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PAPER:

Towards a Comprehensive Paradigm for the Study and Understanding of the Impact of HIV/AIDS at African Universities: Problems, Controversies and Future Prospects

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Towards a Comprehensive Paradigm for the Study and Understanding of the Impact of HIV/AIDS at African Universities: Problems, Controversies and Future Prospects

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ABBREVIATIONS

ACU	ASSOCIATION OF COMMONWEALTH UNIVERSITIES
ADEA	ASSOCIATION FOR THE DEVELOPMENT OF EDUCATION IN AFRICA
AAU	ASSOCIATION OF AFRICAN UNIVERSITIES
COVERIP	CONFERENCE OF VICE CHANCELLORS, RECTORS, PRESIDENTS OF AFRICAN UNIVERSITIES
UDSM	UNIVERSITY OF DAR ES SALAAM
UWC	UNIVERSITY OF WESTERN CAPE
UNZA	UNIVERSITY OF ZAMBIA
JKUAT	JOMO KENYATTA UNIVERSITY OF AGRICULTURE AND TECHNOLOGY
UBEN	UNIVERSITY OF BENIN
SADC	SOUTHERN AFRICA UNIVERSITIES VICE CHANCELLORS ASSOCIATION
CI-VCT	CONFIDENTIAL AND INFORMED VOLUNTARY COUNSELLING AND TESTING
UDSM-TASC	UNIVERSITY OF DAR ES SALAAM TECHNICAL AIDS COMMITTEE
UNAIDS	JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

INTRODUCTION/EXECUTIVE SUMMARY

Till very recently, studies on the impact of HIV/AIDS in Africa were limited to:

(i) The demographic impacts including an increase in the dependency ratio of the population resulting to increased mortality rates of those in the productive age brackets (15-49 yrs);

(ii) Household impacts including reduced incomes and increased over extension of household resources to pay for treatment costs, providing relief, care and comfort to the sick;

(iii) Increased number of orphans estimated to have accumulated to 730,000 since the beginning of the epidemic to the end of 1997,

(iv) Erosion of the gains so far obtained in the Education system by eroding the class size thereby eroding the quality of education; eating into family budgets, reducing the money available for school fess and increasing the pressure on children to drop out of school and marry or enter into the work force; and adding to the pool children who are growing up without the support of their parents which may affect their ability to stay at school;

(v) Over extending the Health Sector with more services and resources going to the rapidly increasing number of HIV patients – 50% of hospital beds in Tanzania are occupied by patients with HIV/AIDS related diseases;

(vi) Impact on Agriculture resulting from the increasing number of HIV/AIDS related sickness and/or deaths thereby reducing the farm labour force as well as absenteeism from farm work due to people taking time off to attend funerals or take care of the sick;

(vii) Impact on business including labour turn over and absenteeism of the professional, trained and skilled labour force, costs in recruiting

and training a new cadre of skilled workers as well as reduced sales as a result of death of potential customers; and

(viii) Impact on social security institutions especially the PPF and National Security Fund (NSSF), which were paying more money in terms of HIV/AIDS related deaths and survivors' benefits/premiums. For example in 1998, about 85% of the deaths dealt by the PPF resulted from AIDS and AIDS related complexes and tuberculosis (Chachage and Musoke (mimeo): 6).

Despite the fact that most such studies were done by researchers/consultants from Universities and/or other institutions of higher learning, very little studies were done on the impact and hence the manner in which these same Universities were responding to the ravaging HIV/AIDS scourge and at a time when the disease was playing havoc on the same institutions - - causing high morbidity and mortality rates to their students and staff alike, negatively affecting their teaching, research and outreach programmes, increasing their operational costs, reducing their sources of funding and eroding the moral of their students, faculty and other support staff.

When they did at last respond, University responses have been characterized by "considerable disarray, inadequate understanding, piecemeal response, lack of coordination, absence of well developed plans, minimal policy framework and heavy reliance on the initiative of a few interested and committed members of staff". As a result, efforts to mobilize their communities to respond to the HIV/AIDS scourge in most African Universities and in society as a whole have not resulted into the expected "passionate commitment that universities and university students have

historically, manifested in other struggles dedicated to university advancement, national liberation and social causes" (Kelly 2001 ii-iii).

The above state of affairs can be partly explained by the following factors or developments:

i) Ignorance and/or lack of adequate information and reliable data on HIV/AIDS situation at the respective African universities,

ii) Unwillingness and/or "Self – censorship" on the part of University administrators/management to openly admit that HIV/AIDS infection rates at their respective institutions have already reached disproportionately very high and alarming levels,

iii) Denial of the fact that University Communities are not that much HIV/AIDS high-risk communities

iv) Fear of stigmatization and gender discrimination on the part of students, especially women students, if they voluntarily admit being HIV-positive.

The result of all the four factors and/or developments described above has been either total silence and non-action on the part of the University administrations/management or putting in place policies and strategies that are mis-or ill-informed and guided and therefore inadequate and/or wrong in alleviating the high rate of HIV/AIDS infection at the respective universities in particular and the communities in general.

This paper argues that any meaningful and comprehensive policy and strategy on the negative impacts of HIV/AIDS at African Universities has to be guided and informed by the following:

(a) a committed and open university administration or management,

(b) well articulated and implemented multi-disciplinary research touching almost all academic/research disciplines and interests,

(c) an effective follow up mechanism especially to trace students who might have graduated from the University, and

(d) University activities or interventions that go beyond prevention and work across a continuum that includes prevention, treatment, care and support; Equity issues, legal Aspects of HIV/AIDS; Commitment to non-discrimination; Safety Procedures; Community Action and Funding (ACU, 2001:3-4).

II REASONS WHY AFRICAN UNIVERSITEIS SHOULD BE MORE CONCERNED WITH THE HIV/AIDS EPIDEMIC THAN ANY OTHER INSTITUTION IN THEIR RESPECTIVE COUNTRIES

Let it be pointed out at this early juncture that most of what is contained in this section of my presentation is based on secondary sources - - information contained in studies and reports carried out and/or published by the Association of Commonwealth Universities (ACU 2001), Synthesis Report for the Working Group on Higher Education (WGHE) of the Association for the Development of Education in Africa (ADEA) by M. J. Kelly (op.cit.) which were commissioned by the World Bank (studies on Jomo Kenyatta University of Agriculture and Technology, University of Nairobi, University of Ghana, University of Benin, University of Western Cape, University of Zambia and University of Namibia) and my own observations and consultations at the University of Dar es Salaam, Tanzania, during the month of March 2004.

A: The Role And Functions of Universities and Other Institutions of Higher Learning in Africa

At this stage it is pertinent to point out the reasons why Universities and indeed other institutions of higher learning in Africa and the rest of the world should take a leading/central role in the struggle against HIV/AIDS infection.

Like elsewhere in the world, Universities are national institutions entrusted with the tasks of developing and passing over knowledge from one generation to another, carrying out specific scientific innovations and passing over the results to the respective communities and individuals, research and advocacy work on several social problems through outreach programmes and custodial role of all knowledge and scientific achievements created or reached over time.

In order to enable the Universities accomplish their expected roles in society, governments usually arm the said institutions with money and other resources. Universities are not only given the material resources but also the freedom to carry out scientific research and innovations and to disseminate results of the same through their outreach programmes. As such, Universities are supposed to be in a unique position to shape debate, action, policy and practice in the fight against the HIV/AIDS epidemic and which fight will have profound consequences for both the societies in which we live in and for our institutions as well. In this way, Universities are agents of change in our struggle against HIV/AIDS.

As clearly and succinctly but by the Association of Commonwealth Universities (ACU op.cit.: 1) universities should take a role of social leadership in the fight against HIV/AIDS and how to tackle aspects of the epidemic from an institutional perspective.

This is turn calls for Universities to map their way forward and define a vision of their role in an age where HIV/AIDS has become a central factor in the development paradigm. As a result, there is need to sensitize the key actors at the institutional level.

B. Specific reasons as to why HIV/AIDS should concern African Universities

There are basically five major reasons/considerations as to why Universities and other institutions of higher education institutions should be interested in the struggle against the spread of HIV/AIDS, as follows (ACU 2001:2-3):

(i) HIV/AIDS is a development issues and not just a health issue. HIV/AIDS affects not just the health status but also the social, economic and psychological well-being of individuals and communities. It has the capacity to weaken economies by diminishing the supply of education and professionally qualified people and reducing the pool of leaders in critical areas of society, the economy and government. Responding to HIV/AIDS requires that we think about mechanisms to prevent its spread and mitigate its consequencies.

(ii) HIV/AIDS affects not just individuals but institutions and systems. University communities comprise students, academic staff, support staff and members of the communities in which they are based. They are also a national resource in many countries. The impact of HIV/AIDS affects the performance of institutions and their role in society at the very core of their operations as institutions dedicated to teachings, research and outreach.

(iii) HIV/AIDS affects human resources development. Universities play a critical role in the education and training of the highest skilled people in most economies. This is especially so in developing world

economies where university level education is available only to a small minority. Students who are the lifeblood of universities are particularly vulnerable to HIV infection by a virtue of a range of factors which make institutional environments a focal point of social and sexual interaction.

(iv) The struggle against HIV/AIDS requires knowledge and resources. In a world dominated by knowledge-dominated economies, universities occupy a highly strategic place as developers of new knowledge both in the public interest and for use by industry and commerce. Whether it is in the form of developing new models of peer education or vaccines, universities have a vested interest in the generation and dissemination of knowledge resources. Preventing the spread of HIV/AIDS, managing its impacts and supporting those infected with HIV/AIDS requires constant attention to research and development. This access to knowledge enables universities to influence the course of decision-making by major social and political institutions, to influence policy, and to set new standards.

(v) Successfully institutional and societal responses to HIV/AIDS require leadership. Advocacy, research and institutional change all require leadership .... Universities have all been part of a huge social changes which have taken place over the past 40 years. The newest leadership challenge in many parts of the African continent is the struggle against HIV/AIDS. Universities are called upon to reassert their role as leaders by promoting open and honest debate, freedom of expression, the value of knowledge and a belief in the value of social and economic progress.

Accordingly, "the space which (African) Universities create and maintain for critical thinking must be used towards advocacy, towards creating a public

platform for people with HIV/AIDS, towards making the sexual and social behaviors of young adults better understood and making behavior more responsible". This is much more so, when you put the following facts about HIV/AIDS in mind (World Bank 2000):

- That HIV spreads very fast
- That people who contract HIV may remain infections for many years without knowing that they have the virus or showing any symptoms
- That the potential for spread is very high
- That AIDS reduces life expectancy, which is positively related to education and productivity
- That HIV/AIDS primarily affects people aged 15-49 years, who are in their prime as students, teachers, parents and workers
- That people with HIV/AIDS suffer repeated and prolonged illness imposing great costs on households and health systems
- That AIDS breakdown social cohesion, challenges value systems and raises questions about sexual behavior and gender relations, and
- As yet, there is no vaccine or cure

III Situational Analysis of the Impact of HIV/AIDS at the University of Dar es Salaam and the University Response to it

This section is based on results of my personal consultations with various officials, students, other staff and some fellow members of the faculty. Also consulted were some newspaper reports on issues of sexuality at the University of Dar es Salaam's Mabibo Hostel and Main Campus. Figures on

the number of HIV/AIDS causalities are based on the Vice Chancellor's Reports to the University Council for the period November 2000-July 2003.

1. Limitations of the study

The study/consultations resulting into what is about to be stated was very hurried and took only about one month following the official invitation from the organizers of this forum asking me to present a paper on the **Impa· HIV/AIDS on the University Community**. This partly explains most of the shortcomings and inadequacies of my presentations on the state of HIV/AIDS at the University of Dar es Salaam. It is also important to note that the issue of HIV/AIDS is a very-sensitive topic which most University Administrative officials and faculty are not comfortable to discuss. As such some of the statements that I might make are either implied or based on inferences.

2. Results of the study/consultations

i) First and foremost suffice it to point out that till very recently, the issue of HIV/AIDS on campus was hardly given official coverage by the University Administration. As time passed by, and as it became apparent that HIV/AIDS was somehow wreaking havoc on University personnel, students and institutional reputation the long-time silence gave way to what one would call "active-but guarded engagement".

The change of policy was also partly as a result of reaction or response to clarion calls or concerns by the Association of the Development of Education in Africa (ADEA), the Association of African Universities (AAU) following the Conference of Rectors, Vice-Chancellors and Presidents of Africans Universities (COVERIP) held at Grand Baie in Mauritius on March 17-21, 2003 as well as the Ministry of Science, Technology and Higher Education in

Tanzania. Also important was the Vice-Chancellor's own initiative to put the HIV/AIDS pandemic on the agenda of most University activities and especially the promotion of Awareness on this social malaise as well as the avoidance of media sensationalism on the issue.

ii) HIV/AIDS Prevalence at University of Dar es Salaam

A recent statement on the University of Dar es Salaam response to the AIDS mortality statistics amongst its community (student and staff) (not dated) and in reaction against figures quoted in the daily Swahili issue of the "Uhuru" Newspaper of 3rd October 2003 which put the current HIV/AIDS mortality rates amongst the University community to between 7-10 people per month puts the mortality rate at 0.3 persons per month.

> "The statement further states that to date there have been no reliable or comprehensive seroprevalence studies specific to higher education institutions based on actual test data. At best, a few institutions have conducted demographic modeling exercises, which have yielded possible scenarios. That means there is remarkably hard evidence concerning the impact of the AIDS epidemic on higher education institutions in Africa. The only major study to date which included HIV/AIDS impact assessments of Universities in seven African countries, generated very little information on the key impact indicators most notably staff and student morbidity (illness0 and mortality (death). This is the latest information from the Association of African Universities (AAU)". (UDSM, n. d.: 1-2).

The statement also admits that there has so far been no study conducted to demonstrate the seroprevalence of HIV infection specifically amongst students and staff of the University of Dar es Salaam.

According to Table 1 only 12 laboratory confirmed HIV seropositive individuals were diagnosed during the period between November 2000 and July 2003 at the University of Dar es Salaam amongst both staff and students population of about 12,000. That is approximately 0.3 persons per month.

Table 1: Cumulative UDSM Infections Disease Morbidity and Mortality Rates, November 2000 – July 2003

Council Meeting No.	Date	Reporting Period	No. of HIV/AIDS cases (Staff and student)	No. of Deaths all causes (Staff and students)
145	16.03.2001	November 2000 – February 2001	1	7
146	22.06.2001	March – May 2001	3	8
147	18.08.2001	June – July 2001	5	8
148	22.11.2001	Aug. – Oct. 2001	-	7
149	08.03.2002	November 2001 – February 2002	-	14
150	24.06.2002	March – May 2002	-	11
151	06.09.2002	June – July 2002	-	7
152	28.11.2002	Aug. – Oct. 2002	-	6
153	07.03.2003	November 2002 – January 2003	1	6
154	20.06.2003	Feb. – May 2003	2	9
155	22.08.2003	June – July 2003	-	2
Total average		33 months	12 0.3	85 2.5

Source: Vice – Chancellor's Quarterly Report to the University Council, University of Dar es Salaam (n.d)

During the period under review a total of 85 person (both students and staff) are said to have died from all disease causes (not only as a result of AIDS) which is approximately 2.5 persons per month and not 10 persons as indicated or "dramatized" in the media.

The above figure of 0.3 and 2.5 persons for both AIDS and all disease causes rates of death do seem to me to under represent the figures due to the following methodological inadequacies or flaws:

1. First and foremost the figures are calculated from deaths that have happened at the University Health Centre. This definitely omits figures of such deaths of University staff and students that occur at other places outside the University either at other health facilities or at home where some people are sent after some prolonged illness.
2. Second is that given the long incubation of HIV it is most likely that students infected with HIV virus will mostly have graduated before the disease is diagnosed or even the AIDS related death. Given the fact that there is no follow up mechanism it follows that a lot of information on HIV/AIDS prevalence on campus is usually missed in the UDSM Vice-Chancellor's Reports to the Council.
3. Third is that Death Certificates do not indicate whether a person died of HIV/AIDS.
4. Fourth is that there are also a substantial number of deaths that might result from AIDS related opportunistic infections such as TB but which are not indicated as so but appear as merely communicable diseases in the University Health Centre's listing. For instance while there are virtually or only one to three reported HIV cases there are usually more than ten cases of TB cases reported by the Vice-Chancellor. For instance while there was no HIV case reported to the 144th University

Council Meeting, there were 21 cases of TB. Again figures for the 146th Council Meeting indicate 34 cases of TB as against only 3 HIV cases, those for the 147th Council Meeting indicate 6 HIV cases as against 16 TB and 4 syphilis cases, those for the 148th Council Meeting indicate no HIV case as against 23 TB cases. The figure for the 151st Council Meeting have 2 HIV cases as against 18 TB cases, those for the 152nd Council Meeting have no HIV cases as against 29 TB and 3 Widal cases; those for the 153rd Council Meeting are 1 HIV case against 18 TB cases; those for the 154th Council have 2 HIV as against 32 TB cases while figures for the 155th Council Meeting had no HIV case as compared to 9 TB cases reported.

5. Fifth is the fact that students and staff do not volunteer to declare seropositive due to the stigma attached to the disease which might lead to discrimination especially for female students and members of staff.

The University Response to HIV/AIDS

Like most institutions in the country, the University has of recently taken measures to halt the spread of HIV/AIDS at both the institutional level and countrywide. While members of faculty have contributed very much to national research activities, the UDSM has taken concerted efforts to put its own house in order.

(a). First and foremost is that the University clinic now runs a lot of programmes or interventions including providing care and drugs to those affected by HIV/AIDS, distribution of condoms, counseling services and awareness creation.

(b) Second is the establishment of the University Technical AIDS Sub-Committee (TASC) on August 2000 following the formation of the

Technical AIDS Committee of the Ministry of Science, Technology and Higher Education in May 2000. The objectives of TASC are as follows:

- To reduce vulnerability of HIV/AIDS amongst comprehensive interventions geared towards behavioral change;
- To promote acceptance of persons living with HIV/AIDS by providing them with adequate and quality care and support; and
- To encourage biomedical, social, behavioral and social delivery research

(c) Coordination and facilitation of the training of the initial 25 HIV/AIDS counselors for the public higher education institutions and the Ministry of STHE at St. Gaspers College, Morogoro by the UDSM – TASC in June/July 2002 (Vice Chancellor's Report to 151st University Council Meeting, September 6th 2002).

(d) The University of Dar es Salaam – TASC, on behalf of other higher education institutions in Tanzania was also assigned by TACAIDS to develop and submit a proposal to undertaken the study on "the Situational Analysis on HIV/AIDS spread within the Higher Education Institutions in Tanzania" – in response to the URT/UNDP Project on "Capacity Strengthening for Mainstreaming HIV/AIDS in National Development for the period May 2002 to December 2006. The proposal was developed, submitted and accepted for funding and by the time of writing this report research was already underway, if not almost completed.

ne objectives of the study were/are as follows:

i. To make a critical forward – looking assessment with a view to develop appropriate strategies for mainstreaming HIV/AIDS in career development programmes; and

ii. To identify opportunities and constraints to be addressed by higher education institutions for operationalizing the HIV/AIDS National Multi-Sectoral Strategic Framework (2003 to 2007) developed by TACAIDS (Vice Chancellor's Quarterly Report to the 152nd Council Meeting November 28th 2002).

(e) On March 17-21, 2003 the Secretary of the UDSM TASC also attended the Conference of Rectors, Vice Chancellors and Presidents of African Universities at Grand Baie, Mauritius. One of the Sub-Themes of the Conference was: African Higher Education Institutions Responding to the HIV/AIDS Pandemic, which at the end recommended the following to the AAU (Vice Chancellor's Report to the 154th Council Meeting, 20th June 2003):

i. Make available data bases on HIV/AIDS to be shared by all higher education institutions and African Union or government;

ii. Insert, wherever appropriate, relevant HIV/AIDS issues in existing curses, particularly those related to ethics, conduct, social behavior and etiquette;

iii. Elect and help establish centres of excellence in AIDS management and research into inventing a drug from the wealth of African medicinal plants, and

iv. Coordinate activities that address the HIV/AIDS pandemic in member universities (the above recommendations have been disseminated to UDSM stakeholders).

(f) The UDSM – TASC also facilitated an Advocacy and Sensitization Workshop held on May 28th 2003 at the Land Mark Hotel, Dar es Salaam whose main theme was "Advocacy and Sensitization on the Planned Establishment of the UDSM HIV/AIDS Confidential and Informed Voluntary Counselling and Testing (CI – VCT) Intervention. The Workshop

involved UDSM TASC members, key academic and administrative staff and students' stakeholders (ibid.).

(g) As a follow up to the Ministry of Science, Technology and Higher Education on the HIV/AIDS Strategy Framework 2003-2007, the University of Dar es Salaam Technical AIDS Sub-Committee also facilitated the launching of the UDSM Youth Anti-AIDS Club on 18th October 2003.

The main objective of the club is to empower UDSM Youth Volunteers to actively plan, design and implement HIV/AIDS intervention strategies.

(h) Lastly, but by no means the least, the University has also been very busy in drafting a University Policy on HIV/AIDS which by the time of writing this report was already in its final stages and will soon be presented to the University Council for deliberations and approval.

IV TOWARDS A MUCH MORE COMPREHENSIVE AND ALL ENCOMPASSING UNIVERSITY PARADIGM FOR THE STUDY OF THE IMPACT OF HIV/AIDS ON UNIVERSITIES AND THE UNIVERSITY'S SUBSEQUENT RESPONSE TO THE PANDEMIC

A. An Expose of the Limitations and Shortcomings of Existing Arrangements

It is important at this stage of my presentation to point out that in thinking over what should be included in this section of my presentation, I was aware of and therefore guided by two studies and/or pieces of publications: One by **M. J. Kelly (2000) Challenging the Challenger; Understanding and Expanding the Response of Universities in Africa to HIV/AIDS and the other one by the Association of Commonwealth Universities (2001) on: Commonwealth Universities in the Age of HIV/AIDS: What Every Senior Executive Needs to**

Know. The two publications have been both the source of valuable information on the subject under review and a guide to what is written hereunder.

First and foremost suffice it is to point out that this study, and the subsequent University response to the impacts of HIV/AIDS, like the seven case studies quoted by Kelly (op.cit) suffers from a litany of methodolog inadequacies and/or flaws as follows (Kelly op.cit: (i) – (ii)):

i) That no one seems to know exactly what the HIV/AIDS situation at the University of Dar es Salaam

ii) That a thick cloak of ignorance surrounds the presence of the disease. This cloak, it is further asserted, is amply lined with layers of secrecy, silence, denial and fear of stigmatization and discrimination

iii) That no reliable record about the disease are kept by any administrative or academic office, while those available to the Vice Chancellor from the University Health Centre are ina. incomplete and that available information on staff and student mortality is inadequate and full of flaws.

iv) That apart from few exceptional cases, it is not possible and easy to ascertain whether a certain death was due to AIDS

v) That real impacts of HIV/AIDS death on students is not easy to ascertain because most of this occurs after students have graduated from the University and joined the labour force outside the institution. Student deaths also occur during vacations or following withdrawal from studies partly due to either personal sickness or to AIDS related family difficulties which lead to non-payment of school fees.

vi) That while they depict a higher rate of awareness about basic facts about HIV/AIDS, its transmission and signs, students do not take themselves as seriously being at risk and continue to engage in unprotected sex.

The subsequent responses to HIV/AIDS on the part of the University are also similarly flawed. First, the existence of HIV/AIDS on campus is treated as though it does not exist. And as Kelly says of similar interventions by the seven case study Universities quoted in his publication;

> The responses are characterized by considerable disarray, inadequate understanding, piecemeal response, lack of coordination, absence of well-developed action plans, minimal policy framework and heavy reliance on the initiative of few interested and committed members of staff. Efforts to mobilize the community to respond to the HIV/AIDS situation in Universities and in society has not generated the passionate commitment that universities and university students have historically manifested in the struggles dedicated to university advancement, national liberation (Executive Summary: ii)

What Kelly says above squarly applies to the state of affairs at the University of Dar es Salaam, of course with a few modifications and/or qualifications.

B. Towards a More Comprehensive Paradigm for the Study, Understanding of the HIV/AIDS pandemic and subsequent University Response at UDSM and other African Universities

1. Methodology

Any more meaningful and comprehensive paradigm on the above captioned topic should put the following facts or developments into consideration:

a) First of all such an endeavour should start with the assumption that by their very nature Universities are high-risk institutions. According to UNAIDS, (2000:8) Behavioural and Social Factors which play a role in kickstarting a sexually transmitted HIV epidemic or driving it to higher levels on University Campus include:

   i) Large proportion of adult population with multiple sexual partners,
   ii) Overlapping as opposed to serial sexily partnership,
   iii) Large sexual networks,
   iv) "Age mixing", typically between older men and young women,
   v) Little or no condom use, and
   vi) Women's economic dependence on marriage or prostitution or robbing them of control over circumstances on safe sex

Finding from the seven case studies quoted by Kelly do attest to the existence of these factors in the sexual behavior of the respective university students. This is much more so from the study by Mwape and Kathuria (2000) on UNZA.

Added to those factors is also the plain fact that University Campuses also tend to exhibit **a culture of sexual permissiveness** which in the days of HIV/AIDS might become a culture of death as clearly attested by the studies by Magambo (2000) on Jomo Kenyatta University of Agriculture and Technology, Nzioka on the Impact of HIV/AIDS on the University of Nairobi,

by Otaala on the University of Namibia, Mwape and Kathuria (op.cit) on the University of Zambia and the study by Seclonde on the University of Benini .... all quoted by Kelly.

b) Second, and arising from the first quoted development, is that any study and subsequent interventions on the Impact of HIV/AIDS at University Campuses should be based on comprehensive, exhaustive and scientific sources of information. It should include both internal and external sources, figures on deaths arising out of HIV/AIDS opportunistic infections, morbidity and mortality figures of students and staff being treated outside the university, follow up on students who have graduated and figures on unwanted pregnancies and abortions which imply the prevalence of unprotected sex on campus.

c) Third is that on top of depending on morbidity and mortality levels, it is imperative to also use the Module developed by Whiteside and Sunter (2000:9) and as also elaborated in the Kelly article/publication (op.cit.: 24-32). The module provides us with the variables which should be studied when determining the Economic Impact of HIV/AIDS on any institution's workforce as follows (Table 2):

Table 2: Economic Impacts of HIV/AIDS on an Institution's Workforce

DIRECT COSTS	INDIRECT COSTS	SYSTEMIC COSTS
Benefits Package	Absenteeism	Loss of Workplace cohesion
Recruitment	Morbidity on the job	Loss of Productivity
Training	Management Resources	Loss of Skills and experience
HIV/AIDS Programmes		

Source: Kelly (2001:24)

In this way one is able to cost the impact of HIV/AIDS morbidity and mortality from Direct Costs, Indirect Costs and Systemic Costs caused to the University.

According to the above module, **Direct Costs** include costs for maintenance of regular medical services through their clinics which must be kept well-supplies, hospital care for staff and students, payment of terminal benefits, costs for recruitment and training of new staff and, costs to run various awareness campaigns and other anti HIV/AIDS programmes.

Indirect Costs include costs related to absences that occurs as the immune system breaks down and absenteeism when the immune system has progressed to full blown AIDS, a stage that takes a very long time. They also include costs of sporadic absences caused by intermittent illness during the HIV stage and absenteeism accounted for by time spent at burial/funeral services.

The University may also be called upon to share up some areas of its operations and divert the resources for some areas and direct them to others which might have not been planned for.

The **Systemic Costs** include low morale and motivation arising out of HIV/AIDS morbidity and mortality at the work place/university, Impact on sources of University Funding and, Impact on Teaching, Research, Outreach and University services activities as well as the Impact on University Social Life.

THE UNIVERSITY RESPONSES/INTERVENTIONS

Commitment by University Management

For any intervention by any section or all members of the university community against HIV/AIDS to be successful it must have the blessings of, and commitment by the University top management or Executives to the overall objective of such measures or interventions.

The said commitment should be translated into a University Policy on HIV/AIDS covering amongst many other things (ACU op.cit: 3):

a) Statement of the Problem,
b) Safety Procedures
c) Commitment to no-discrimination,
d) Legal aspects/Equity Issues of HIV/AIDS and
e) A Commitment to Community action

The University should not only develop but should also implement such university specific policy on HIV/AIDS

3. Implied in the above statement is that in the responses to, or interventions against the spread of HIV/AIDS at the University should go beyond activities usually initiated or centred at the University Health Centre (distribution of condoms, provision of care, drugs and the creation of awareness on HIV/AIDS). Such responses and/or interventions by Universities should also consider or be informed by the following:

3.1 Beyond Prevention

Most University activities have tended to emphasize prevention and the raising of awareness in the form of AIDS Day campaigns, t-shirts, banners, cultural activities etc. These activities are definitely

important in promoting behavioural change. But given the fact that the HIV/AIDS scourge is already here with us and causing rates of morbidity and mortality to rise in our respective communities, including the university, we need to go beyond prevention. It is insufficient in addressing the intensity of the problems of the people and families of those already afflicted (Chetty 2001; Kelly 2001).

And as succinctly put the Cameron (2000) we need to work across a continuum that includes: **Prevention, Treatment, Care and Support. There is thus a need to come out with strategies that promote abstinence as opposed to promoting healthy sexuality and delayed sex-debuts for younger men and women who have not yet become sexually active** (ACU, op.cit.: A)

3.2 Equity Issues

As clearly and succinctly pointed out in the ACU publication cited above, HIV/AIDS also impacts on social relations as well as the economic livelihoods and well-being of individuals and families. In the process HIV/AIDS has the potential of radically undermining equity in the life chances of students and staff.

A student infected with HIV/AIDS before entering university or whilst at the university is likely to bear huge costs in terms of their health, the possibility that they may not be able to contribute effectively to their families after completion of their studies. Furthermore, HIV affects poor sectors of communities more acutely because of diminished access to drug therapy, nutritional support and medical care (ibid:5).

Thus those infected with HIV and affected families have their life chances and livelihoods eroded or undermined. This is much more so in our countries which are characterized by object poverty and inequality and where access to university education is usually won by one or two individuals in a family.

In such situations, and if they are to promote and/pr sustain equality of opportunity and equity resulting from higher education, University must work very hard to mitigate against such developments and dynamics of the HIV/AIDS pandemic.

3.3 Funding

This aspect of the response or intervention involves the extent to which the University, which already suffer from financial constraints, can afford to prioritize HIV/AIDS. The University needs to think about this as well as address the financial implications of HIV/AIDS for two reasons:

(i) That investing minimal time and effort in prevention strategies and policy developments now will bear fruit in the long-term; and

(ii) That a commitment to address HIV/AIDS is a positive signal to those outside the University Community and may be a way of attracting additional resources.

Juxtaposed to a situation in which it is already operating under severe financial constraints, it is hereby advised that the University **provide minimum required services in response to HIV/AIDS**. At the lowest, the University should at least **provide services which protect the human rights of HIV-infected people, their privacy, confidentiality, job-security**.

3.4 Mainstreaming of HIV/AIDS issues/concerns in all University activities and operations

One most important part of the University HIV/AIDS Policy document should be a provision calling upon all members of staff to mainstream HIV/AIDS issues and concerns in their respective operations and especially the teaching curriculum.

Thus instead of the present practice where inclusion of HIV/AIDS within teaching programmes very much depends on the whims, wishes and initiatives of a few individuals or departments, it would be more useful to "**integrate relevant HIV/AIDS issues and concerns into all teaching programmes and courses**, underlining their relevance to subsequent professional life rather than focusing concern on information and sensitization programmes directed towards knowledge as a motivator for behavioral change" (Kelly op.cit:ii).

3.5 Multi-Sectoral Approach

For the University response to be successful and comprehensive, it must also involve people from all university sections and departments instead of the present practice where it is dependent on very few bio-medical personnel and centred at the Health Centres as well as a selected few of the so-called *"key persons representative academic, administrative staff and student representatives"*.

This is very important given the need of mainstreaming HIV/AIDS issues and concerns in all University operations and especially the teaching programmes and curriculum mentioned in 3.4 above.

4.0 Two- Pronged Approach

For it to be successfully in its battle against HIV/AIDS, the University has to develop a two-pronged approach: one inward looking and the other one outward looking.

IV CONCLUSION

In conclusion and in the manner of Kelly (op.cit) let me also point out the success of any University response to HIV/AIDS very much depends on three factors as follows:

(i) Committed Leadership: characterized by Commitment, vision and leadership

(ii) Clear Targets i.e. targets for University action that are commensurate with national and international action

(iii) A Strategic Approach: which comprises five steps including: situational analysis; a response analysis; formulation of broad guiding principles; identification of priority areas and strategic goals within an action plan; and determination of the institutional framework and structures needed for implementation.

The said strategy must also be implemented within the context of certain fundamental principles which are indeed reflected in the seven case studies including:

(i) Openness and acceptance that breaks the silence

(ii) Promotion of gender equity and empowerment

(iii) Adoption of a strong Human Rights approach

(iv) Inclusion at all levels of people living with AIDS

(v) Cohesion with national policies and strategies

And last but by no means the least let me reiterate the point that:

> Success in overcoming HIV/AIDS within the University demands exceptional personal, moral, political and social commitment on the part of the University executives. Where such leadership has been forthcoming, successes are visible. In general, however manifestations of such top-level commitment are rare.

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