not end there, however, but should be part of ensuring cooperation and involvement in the effective implementation of the policy, and in mobilising funds to convert statements into actions through strategic plans. The meaningful involvement of people with HIV in the full continuum of the institutional response should be promoted to breakdown stereotypes associated with HIV infection and related stigma and discrimination, and to ensure their voice in decisions around HIV-related issues such as workplace and discrimination policies, use of financial resources, and access to medical treatment and psychosocial support.

Strategic plans have been demonstrated to be most effective when they are multisectoral, time-bound, based on a wide consultation, and enforced by mechanisms to monitor implementation and ensure accountability. Evidence from case study institutions also demonstrates that greater transparency and information-sharing about existing activities is required to mainstream HIV and AIDS

across institutional operations. Government agencies, multilateral and bilateral organizations, NGOs, and private enterprises currently supporting HIV-related activities can be approached to finance policy implementation. However, tertiary institutions should not rely entirely on external funding arrangements; they must demonstrate the HIV and AIDS response is a core institutional function by establishing a dedicated and sustained core budget for the HIV and AIDS programme.

Institutional policies and plans, however, are only effective as the **leadership** that owns and supports them. In most of the case studies, institutions are relying on the philanthropy, interest, and good will of staff members and students to add HIV and AIDS activities into their existing work- and course-loads. The longer HIV and AIDS remain an add-on function, the lower its profile and the less chance of success there will be in addressing the problem.

Sustainability and accountability for results cannot depend on volunteers. A visible focal point—an office with two or three dedicated and competent staff—is necessary to provide day-to-day attention, encouragement to other units, strategic reflection, and a means of disseminating new information on HIV and AIDS. HIV/AIDS Units should be provided with full responsibility of the budget for HIV and AIDS activities, and subject to the same forms of accountability as other faculties and services responsible for managing resources.

Evidence also demonstrates that further encouragement of broad-based leadership is required:

- Students need to be part of the entire process of planning, implementation, and monitoring and evaluation of activities. While student organizations seem to be active in many of the case study institutions, there were limited mechanisms for interaction between staff and student leaders and piecemeal budgets for activities.
- Special efforts are required to support people with HIV to establish groups and networks, and to participate fully in the development and implementation of AIDS-related university policies. This will include: promoting and assuring positive and non-discriminatory attitudes, policies and procedures; improving access to information, confidential counselling, quality treatment and care; and creating an environment in which people can work together for a better future, regardless of their HIV status.
- University officials' engagement must move beyond an occasional speech or comment to sustained, informed and strategically sound personal, professional, and political commitment. SRCs exist in most tertiary insti-

tutions, and their social and political energy could be harnessed to leverage and sustain these commitments, as could teachers and staff unions.

- The near total absence of teachers' unions in the institutional response suggests that they need further support to work with the Ministries of Education and Health, and tertiary institutions to strengthen HIV-related efforts. Collaborations between Education International, the world's largest international trade secretariat, UNAIDS, UNESCO, WHO, the Education Development Centre (EDC), and the US CDC have helped union leaders strengthen HIV policies, curricula and training in school settings. Similar efforts for the tertiary sector could lay the groundwork for more integrated and comprehensive planning and implementation at this level.
- Ministries can also guide institutional responses through the establishment of national policy frameworks and guidelines related to prevention, treatment, care and support, workplace issues, and management of the response. In this review, only China's and Viet Nam's Ministries of Education were providing clear directives to public tertiary institutions—although these were still largely related to preventive education. Educational policies with a flexible set of principle guidelines—subject to regular review and revision—can ensure coherence and harmonisation across institutions.

All case study institutions identified **pre- and in-service education programmes** as an urgent need. In order to ensure the success of formal education activities, faculty need to be well-trained on technical knowledge related to HIV, interactive and participatory teaching methodologies, and provided with sufficient resources including visual equipment and teaching aids. Broader programmes directed at *all staff* providing training on HIV and AIDS prevention and mitigation would strengthen the institutional response.

While institutions must ensure that curriculum is relevant to local contexts and “owned” by its stakeholders, a wide selection of materials is currently available and should be promoted for local adaptation and use. UWI's HIV/AIDS Teaching Resource Manual, containing multi-disciplinary teaching support materials for lecturers, is one example. Other materials, including those found on UNESCO's International Clearinghouse on Curriculum for HIV/AIDS Preventive Education, can be reviewed and adapted at the institutional level.

The integration of HIV and AIDS into **formal education programmes** is largely the exclusive domain of medical faculties focusing mainly on biological, pharmaceutical,

and medical aspects of HIV and AIDS. In most of the non-medical faculties, whether HIV is discussed or not is entirely dependant on the personal interest of the lecturer. In both cases, the onus is typically on knowledge-generation rather the transfer of skills and promotion of attitudes needed to reduce risk and vulnerability such as assertiveness, effective communication, and decision-making.

There is a need in almost all institutions to integrate HIV into all teaching programmes and courses, underlining its relevance to the subsequent professional *and* personal life of all students. This includes addressing cultural norms and beliefs, and other factors that put people at greater risk of infection such as poverty, gender inequality, and the social marginalisation of specific populations. Lecture halls and laboratories should not be considered the exclusive domains for learning—practical assignments, research investigations, and field work and community outreach integral to courses are also opportune.

Complaints that curricula are “*already overburdened,*” and that “*there is no space for additional themes*” must also be addressed. UWI has demonstrated that infusing HIV and AIDS into existing courses can add greater sustainability to the curriculum development process, as it does not require the same expenditure as a new course. Its participative approach to curriculum development may also be a good benchmark for other institutions to follow, as it encourages the buy-in of lecturers and the relevance of materials. HIV should be seen as matter for intellectual investigation and examination across all faculties and departments, and not simply an “add-on” to already-stretched courses of study.

Nonformal educational activities about HIV and AIDS in many of the case study universities occur primarily twice a year—on World AIDS Day and during student orientation. Typically one-on, most nonformal educational activities rely on IEC to raise awareness, rather than behaviour change communication to not only change knowledge and attitudes, but to build skills and support mechanisms to sustain changed risk-reductive behaviours. Moreover, most make no effort to determine their impact on changes in knowledge, behaviour, attitudes and practices through pre- and post-intervention studies or other evaluation means. Evidence from the case studies suggests that non-formal education activities need to:

- Move beyond a sole focus on prevention. Efforts to reduce stigma and discrimination should be part of a larger campaign to promote a safer environment where people will feel more comfortable being tested for HIV and aware of their status;

- Address the special needs of populations such as men having sex with men, ethnic minorities, and other groups that are not addressed in current IEC campaigns;
- Link to available services (condoms, VCT, ART, etc.) both on and off campus; and
- In some of the highly affected countries, such as Lesotho, address the reported “saturation” of HIV and AIDS information, through targeted messages that are pre-tested for cultural relevance and sensitivity.

Peer education programmes in many universities are serving not only the purpose of HIV prevention and health promotion, but as platforms whereby learners and educators can develop life skills and psychosocial competencies in a broader sense. In order for this to be the case across the board, efforts must be taken to ensure that programmes are sustainable, worthwhile for participants, and sufficiently structured to ensure high quality. Monitoring and evaluation of activities need to be scaled up to document effectiveness and ensure ongoing support.

Most institutions include the generation of knowledge through teaching and **research** as their core function. A more effective focus on HIV and AIDS research would be achieved, however, if a strategic approach was taken on research priorities rather than allowing projects to be driven by individual interests and donor funding arrangements. To facilitate this strategic focus and ensure the wider application of research results, tertiary institutions need to:

- Develop coordinated research plans that are transparent and publicly-available and that move beyond biomedical models to look at HIV as a development issue. The promotion of multi-disciplinary research in the overall plan would help to move away from so-called “AIDS exclusivism” and expand the base of potentially accessible grants. This plan should draw on prioritised areas of research identified by Ministry of Education information directorates or HIV/AIDS management units;
- Strengthen the platform by which lessons learned through research and research-related pilot interventions, as well as HIV preventive education, can be brought to the attention of policy-makers. Technical assistance supporting researchers and university officials to effectively communicate research and program results to policy-makers can support evidence-based decision-making and investments.
- Steps should also be taken to establish either dedicated HIV and AIDS sections in the libraries or dedicated resource libraries to make institutional and other research more accessible.

Developing and maintaining a good, comprehensive HIV and AIDS institutional programme will require **partnerships** between departments, across institutions and with Government agencies, multilateral organizations, NGOs and private enterprises currently supporting HIV-related activities. Continued efforts must be undertaken to nurture and expand existing partnerships; initiatives to assist other universities' to scale up their services should also be prioritised. Members of regional and international associations—such as AAU, ACU, and UNICA—should explore how to better exploit available networks to scale up access to best practices, materials, and curriculum guidelines for the tertiary sector.

Workplace policies and programmes are urgently required that provide a legal framework for the protection of employees' rights (e.g., non-discrimination, confidentiality), contain regulations governing the appropriate conditions of employment, and establish safe and secure working conditions (including guidelines on universal precautions to prevent the transmission of HIV and other bloodborne pathogens). This is an instrumental part of helping to prevent the spread of HIV, mitigating its impact on staff and students, and providing social protection to help those affected cope with the disease. The ILO has established a number of materials based on its 2001 Code of Practice that can assist higher education institutions to establish workplace policies, including a checklist for an HIV/AIDS policy; guidelines for employers and workers; a step-by-step guide to implementing a policy, and examples of policies and actions.¹⁰⁰

It is unlikely that all Student Health Centres will be able to provide comprehensive **HIV and AIDS services** such as STI diagnosis and treatment, VCT, treatment for opportunistic infections, and ART. In low prevalence settings and in small universities (due to limited staff and resources), there appears to be no compelling motivation or visible capacity to develop these services. Here, treatment services may not be the most immediate need, and good quality prevention programmes are likely to be a better investment. However, institutions must still take steps to ensure that referral systems are in place for expanded packages of services, that support services are provided to staff and students living with HIV, and that the institutional environment is one in which students and staff feel secure to disclose their status, and are further protected by guarantees of freedom from stigma and discrimination.

In institutions scaling up HIV-related services, special care needs to be made toward ensuring ongoing training for service providers in counselling, information provision,

and HIV-related care; confidentiality and privacy of record-keeping and personal information; and ongoing monitoring and evaluation of the quality of services through well-known mechanisms such as user satisfaction surveys.

Community outreach has offered the opportunity for many students and staff to deepen their technical and relational knowledge of their societies, to develop leadership skills, and to respond to community needs. Tertiary institutions could do more to encourage this interaction through the provision of course credits or certificates, and public recognition of efforts. Universities' position in society also enables them to challenge the widespread social stigma and discrimination that exists against people living with or affected by HIV and AIDS through intellectual vision and leadership, and institutional actions. However, this can only be achieved when people with HIV are seen to be, and see themselves to be, part of the society and not outside of it or a special category.

In conclusion, while there is no simple formula that can be applied to the challenge that HIV and AIDS pose to institutions of higher learning, this study suggests that there are key components to an effective response. To assist higher education institutions in evaluating and formulating appropriate responses, UNESCO is considering supporting the development of a self-assessment checklist for tertiary institutions.¹⁰¹ This checklist would provide a comprehensive and detailed overview of the issues and actions to consider, which could be reviewed and adapted to the local context by institutions.

Key to the development of any institutional response is the process of self-assessment and reflection. In some of the institutions included in this review, this exercise was the first time they had evaluated the impact of HIV and AIDS on their institutions, and considered the adequacy and relevance of their responses. In environments that traditionally foster discussion and debate, challenge ways of thinking and being, and offer responses to some of society's most pressing concerns, the question remains: why is there so little inquiry around HIV and AIDS?

Higher educational institutions play an important role in all societies by asking questions and probing for answers. In relation to HIV and AIDS, this means moving beyond narrow biomedical or behavioural approaches to explore how the epidemic prospers because of poverty and inequity, gender and power imbalances, social and cultural practices, and limited social and health protection and economic opportunities. Once institutions understand—in principle and in practice—that HIV and AIDS is a develop-

ment issue, they are then in a position to propose a range of interventions that both internal to the university, as well as external in the communities from which the staff and students are drawn and which are served by the university and the wider society.

This inquiry must be encouraged at all levels of institutions, engaging staff (academic, professional, administrative, technical and support) as citizens in the age of AIDS and students in their future roles as professionals, family, and community members. Transforming institutions and societies that will live through and beyond this epidemic demands AIDS competence among staff and students—to assess factors that make them vulnerable to, or put them at risk of infection with, HIV; to act to reduce their vulnera-

bility and risks; to mobilise holistic care and support for those infected with, or affected by HIV and AIDS; and to continue to imagine and move towards a society post-AIDS to which they can all strive.

Promising practices are emerging through this review and other studies, which have relevance and application for other tertiary sector institutions. But in order for sustained change to occur, institutions will need to ask themselves some difficult questions about the rationale and function of their institutions and the role they play in transforming individuals and societies. As higher education institutions are centres for the development of intellectual and human potential, the foundation is there for this to happen.

REFERENCES

- Africa-America Institute and the Association of African Universities. How Are African Universities Responding to the HIV/AIDS Pandemic? African Perspectives. New York, Africa-America Institute, 2003.
- African Women in Science and Engineering (AWSE). Workshop on Women in Higher Education and Science: Africa Universities Responding to HIV/AIDS . Nairobi, Kenya 3-5th December 2001.
- Anarfi JH. Universities and HIV/AIDS in Sub-Saharan Africa—A Case Study of the University of Ghana, Legon. Paper Prepared for ADEA Working Group on Higher Education, 2000.
- Association of African Universities (AAU). A Toolkit for Higher Education Institutions in Africa: Mitigating the Impact of HIV/AIDS . Accra, Ghana, AAU, 2004.
- Association of Commonwealth Universities (ACU). Commonwealth Universities in the Age of HIV/AIDS: Guidelines towards a Strategic Response and Good Practice. London, ACU, 2002a.
- . HIV/AIDS: Towards a Strategy for Commonwealth Universities, Report of the Asian Sub-Regional Workshop. Goa, India, 2002b.
- . Toward a Strategy for Commonwealth Universities: Issues in Policy Development. London, ACU, 2001.
- Badcock-Walters P, Boler T. Policy Implications for Education and Development: An Integration of Perspectives from Ministries of Education and Civil Society Organizations. Paris, UNESCO, International Institute for Educational Planning, 2005.
- Bain B, Morrissey M. The Caribbean HIV/AIDS Epidemic: 14-Point Proposal for Priority Curriculum and Programming Responses by UWI. Mona, Jamaica, University of the West Indies, HIV/AIDS Response Programme (HARP), 2002.
- Barnes T. The Impact of HIV/AIDS on the University of the Western Cape. A Report for the Association for the Development of Education in Africa (ADEA). Paper Prepared for the ADEA Working Group on Higher Education, 2000.
- Borges JM. UNESCO Review of Higher Education Institutions' Responses to HIV and AIDS: The Case of the University of Brasilia. Paris, UNESCO, 2005 (unpublished). Available at <http://hivaidsclearinghouse.unesco.org>
- Brazil Instituto Nacional de Estudos e Pesquisas Educacionais (INEP). Censo da Educação Superior – Resumo Técnico. Brasília, INEP, 2004. Accessed online October 15, 2005 at http://www.inep.gov.br/download/superior/censo/2004/resumo_tecnico_050105.pdf
- Central Intelligence Agency (CIA). The World Factbook 2005. Washington, DC, CIA. Accessed online September 15, 2005 at <http://www.cia.gov/cia/publications/factbook/>
- Chetty D. An HIV/AIDS Toolkit for Tertiary Institutions. Case Study Prepared for a Regional Training Conference on Improving Tertiary Education in sub-Saharan Africa: Things that Work! Accra, Ghana, September 23-25, 2003 accessed online July 26, 2005 at www.worldbank.org/afri/teia/conf_0903/dhianaraj_chetty.pdf
- . Commonwealth Universities in the Age of HIV/AIDS: What Every Senior Executive Needs to Know. London, Association of Commonwealth Universities, 2001.
- . HIV/AIDS and South African Universities: Current Issues and Future Challenges. Presentation, South Africa Universities' Chancellors Association, Johannesburg, October 26, 2000.
- . Institutionalizing the Response to HIV/AIDS in the South African University Sector: A SAUVCA Analysis. Pretoria, SAUVCA, 2000.

- Chilisa B, Bennell P, Hyde K. The Impact of HIV/AIDS on the University of Botswana: Developing a Comprehensive Strategic Response. Sussex, Institute of Development Studies (IDS), 2001.
- Crewe M, Maritz J. UNESCO Review of Higher Education Institutions' Responses to HIV and AIDS: The Case of the University of the West Indies. Paris, UNESCO, 2005 (unpublished). Available at <http://hivaidsclearinghouse.unesco.org>
- Dominguez F *et al.* Knowledge, Beliefs, Attitudes and Sexual Practices Related to Sexually Transmitted Diseases and HIV/AIDS in College Students at a University Campus in Santiago, Dominican Republic. Presented at the 3rd Annual Scientific and Business Conference, UWI-HARP, Barbados, May 5-8, 2005 (ref. cited but unread) in: el Kak F, Kanj M. UNESCO Review of Higher Education Institutions' Responses to HIV and AIDS: The Case of the American University of Beirut, Lebanese University, and University of Saint Joseph. Paris, UNESCO, 2005 (unpublished). Available at <http://hivaidsclearinghouse.unesco.org>
- Emerencia L. UNESCO Review of Higher Education Institutions' Responses to HIV and AIDS: The Case of the University of Suriname. Paris, UNESCO, 2005 (unpublished). Available at <http://hivaidsclearinghouse.unesco.org>
- Ennals AM, Rauan EC. Status and Impacts of HIV/AIDS in Agricultural Universities and Colleges in Africa. Oslo, Norwegian Centre for International Environment and Development Studies, 2002.
- Gaillard EM *et al.* Le VIH/SIDA en Haïti: Une raison d'espérer. Port-au-Prince, POLICY Project, December 2004a (ref. cited but unread) in: Joint United Nations Programme on HIV/AIDS (UNAIDS). AIDS Epidemic Update. Geneva, UNAIDS, 2005a.
- Evidence for Changes in Sexual Behavior and HIV Incidence in Haiti. Powerpoint presentation. Harare, UNAIDS/WHO/UNICEF, 15-17 November, 2004b (ref. cited but unread) in: Joint United Nations Programme on HIV/AIDS (UNAIDS). AIDS Epidemic Update. Geneva, UNAIDS, 2005a.
- Gioi TM. UNESCO Review of Higher Education Institutions' Responses to HIV and AIDS: The Case of the Hanoi University of Education. Paris, UNESCO, 2005 (unpublished). Available at <http://hivaidsclearinghouse.unesco.org>
- Gwatkin D *et al.* Socioeconomic Differences in Health, Nutrition and Population. 2nd Edition. Washington, DC, World Bank.
- Heise L, Elsberg M, Gottemoeller M. Ending Violence against Women. Population Reports L(11). Population Information Programme. Baltimore, Johns Hopkins University School of Public Health, 1999.
- Hyacinthe DF. The Congo River Basin: Armed Conflict and Population Movement. Workshop on Inter-relationships between Development, Spatial Mobility and HIV/AIDS: Contributions to Policies and Programmes against HIV/AIDS. Paris, September 1-3, 2004.
- International Labour Office (ILO). An ILO Code of Practice on HIV/AIDS and the World of Work. Geneva, ILO, 2001.
- ILO Programme on HIV/AIDS and the World of Work website. <http://www.ilo.org/public/english/protection/trav/aid/index.htm>
- International Monetary Fund (IMF). Postconflict Economics in sub-Saharan Africa. Lessons from the Democratic Republic of the Congo. Washington, DC, IMF, 2004.
- Joint United Nations Programme on HIV/AIDS (UNAIDS). AIDS Epidemic Update. Geneva, UNAIDS, 2005a.
- "Three Ones" Key Principles. Coordination of Nationals Responses to HIV/AIDS. Guiding Principles for National Authorities and their Partners. Geneva, UNAIDS, 2005b.
- AIDS Epidemic Update. Geneva, UNAIDS, 2004a.
- 2004 Report on the Global AIDS Epidemic. Geneva, UNAIDS, 2004b.
- Joint United Nations Programme on HIV/AIDS (UNAIDS)/World Health Organization (WHO). Progress on Global Access to HIV Antiretroviral Therapy. An Update on "3 by 5". Geneva, UNAIDS/WHO, June 2005. Accessed online November 15, 2005 at <http://www.who.int/3by5/fullreportJune2005.pdf>
- UNAIDS/WHO Epidemiological Fact Sheets on HIV/AIDS and Sexually Transmitted Infections: Lebanon, 2004 Update. Geneva, UNAIDS/WHO, 2004a.
- UNAIDS/WHO Epidemiological Fact Sheets on HIV/AIDS and Sexually Transmitted Infections: Suriname, 2004 Update. Geneva, UNAIDS/WHO, 2004b.

- Kaiser Network. Daily HIV/AIDS Report. 15% of Lesotho Infants HIV-positive. November 11, 2004. Accessed online October 1, 2005 at http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=26678
- Katahoire AR. A Review of Key Themes and Issues Emerging from Literature on HIV/AIDS and Higher Education in Africa and Uganda in Particular. UNESCO, International Institute for Educational Planning (IIEP), 2004.
- Katjavivi PH, Otaala B. African Higher Education Institutions Responding to the HIV/AIDS Pandemic. Paper presented at the Association of African Universities (AAU) Conference of Rectors, Vice Chancellors and Presidents of African Universities (COREVIP). Mauritius, March 17-21, 2003.
- Kayembé PK. UNESCO Review of Higher Education Institutions' Responses to HIV and AIDS: The Case of the University of Kinshasa. Paris, UNESCO, 2005 (unpublished). Available at <http://hivaidsclearinghouse.unesco.org>
- Kelly M. Framework for the Response of a University to HIV/AIDS. The Mandate of a University. Nairobi, African Jesuit AIDS Network, 2002. Accessed online July 12, 2005 at www.jesuitaids.net/framework.htm
- Planning for Education in the Context of HIV/AIDS. Paris, UNESCO, International Institute for Educational Planning (IIEP), 2000.
- Challenging the Challenger: Understanding and Expanding the Role of Universities in Africa to HIV/AIDS. A Synthesis Report for the Working Group on Higher Education (WGHE), Association for the Development of Education in Africa (ADEA). Washington, DC, World Bank, 2001.
- What HIV/AIDS Can Do to Education, and What Education Can Do to HIV/AIDS. Paper presented to the All Sub-Saharan African Conference on Education for All--18 April 2000. Johannesburg, 6-10 December, 1999. Accessed online September 15, 2005 at <http://hivaidsclearinhouse.unesco.org>
- Kelly M, Bain B. Education and HIV/AIDS in the Caribbean. Paris: UNESCO International Institute for Educational Planning, 2003.
- Kintin FD *et al.* Enquête de prévalence des IST/VIH et des comportements sexuels chez les travailleuses du sexe et leurs partenaires masculins à Ouagadougou, Burkina Faso. Ouagadougou, Conseil national de lutte contre le sida et les IST, CIDA, CCSID, November 2004 (ref. cited but unread) in: Joint United Nations Programme on HIV/AIDS (UNAIDS). AIDS Epidemic Update. Geneva, UNAIDS, 2005a.
- Klasen S. Does Gender Inequality Reduce Growth and Development? Evidence from Cross-Country Regressions. Policy Research Report on Gender and Development Working Paper No. 7. Washington, DC, World Bank, 1999.
- Kramer S. University of Pretoria: HIV Risk Study. Pretoria, University of Pretoria, forthcoming (ref. cited but unread) in: Crewe M, Maritz J. UNESCO Review of Universities Responses to HIV/AIDS: The Case of the University of the West Indies. Paris, UNESCO, 2005 (unpublished). Available at <http://hivaidsclearinghouse.unesco.org>
- Loyo de López E, Fernández Lazala R. UNESCO Review of Higher Education Institutions' Responses to HIV and AIDS: The Case of the Pontificia Universidad Católica Madre y Maestra. Paris, UNESCO, 2005 (unpublished). Available at <http://hivaidsclearinghouse.unesco.org>
- Luke N. Confronting the "Sugar Daddy" Stereotype: Age and Economic Asymmetries and Risky Sexual Behaviour in Urban Kenya. International Family Planning Perspectives 2005; 31(1)6-14. Accessed online September 30, 2005 at <http://www.guttmacher.org/pubs/journals/3100605.pdf>
- Age and Economic Asymmetries in the Sexual Relationships of Adolescent Girls in Sub-Saharan Africa. Studies in Family Planning 2003; 34(2):67-86.
- Magambo JK. HIV/AIDS in Jomo Kenyatta University of Agriculture and Technology. Paper Prepared for ADEA Working Group on Higher Education, 2000.
- Malaney P. The Impact of HIV/AIDS on the Education Sector in Southern Africa. Discussion Paper No. 81. A Briefing Note for Consulting Assistance on Economic Reform II, Cambridge, Harvard Institute for International Development, 2000.
- Ministère de la santé République du Congo. Evaluation de la séroprévalence des infections à VIH. Rapport d'analyse provisoire. Brazzaville, Ministère de la santé République du Congo, 2004 (ref. cited by unread) in: Joint United Nations Programme on HIV/AIDS (UNAIDS). AIDS Epidemic Update. Geneva, UNAIDS, 2005a.

- Ministry of Health and Social Welfare Lesotho. 2003 HIV Sentinel Survey Report. Maseru, Ministry of Health and Social Welfare, October 2003 (ref. cited by unread) in: Joint United Nations Programme on HIV/AIDS (UNAIDS). AIDS Epidemic Update. Geneva, UNAIDS, 2005a.
- Monitoring the AIDS Pandemic (MAP). HIV Infection and AIDS in the Americas. Havana, MAP, 2003.
- Mullins J. Report on HIV/AIDS Risk Assessment Survey. Kingston, UWI HARP, 2004 (ref. cited but unread) in Crewe and Moritz. UNESCO Review of Universities Responses to HIV/AIDS: The Case of the University of the West Indies. Paris, UNESCO, 2005, (unpublished).
- Mwape G, Kathuria R. Universities and HIV/AIDS in Sub-Saharan Africa: University of Zambia. Paper Presented to the ADEA Working Group on Higher Education, 2000.
- N'Zengou-Tayo MJ. UNESCO Review of Higher Education Institutions' Responses to HIV and AIDS: The Case of the University of Quisqueya and the Université d'Etat d'Haïti. Paris, UNESCO, 2005 (unpublished). Available at <http://hivaidsclearinghouse.unesco.org>
- National Committee for AIDS, Drugs, and Prostitution Prevention and Control [Viet Nam]. National Strategy for HIV/AIDS Prevention and Control to 2010 with a Vision till 2020. Hanoi, Medical Publishing House, 2004.
- National Steering Committee on HIV/AIDS Suriname. "Makandra wi sa feti AIDS." National Strategic Plan for a Multi-sectoral Response to HIV/AIDS in Suriname 2004-2008. Paramaribo, Ministry of Public Health, 2004.
- Nzioka, C. The Impact of HIV/AIDS on the University of Nairobi. Paper Prepared for ADEA Working Group on Higher Education, 2000.
- Office of the United States Global AIDS Coordinator. Country Profile—Haiti. Washington, DC, US President's Emergency Plan for AIDS Relief, Office of the United States Global AIDS Coordinator, 2005.
- Otaala B. Institutional Policies for Managing HIV/AIDS in Africa. Overview paper prepared for a Regional Training Conference on Improving Tertiary Education in sub-Saharan Africa: Things that Work! Accra, Ghana, September 23-25, 2003 accessed online July 10, 2005 at www.worldbank.org/afr/teia/conf_0903/barnabas_otaala.pdf
- . Impact of HIV/AIDS on the University of Namibia and the University's Response. Paper Prepared for the ADEA Working Group on Higher Education, 2000.
- Otaala B, Katjavivi PH. African Higher Education Institutions Responding to the HIV/AIDS Pandemic. Paper presented at the AAU Conference of Rectors, Vic-Chancellors and Presidents of African Universities (COREVIP), Mauritius, March 17-21, 2003. Accessed online October 14, 2005 at <http://hivaidsclearinghouse.unesco.org>.
- Population Reference Bureau (PRB). 2005 World Population Data Sheet. Washington, DC, PRB, 2005.
- Présidence du Faso. Suivi de la déclaration d'engagement sur le VIH/SIDA (UNGASS): Cadre pour la présentation des rapports pays-période concernée janvier-décembre 2004. Ouagadougou, Présidence du Faso, Mars 2004 (ref. cited but unread) in: Joint United Nations Programme on HIV/AIDS (UNAIDS). AIDS Epidemic Update. Geneva, UNAIDS, 2005a.
- Ranneileng M. UNESCO Review of Higher Education Institutions' Responses to HIV and AIDS: The Case of the National University of Lesotho. Paris, UNESCO, 2005. Unpublished document, available at <http://hivaidsclearinghouse.unesco.org>
- Saint W *et al.* Crafting Institutional Responses to HIV/AIDS: Guidelines and Resources for Tertiary Institutions in Sub-Saharan Africa. Africa Region Human Development Working Paper Series, No. 64. Washington, DC, World Bank, 2004. Accessed online September 25, 2005 at http://siteresources.worldbank.org/AFRICAEXT/Resources/no_64.pdf
- Socialist Republic of Viet Nam. The Socialist Republic of Viet Nam, 2002, The Comprehensive Poverty Reduction and Growth Strategy. Hanoi, Printing and Cultural Products Company, 2002 (ref. cited but unread) in: Gioi TM. UNESCO Review of Universities Responses to HIV/AIDS: The Case of the Hanoi University of Education. Paris, UNESCO, 2005 (unpublished).
- Seclonde H. Universities and HIV/AIDS in Sub-Saharan Africa: The Case of Benin. Paper Prepared for ADEA Working Group on Higher Education. 2000.
- Sondo B *et al.* Les étudiants de l'Université de Ouagadougou veulent-ils connaître leur statut sérologique de l'infection par le VIH? Science et technique, Sciences de la santé, Janvier-Juin 2002; 25(1):91-104 (ref. cited but unread) in: Yaro Y, Kouanda S, Zoungrana CM. UNESCO Review of Universities Responses to HIV/AIDS: The Case of the University of Ouagadougou. Paris, UNESCO, 2005 (unpublished).

- State Council AIDS Working Committee and UN Theme Group on HIV/AIDS. A Joint Assessment of HIV/AIDS Prevention, Treatment and Care in China 2004. Beijing, State Council AIDS Working Committee and UN Theme Group on HIV/AIDS, December 2004.
- Tavi-Ouattara Y, Djibré S. Analyse de la situation des associations de l'Université de Ouagadougou en vue de la mise en place d'un centre d'information sur la santé Démonné Kiosqu-Santé. Ouagadougou, Association du CICDoc, 2000 (ref. cited but unread) in: Yaro Y, Kouanda S, Zoungrana CM. UNESCO Review of Universities Responses to HIV/AIDS: The Case of the University of Ouagadougou. Paris, UNESCO, 2005 (unpublished).
- United Nations. Declaration of Commitment on HIV/AIDS. United Nations General Assembly Special Session on HIV/AIDS. New York, 25-27 June, 2001.
- United Nations Country Team, China. Millennium Development Goals: China's Progress 2003. Beijing, United Nations Country Team, China, Office of the United Nations Resident Coordinator, 2004.
- United Nations Development Programme (UNDP). 2005 Human Development Report. New York, UNDP, 2005.
- United Nations Department of Economic and Social Affairs (UNDESA), Economic and Social Development. Millennium Indicators Database <http://millenniumindicators.un.org> accessed online July 15, 2005.
- United Nations Educational Social and Cultural Organization (UNESCO) Institute for Statistics. Global Education Digest 2005: Comparing Education Statistics Around the World. Montreal, UNESCO Institute for Statistics, 2005.
- International Institute for Educational Planning. HIV/AIDS Impact on Education Clearinghouse website. <http://hivaidsclearinghouse.unesco.org/ev.php>
- International Clearinghouse for HIV/AIDS Preventive Education website. <http://databases.unesco.org/IBE/AIDBIB/>
- United Nations Millennium Project. Investing in Development: A Practical Plan to Achieve the Millennium Development Goals. New York, United Nations Millennium Project, 2005.
- United States Agency for International Development (USAID). Health Profile: China. Washington, DC, USAID, April 2005a.
- Health Profile: Lesotho. Washington, DC, USAID, April 2005b.
- Health Profile: Thailand. Washington, DC, USAID, April 2005c.
- Health Profile: West Africa. Washington, DC, USAID, March 2005.
- Health Profile: Democratic Republic of the Congo. Washington, DC, USAID, November 2004.
- Health Profile: Jamaica. Washington, DC, USAID, October 2004.
- Health Profile: Dominican Republic. Washington, DC, USAID, September 2004.
- Health Profile: Brazil. Washington, DC, USAID, April 2004a.
- Health Profile: Vietnam. Washington, DC, USAID, April 2004b.
- Directory of Associations of People Living with HIV/AIDS . Washington, DC, July 2004.
- Université de Kinshasa. Santé de la Reproduction et Prévention du VIH/SIDA et les IST. Connaissances, Attitudes, et Pratique des Etudiants. Rapport de l'Etude, January 2005 (unpublished) (ref. cited but unread) in: Kayembé PK. UNESCO Review of Universities Responses to HIV/AIDS: The Case of the University of Kinshasa. Paris, UNESCO, 2005 (unpublished). Available online at <http://hivaidsclearinghouse.unesco.org>.
- US Census Bureau. International Population Reports WP/02-2. The AIDS Pandemic in the 21st Century. Washington, DC, US Government Printing Office, 2004.
- Whiteside A, Sunter C. AIDS: The Challenge for South Africa. Cape Town, Human Rousseau, and Tafelberg, 2000 (ref. cited but unread) in: Kelly M. Challenging the Challenger: Understanding and Expanding the Role of Universities in Africa to HIV/AIDS . A Synthesis Report for the Working Group on Higher Education (WGHE), Association for the Development of Education in Africa (ADEA). Washington, DC, World Bank, 2001.
- Wilken EC, Badenhorst JW. A Comparative Analysis of Sexual Harassment Policies at Selected Higher Education Institutions in South Africa. South African Journal of Higher Education 2003;72(2):197-205.

Wijngaarden J. UNESCO Review of Higher Education Institutions' Responses to HIV and AIDS: The Case of Chiang Mai University. Paris, UNESCO, 2005 (unpublished). Available at <http://hivaidsclearinghouse.unesco.org>

World Bank. Global Monitoring Report 2005: Millennium Development Goals: From Consensus to Momentum. Washington, DC, World Bank, 2005.

----- . Education and HIV/AIDS: A Window of Hope. Washington, DC, World Bank, 2002.

----- . Higher Education in Developing Countries: Peril and Promise. Washington, DC, World Bank, 2000.

Yaro Y, Kouanda S, Zougrana CM. UNESCO Review of Higher Education Institutions' Responses to HIV and AIDS: The Case of the University of Ouagadougou. Paris, UNESCO, 2005 (unpublished). Available at <http://hivaidsclearinghouse.unesco.org>

Yongfeng L. UNESCO Review of Higher Education Institutions' Responses to HIV and AIDS: The Case of Renmin University of China. Paris, UNESCO, 2005 (unpublished). Available at <http://hivaidsclearinghouse.unesco.org>

ENDNOTES

- 1 Heise, Elsberg, and Gottemoeller, 1999, and Klasen 1999
- 2 UNAIDS 2004b
- 3 Relationships in which an adult male exchanges money or gifts for sexual favours from a young woman.
- 4 Kelly 2001
- 5 Barnes 2000
- 6 Kelly 2001 [op cit. 3], Barnes 2000, Seclonde 2000, Anarfi 2000, AWSE 2001, Chetty 2000, Chilisa, Bennell, and Hyde 2001, Ennals, Rauan 2002, Magambo 2000, Malaney 2000, Mwape, Kathuria 2000, Nzioka 2000, Otaala 2000, Saint *et al.* 2004.
- 7 Kelly, Bain 2003. Bain, Morrissey 2002.
- 8 Kelly 2001
- 9 AAU 2004
- 10 For example, AAU supported the development of the three African case studies included in this review, namely, those in Burkina Faso, the Democratic Republic of the Congo, and Lesotho.
- 11 ACU 2001
- 12 Kelly and Bain 2003, Chetty 2000
- 13 Kelly and Bain 2003
- 14 World Bank 2002
- 15 Kelly 2001
- 16 US Census Bureau 2004
- 17 USAID. Health Profile: Democratic Republic of the Congo. Washington, DC, USAID, November 2004.
- 18 UN Country Team 2004
- 19 Gwatkin *et al.* 2005
- 20 UNDP 2005.
- 21 UNDP 2005:34
- 22 UN Millennium Project 2005
- 23 Ibid
- 24 UNDP 2004:143-46.
- 25 World Bank 2005
- 26 IMF 2004
- 27 UNESCO Institute for Statistics 2005
- 28 World Bank 2000:27
- 29 Brazil had 3.8 million students enrolled in tertiary education in 2004. INEP 2004.
- 30 World Bank 2000:29
- 31 World Bank 2000
- 32 UNAIDS 2005a
- 33 Gaillard *et al.* 2004a
- 34 USAID Nov. 2004
- 35 USAID Oct. 2004
- 36 USAID Apr. 2004b
- 37 State Council AIDS Working Committee and UN Theme Group 2004
- 38 UNAIDS 2005a
- 39 Wijngaarden 2005 (unpublished), USAID Apr. 2005c
- 40 USAID Oct. 2004
- 41 Kaiser Network 2004
- 42 Office of the United States Global AIDS Coordinator
- 43 USAID Apr. 2004b
- 44 USAID Apr. 2005
- 45 UNAIDS 2005:56
- 46 Loyo de López and Fernández Lazala 2005 (unpublished), UNAIDS 2005a:56
- 47 Ministère de la santé République du Congo 2004, Hyacinthe 2004
- 48 UNAIDS 2004
- 49 Borges 2005, UNAIDS 2005: Note: those living in deprived circumstances appear to be disproportionately at risk
- 50 MAP 2003
- 51 National Committee for AIDS, Drugs, and Prostitution Control 2004
- 52 National Steering Committee on HIV/AIDS in Suriname 2004
- 53 USAID Apr. 2005
- 54 USAID Nov. 2004
- 55 USAID Oct. 2004
- 56 UN 2001
- 57 UNAIDS 2005b. Emphasis added by author.
- 58 Gioi 2005 (unpublished)
- 59 Yaro, Kouanda, Zoungrana 2005
- 60 Emerencia 2005 (unpublished)
- 61 Badcock-Walters and Boler 2005
- 62 USAID July 2004

- 63 Loyo de López and Fernández Lazala 2005 (unpublished)
- 64 Socialist Republic of Viet Nam 2002 in Gioi 2005 (unpublished)
- 65 UNAIDS 2005a
- 66 Gaillard *et al.* 2004b
- 67 Presidence du Faso 2005. HIV prevalence of 1.9% in young pregnant women (15-24 years) in 2003 was half of the 2001 level of 3.9%. Kintin *et al.* 2004. Infection levels among female sex workers in Ouagadougou have troped from 59% in 1994 compared to 21% in 2002.
- 68 UNAIDS 2005a
- 69 Ministry of Health and Social Welfare Lesotho 2005
- 70 UNAIDS 2005a
- 71 UNAIDS 2005a
- 72 UNAIDS/WHO 2005
- 73 Ministry of Health China 2005
- 74 PAHO 2005
- 75 Bancok-Walters and Boler 2005. Ministries of Education reporting having education sector HIV/AIDS plans included Burkina Faso, China, DRC, Jamaica, Lesotho (reportedly in the process, October 2004), Thailand and Viet Nam. No plans reported in Brazil or Suriname, while the Dominican Republic and Lebanon were not included in this review.
- 76 N'Zengou-Tayo 2005 (unpublished)
- 77 National Committee for AIDS, Drugs and Prostitution Prevention and Control 2004
- 78 Kelly 2001
- 79 UNAIDS/WHO 2004a, UNAIDS/WHO 2004b
- 80 Sondo *et al.* 2002
- 81 Université de Kinshasa 2005
- 82 Domínguez *et al.* 2005
- 83 Mullins 2004
- 84 Luke 2005, Luke 2003
- 85 Tavi-Ouattara and Djibré 2000
- 86 WHO/UNAIDS initiative to provide three million people living with HIV and AIDS in low- and middle-income countries with life-prolonging antiretroviral treatment (ART) by the end of 2005
- 87 Kelly 2000
- 88 Namely, HUE, NUL, RUC, UniQ, and UWI. Peer education programmes were reportedly in place in the past at the Faculty of Medicine at CMU, although they were discontinued with the retirement of the individual managing the programme.
- 89 Ranneileng 2005 (unpublished)
- 90 Wijngaarden 2005 (unpublished)
- 91 Kramer 2004
- 92 The development of the periodical is supervised by the Institute, while another university-based institute in China is responsible for editing and distribution
- 93 Laboratory facilities are not available on site; blood is taken to nearby St. Joseph's Hospital.
- 94 "Le VIH/SIDA et la communauté éducative: L'UniQ s'implique."
- 95 Anguilla, Antigua and Bermuda, Bahamas, Barbados, Belize, British Virgin Islands, Cayman Isalnds, Dominica, Grenada, Jamaica, Montserrat, St. Kitts/Nevis, St. Lucia, St. Vincent & the Grenadines, and the Republic of Trinidad and Tobago.
- 96 This synopsis presents the findings from UWI's Mona Campus. Further details on campuses in Trinidad and Tobago and Barbados are available in the full case study: Crewe and Maritz 2005 (unpublished).
- 97 AUB's Nursing School is registered in Albany, New York
- 98 UNAIDS 2004a
- 99 Afghanistan, Bangladesh, Bhutan, Cambodia, China, Indonesia, India, Lao, Myanmar, Mongolia, Nepal, Pakistan, Philippines, Sri Lanka, Thailand, Timor Leste and Viet Nam.
- 100 ILO Programme on HIV/AIDS and the World of Work website
- 101 UNESCO/Kingston recently supported David Plummer to review Caribbean universities' responses to HIV and AIDS and make recommendations at a UNICA meeting in the Dominican Republic in November 2005. A draft checklist was presented at this meeting for comment and review.



**Expanding the Field of Inquiry:
A cross-country study of Higher Education
Institutions' responses to HIV and AIDS**

This report compares, analyses, and summarises findings from twelve case studies commissioned by the United Nations Education, Scientific, and Cultural Organization (UNESCO) in higher education institutions in Brazil, Burkina Faso, China, Democratic Republic of the Congo (DRC), Dominican Republic, Haiti, Jamaica, Lebanon, Lesotho, Suriname, Thailand, and Viet Nam.

It aims to deepen the understanding of the impact of HIV and AIDS on tertiary institutions and the institutional response to the epidemic in different social and cultural contexts, at varying stages of the epidemic, and in different regions of the world. The overall objective is to identify relevant and appropriate actions that higher education institutions worldwide can take to prevent the further spread of HIV, to manage the impact of HIV and AIDS on the higher education sector, and to mitigate the effects of HIV and AIDS on individuals, campuses and communities.