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## Sub-Saharan Africa: HIV/AIDS on University Campuses

# Findings

The failure of many African universities to speak out and confront the HIV/AIDS crisis head-on means that valuable time has been lost. The result is the unraveling of hard-won development gains and crippling prospects for future economic growth.

The report, *Challenging the Challenger: Understanding and Expanding the Response of Universities in Africa to HIV/AIDS*, eloquently documents this “conspiracy of silence”. The report is based on seven case studies commissioned by the World Bank-led ADEA Working Group on Higher Education. It seeks to understand how the disease is affecting African universities and to identify responses and coping mechanisms that might profitably be shared with sister institutions in similar circumstances. The case studies assess the experiences of seven universities in six countries: Benin, Ghana, Kenya, Namibia, South Africa and Zambia.

### A disquieting picture

The report paints a disquieting picture. Its over-riding message is that the institutions studied remain in the dark concerning the HIV/AIDS situation on their own campuses. In the author’s words, “a thick cloak of ignorance surrounds the

presence of the disease in the universities. This cloak is amply lined with layers of secrecy, silence, denial, and fear of stigmatization and discrimination.”

The first part of the report puts this “turbulent ambiance” into the broader context of African development and examines some of the social and economic consequences of the epidemic. In 1999, over 2 million AIDS-related deaths occurred in the 24 countries of Sub-Saharan Africa that have infection rates of 5 percent or more. According to some estimates, the number of AIDS orphans resulting from these deaths stands close to or in excess of 1 million in each of the following countries: Ethiopia, Kenya, Malawi, Mozambique, Rwanda, South Africa, Tanzania, Uganda, Zambia, and Zimbabwe. The disruptive consequences of the disease on households, employment, health, education and other systems are of fundamental importance. The case studies reveal that HIV/AIDS is unraveling hard-won development gains, with the worst affected countries experiencing major development reversals. Even in those countries less affected, African universities are finding they must operate in a deteriorating socio-economic environment. Future prospects are not bright.

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Each of the case studies follows the same format and addresses the same six questions:

- In what ways have the universities been affected by HIV/AIDS?
- How have the universities responded to the presence of the disease?
- What steps are they taking to control and limit the further spread of the disease in their communities?
- What HIV/AIDS-related teaching, research, publications, and advisory services have the universities undertaken?
- How do universities propose to anticipate and address the larger impact of HIV/AIDS on the national labor market for university graduates?
- Should universities increase access to their courses, including distance education courses, to compensate for expected national losses in skilled professional personnel?

### **Many common features**

In spite of differences in the details, the studies show that HIV/AIDS is having a serious impact on the fiscal situation of the universities in much the same ways as it does on other institutions. The disease increases operating costs, reduces productivity (especially through high absenteeism), diverts resources, and threatens sources of income. Although the case studies provide limited evidence in these areas (university record-keeping does not help here), they make it clear that universities are experiencing all four effects.

Evidence from the case studies suggests that the university in Af-

rica is a high-risk institution for the transmission of HIV. "Sugar-daddy" practices, sexual experimentation, prostitution on campus, unprotected casual sex, gender violence, multiple partners, and similar high-risk activities are all manifested to a greater or lesser degree." Therefore, the report recommends, the entire university community – but in particular the university management – needs to face this threat squarely. "In the HIV/AIDS context of university life today, the university culture is in danger of affirming risk more than safety. It is in danger of affirming death more than life."

One unsettling finding that emerges from the report concerns the social life of students on campus and the extreme vulnerability of female students, workers, and those in precarious circumstances. The report says the case studies "are shot through with concern about the subordinate status of female students and, in particular, their inability to negotiate for either no sex or safer sexual practices." He speaks about "consensual rape," whereby, because of her lack of empowerment, the female partner consents under duress to intercourse in order to preserve a relationship, avoid a beating, ensure financial support, or repay favors. The case studies suggest the prevailing climate on university campuses may encourage such violence and thereby facilitate the spread of HIV/AIDS.

### **Individual initiatives but few institutional responses**

Describing university responses to the HIV/AIDS crisis, the report says the case studies point to an "awe-inspiring silence" at the insti-

tutional, academic, and personal levels. Consequently, universities do not translate an awareness that they should be concerned with HIV/AIDS into any form of meaningful action plan. Universities largely leave the responsibility for action to interested individuals and groups. They undertake no institutional response, such as framing policy guidelines, taking a proactive role, mounting workplace education programs for the protection of staff, or mainstreaming HIV/AIDS awareness into university curriculum, financial planning and management.

In the absence of university policies, the inclusion of HIV/AIDS in teaching programs depends mainly on individual or departmental initiatives. The results tend to be piecemeal, though the case studies concur in citing medical and health-science programs as frequent exceptions to this rule. These departments generally require students to participate in courses that cover all aspects of the disease, even though the focus is mostly on its medical and clinical aspects. The studies also note that other departments occasionally try to integrate relevant aspects at appropriate points in the study of geography, administration, education, ethics, psychology, gender studies or life sciences. But to achieve a meaningful impact on student and staff behavior, such initiatives should be extended to all aspects of university programs, including teaching content, research priorities, management, field-work arrangements, curriculum design, professional training, strategic planning, budgeting and human resource development.

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## Good university research on HIV/AIDS

One of the more positive findings of the case studies concerns research and the contribution of African universities to international understanding of HIV/AIDS. University research on HIV/AIDS covers all areas—scientific, medical, social, and communication – and frequently includes community outreach and advisory/consultancy activities as well. A steady output of research emanates from graduate degree programs. University staff draw upon this experience to help frame national policies, conduct workshops for government departments, and provide support for non-governmental organizations. But although commendable research is being produced, the case studies make it clear that this information is not well shared within or among universities themselves.

## Need for a proactive policy and total commitment

The report describes how universities have begun to take steps in the right direction, how they bring together the multidisciplinary knowledge and expertise to respond to the epidemic, and how they benefit from the commitment of those few individuals who are already involved. Yet it emphasizes that a coordinated strategy is conspicuously absent, and labels this “the essential weakness of the university response to the disease.” The report suggests that universities can learn much from how African industry has responded to the HIV/AIDS crisis and cites the South African industrial group, Anglo-American, as a possible model. The company’s starting point for its comprehensive HIV/AIDS-prevention program is Total Management Commitment.

The report closes by outlining a two-pronged strategy for African universities to consider in shaping their own responses to HIV/AIDS. The two thrusts reflect the inward-looking and outward-looking dimensions of the traditional university mandate and mission. The inward-looking dimension pursues the concern that a university should have to sustain itself as a functioning institution and keep itself in good working order. To this end, the report summarizes what inward-looking actions and strategies are needed. The outward-looking dimension relates to the university’s core functions of teaching, research, and community service. Its discussion focuses on what is needed to produce quality graduates who have the skills and flexibility needed to understand and manage the HIV/AIDS crisis in their country.

# Findings

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In conclusion, the report outlines the fundamental principles that must support such a two-pronged strategy. They are:

- Get the facts about HIV/AIDS out into the open and break every form of silence, secrecy, and shame that enshrouds the disease.
- Recognize the extent to which HIV/AIDS has been feminized and benefits from the subordinate status and subjugation of women. In response, act urgently to promote greater gender equity, to overcome the social and other constraints to enhanced female participation, and to lead by word and example in transferring power and responsibility to women.
- Ensure that the entire university culture is enlightened by human rights principles. Use deliberate and conscientious adherence to these principles to reduce vulnerability to HIV/AIDS and to help those infected or affected by the disease to live in dignity. Allow no form of stigma or discrimination to find a haven within the institution.
- Recognize that persons living with HIV/AIDS are among the most important actors in any program to contain and control the disease. Without in any way using or manipulating them, the university should draw upon their expertise and insights and fully involve them in every aspect of its HIV/AIDS campaign.
- Coordinate university plans and programs with those at the national level so as to ensure greater synergy, unity of direction, complementarity of activities, access to resources, and more efficient use of resources.

The case studies insist that for these strategies to be effective, committed leadership among the university's top management is the foremost requirement. HIV/AIDS is a matter of life and death, for individuals and for institutions. Implementing an institution-wide HIV/AIDS prevention program requires commitment, people, skills, materials, and funds. But most of all, it requires leadership that recognize the urgency of the situation.

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