In the absence of a cure or a licensed vaccine for HIV, our only choice of a weapon for a strategy for HIV intervention is prevention through intensification of HIV/AIDS Education. The level of HIV/AIDS knowledge in South Africa has substantially dropped between the period of 2005 and 2008 among both males and females and all age groups (Source: SA National HIV Prevalence, Incidence, Behaviour & Communication Survey. HSRC 2008)

With effective HIV/AIDS education focusing on youth with special emphasis on behaviour modification and youth empowerment in the application of knowledge in terms of sexual practices further prevention of transmission of HIV could become a reality. Thus schools, tertiary institutions and all levels of education should ensure that HIV/AIDS education in all levels of education should ensure that HIV/AIDS education should be in the forefront of HIV prevention simply because by their very nature their core business is education for a substantial proportion of the youth population. It is not merely knowledge of HIV/AIDS that will mitigate the negative impact of this pandemic — but more importantly the influencing of the youth in applying knowledge and skills acquired as part of their lifelong learning at institutions of higher learning in the prevention of HIV infection which will ultimately result in the reduction of HIV incidence. The impact of increased condom use in Thailand with proportion of reported HIV cases in STI (HIV) has shown achieving such a goal is possible. (Source: www.assa.co.za; www.tfgi.com/software/spec.htm)

A similar outcome could become a reality in South Africa, with increase in condom uptake among university students related to the proportional decrease in STI/HIV as well as increase uptake in VCT at institutions of higher learning. For this to take place, staff and management at institutions of higher learning will be required to make the necessary changes in the curriculum in order for change. In May 2004, the top management of Cape Peninsula University of Technology (former Cape Technikon), initiated to be publicly tested for HIV in effort to increase Voluntary Counselling and Testing (VCT) among students and staff.

History will not judge us by what we have achieved but rather what we have failed to implement. It s no longer a question to get involved in the fight against HIV/AIDS. It is politically correct thing to do and/or to be seen to be involved in HIV/AIDS Programmes. Instead we need to become pro-actively involved in HIV/AIDS Programmes that is supported by meaningful and measured outcomes of our contributions and participation.

Allow me to share with you a HIV/AIDS case history of a student that will illustrate the impact of HIV/AIDS at institution of higher learning (Refer to figure above).

This case history depicts the academic prowess and potential student that spins from the time of enrolment at a university till completion of doctoral studies and the subsequent death of this student as a result from AIDS related diseases. This case history named AIDS in Degrees, clearly demonstrates events taking place at ALL institutions of higher education at increasing levels. A question from this case history begs an answer: What have institutions of higher learning done to prevent this?

The answer that we have introduced HIV/AIDS Programmes on our campuses will now no longer suffice. The answer should be that: We have succeeded in ALL of our staff (both academics and non academics), in actively involving themselves in some way or another in HIV/AIDS campaigns on our campuses in an attempt to mitigate the impact of HIV/AIDS on our campuses. AIDS prevention comes in cans. I can! You can! We Can! The 1997 White Paper on Higher Education outlines 4 key points.

These key points will not be achieved if implementation of HIV/AIDS Programmes do not take place with the active support and participation of ALL stakeholders at Institutions of Higher Learning: In the Key Point 1 of the White Paper, we will NOT be able to meet the learning needs and aspirations of individuals through the development of their intellectual abilities and aptitudes throughout their lives if we fail to address HIV/AIDS epidemic substantially.

In the Key Point 2 of the White Paper, we (Institutions of Higher Education) will FAIL to address the development needs of society and provide the labour market if we do not empower our students with the knowledge and skills to make informed and responsible choices in the context of HIV/AIDS.

In the Key Point 3 of the White Paper, Institution of Higher Education encourage(ing) the development of a reflective capacity and a willingness to review and renew prevailing ideas, policies and practices based on a commitment to the common good, will be an exercise in futility if we as institutions of higher learning fail to effectively support the HIV/AIDS Programme on campuses.

In the Key Point 4 of the White Paper, Higher Education in its efforts to objectively and effectively evaluate knowledge, would lose out on a vital component of applied learning (the development of practical skills) relating to evaluation and impact studies in the area of HIV/AIDS. Furthermore, the institutions of higher education would miss the window of opportunity for students to conduct research in a meaningful way and thus will fail not only to contribute to the training of professionals, but also fail to contribute in the mitigation of the negative impact of HIV/AIDS.

The failure by institutions of higher education to effectively address HIV/AIDS will no doubt substantially negatively impact on the following: enrolment numbers; student pass rate; student attrition (dropout) rate; student throughput rate; subsidies/bursaries; research; staff key performance areas, etc.

Thus HIV interventions should focus on reinforcing strategies on risk reduction, vulnerability reduction and impact reduction. Implementing a set of HIV/AIDS Strategic Programme Objectives at Institutions of Higher Learning, should also take cognisance of the 4 key points highlighted in the 1997 White Paper on Higher Education. Institutions of Higher Learning by their very existence are based on 3 pillars i.e.: Teaching and Learning; Research; Community Engagement.

In the light of HIV/AIDS epidemic and its impact on Institutions of Higher Learning, a 4th pillar (in addition to the 3 listed above) should be incorporated - that of HIV/AIDS. This would facilitate the acceleration and motivation of ALL stakeholders at Institutions of Higher Learning to include HIV/AIDS as one of their Key Performance Areas. One such example would be the integration of HIV/AIDS in the curricula of ALL 1st year students in all disciplines.

It is possible to innovatively Integrate HIV/AIDS in Curricula of all courses even in non-science and non-health courses. This has already been achieved at the Cape Peninsula University of Technology by a B Tech student who designed a condom dress (from male and female condoms) as a partial fulfilment for the Fashion and Design Course Research Project which involved active participation of the Fashion and Design lecturer, HIV/AIDS Unit and student Peer Educators. This condom dress was later exhibited/modelled at an Awareness Campaign commemorating National Women s Day. This B Tech student graduated with cum laude and was nominated as the student of the year in her faculty. Finally I conclude with the words of Prof Makgoba: We need a higher education system that is anchored and understands its identity, one that drives its education system that is anchored and understands its identity, one that drives its faculty.

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TRUE CASE HISTORY
Profile of HIV Disease progression among HIV/ TB co-infected student

AIDS DEGREES

¥1994: I voted in the first South African Democratic elections
¥1995: I registered for BSc: first sexual encounter without a condom
¥1996: I was diagnosed and cared for STI

¥1997: I graduated with BSc and was diagnosed with HIV
¥1998: I graduated with BSc (Hons) with Gold Medal: hospitalised
¥1999: I was awarded international MSC fellowship: fathered a child
¥2000: I graduated with MSC fellowship and was diagnosed, treated and cured for TB
¥2001: I registered for PhD and my girlfriend died of TB
¥2002: I was diagnosed with AIDS

¥2003: I was too sick to attend my PhD graduation
¥2004: I was given a memorial service by my University

AIDS related death could have been prevented with timely HIV/AIDS Intervention programmes

INTERVENTION PROGRAMMES TO PREVENT DELAY ONSET OF TB

The Ripple Effect

IN THE KEY POINT 3