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RESPONSES TO HIV & AIDS AT UCT
Summary Report to Council, February 2008
Prepared by HAICU for Prof Martin Hall, DVC

Introduction

The purpose of the 2007 survey of HIV/AIDS initiatives at UCT is to record comprehensively the response of the Institution to the pandemic. Findings have been summarised from a mapping exercise conducted by HIV/AIDS Coordination - UCT (HAICU). HIV and AIDS-related initiatives have been benchmarked against national and regional criteria, utilising UNESCO’s document, *Expanding the Field of Inquiry: A cross-country study of Higher Education Institutions’ responses to HIV and AIDS*¹, and the HESA/HEAIDS document, *HEAIDS Strategic Framework (2006 to 2009 and beyond)*². This report will reflect on accomplishments and also assess critically the challenges and shortcomings in terms of our response.

Background

**HIV Prevalence:** According to the UNAIDS AIDS epidemic update of December 2007³, over 6,800 persons become infected each day with HIV, and over 5,700 persons die from AIDS – this is blamed “mostly” on “inadequate access to HIV prevention and treatment services” (UNAIDS, 2007:4). Over 68% of the 2.5 million new infections in 2007 occurred in sub-Saharan Africa and 76% of the estimated 2.1 million deaths due to AIDS occurred in the region (UNAIDS, 2007:6). The impact on sub-Saharan Africa, “the most seriously affected region”, is described as “hugely disproportionate”: AIDS remains the leading cause of death there (UNAIDS, 2007:4). Additionally, nearly 61% of the adults living with HIV in sub-Saharan Africa are women (UNAIDS, 2007:8).

Southern Africa “accounts for 35% of people living with HIV and 32% of new infections and AIDS deaths in 2007” (UNAIDS, 2007:15), and there has been a “localized reduction in prevalence in specific countries” in this region. As a result of improved estimates of the number of persons living with HIV, overall prevalence in South Africa declined slightly from 20.9% in 2003 to 18.8% in 2005 (UNAIDS, 2007:11). Additionally, UNAIDS (2007:16) discusses a possible decline in new HIV infections, as there is a decline in HIV prevalence among pregnant women aged 15 to 24 years. However, “there was no evidence of a decrease in HIV infection levels among young people in... South Africa” (UNAIDS, 2007:12), which has the largest number of HIV infections worldwide (UNAIDS, 2007:16).

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A demographic model conducted at UCT in 2003 estimated the HIV infection rate for its 2007 intake of students to be about 10%, and predicted that this could rise to between 10.83% and 12.08% by 2010. Responding to the prevalence of HIV, UCT has provided ongoing Voluntary Counselling and Testing (VCT), and has added VCT drives on the Upper and Medical Campus, which together tested a total of 5,155 students and 138 staff. Additionally, a permanent VCT site was opened on the Upper Campus at the end of August, which had tested 221 students and 21 staff before year-end. Of staff members attending Human Resource Management’s new Health Screening at Bremner and the Engineering and Built Environment Faculty in 2007, 94% and 96% respectively tested for HIV.

**UNESCO’s Higher Education Institution (HEI) Study:** UNESCO’s 2006 report, *Expanding the Field of Enquiry: a cross-country study of Higher Education Institutions’ responses to HIV and AIDS* does not include South Africa, but analyses the response to HIV and AIDS of Higher Education Institutions (HEIs) in 12 countries worldwide. Critical areas are identified as follows:

- 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 non-formal education);
- HIV and AIDS research;
- Partnerships and networks;
- HIV and AIDS programmes and services;
- Community outreach.

HIV and AIDS services, teaching and research initiatives at the reviewed institutions are described by UNESCO (2006) as “sporadic, uncoordinated, and reliant on the initiatives of a few dedicated staff and students”. The report criticises the lack of mainstreaming of initiatives across all departments and the insufficient attention given to HIV/AIDS-related stigma and discrimination, workplace policies and programmes, treatment, care and support, and appropriate services.

**Update on South African Higher Education Initiatives:** HEAIDS is “a nationally coordinated large-scale effort to develop and strengthen the capacity, systems and structures of all Higher Education Institutions to prevent, manage, and mitigate the causes, challenges and consequences of HIV/AIDS in the sub-sector”. Through the Department of Education, the European Union has provided €20 million to support the Programme for the period 1 Dec 2005 to 31 May 2009.

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The EC-funded HEAIDS\textsuperscript{7}, ‘Phase 2’, which concerns HE institutions’ teaching, training, research, community engagement and service functions, has identified a comprehensive HIV/AIDS response as including: a) defined roles and responsibilities and a developed policy; b) support of human resource capacities and development of systems; c) institutional-level development of norms and standards for sustainable funding models and mechanisms; d) identifying and clarifying a role for educators and teacher education faculties; e) identification and replication of “best practice” with respect to prevention, behavioural change, care and support, gender and curriculum integration, and; f) support and strengthening of knowledge generation, assimilation and dissemination with respect to HIV/AIDS.

\textit{UCT’s Response}: This Summary Report details the distinct sections under review at UCT, as follows: A) Leadership, Policy, Management and Service Provision; B) Curriculum Responsiveness; C) Research Development; D) Community Outreach / Social Responsiveness. Each section corresponds with areas identified for action in the \textit{UCT Policy on HIV Infection and AIDS: A Co-ordinated Response to HIV and AIDS}\textsuperscript{8}, approved by UCT Council in November 2006 (see Appendix F). The Summary Report is augmented by appendices that correspond with the above-numbered sections, and an additional section is included under the title: E) Professional Consulting and Materials Development. These appendices provide a greater depth of analysis. Although an effort has been made to provide a comprehensive report, it is possible that there may be omissions.

\textbf{A. Leadership, Policy, Management and Service Provision}

\textbf{Ai) Leadership and Policy}

The Office if the Vice-Chancellor (OVC) is accountable for UCT’s coordinated HIV and AIDS policy. Accountability for policy implementation rests with the Deputy Vice-Chancellor with the HIV/AIDS Portfolio, Professor Martin Hall. HIV/AIDS Coordination - UCT (HAICU) coordinates aspects of the institutional response, outlined in the UCT Policy on HIV Infection and AIDS\textsuperscript{9}. Policy implementation is the responsibility of HAICU, the Student Wellness Service, Human Resource Management, Health and Safety, Communication and Marketing, Research and Innovation and the Faculties.

\textit{Benchmark}: The HEAIDS\textsuperscript{10} programme emphasises that “committed leadership at a sufficiently high level is the most critical factor for driving a strong sectoral response to HIV/AIDS”, as this “will ensure that key stakeholders remain committed, that the required resources are mobilised, that the crucial policies and management structures are established and a strong foundation is laid for the implementation of specific interventions”. HEAIDS highlights the importance of strong leadership in the response to HIV and AIDS, expressed by a “clear and unambiguous policy” (a comprehensive written policy), and sustained financial and political investment (including institutional funding of a comprehensive response). Kelly (2006) writes of “superb involvement at both policy and operational levels” at UCT.

\textsuperscript{7} Available at: http://www.hesa.org.za/heaids/.
\textsuperscript{8} The UCT Policy on HIV Infection and AIDS (updated August 2004) can be located at:
\textsuperscript{9} The UCT Policy on HIV Infection and AIDS (updated August 2004) can be located at:
\textsuperscript{10} Available at: http://www.hesa.org.za/heaids/.
**Aii) Management and Service Provision**

**Students:** HAICU mapped the UCT response to HIV and AIDS in 2007. An effective policy response is ensured by regular HAICU-chaired policy review meetings, attended by those role-players tasked with implementing key aspects of UCT’s response.

HAICU selects and trains 35 to 40 student peer educators - ACEs (AIDS Community Educators) - to engage informally with their peers in Faculties, residences and in the wider community. They facilitate workshops in HIV/AIDS transmission, prevention, treatment and support; gender and relationships; and addressing HIV/AIDS stigma. Orientation Week workshops for first-year students focus in particular on where to go for testing, treatment and support, and on prevention strategies. HAICU and ACEs also organised HIV/AIDS drama performances in each student residence, culminating in an inter-residence gender-themed final. ACEs were also trained to engage in informal conversations or ‘Champion Chats’ with their peers around HIV/AIDS-related issues.

Themed campaigns were organised by HAICU on the University’s campuses, integrating social marketing messages, to raise awareness of key issues related to HIV and AIDS. In the Orientation period, a prevention campaign entitled ‘Can’t touch this without a condom’ urged students to abstain or use protection.

The second term’s HIV and AIDS-related anti-stigma campaign utilized posters with the wording ‘Can I tell you?’ and the faces of persons mostly concealed behind masks, in an attempt to challenge students and staff to respond to poignant words of students living with HIV at UCT. An anti-stigma installation was erected on the Upper Campus and later on the Medical Campus, which incorporated the words of HIV-positive students at UCT, and this campaign culminated in the annual Candlelight Memorial.

The gender campaign of the third term included a ‘Reclaiming the P… Word’ play, which detailed the cast’s lived experiences of abuse, disempowerment, and gender inequality more generally. In the final term, HAICU partnered with Human Resources to send World AIDS Day ‘greetings’ cards to all members of staff at UCT, to remind them of the important message of World AIDS Day, explain the ongoing HIV/AIDS-related activities at UCT, and emphasize ways in which they could get involved.

HAICU facilitated the incorporation of HIV and AIDS materials into formal curricula at UCT, in consultation with various departments. An HIV and AIDS course was organised for all first-year Commerce and Health Sciences students, and HAICU also delivered lectures for other departments. In the winter of 2007 HAICU worked with the Centre for Open Learning to facilitate a ‘Creating Social HIV/AIDS Change Agents’ (SHACA) short course for HIV/AIDS practitioners wanting continuing professional education. HAICU also facilitated an ‘HIV in the Workplace’ course in association with the Graduate School of Business, for workplace-based practitioners.
An Anti-Stigma Colloquium hosted by HAICU interrogated HIV/AIDS stigma at UCT and made recommendations for an appropriate response, including further anti-stigma campaigns and the creation of more intimate spaces to explore stigma; exploration of HIV/AIDS-related stigma among staff; further exploration of support groups for persons infected with and affected by HIV; and relevant research being made more readily available.

HAICU participated in a ‘Men as Partners’ programme, which brought together tertiary institutions in the Western Cape, to raise awareness of gender and HIV issues and to encourage men to empower themselves and their partners around HIV. Additionally, HAICU participated in HESA’s Higher Education against AIDS (HEAIDS) initiative, and partnered with TAC UCT and the Stand Up student society, collaborating on public events.

An HIV/AIDS anonymous SMS facility was staffed by HAICU in 2007. Information was provided on HIV and AIDS, emotional support was provided to callers in crisis, and persons were referred to other services and professionals.

HAICU secured EC/HEAIDS funding for a range of HIV/AIDS-related activities at UCT. From 2008, the University will benefit in the following ways: two mobile clinics will provide students at UCT and persons in the wider community with HIV testing, TB and STI screening, CD4 testing and risk-reduction counselling; a professional evaluation will be conducted of UCT’s HIV/AIDS peer education programme and its curriculum interventions; training resources will be developed to be used in the training of harassment advisors; three post-graduate students will be supported in their HIV/AIDS-related research. In order to enhance programme design and improve understanding of knowledge and practices with regard to HIV and AIDS, a HEAIDS-funded student HIV and AIDS risk behaviour survey will be conducted with undergraduate students from all faculties in 2008.

Student Wellness Service (SWS) of the Department: Student Affairs (DSA) is responsible for health, prevention of infection and care of students. It provides the free services of a) clinical management of HIV positive students, including medical evaluation, blood investigations and treatment of opportunistic infections; b) referrals for ARVs; c) consultation on women’s and men’s health issues; and d) wellness programmes. A direct referral system gave students access to Groote Schuur Hospital’s ARV clinic and the Desmond Tutu AIDS Research Institute.

Free Voluntary Counselling and Testing (VCT) was made available to all students, using the rapid test that enabled results to be provided within 10 minutes, and VCT campaign drives were also organised on the Upper Campus and at the Medical School. Additionally, a permanent VCT site opened in August at the Sport’s Centre on Upper Campus.

SWS worked in partnership with Supercare and Metro to distribute condoms to all the venues on the university campus, and Student Psychological Services, a part of SWS, provided confidential and professional counselling support to students at UCT.
**Staff:** UCT’s Human Resources Department collaborated with SWS in the provision of on-site VCT on Upper campus and at the Medical Faculty. The uptake by staff was low, with a total of only 61 staff coming forward for VCT. To increase uptake, UCT’s Organisational Health and Wellness section arranged Health Screening Days for common ‘Lifestyle’ diseases, including Hypertension, Hyperlipidaemia, Diabetes, Body Mass Index (BMI) and HIV/AIDS. The screening took 15-20 minutes, and involved a single blood sample with an option to ‘opt out’ of any of the screenings. Pilot screenings were well received at the Bremner Building and the Faculty of Engineering and Built Environment.

There has been an increase from 16 to 22 staff on the Chronic Disease Management (CDM) Programme with Discovery Health. The Discovery HIV Care Programme for 2007 continues to offer a fully inclusive programme that ensures members receive personalised service, counselling and antiretroviral medication. HIV case managers assist members with all aspects of their HIV treatment and lifestyle modification. They offer additional support services and access to reliable information.

**Health and Safety:** UCT ‘Post-Exposure Prophylaxis’ Policy (UCTPEP Policy) is available online at: [http://www.uct.ac.za/downloads/uct.ac.za/about/policies/needlestick.pdf](http://www.uct.ac.za/downloads/uct.ac.za/about/policies/needlestick.pdf). Two University of Cape Town staff members were injured in 2007 during the course of their work, following exposure to blood-stained instruments. Medical students have also sustained injuries, which has resulted in a request to the Dean of Health Sciences for more training for students with regards to safe working procedures. The University’s first aid policy covers the need for universal precautions for contamination with body fluids.

Health Sciences Faculty students were provided with a Health and Safety guide on registration, which included information on what to do in the case of accidental exposure to blood and blood products. Additionally, students undergoing clinical rotations were taught safety measures and how to protect themselves.

**Benchmark:** UNESCO (2006:9) emphasises that Peer Education (PE) programmes require the appropriate level of training, support and supervision. It indicates that the PE programmes of HEIs have succeeded in expanding HIV preventive education and health promotion, and developing life skills and psychosocial competencies among members”. However, it warns that the PE approaches may lack depth and coverage of information, only focusing on prevention to the detriment of, for example, stigma and care for people living with HIV. At UCT, peer educators are utilized for prevention, gender, relationship, anti-stigma and treatment information workshops.

HAICU builds on Orientation Week programmes through further interactive residence workshops, campaigns and events throughout the academic year.

Student Wellness Service at UCT provides students with HIV and AIDS management, including the treatment of opportunistic infections, and its referral programme allows ARVs to be accessed. Additionally, it distributes condoms and provides students with VCT. A workplace programme for staff, in which HIV/AIDS is a prescribed minimum benefit, enables staff to access ARVs, and its new emphasis on Wellness Screening, with HIV included as a chronic manageable condition, has encouraged more staff to test for HIV.
B. Curriculum Responsiveness: There are compulsory HIV/AIDS-related courses for all first-year students in the Faculties of Commerce and Health Sciences. The Commerce Faculty’s ‘Evidence-Based Management’ (EBM) is intended to educate around HIV and AIDS in general and illuminate issues of particular relevance with regard to doing business in an environment where HIV/AIDS is so prevalent. ‘Me and HIV/AIDS’, under the umbrella course of ‘Becoming a Professional’, in the Health Sciences Faculty, aims to develop personal and inter-personal skills and students explore issues around HIV and AIDS, issues around stigma, relationships, values and behaviour the social and psychological issues, as well as the medical concerns of HIV/AIDS. These two courses contribute significantly to creating AIDS-competent graduates at UCT. Additionally, Health Sciences students receive formal teaching on HIV/AIDS throughout the curricula, with MBChB students receiving clinical exposure to HIV/AIDS through medicine lectures, tutorials and bedside teaching.

There is no compulsory HIV/AIDS-related course in Law, Sciences, Humanities or Engineering and the Built Environment that reaches all first-year students. Individual courses that have incorporated HIV and AIDS in the Humanities Faculty include ‘Understanding Gender’ in the African Gender Institute and various modules within Education, Historical Studies, Psychology, Social Anthropology, Sociology and Social Development. The Science Faculty explores biological, chemical, molecular, cellular, environmental and other aspects of HIV in some courses.

At postgraduate level, the Commerce Faculty offers a selection of courses that explore population projections, demography, and economic (in association with the Humanities Faculty), social and political dimensions of HIV and AIDS.

The Health Sciences Faculty offers students a course in epidemiological concepts that relate to the study of infectious diseases, and the evaluation of public health interventions against these diseases. Public health, human rights and ethics are also studied at Masters level, as is palliative medicine, paediatric AIDS and oncology as it relates to HIV. Courses are also available in microbiology and clinical pharmacology.

A module offered by the Law Faculty examines human rights law and in particular the Constitutional Court’s pronouncement on the provision of ARVs to HIV-positive pregnant women.

In the Humanities Faculty, HIV case studies are explored in the investigation of public health in Religious Studies, whilst the inter-disciplinary MPhil in HIV/AIDS and Society interrogates HIV/AIDS in South Africa from a range of perspectives, whilst the School of Education explores the epidemic from a sociological perspective.

HAICU ran a short course entitled ‘Social HIV/AIDS Change Agents’ for the Centre for Open Learning at UCT. Additionally, a partnership between the Graduate School of Business (GSB) and HAICU made a 4-day short course on HIV and AIDS in the workplace available to professionals in the workplace.

Benchmark: UNESCO (2006:28-29) asserts that “while some institutions have devoted attention to HIV and AIDS at other points in the curriculum... HIV has not been mainstreamed into teaching programmes”. Many HEIs have “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 and departments”. Where incorporated into the curriculum, education about HIV and AIDS focuses predominantly on medical and health aspects and “there is little focus on students’ own personal risk or vulnerability”.

HEAIDS speaks of the imperative for the HE sub-sector to “produce high-calibre leaders and quality graduates competent to manage and control HIV/AIDS within their respective professions, hence calling for the mainstreaming of both professional and personal aspects of HIV/AIDS into each institutional learning programme”. Additionally, it is recommended by HEAIDS that “AIDS-related engagement with and service to society” should be incorporated into professional programme requirements. Staff should also, states HEAIDS, receive information and education that will allow them to effectively and fully integrate a relevant HIV/AIDS component into the curriculum.

At UCT, Faculties have “adopted many models, ranging from formal courses (mostly at postgraduate level), through one or more modules within a course, to topics enlarging the understanding in a particular field, to various modalities showing more or less curriculum integration” (Kelly, 2006). A compulsory course for first-year students is the approach, adopted by both the Faculty of Commerce (Evidence-Based Management) and the Faculty of Health Sciences (Becoming a Professional). However, challenges remain in terms of incorporating HIV and AIDS into the formal curriculum. According to Kelly (2006), “Every Faculty could do more to promote students’ specific understanding of the interaction between HIV/AIDS and the areas in which they are acquiring professional expertise”.

C. Research Development: A significant number of HIV/AIDS-related research projects were conducted in 2007, making innovative contributions to the way in which HIV is addressed in South Africa and the global community. A complete list of research undertaken in 2007 is available in the appendices to this Summary Report.

The AIDS and Society Research Unit (ASRU), within the Centre for Social Science Research (CSSR) in the Humanities Faculty, produced a diverse range of research and working papers; The Democracy in Africa Research Unit (DARU), also in the CSSR, investigated governance and human rights issues; and the Centre for Actuarial Research (CARE) modelled the impact of the epidemic.

The Faculty of Health Sciences’ Adolescent Health Research Unit (AHRU) looked at school-based HIV interventions and sexual behaviour of adolescents. The Children’s Institute was concerned with residential care and school-based HIV interventions, whilst Paediatric Infectious Diseases, Red Cross Children’s Hospital and the School of Child and Adolescent Health, investigated child-focused interventions, mainly concerning ART and the link with TB.

The Institute of Infectious Diseases and Molecular Medicine (IIDMM) undertook research into diagnostics, multi-drug resistance, vaccines, and the relationship between HIV infection and cervical human papilloma virus, as well as tuberculosis and other opportunistic infections. The Desmond Tutu HIV Centre (DTHC), within the Institute, partnered with the Infectious Disease Epidemiology Unit (IDEU) of the Division of Public Health to investigate the use of HIV

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treatment, microbicides and vaccines. Various vaccine trials have been undertaken in the Western Cape by the DTHC, and adolescent research has been conducted.

The IDEU also studies the association between HIV and TB, and the use of ART, including issues of adherence and effectiveness. Also within the Division of Public Health, the Health and Human Rights Programme investigates equity, human rights and public health; the Occupational and Environmental Health Research Unit (OEHRU) concerns itself with health in the workplace; and the Women’s Health Research Unit (WHRU) researches ARV treatment. The Division of Clinical Pharmacology has conducted research into ART, including adherence and cost-effectiveness, and also investigates the link between TB and HIV. The Albertina & Walter Sisulu Institute of Ageing in Africa/Geriatric Medicine researches the impact of the HIV pandemic on the older person.

Within the Humanities Faculty, the Centre for Conflict Resolution (CCR) researches the government response to HIV and AIDS, and the effect of the pandemic on the military. The School of Education researches teachers, classrooms and HIV/AIDS, whilst faith and the AIDS discourse is interrogated by Religious Studies.

**Benchmark:** HEAIDS\(^{12}\) urges both externally and internally oriented research, which focuses “equally on the knowledge, understanding and information needs of society, as well as on the needs of the sector itself” – pure and applied research and relevant research within all disciplines. HEAIDS identifies the importance of generating new knowledge “about how to address HIV/AIDS in the higher education sector”.

UNESCO (2006)\(^{13}\) describes “promising examples of research programmes contributing to national policies and programmes” at 12 reviewed HEIs (2006:9). It describes an extensive dissemination of research internationally, but also the lack of information sharing on HIV and AIDS research and related services (2006:30), as there is no mechanism to “monitor and track the output of HIV-related research”. Rather than being institutional, research is mostly motivated by donor demands, personal interests of academic staff and demands from policy-makers. Additionally, institutions fail to collaborate effectively internally, focusing rather on external partnerships, and biomedical research predominates (2006:31-32).

Kelly (2006) states, “...it is difficult to think of any field of human inquiry where UCT is not engaged in some form of first-rate AIDS-related research”. However, he also stresses the need for more inter-faculty collaborations: “AIDS calls for an interdisciplinary approach, within identified scientific areas and across the boundaries of the various sciences. Further discussions are needed across the University [UCT] on how to reduce the barriers to interdisciplinary research”. UCT needs to remove the barriers to collaborative projects across Faculties, allowing innovative research to emerge and findings to be disseminated which often benefit surrounding communities.

Kelly (2006) applauds the way in which UCT’s “postgraduate research work feeds into further research, generates publications and enhances teaching”. UCT’s annual bibliography of

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\(^{13}\) UNESCO (2006)
HIV/AIDS research gives a picture of the research being undertaken within broad disciplinary areas.

**D. Community Outreach / Social Responsiveness:**
Outreach initiatives relate to curriculum and research projects, as well as co-curricula responses. These initiatives include the ‘Abaqophi basOkhayeni Abaqinile’ Children’s Radio Project and the ‘Dikwankwetla’ Children in Action Project facilitated by the Children’s Institute; Isisombbolulu mentorship of the DTHC, which upgrades the skills and knowledge of health care workers dispensing ARVs in Eden District clinics; HAICU’s ‘TSiBA Community and Zola Business School Project’ in which ACEs (UCT peer educators) facilitate workshops with TSiBA College first-year students and provide mentorship; SHAWCO’s HIV Education for A Real Tomorrow (HEART) project, in which learners are equipped to make sexual health decisions, and its *Masizikhulise* project, which provides HIV/AIDS and health-related workshops for young adults in Nyanga and surrounding areas.

**Benchmark:** UNESCO (2006:33-34) describes community outreach at institutions as a “practical component of students’ academic programme, and part of their research, training and education”. It adds that “HIV and AIDS awareness-raising activities for nearby secondary schools are also common”. Some institutions also target ‘at-risk’ populations, such as the gay community and sex workers. However, “outreach to persons affected and infected by HIV and AIDS was rare… reflecting the preoccupation… on prevention”. HEAIDS[^14] highlights the importance of engagement with the community by staff, students and civil society, in a two-way flow of expertise and support, which emphasizes partnerships and sponsorship programmes.

A number of academic programmes at UCT involve outreach activities, providing a symbiotic relationship between curriculum developers, researchers, students and surrounding communities. Kelly (2006) describes social responsibility at UCT as providing “much-needed services to the less privileged” and also something that “extends the work and reputation of the University, especially among those who are least advantaged, and in addition keeps the academic and research work firmly grounded in reality. However, UCT is challenged to increase service learning opportunities by employing existing curriculum and co-curriculum opportunities.

**Conclusion**

UCT is responding to HIV and AIDS at a significant level. Prevention, treatment, care and support services are available for both students and staff, and research output is considerable. An annual Colloquium allows the sharing of information and the understanding of HIV and AIDS; an HIV/AIDS Anti-Stigma Colloquium in 2007 gave the institution the opportunity to interrogate the important issues of stigma and discrimination, which UNESCO (2006) indicates are often insufficiently mainstreamed at universities.

There is always room to respond and to do even more, to address the shortcomings of previous years. All HIV/AIDS-related campaigns are evaluated and improvements are made based on the findings. VCT provision will further improve in 2008, with the increase in HIV testing drives on various campuses, greater provision in the communities in which UCT conducts outreach and research, and continuation of testing at Student Wellness and at the newly established Upper Campus site. These initiatives will enable more persons to get tested to know their status.

UCT has still not managed to expose all undergraduate students to HIV/AIDS issues in the formal curriculum, although students continue to be exposed to HIV/AIDS messaging in Orientation workshops in the first semester. The need continues for curriculum-related service learning that benefits students in a personal and professional capacity. Science and Engineering in particular have not managed to highlight sufficiently HIV and AIDS. It is important that students receive the appropriate information in order to ensure they are “suitably equipped to function productively and constructively in a society that is infected and affected by HIV and AIDS… that they become AIDS-competent” (Kelly, 2006).

In order to successfully position UCT as a HEI HIV/AIDS response leader over the next three years, the following are necessary:

- Easily accessible HIV/AIDS management – including testing and treatment – for all students;
- Coordination at the highest level by University HIV/AIDS leadership;
- Large-scale, ongoing and evaluated, anti-stigma projects;
- An annual internal review by Faculties to determine whether they are sufficiently preparing all students to productively engage with HIV and AIDS in their varied work fields;
- An annual internal review by Faculties of the potential barriers that might impede collaborative research between the Health and the Social Sciences and the impact this has on the quality of UCT’s HIV and AIDS research;
- Continued funding for innovative postgraduate research in HIV/AIDS, across both the Social and Health Sciences.
Appendix A: Leadership, Policy, Management and Service Provision

Ai) Leadership and Policy

The Office of the Vice-Chancellor is accountable for UCT’s coordinated HIV and AIDS policy. Responsibility for policy implementation rests with the Deputy Vice-Chancellor with the HIV/AIDS Portfolio, Professor Martin Hall. HIV/AIDS Coordination - UCT (HAICU) coordinates aspects of the institutional response, outlined in the UCT Policy on HIV Infection and AIDS. See Appendix F. for a copy of the policy. Alternatively, it is available at: http://www.uct.ac.za/downloads/uct.ac.za/about/policies/hiv_aids_policy.pdf.

Different departments and institutes at UCT are responsible for aspects of policy implementation. These include HAICU, Student Wellness Service, Human Resource Management, Health and Safety, Communications and Development, Research and Innovation, and various Faculties.

Benchmark

The HEAIDS\textsuperscript{15} programme emphasises that “committed leadership at a sufficiently high level is the most critical factor for driving a strong sectoral response to HIV/AIDS”, as this “will ensure that key stakeholders remain committed, that the required resources are mobilised, that the crucial policies and management structures are established and a strong foundation is laid for the implementation of specific interventions”. HEAIDS highlights the importance of strong leadership in the response to HIV and AIDS, expressed by a “clear and unambiguous policy” (a comprehensive written policy), and sustained financial and political investment (including institutional funding of a comprehensive response).

Kelly (2006) writes of “superb involvement at both policy and operational levels” at UCT.

Aii) Management and Service Provision

Students

The Department: Student Affairs (DSA) is responsible for health, prevention of infection and care of students, through the offices of the Student Wellness Service (combining Student Health and Student Psychological Services).

HIV/AIDS Coordination - UCT (HAICU), located in the Office of the Vice-Chancellor, is tasked with leading a University-wide response to HIV and AIDS. Since HAICU was relocated from Student Affairs into the Office of the Vice-Chancellor at the start of 2006, HIV/AIDS coordination has been institution-wide. Activities have included: a University-wide colloquium to ensure dialogue between the Health and Social Sciences and a public assessment of the UCT response to AIDS; campus-wide anti-stigma campaigns; the compilation of a bibliography of all HIV/AIDS-related research; HIV/AIDS curriculum compulsory responses in Commerce and Health Sciences; short courses for HIV/AIDS practitioners in NGOs and the corporate sector.

\textsuperscript{15} See 8 above.
HIV/AIDS Coordination - UCT (HAICU)

Mapping the UCT response: At the end of each year, HAICU researches the HIV/AIDS-related activities that take place at UCT, including research, teaching, management and social responsiveness. The collated documentation informs this report, which is presented to Council and disseminated more widely. A bibliography of HIV and AIDS research currently being undertaken at UCT is produced at the same time. These documents provide valuable data to analyse, plan and evaluate the UCT response to HIV and AIDS.

Policy Implementation: HAICU co-ordinates 3 to 4 policy review meetings per annum, where role-players tasked with aspects of policy implementation account for their activities. This allows for a cohesive response to HIV and AIDS, even though various sectors of the policy are implemented by different actors.

HIV/AIDS Education on Campus:

Peer Education: AIDS Community Educators (ACEs) is the peer education project at UCT, where 35 to 40 students are selected and trained by HAICU to work in Faculties, residences and in schools through social responsibility projects. The ACEs are trained in the following: theories of behaviour change; the strategy of peer education; HIV/AIDS transmission, prevention, treatment and support; gender and relationships; and addressing HIV/AIDS-related stigma. Additionally, HAICU provide training for residence sub-wardens and health representatives.

HIV/AIDS Workshops for Students: The ACEs peer educators conducted HIV-prevention workshops with all first-year students (excluding Health Sciences) during the Orientation period - approximately 70 workshops for 20 students each. An evaluation was conducted of the workshop. HAICU and ACEs also organised HIV/AIDS ‘skits’ (HIV/AIDS education through performance) in each residence, which culminated in an inter-residence gender-themed final in Baxter Residence in August. Additionally, workshops were conducted by ACEs in September and October around HIV treatment and stigma.

Informal Discussions: ACEs were trained to engage in informal conversations about HIV and AIDS in a project called ‘Champion Chats’. From Feb to June 2007, they engaged in and recorded over 220 conversations with other young people around HIV and AIDS. The majority of conversations were around: Condoms; Attitudes towards People Living with HIV and AIDS; Basic HIV/AIDS Info; and Testing. For each conversation, the ACEs record whether there was a high level of engagement and also the impact of the conversation. The recorded conversations tell us more about the less formal ACEs education work, outside of the workshops.

HIV/AIDS Campaigns: it is the responsibility of HAICU to conduct campaigns on the University’s campuses and use social marketing to raise awareness of key issues related to HIV and AIDS. In the first term, HAICU coordinated a prevention campaign entitled ‘Can’t touch this without a condom’. Students were encouraged to abstain or to use protection, and received a pair of boxer shorts inscribed with a prevention message and contact numbers of where to receive further information and support.
In the second term, HAICU coordinated an HIV and AIDS-related anti-stigma campaign. It utilized posters with the wording ‘Can I tell you?’ and the faces of persons mostly concealed behind masks, in an attempt to challenge students and staff to respond to poignant words of students living with HIV at UCT. These words, describing how self-stigma and discrimination operate, had been captured by HAICU in late 2006. An installation of a 3 metre sq. cube with red plastic strips, entitled ‘hiding in plain sight’ and designed by the artist Heath Nash, was erected on the Upper Campus for one week in May. The words of HIV-positive students at UCT were played on a loop from speakers suspended within the installation, which was again utilized later in the year at the Medical School campus.

The above campaign culminated in an HIV & AIDS Candlelight Memorial, held over the lunchtime period of 17 May. Evaluation forms were distributed to persons attending the event. Asked whether stigma was an important issue at UCT, one participant responded that it was “Very important. We are educating leaders of the future and all should lead by example”; another answered “Yes. I think the stories on the website show that there is need to address the stigma issue”.

HAICU conducted a gender campaign in the third term. In addition to gender and HIV/AIDS ‘skits’, HAICU invited staff and students from the University of the Western Cape to perform a play entitled ‘Reclaiming the P… Word’, loosely based on ‘The Vagina Monologues’ by Eve Ensler and adapted to the unique context of the Western Cape and the lived experiences of the cast: stories of women who have experienced sexual abuse, but who have never been able to speak out. Evaluation comments were elicited from the audience: “What came across really powerfully was... that we must respect our bodies and ensure that our bodies are respected by others, particularly men”; “I think the play was a great lesson... to educate young women with assertiveness skills, because negotiating sex or condom use is the root of HIV infection”.

In the final term, HAICU worked in partnership with Human Resource Management, to send World AIDS Day ‘greetings’ cards to all members of staff at UCT. The cards served to remind staff of the important message of World AIDS Day, explained the ongoing HIV/AIDS-related activities at UCT, and emphasized ways in which staff could get involved.

**HIV/AIDS Curriculum Responsiveness:** HAICU facilitates the incorporation of HIV and AIDS materials into formal curricula at UCT. Courses are developed, taught and evaluated in consultation with staff from various departments. In 2007, HAICU taught 8 to 16 hour HIV and AIDS courses for all first-year Commerce and Health Sciences students, as part of the formal, examinable curriculum, as well as delivered once-off lectures for other departments. The curriculum initiatives complemented other interventions aimed at students' personal awareness.

**Winter Short Courses:** HAICU (as part of the Centre for Open Learning suite of courses) in June 2007 taught a Creating Social HIV/AIDS Change Agents (SHACA) short course for HIV/AIDS practitioners wanting continuing professional education or for students unable to gain entry to UCT, either due to insufficient funds or lack of time. The multi-disciplinary SHACA course covered theories and approaches to health behaviour change; HIV/AIDS education strategies and approaches; HIV/AIDS transmission and prevention; the course of the virus and how ARVs work; contextual issues in HIV transmission, prevention, treatment and support; addressing issues around poverty, race, gender and stigma; programme
management; developing a policy framework; strategic planning tools; budgeting; and monitoring and evaluation skills.

Additionally, in June 2007, HAICU facilitated a 4-day *HIV in the Workplace* course in association with the Graduate School of Business, for workplace-based practitioners. The course served to refresh and update participants’ understanding of the latest theories of workplace health promotion and behaviour change; biomedical HIV/AIDS information (treatment, vaccines, microbicides); labour law; social marketing techniques; current thinking about practical implementation; peer education facilitation skills; and HIV-related policies.

**Colloquia:** An Anti-Stigma Colloquium was hosted by HAICU in October 2007, which interrogated the dominant theories of why HIV/AIDS stigma exists; looked at the impact of an HIV/AIDS diagnosis amongst students at UCT (fear of stigmatisation, reluctance to disclose); and addressed related stigma and intolerance (the issue of gay-related stigma at UCT and HIV/AIDS-related stigma in the Muslim community). A panel further discussed and debated pertinent issues relating to HIV/AIDS stigma and recommendations were for further anti-stigma campaigns and the creation of more intimate spaces to explore stigma; the exploration of HIV/AIDS-related stigma among staff; the further exploration of support groups for persons infected with and affected by HIV; and relevant research to be made more readily available.

**Networking:** HAICU networks within UCT, and locally, regionally and internationally with Higher Education HIV/AIDS networks. HAICU partners with a ‘Men as Partners’ programme, raising awareness of gender and HIV issues and encouraging men to empower themselves and their partners around HIV. This initiative has brought together tertiary institutions in the Western Cape, including Cape Peninsula University of Technology (Bellville and Cape Town), Stellenbosch University and University of the Western Cape, as well as the Department of Health. Additionally, HAICU participated in HESA’s Higher Education against AIDS (HEAIDS) initiative, and partnered with TAC UCT and the Stand Up student society, collaborating on public events. Similarly, HAICU networked extensively with the SRC, the residence health reps and Student Wellness Service.

**Information:** HAICU staffed an HIV/AIDS anonymous SMS facility during working hours throughout 2007. Information was provided on HIV and AIDS, emotional support was given to callers in crisis, and persons were referred to other services and professionals.

**Donor funding:** Towards year-end, HAICU secured EC/HEAIDS funding for a range of HIV/AIDS-related activities at UCT. From 2008, the University will benefit in the following ways: two mobile clinics will provide students at UCT and persons in the wider community with HIV testing, TB and STI screening, CD4 testing and risk-reduction counselling; a professional evaluation will be conducted of UCT’s HIV/AIDS peer education programme and its curriculum interventions; training resources will be developed to be used in the training of harassment advisors; and 3 post-graduate students will be supported in their HIV/AIDS-related research.
Student Wellness Service (SWS)

*Services provided free to all students:* clinical management of HIV-positive students, including medical evaluation, blood investigations and treatment of opportunistic infections; consultation on women’s and men’s health issues; wellness programmes.

Students living with HIV received a thorough medical examination, staging of disease (WHO staging) and the relevant blood tests (CD4, FBC, RPR) from a medical practitioner. They were further encouraged to participate in wellness programmes, which provided free ongoing medical management, care and support (counselling), as well as free treatment of opportunistic infections. A direct referral system gave students access to Groote Schuur Hospital’s ARV clinic and the Desmond Tutu AIDS Research Institute.

*Staff Training:* The staff at SWS received ongoing training and professional development in the field of HIV/AIDS. Voluntary counselling and testing (VCT) staff also received regular debriefing and reviewed cases in supervision. An HIV/AIDS refresher course was attended. SWS has standardised management protocols for the medical management of students who test HIV-positive.

*Further training provision:* Health Representatives in residence were provided with training and information on manageable medical conditions, including HIV/AIDS.

*Networking:* SWS continued to network with the SRC, TAC - UCT, HAICU, specialists in the field of HIV/AIDS, and other tertiary institutions. SWS also regularly attended AIDS Committee of Tertiary Institutions in the Western Cape (ACTIW) meetings, at which HIV/AIDS issues were discussed.

*Free Voluntary Counselling and Testing (VCT) at SWS:* A one-hour individual pre- and post-test counselling service was provided for all students by an accredited VCT practitioner and other clinical staff in a confidential, safe environment. The ‘Rapid’ finger-prick test enabled results to be shared within 10 minutes. The wait from booking to the actual appointment was approximately 2 days. Students received an HIV/AIDS information and resource brochure prior to receiving VCT. A total of 478 students - 212 males and 266 females – were tested at SWS in 2007 (see Figure 1 below), and there were 4 positive results.

![Figure 1: HIV Voluntary Counselling and Testing (VCT)](image-url)
Voluntary Counselling and Testing Campaign (VCT Drives): Two Upper Campus VCT drives took place in March and August respectively (see Table 1 below), as well as a drive at Medical School (see Table 2 below). Hiddingh campus and Music School will be included in 2008 planning. Feedback on the campaign suggested that students and staff came to the drive because it was “convenient”, “accessible”, “quick”, people could go for counselling as a group, and it was “professionally conducted”. Only a few academic staff utilised the facility.

Table 1: Upper Campus VCT Drives

<table>
<thead>
<tr>
<th>Date</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
<th>Students</th>
<th>Staff</th>
<th>Previously Tested</th>
<th>Positives</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-9 March</td>
<td>1,448</td>
<td>1,462</td>
<td>2,910</td>
<td>2,852</td>
<td>58</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14-16 August</td>
<td>796</td>
<td>579</td>
<td>1,375</td>
<td>1,329</td>
<td>46</td>
<td>1,462</td>
<td>2</td>
</tr>
</tbody>
</table>

Table 2: Medical School VCT Drive

<table>
<thead>
<tr>
<th>Date</th>
<th>Female</th>
<th>Male</th>
<th>Tot.</th>
<th>Students</th>
<th>Staff (Perm)</th>
<th>Staff (Contract)</th>
<th>Positives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mon 20 Aug</td>
<td>56</td>
<td>26</td>
<td>82</td>
<td>75</td>
<td>2</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Tue 21 Aug</td>
<td>57</td>
<td>42</td>
<td>99</td>
<td>93</td>
<td>1</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Wed 22 Aug</td>
<td>74</td>
<td>34</td>
<td>108</td>
<td>101</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Thurs 23 Aug</td>
<td>88</td>
<td>28</td>
<td>116</td>
<td>111</td>
<td>3</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Fri 24 Aug</td>
<td>90</td>
<td>35</td>
<td>125</td>
<td>116</td>
<td>2</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>365</td>
<td>165</td>
<td>530</td>
<td>496</td>
<td>11</td>
<td>23</td>
<td>2</td>
</tr>
</tbody>
</table>

VCT Upper Campus Site: The VCT Upper Campus Site opened on 27 August at the Sport Centre, Room 5.07, Level 5 (Tel: 021 650 2507). The hours are Monday to Thursdays from 10:00 – 15:00. The service provider is QuinHealth, a VCT/HIV/Health Risk Assessment NGO (see Table 3 below).

Table 3: VCT Upper Campus Site, August - October 2007

<table>
<thead>
<tr>
<th>Date</th>
<th>Total</th>
<th>Female</th>
<th>Male</th>
<th>Students</th>
<th>Staff (Perm)</th>
<th>Staff (Contract)</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 27-30</td>
<td>42</td>
<td>14</td>
<td>28</td>
<td>34</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>September</td>
<td>81</td>
<td>38</td>
<td>43</td>
<td>70</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>October</td>
<td>119</td>
<td>64</td>
<td>55</td>
<td>117</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>242</td>
<td>116</td>
<td>126</td>
<td>221</td>
<td>14</td>
<td>7</td>
</tr>
</tbody>
</table>

HIV and STI statistics were forwarded monthly to HESA and the HIV Directorate. Including the VCT drives, a total of 5,376 students were tested from February to December 2007 (see Figure 2 overleaf for comparative statistics).
Condom distribution: SWS has driven the condom distribution process. Five monitors were employed for 20 hours each per month, from the beginning of March until November, to monitor the “supplies” in the dispensers and to provide monthly feedback to the Co-ordinator. 60,000 condoms are ordered at a time from the Department of Health. Supercare and Metro have agreed to distribute condoms to all the venues on the University campus (see Table 5 and Figure 3 below for statistics).

Table 5: Condom Stats for January – October 2007

<table>
<thead>
<tr>
<th>Month</th>
<th>Jan</th>
<th>Feb</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>67600</td>
<td>18200</td>
<td>74200</td>
<td>18000</td>
<td>24400</td>
<td>6000</td>
<td>36600</td>
<td>48600</td>
<td>60140</td>
<td>43500</td>
<td>397,240</td>
</tr>
</tbody>
</table>

Figure 3: Condom Stats for January – October 2007

Post-Exposure Prophylaxis (PEP): SWS noted an increase in the requests for PEP from students who had practiced unsafe sex. Each presentation was assessed by a clinician and patients were managed according to clinical guidelines, but generally SWS could not provide this service to students, as it was not an affordable or sustainable prevention strategy.

Counselling provision: Student Psychological Services, a part of SWS, provided confidential and professional counselling support to students at UCT.
Staff

Human Resources Management - UCT’s HIV/AIDS Workplace Programme

For 2007 the main focus was on Voluntary Counselling and Testing (VCT) for staff, as this area had been lacking in the past. In March, August and September, the Human Resource Department collaborated with Student Wellness Service for on-site VCT. The venues used were Jameson Hall and the Health Sciences Faculty. The uptake by staff was low, with a total of only 61 staff coming forward for VCT.

As a result of poor uptake of VCT, UCT’s Organisational Health and Wellness Section put together a Health Screening Day model for the common ‘Lifestyle’ diseases, including Hypertension, Hyperlipidaemia, Diabetes, Body Mass Index (BMI) and HIV. By offering screening days, UCT HR Department is hoping to make provision for the early detection, prevention and management of these common lifestyle diseases, and has included HIV/AIDS in an effort to de-stigmatise the disease and manage it similarly to other chronic diseases.

The screening only takes 15-20 minutes, and involves only one blood sample with an option to ‘opt out’ of any of the screening, including VCT. The lifestyle indicators from the results of the tests give predictors of future risks for the staff member and interventions to combat these risks.

A pilot screening was undertaken in Bremner Building, where 94% of the staff chose to include VCT in their screening. A further screening day was held at the Faculty of Engineering and Built Environment, where there was a 96% uptake of VCT. These results are most encouraging from a VCT point of view and show the best uptake since the introduction of UCT’s HIV/AIDS Workplace Programme in 2003.

There has been an increase from 16 to 22 staff on the Chronic Disease Management (CDM) Programme with Discovery Health in 2007. The prevalence of UCT Discovery Health members stands at .01% against a predicted 4.5% (predicted in 2002). The Discovery HIV Care Programme for 2007 ensured that members received a personalised service, counselling and antiretroviral medication. HIV case managers assisted members with all aspects of their HIV treatment and lifestyle modification, offering additional support services and access to reliable information on HIV/AIDS and the steps members and their families can take to manage the disease. The HIV protocols have been endorsed by the South African HIV Clinicians Society.

HR included questions on HIV/AIDS in the UCT Climate Survey conducted in 2007, with the intention of using the information from the survey to plan interventions for 2008.

Health and Safety: UCT Post-Exposure Prophylaxis Policy (UCTPEP Policy) and Training Provision

The UCTPEP policy, formerly the ‘Needlestick Injury Policy’, is available online at: http://www.uct.ac.za/downloads/uct.ac.za/about/policies/needlestick.pdf.

Two University of Cape Town staff members were injured this year during the course of their work, following exposure to blood-stained sharps in both instances. Medical students also
sustained injuries; a record of these injuries is kept at the GSH Staff Health Clinic, where they were treated. A request was forwarded to the Dean of Health Sciences for more training for students with regards to safe working procedures.

The Health Sciences Faculty provided its new students with a Health and Safety guide on registration, which dealt with HIV/AIDS and what to do in the case of accidental exposure to blood and blood products. During clinical rotations, students were taught safety measures and how to protect themselves.

The Safety, Health and Environment Department co-ordinated annual First Aid and Health and Safety training for First Aiders and Safety, Health and Environment Representatives. Informal talks were also conducted with staff and students on emergency first aid and health and safety-related topics. A total number of 107 First Aiders were trained at UCT this year, of whom 91 were Level 1 and 16 were Level 2 First Aiders.

First Aiders were trained to respond to emergency situations in the work, teaching and research environment, including UCT residences. This service is complemented by the Campus Protection Services (CPS), whose officers received First Aid and Emergency-related workshops. The University's first aid policy is regularly updated to make sure that legislative compliances are addressed; the policy covers the need for universal precautions for contamination with body fluids e.g. blood spills. Workshops were also facilitated for cleaning service providers, to make sure that they understood University policies and requirements.

First aid policies and procedures were made available in clinical and other environments where risk levels are high, concerning exposure to the HIV or Hepatitis B viruses and procedures for dealing with blood spills.

**Benchmark**

According to UNESCO (2006:32), which reviewed 12 HEIs (excluding UCT), there were few comprehensive HIV and AIDS-related services for students, including counselling provision, and staff were mostly excluded. Additionally, there is a “significant lack of workplace programmes for (academic and non-academic) university staff members in the case study universities”. Furthermore, “condoms were reported not widely available on most campuses”.

UNESCO (2006:9) emphasises that Peer Education (PE) programmes require the appropriate level of training, support and supervision. It indicates that the PE programmes of HEIs have succeeded in expanding HIV preventive education and health promotion, and developing life skills and psychosocial competencies among members”. However, it bemoans the fact that the PE approaches lack depth and coverage of information, only focusing on prevention to the detriment of, for example, stigma and care for people living with HIV. In the case of UCT, peer educators are utilized for prevention, gender, relationship, anti-stigma and treatment information workshops.

UNESCO (2006:29) states that increased dialogue and improved knowledge have resulted from awareness campaigns at HEIs, but associated changes in behaviour may not have necessarily occurred. Additionally, UNESCO argues that the approach to providing students with information on STIs, HIV and AIDS during the important student orientation period does not allow for dialogue or exploration of issues, and HIV and AIDS receive insufficient
attention. HAICU’s approach at UCT is to build on Orientation Week programmes through further interactive residence workshops, campaigns and events throughout the academic year.

The Higher Education HIV/AIDS Programme (HEAIDS) of Higher Education South Africa (HESA)\textsuperscript{16} describes a “prevailing ‘culture’ of HE campuses” of “ambivalence about ‘sugar daddy’ practices, sexual experimentation, unprotected casual sex, multiple partners, and similar high-risk activities. In other words, universities are high-risk institutions for the transmission of HIV”.

HEAIDS\textsuperscript{17} addresses the need for the “sub-sector gaining control of the disease in relation to its own community i.e. staff and students”: “adequate provisions must be made for both staff and student welfare, as well as special provision for HIV prevention, treatment, care and support. Furthermore, there must be workplace education for staff. It is critical that all the diverse campus cultures i.e. student and staff from all language, religious, age, geographic, sexual orientation and other interest groups be engaged in the response”.

Student Wellness Service at UCT provides students with HIV and AIDS management, including the treatment of opportunistic infections, and its referral programme allows ARVs to be accessed. Additionally, it distributes condoms and provides students with VCT. A workplace programme for staff, in which HIV/AIDS is a prescribed minimum benefit, enables staff to access ARVs, and its new emphasis on wellness screening, with HIV included as a chronic manageable condition, has encouraged more staff to test for HIV.


\textsuperscript{17} See 2. above.
Appendix B: Curriculum Responsiveness

Undergraduate students are made aware of HIV and AIDS in their first year curriculum within Faculties, thus reinforcing the extra-curricular health and prevention education provided by HAICU. As academic programmes offer increasing specialisation in senior years of study, there is a range of opportunities to incorporate HIV/AIDS-related issues into the senior undergraduate and honours curriculum.

Undergraduate courses

HIV and AIDS-related undergraduate courses are taught in Faculties as follows:

Faculty of Commerce

School of Management Studies:

A compulsory foundation course (BUS1010F/S) for all first-year students, formerly entitled Thinking About Business (TAB), now entitled Evidence-Based Management (EBM), is delivered by HAICU. Dealing with the subject of HIV/AIDS and business, the intention is to educate around HIV and AIDS in general and illuminate issues of particular relevance with regard to doing business in an environment where the pandemic is so prevalent.

Introduction to Actuarial Science (BUS1003S) includes introductory material on the epidemiology of HIV/AIDS in South Africa, the natural history of infection, and prevention and treatment.

Organisational Learning and Wellness (BUS3002F), which includes a component on HIV/AIDS in the Workplace, is taught at 3rd year level.

Pensions Specialist (BUS5028S) is taught at 3rd year level. The course includes a component on the design of pension benefits and contributions with special reference to AIDS and the security of such benefits.

Faculty of Engineering and the Built Environment

There is no HIV/AIDS-related course in this Faculty for all first-year students.

Architecture, Planning and Geomatics: Land, Tenure and Law (APG5040Z) includes a component on land, tenure and social dynamics, focusing on HIV/AIDS.

Faculty of Health Sciences

Students receive formal teaching on HIV/AIDS throughout the curricula, with MBChB students receiving clinical exposure to HIV/AIDS through medicine lectures, tutorials and bedside teaching.

The compulsory Becoming a Professional (PPH1001F) umbrella course, for all first-year MBChB, occupational therapy, physiotherapy and speech and hearing therapist students, includes a component entitled Me and HIV/AIDS. Taught by HAICU, the course aims to
develop personal and inter-personal skills, introducing first-year students to the basic relevance of HIV/AIDS issues in both their private and professional lives. Students explore issues around HIV and AIDS, stigma, relationships, values and behaviour. Social and psychological issues, as well as the medical concerns of HIV/AIDS, are interrogated. During semester 2, students study the epidemiology of HIV/AIDS.

Clinical Pharmacology: There are two HIV/AIDS-related lectures in the 4th to 6th year and tutorials in HIV/AIDS therapeutics, portfolio tasks, bedside teaching, and student directed learning.

Human Biology: Integrated Health Systems (LAB2000S) in the 4th semester looks at HIV/AIDS, amongst other diseases. It provides students with a detailed understanding of the normal structure and function of the human body, and how these are adversely affected when the body experiences HIV and AIDS.

MB Ch 4th year: The Public Health curriculum contains two seminars dealing with HIV/AIDS – one on demographic aspects and the other on how HIV/AIDS impacts on the practice of professionals. In addition, students do community-based research projects identified by community stakeholders. Approximately 5 to 10 such projects address issues of HIV or risk factors for HIV every year.

Obstetrics: 4th year students investigate post-partum contraceptive needs of HIV-infected women.

Gynaecology: There is a module covering contraception in an era of HIV/AIDS for 5th year students.

Faculty of Humanities

There is no compulsory course for all first-year students in this Faculty that incorporates HIV and AIDS issues, however HIV/AIDS is touched upon in a number of courses.

African Gender Institute: Understanding Gender (AGI2000F) includes HIV/AIDS in a section on understanding a gender-based response to the epidemic and in considering violence against women.

Education: the Advanced Certificate in Education (Life orientation) [SSHU33] offers a module entitled Life Orientation in Perspective (EDN4143W), which includes a component on HIV and AIDS Education. The module, Community Health and the School (EDN4145W), includes a section on HIV and AIDS prevention and coping skills. Research Report: Life Orientation (EDN4147W) includes an advanced course in HIV and AIDS prevention.

Historical Studies: Memory, Identity and History (HST3037F), a second-semester course, examines the ways in which people construct and present their identities. Through case studies on the HIV/AIDS pandemic, students are able to explore specific memory/identity themes such as self, community, gender, sexuality and politics.

Psychology: The Professional Board for Psychology has accredited the Honours degree in Psychology at UCT for the education and training of registered counsellors in the practice of
HIV/AIDS counselling. *Counselling and Communication Skills, and Health Psychology* is offered to those who wish to practice in HIV/AIDS counselling. The course deals with general counselling techniques and their relevant applications in the South African context. Students are also obliged to take a 6-month internship, supervised by a registered psychologist.

Social Anthropology: The *Medical Anthropology* (SAN2026F) course reflects on students’ perceptions of HIV and AIDS. The course problematizes social dynamics related to the HIV/AIDS pandemic, emphasizing the issue of stigma. In addition, the course is concerned with the deracialisation of the virus and attempts to do so by deconstructing notions of ‘risk groups’. A small field research exercise focuses on HIV and AIDS as manifested in South Africa.

Social Development: *Developmental Social Work* (SWK3060F) allows students to explore the problems and resources of a particular community, looking at HIV/AIDS and other health issues, personal and family problems, housing, crime and safety, poverty and unemployment. *Contemporary Social Work Issues* (SWK3066S) includes a module on Human Sexuality, a primary focus of which is awareness raising, prevention, and pre- and post-test counselling. An emphasis is placed on getting students to talk about their experiences in terms of their cultural context. Fieldwork is also undertaken in agencies that deal directly or indirectly with HIV and AIDS.

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Sociology, 2\(^{nd}\) year: The *Human Rights in Context* (SOC231S) course under the Labour, Organisational Psychology and Human Resource Management Programme (2\(^{nd}\) year Sociology), examines health, and HIV/AIDS in particular, and the relationship with human rights.

Sociology, 3\(^{rd}\) year: *Democracy, Social Change and Development in South Africa* (SOC308S) examines public policy in the new South Africa, in areas including healthcare. The course includes an examination of the demographic and social impact of HIV and AIDS.

**Faculty of Law**

There is no compulsory course for all first-year students in the Law Faculty that incorporates HIV and AIDS issues. Some Law students are exposed to HIV and AIDS in other courses.

The Department of Commercial Law offers a course entitled *Research Focus Group: Law, development, Labour and Social Policy* (CML502X) for 5\(^{th}\) year students, which enables students to examine some critical aspects of law and development, labour market regulation and social policy, and HIV/AIDS in the workplace.

The Department of Commercial Law, Final level LLB (CML5013H), has a component on discrimination in the workplace, which considers the provisions of the Employment Equity Act that deal with discrimination in the workplace based on HIV/AIDS-status, and related case law. Medical testing, in particular HIV/AIDS testing, in terms of the Employment Equity Act and related guidelines and case law is also considered in the course.

The Department of Private Law offers *Foundations of South African Law* (RDL1003W), which uses HIV/AIDS as a case study of issues that range across traditional legal areas, as part of
its broad overview of various areas of South African law. Two lectures will include an introductory discussion of constitutional, labour law, and criminal law aspects of HIV/AIDS.

The Department of Private Law, Final level LLB: **HIV/AIDS, Bioethics and the Law** (RDL5071F / RDL5029F) includes an overview of the broad-ranging impact of HIV on South African society, especially vis-à-vis responsibility, authority and paternalism from a human rights perspective. The course also investigates cases and applicable statues and policy documents concerning health care provision, focusing on HIV treatment and prevention, and society’s response to crises like the HIV pandemic.

**Faculty of Science**

There is no compulsory course for all first-year students in this Faculty that incorporates HIV and AIDS issues. Some Science students are exposed to HIV and AIDS in other courses.

Chemical, Molecular and Cellular Sciences:
- The Department of Chemistry offers a course entitled **Chemistry in Health and Disease** (CEM2013S) for 2\textsuperscript{nd} year students, which gives an introduction to chemical perspectives on African diseases, including the role of chemistry in the understanding and treatment of HIV/AIDS.
- **Medicinal Chemistry** (CEM3011F), a 3\textsuperscript{rd} year level course, includes a focus on the medical chemistry of anti-HIV drugs.
- Introduction to Microbiology (virology) (MCB2005).
- Molecular Virology (MCB3011).

Biology, Earth and Environmental Sciences:
- Cities of the South (EGS2011).
- Environmental Problems (EGS2011).
- Population Dynamics (EGS3016).
- The Department of Environmental and Geographical Science, in partnership with the Centre for Actuarial Research, offers a course entitled **Introduction to Population Studies** (EGS3018F) for 3\textsuperscript{rd} years, which covers the spread of HIV/AIDS and its demographic implications.
- Introductory Biology (viruses) (BIO1004).

Information Technology:
- Information Management (databases) (CSC3014).
- Topic in virtual reality environments (CSC4000).

Mathematical, Physical and Statistical Sciences:
- Introduction to Biological Modelling (MAM2043).
- Bionumeracy (STA1007).

Zoology Department - **Biodiversity and Evolution**: One lecture as part of a series of lectures in BIO1004S (a first-year, second-semester course), examines the HI-Virus as a super-effective parasite. Discussion is facilitated about ‘AIDS myths’ and why they are nonsensical from a biological point of view.
**Postgraduate Study**

Faculties offer HIV/AIDS-related courses as follows:

**Faculty of Commerce**

*Selected Topics in South African Demography* (DOC5005Z) includes lectures/seminars on the burden of disease due to HIV/AIDS, urbanization and HIV/AIDS, and the impact of HIV on mortality.


*The Economics of AIDS in Africa* (ECO5001S): an interdisciplinary course, in association with the Humanities Faculty, was attended by students in Economics, Political Studies and Sociology. It focuses on the economic and welfare implications of the AIDS epidemic and policy responses. The effort to 'roll-out' antiretroviral treatment in developing countries is a major focus of the course. The course also requires students to obtain a working knowledge of international best practice demographic modelling, and to understand the social and political dimensions of the AIDS epidemic in Africa.

*Economic Problems of Africa* (ECO420S) pays particular attention to labour market issues, poverty and inequality, and the AIDS pandemic.

**Faculty of Engineering and the Built Environment**

There were no reported HIV/AIDS-related courses in 2007.

**Faculty of Health Sciences**

HIV and AIDS are central themes in all courses of the Masters in Public Health (MEDM12). In addition there is a specific emphasis on HIV/AIDS in the course on *Infectious Disease Epidemiology* (MEDM12).

*Gender and Health* (PPH7054F) uses HIV/AIDS to examine the impact of gender on health.

The Master of Family Medicine and Primary Care includes the *Clinic Medicine C* (PPH6002W) component, which includes a web-based module on HIV and AIDS.

*Epidemiology of Infectious Diseases* (PPH7037S) aims to introduce students to the basic epidemiological concepts related to the study of infectious diseases, and the evaluation of public health interventions against these diseases. It has a large HIV and TB component.

*Epidemiology of Infectious Diseases* (PPH7063S) applies epidemiology to specific communicable diseases, including HIV/AIDS.
BSc(Med)(Hons) in *Infectious Disease and Immunology* (LAB4004W) is a postgraduate training programme, which examines the molecular biology of HIV pathogenesis of infection and vaccine development and viral evasion of host defences.

MPh in the School of Public Health and Family Medicine offers a course module on *Public Health and Human Rights*. It utilizes extensive case studies on HIV in South and Southern Africa. 3 to 4 of the 17 sessions in the module deal extensively with HIV as case material.

The Postgraduate Diploma in Family Medicine’s *Ethics* (PPH4007S) course interrogates the ethics of HIV/AIDS and health and human rights in South Africa.

The MPhil *Paediatric Infectious Diseases Part I & II* (PED7033W and PED7034W) offer subspeciality training in paediatric infectious disease.

The *Postgraduate Diploma in Palliative Medicine* (MG011) and the *MPhil Palliative Medicine* (Part 1) (FMK3 – PPH7047W) both include various teaching topics related to HIV/AIDS e.g. principles of palliative care, psychosocial issues, symptom management and ethical issues in end-of-life care for adults and children who are diagnosed with a life-threatening illness such as AIDS. This training emphasizes the active management of HIV/AIDS, symptom control and treatment support of patients on antiretroviral therapy (ART), as well as the emotional, social and spiritual care of patients and their families.

The *MMed in Microbiology* (LAB7034W/LAB7035W/LAB7036W) analyses the importance of pathogens, viruses and infectious diseases.

**Faculty of Humanities**

*Honours / MPhil in Diversity Studies* examines how differences are framed to open up or close down possibilities for groups of people along various axes, including HIV and AIDS status.

Religious Studies: *Religion & Public Health in Africa* (REL5025Z) focuses on the interface between the work of religious entities or faith-based initiatives in the field of health. Case studies deal with major health crises e.g. HIV/AIDS, with a view to giving attention to the ‘leading causes of life’ that enable health, rather than ‘disease’ in the first instance.

The *MPhil in HIV/AIDS and Society* (SOC5022X) interdisciplinary course is administered through the Graduate School of Humanities, with collaboration from the Education and Sociology Departments and the School of Public Health and Primary Health Care. The programme interrogates HIV/AIDS in South Africa from a range of perspectives e.g. biological, demographic, historical, sociological, linguistic, behavioural, public policy and budgetary. The course examines issues of causation, uniqueness and demographic impact and equips students to deal with this complex pandemic in critically aware and informed ways. *The Economics of AIDS in Africa* (ECO5001S) and *Culture, Health and Illness* (SAN5012X) are electives to be taken with SOC5022X.

The School of Education offers a course entitled *Contemporary Policy Challenges in Education* (EDN5050Z), which provides a broad introduction to current issues and debates in education. One of the key focus areas is the impact of HIV and AIDS on education.
Education: The *HIV/AIDS and Social Identity* (EDN6098Z) course provides an understanding of the HIV/AIDS context in South Africa, with a particular emphasis on educational contexts. Using a sociological approach, the course focuses on: a) examining dominant epistemological and methodological frameworks that shape understandings and responses to the pandemic; b) exploring the role of context in influencing constructions, understandings, interpretations and responses to the pandemic; c) exploring issues of sexuality, gender and their articulation in HIV/AIDS discourses.

*Adult Learning in Informal Social Contexts* (EDN6006Z) looks at a case study that focuses on examples of learning in the context of AIDS education.

*Postgraduate Diploma in Education: HIV/AIDS*. The aim of this course is to produce graduates who have a demonstrated competence to grapple with the social complexities of the HIV/AIDS epidemic in South Africa, in order to work in this area of education within civil society.

*Public Health and Society* (SOC4022Z) looks at patterns of health and disease and their meaning within the context of social inequality in South Africa. A case study focuses on the public health challenge of TB and HIV/AIDS, investigating approaches to addressing them, paying particular attention to Health Promotion.

**Faculty of Law**

The School for Advanced Legal Studies: *Human Rights Law* (PBL6034S) examines the Constitutional Court’s pronouncement on the provision of ARVs to HIV-positive pregnant women.

**Faculty of Science**

There were no HIV/AIDS-related courses in this Faculty in 2007.

**Short Courses**

A one-week winter short course, entitled ‘Creating Social HIV/AIDS Change Agents’ (SHACA) was facilitated in June 2007 by HAICU in collaboration with the Centre for Open Learning (COL) at UCT. Additionally, a partnership between the Graduate School of Business (GSB) and HAICU made a 4-day short course on HIV and AIDS in the workplace available to workplace-based professionals.

**Benchmark**

UNESCO\(^{18}\) (2006:28-29) states that “while some institutions have devoted attention to HIV and AIDS at other points in the curriculum… HIV has not been mainstreamed into teaching programmes”. Many HEIs have “no guidelines or directives from administration, little training, and often no technical or material support, the inclusion of HIV and AIDS in the curriculum

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often depends greatly on the interest and motivation of individuals and departments”. Where incorporated into the curriculum, education about HIV and AIDS focuses predominantly on medical and health aspects and “there is little focus on students’ own personal risk or vulnerability”.

HEAIDS\(^\text{19}\) speaks of the imperative for the HE sub-sector to “produce high-calibre leaders and quality graduates competent to manage and control HIV/AIDS within their respective professions, hence calling for the mainstreaming of both professional and personal aspects of HIV/AIDS into each institutional learning programme”. Additionally, it is recommended by HEAIDS that “AIDS-related engagement with and service to society” should be incorporated into professional programme requirements. Staff should also, states HEAIDS, receive information and education that will allow them to effectively and fully integrate a relevant HIV/AIDS component into the curriculum.

At UCT, Faculties have “adopted many models, ranging from formal courses (mostly at postgraduate level), through one or more modules within a course, to topics enlarging the understanding in a particular field, to various modalities showing more or less curriculum integration” (Kelly, 2006). A compulsory course for first-year students is the approach, adopted by both the Faculty of Commerce (Evidence-Based Management) and the Faculty of Health Sciences (Becoming a Professional). However, challenges remain in terms of incorporating HIV and AIDS into the formal curriculum. According to Kelly (2006), “Every Faculty could do more to promote students’ specific understanding of the interaction between HIV/AIDS and the areas in which they are acquiring professional expertise”.

\(\text{\textsuperscript{19} HEAIDS Strategic Framework 2006-2009 and beyond. Higher Education HIV/AIDS Programme (HEAIDS)}\)
\(\text{Available at: http://www.hesa.org.za/resources/HEAIDS\%20Strategic\%20Framework\%20Final.pdf}\)
Appendix C: Research Development

The following section focuses on research projects undertaken by dedicated research units within UCT:

Department of Research and Innovation

The Department of Research and Innovation has a downloadable excel spreadsheet of HIV and AIDS-related research being conducted at UCT, which is updated annually. It is available on the UCT website at the following address: http://www.uct.ac.za/research/office/databases/hiv aids/.

Faculty of Commerce

Centre for Actuarial Research (CARE)

Dissertations:


Peer-reviewed papers:


Non peer-reviewed papers:

Other:


Conference presentations:


Conference papers:


Research projects:

- Modelling of sexual behaviour in South Africa and review of sexual behaviour data in South Africa;
- Estimation of the prevalence of sexually transmitted infections in South Africa;
- Analysis of risk factors associated with prevalence at antenatal clinics in South Africa.

**Faculty of Health Sciences**

**Adolescent Health Research Unit (AHRU), Department of Psychiatry and Mental Health**

Dissertations:

Joska, J. PhD, Department of Psychiatry and Mental Health, UCT. *Neurocognitive disorders in young adults with HIV/AIDS commencing anti-retroviral treatment in the Western Cape.*

Kareithi, R. PhD, Department of Psychiatry and Mental Health, UCT. *Model of Good Practice in Development Management: Case Studies of Organizations Providing HIV/AIDS Interventions Targeting Young People (Aged 10 to 24 years) in Cape Town, South Africa.*

Marais, A. PhD, Department of Psychiatry and Mental Health, UCT. *Partner violence in adolescent relationships.*
Mukoma, W. PhD candidate, Department of Psychiatry and Mental Health. *Input, process, cost-effectiveness and outcome evaluation of a sexual and reproductive health intervention in Cape Town high schools: A randomised controlled study.*

Nassen, R. MPhil (Child and Adolescent Psychiatry), Department of Psychiatry and Mental Health, UCT. *Neuropsychiatric profile of a cohort of perinatally infected HIV-positive children after one year on antiretroviral medication.*

Omondi, J. MPhil (Child and Adolescent Psychiatry), Department of Psychiatry and Mental Health, UCT. *Attention deficit hyperactivity disorder, anxiety, depression and risk behaviour among high school students in Nairobi.*

Pludderman, A. PhD, Department of Psychiatry and Mental Health, UCT. *Investigating the relationship between methamphetamine use, sexual risk behaviour, aggressive behaviour and mental health among school-going adolescents in Mitchell's Plain, Cape Town.*

Saunders, J. PhD candidate, Department of Psychiatry and Mental Health. *Neuropsychiatric Aspects of HIV/AIDS.*


Wegner, L. PhD, Department of Psychiatry and Mental Health, UCT. *Leisure boredom and adolescent risk behaviour.*

**Peer-reviewed papers:**


Books:


Chapters for edited volumes:


Conference presentations:


Other:


Research projects:

- Healthwise, a school-based HIV prevention initiative;
- A school-based violence-prevention intervention;
- Several papers are in preparation addressing sexual behaviour and HIV;
- An evaluation is underway of school-based peer education interventions funded by the global fund.

Division of Medical Virology, Department of Clinical Laboratory Sciences


**Children’s Institute**

*Peer-reviewed papers:*


*Research report:*

Conference presentations:


Rudolph, N. 2007. What have we learnt about building Caring School Communities? Presentation at UNESCO regional education consultation in Gaberone, Botswana.


Conference papers & presentations:


Other:


Research projects:

- Residential Care
- Dikwankwetla
- Caring schools
- Aboqophi basOkhayeni Abaqinile Children’s Radio Project

Institute of Infectious Diseases and Molecular Medicine (IIDMM)

IIDMM is a postgraduate research institute located at the Faculty of Health Sciences, which responds primarily to HIV/AIDS, tuberculosis and malaria. The investigation of HIV/AIDS lies at the centre of the institute’s focus and many of the UCT’s HIV/AIDS programmes are housed in the IIDMM. Research groups (and key researchers) within the IIDMM focusing on HIV/AIDS, including its interaction with TB, undertook research into the following:

South African AIDS Vaccine initiative (SAAVI) - IIDMM members: Williamson, A-L., Williamson, C., Rybicki, E. A SAAVI and NIH-funded multidisciplinary team investigated strategies to make HIV-1 subtype C vaccines. The first vaccines selected to move forward to clinical trials are DNA vaccines and a modified vaccinia virus Ankara vaccine (MVA). This DNA prime – MVA boost combination is regarded as one of the most promising vaccine strategies. The subunit vaccine group is also making candidate vaccines using baculovirus and tobacco expression systems.

Desmond Tutu HIV Centre (DTHC) - IIDMM members: Wood, R. and Bekker, L-G. This research group of clinician scientists conducts community-based research with a focus on TB/HIV. The unit hosted two WT fellows: Dr. Stephen Lawn (CDF) working on TB/HIV and Dr. Joseph Jarvis (TF) studying cryptococcal meningitis. DTHC research is detailed below.

Infectious Diseases Epidemiology Unit, School of Public Health and Family Medicine (IDEU) - IIDMM associate members are Coetzee, D., Myers, L., & Boulle, A. The IDEU is involved in a wide range of interdisciplinary research and teaching activities spanning surveillance, HIV-prevention clinical trials, clinical epidemiology of tuberculosis and HIV therapy, socio-behavioural and health systems research. It is also actively involved in service provision in collaboration with the Provincial Government of the Western Cape as well as with Médecins Sans Frontières. IDEU research is detailed below.

Red Cross Children’s Hospital – IIDMM associate members: Eley, B & Zar, H. Research interests focus on tuberculosis in childhood, on childhood pneumonia and on the interaction between HIV and paediatric infectious diseases. See School of Child and Adolescent Health, Red Cross Children’s Hospital, below.
Division of Clinical Pharmacology – IIDMM associate member: Maartens, G. This division researches pharmacokinetics and pharmacodynamics of antimalarials, antiretrovirals and antitubercular drugs. The laboratory is accredited to develop new drug assays, has conducted multicentre clinical studies, and has developed and interpreted pharmacokinetic, pharmacodynamic and pharmaco-economic models. See Division of Clinical Pharmacology below.

The Division of Infectious Diseases and HIV Medicine (ID Unit) – IIDMM member: Wilkinson, R. The ID Unit is a tertiary referral centre for specialist ID/HIV cases; inpatient activities at Groote Schuur include an ID/HIV consult service, and tertiary care beds for the management of complex cases. The outpatient clinic handles tertiary level referrals and is also a primary ART rollout site. Clinical ID/HIV care at GSH is integrated with the NHLS departments of Microbiology and Virology.

South African Tuberculosis vaccine initiative (SATVI) – IIDMM member: Hussey, G. A vaccine testing facility includes testing of TB vaccines in HIV positive persons. Laboratory facilities are at the IIDMM and the field project office and dedicated research ward are at Brewelskloof TB hospital in Worcester.

Centre for Proteomic and genomic research (CPGR) – IIDMM member: Blackburn, J. The internal research programmes of the CPGR are focused on biomarker discovery, the effect of clinically-relevant SNPs and mutations on protein-drug interactions, the discovery of novel protease inhibitors and epitope mapping. HIV-related research collaborations are just beginning, which look for diagnostic markers of successful vaccination and of drug resistance.

Women and HIV/AIDS – IIDMM member: Denny, L. Research is conducted into the relationship between HIV infection and cervical HPV infection and/or cancer; risk factors for women to become HIV infected; interventions to be integrated into screening procedures in community settings; policy for screening HIV-infected women; and rape survivors and post-exposure HIV prophylaxis regimens.

**The Desmond Tutu HIV Centre (DTHC), within the IIDMM**

**Dissertations:**

Mark, D. PhD. Predicting adherence to ART: effects of baseline HIV associated cognitive dysfunction and biopsychosocial status (in process).

Mlotshwa, N. MSc. Establishing experimental assays to examine the breadth, magnitude and frequency of HIV specific T cell responses in HIV infected individuals (submitted).


**Peer reviewed papers:**


Smit, J., Middelkoop, K., Bekker, L-G. & Stein, D.J. Psychopathology is Associated with Sexual Risk Behaviour in a South African Township Community. AIDS CARE. In press.


Non-peer reviewed papers:


Chapters for edited volumes:


Working papers:


Harling, G. & Wood, R. The evolving cost of ART in South Africa: changes in healthcare costs with duration of therapy for public sector patients. JAIDS 2007 May 10th [Epub ahead of print].


Conference presentations:


Wood, R. When to Start ART. Plenary speaker. INTEREST meeting, 30th May-2nd June 2007, Kampala, Uganda.

Wood, R. Challenges of TB Diagnosis and Treatment in South Africa. Roche Satellite Symposium Speaker. 3rd South African HIV Conference. 4-7 June 2007. Durban, KZN.

Wood, R. Role of Viral Monitoring in ART Rollout Programme. 3rd South African HIV Conference. 4-7 June 2007. Durban, KZN.

Conference papers:


Research projects:

The Cape Town Clinical Trials Unit (CTU): The DTHC’s Cape Town Clinical Trials Unit incorporates resources from UCT’s Infectious Disease Epidemiology Unit, the Institute of Infectious Disease and Molecular Medicine, and the DTHC. The initiative involves three Clinical Research Sites (CRS): the DTHC CRS focuses on trials of treatment of adult HIV infection, in particular the optimisation of clinical management including co-morbidities; the Gugulethu CRS focusing on trials of microbicides and other interventions for the prevention of sexual transmission of HIV infection; and the Nyanga CRS focusing on trials of HIV vaccines for prevention of HIV infection.

Vaccine trials - HIV Vaccine Trials Network: The vaccine component of the Cape Town CTU is administered by the DTHC, and includes the Emavundleni Vaccine Centre in Crossroads, completed in April 2007. The HVTN 204 phase 2 vaccine trial enrolled 80 persons aged 18 to 50 years, who received their vaccinations and were followed up until August 2007. The HVTN 503 phase 2b vaccine trial, run at 5 sites in South Africa, involved 3,000 HIV-negative volunteers. It was prematurely terminated in August 2007 due to inactivity of the vaccine candidate as demonstrated in a sister study in North America. The 166 participants already enrolled in Cape Town prior to discontinuation will be followed up over the next 4 years. South African AIDS Vaccine Initiative (SAAVI) funding support has enabled clinical vaccine trials at DTHC, Masiphumelele and Emavundleni, and has resulted in a strong community education network, CABS and a solid socio-behavioural research focus.

Hanan-Crusaid Treatment Centre: The DTHC was instrumental in the evaluation of the ARV programme at this HIV treatment centre in Gugulethu, which screens adults and children for ART. It also investigated the burden of tuberculosis and better ways to harmonise TB and HIV at a programmatic and logistic level. The DTH Foundation facilitates research by providing adherence counselling support known as the Sizophila counsellors and an ART laboratory monitoring service.

The Uluntu Community Vaccine Centre: This is a clinical and community education space within the Uluntu Resource Centre, Gugulethu. The Sizophila project operates from here, together with the community education team responsible for the HIV vaccine clinical trials and Men who have Sex with Men (MSM) studies, and the vaccine preparedness clinical team conducting the IAVI protocols B and C. Daily vaccine discussion groups are held on the premises for members of the public, who are then referred through to the Emavundleni Vaccine Centre for screening for participation in HIV Vaccine trials. Five hundred participants on the IAVI study were tested monthly for HIV on the premises.

CIPRA-SA: collaboration between UCT, Wits and the University of Stellenbosch, which studies HIV antiretroviral therapy treatment strategies appropriate for a resource-poor setting. The Cape Town component, led by the DTHC, is based at the Masiphumelele Site. CIPRA-SA Project 1, the ‘Safeguarding the Household’ project, analyses whether a primary health care-provided first-line ART regimen monitored by primary health care sisters is equivalent to a doctor monitored treatment. CIPRA-SA Project 3, situated in the community of Masiphumelele, tracks changes in the prevalence of TB following the introduction of highly active antiretroviral therapy (HAART).
**Adolescent Research**: The DTHC has focused on a) epidemiology; b) socio-behavioural; c) prevention clinical trials; and d) adolescent health, including HIV care and treatment. Prevalence studies have been conducted in Masiphumelele and a qualitative feasibility study focusing on adolescents has been undertaken in Gugulethu. The study comprised of focus groups with 200 adolescents, parents and other relevant stake holders in the Nyanga district, which explored the community’s views and concerns regarding adolescent involvement in HIV vaccine trials.

**Adolescent cohort study**: This study, in Masiphumelele, has enrolled 100 14-17 year olds with parental consent, who are being followed up with 3-monthly HIV, STI and pregnancy tests. This research has laid a foundation for the DTHC to undertake further feasibility and capacity building around sites in South Africa to incorporate adolescents in clinical trials.

**Mother City Men’s Health Project**: This study, a collaboration with the Triangle Project, examines the nature of HIV infection in men having sex with men and will examine changes in the infections in this population. An HIV-negative cohort is being recruited, who are followed up to observe their sexual risk behaviours, the presence of depression, substance abuse, post traumatic stress syndrome, as well as their knowledge of HIV, and the effect of stigma on adherence to projects. VCT, hepatitis B testing and vaccinations are offered, and other STIs are also tested. A township component of this population are being studied and a number of cross-sectional prevalence studies are also been conducted.

**GAP**: A partnership between UCT and the General Hospital Corporation of Massachusetts which looks at “optimising HIV care in less developed countries”.

**IeDEA**: A multinational, multi-centre collaborative research network of clinics and cohorts providing ART to people living in resource-constrained settings. The DTHC and IDU of the School of Public Health at UCT are collaborating to identify what works, what doesn’t work, and why, with regards to the delivery and consumption of ART in resource-constrained settings.

**SACEMA**: SACEMA at the University of Stellenbosch conducts epidemiological research aimed at providing valuable information to contribute to the alleviation of the effects of major diseases. It has joined with the DTHC to model these patterns of transmission within the Masiphumelele community. Prof. Wood is the local partner of this collaboration.

**ORACTA**: A DTHC and Cell-Life collaboration to build an open-source software programme supporting pharmacy-based monitoring of ART programmes, enabling peripheral clinics to rapidly increase the numbers of patients on ARVs. Antiretroviral medication is dispensed and provided to the Masiphumelele community, and data management is extended to both this and the Gugulethu site. In this way, large ART programmes can be run at multiple sites with a single central dispensing locale.

**TB research**: DTHC hosted a research associate, Dr Steve Lawn, from the London School of Hygiene and Tropical Medicine. His studies examine the relationship between tuberculosis and HIV, and the effect of ARV therapy on tuberculosis. DTHC also collaborates with The Public Health Research Institute, New Jersey, in examining the cellular reaction in surgically removed human lungs to the tuberculosis infection.
Paediatric Infectious Diseases, Red Cross Children’s Hospital and the School of Child and Adolescent Health, UCT

**Dissertations:**

Davies, M. (MPH project). Assessment of adherence to antiretroviral therapy in HIV-infected children in Cape Town, South Africa.


Michaels, D. (PhD project). Promoting adherence to HAART in children < 6 years in a resource-poor setting, South Africa.

**Peer-reviewed papers:**


Finlayson, H. & Eley, B. Treatment and outcome of hospitalized, very young, HIV-infected children. *S Afr J Child Health* (accepted for publication).


*Non peer-reviewed papers:*


*Chapters for edited volumes:*


*Research projects:*

• Eley, B. (PI). Red Cross Children’s Hospital. Project period: 01/07/2007 – 31/06/2012. Increasing prevention and treatment of TB through the development of a rapid, sensitive and affordable biological marker (genomic or proteomic) for diagnosis of TB in HIV positive and negative populations. Aims of project: To develop new, reliable and affordable tests for tuberculosis.


• Maartens, G. (PI). Project period: 01/01/2005 – 31/12/2008. HIV/TB co-infection: The concentrations of antiretroviral agents in South African children receiving ART with and without concomitant TB treatment. Aims of project: To evaluate the pharmacokinetics of efavirenz or kaletra when combined with rifampicin-based anti-tuberculous therapy in HIV-infected children treated with HAART; to optimize the co-administration of HAART and anti-tuberculous therapy in HIV-infected children.


School of Public Health and Family Medicine:

Infectious Disease Epidemiology Unit (IDEU), Division of Public Health

Dissertations:

Colvin, C. Paediatric outcomes after three years on HAART in Cape Town, South Africa.

Davies, M-A. Determinants of paediatric antiretroviral treatment adherence.


Osler, M. Associations of severe hyperlactataemia and lactic acidosis in HIV-infected patients receiving antiretroviral therapy.

Rundare, A. Patterns and associations with immunologic response among adult patients accessing community based antiretroviral treatment programmes in Khayelitsha.

Van Cutsem, G. Determinants of late vs. early mortality and loss to follow-up in the Khayelitsha cohort.

White, C. Validating CD4 count measurement reliability in the public sector antiretroviral treatment programme in the Western Cape.

Peer-reviewed papers:


Boulle, A. & Ford, N. Scaling up antiretroviral therapy in developing countries: what are the benefits and challenges? Sex Transm Infect 2007;83(7):503-5.


Myer, L., Rebe, K. & Morroni, C. Missed opportunities to address reproductive health care needs among HIV-infected women in antiretroviral therapy programmes. *Tropical Medicine & International Health* (in press).


*Chapters for edited volumes:*


*Conference presentations:*


*Policy seminars:*

Roundtable on health systems and antiretroviral access. Bloemfontein, 22 & 23 October 2007:

Boulle, A. The evolution of ART scale up programmes in Southern Africa – evidence from the iDea-SA cohort collaboration.


Davies, M-A. Is there anything special about ART for children? Can it be provided in the primary care setting?

de Vries, E. Integration of HIV services, based on some rural models that work well.

Engelbrecht, M., Coetzee, D. & Schneider, H. Models of ART care: benefits and challenges across three provinces.

Osler, M. Monitoring the ART programme: Lessons learnt from the past five years in the Western Cape.

Research projects:

- Phase III Randomized Placebo-Controlled Trial of the microbicide Carreguard to prevent HIV transmission in women;
- Research on cohort of people with suspected TB in an area with a high prevalence of HIV (Gugulethu);
- Research on ART cohort in Khayelitsha & Gugulethu;
- The impact of the provision of antiretrovirals on HIV preventive behaviour – a survey of 800 households;
- Research on integrating of HIV and TB services in the primary health care setting;
- Phase III Randomized Placebo-Controlled Trial of HSV-2 Suppression to Prevent HIV Transmission among HIV-Discordant Couples;
- Models of care for antiretroviral treatment and adherence support in South Africa;
- Monitoring HIV and TB programmes in the Western Cape;
- Development of tools to monitor the effectiveness of programmes to prevent mother-to-child transmission of HIV in lower-income countries;
- International Epidemiological Databases to Evaluate Aids (IeDEA) Cohort Collaboration;
- Microbicides Trials Network: Maintenance of site for conduct of HIV Prevention Trials;
- Heterosexual anal sex practices among individuals attending sexually transmitted diseases clinics.

Health Economics Unit (HEU), Division of Public Health

Dissertations:

Guthrie, T. Measuring the economic costs incurred by HIV-positive persons of different socio-economic groups in Hout Bay, Cape Town in Accessing Treatment and in Maintaining their Health. Registered as part-time student in January 2005.

Karengera, S. Scaling up antiretroviral therapy (ART) in Rwanda; analysis of financial and economic costs. Registered in January 2006; thesis currently under examination.


Movik, E. Costs of inpatient days and outpatient visits for HIV patients at False Bay Hospital. Registered in January 2005.


Peer-reviewed papers:


Non peer-reviewed papers:


Conference presentations:

Cleary, S., McIntyre, D. & Boulle, A. 2007. *Achieving universal access to ART: should second-line be offered to patients failing first-line antiretroviral treatment?* iHEA 6th World Congress: Explorations in Health Economics, 8-11 July, Copenhagen, Denmark.

Research projects:

- Researching Equity in Access to Health care (REACH) (2007-2011);
Health and Human Rights Programme, Division of Public Health

Dissertation:


Peer-reviewed papers:


London, L., Orner, P.J. & Myer, L. ‘Even if you’re positive, you still have rights because you are a person:’ Human rights and the reproductive choice of HIV positive persons. *Developing World Bioethics* (in press).

Chapters for edited volumes:


Occupational and Environmental Health Research Unit (OEHRU)

Peer-reviewed papers:


Women’s Health Research Unit (WHRU), Division of Public Health

Dissertations:

Bock, P. Monitoring of antiretroviral treatment in the public health sector in the Western Cape Province, South Africa.


Division of Clinical Pharmacology

Dissertations:

Current postgraduate students with theses having an HIV focus and supervised/co-supervised by clinical pharmacology include:

- Masters: Cohen, K; Sinxadi, P; Kredo, T; Onia, R; Leisegang, R.
- Doctoral: Ren, Y; van der Walt, Y-S; Wilson, D; Nachega, J.
Peer-reviewed papers:


Conference presentations:

Plenary/keynote addresses by Prof G Maartens:

- Public health approach to HIV management & Update on new antifungal agents. 2nd Joint Congress Federation of Infectious Diseases Societies of Southern Africa, Spier 2007.

Conference papers:


Research projects:

- Randomised trial of adherence intervention for antiretroviral therapy;
- Population pharmacokinetics of antiretroviral therapy;
- Pharmacokinetics of antiretroviral drugs in adult and paediatric patients receiving Rifampicin;
- Diagnosis of smear-negative tuberculosis in HIV infection;
- Randomised trial of prednisone for tuberculosis immune reconstitution inflammatory syndrome;
- Cost-effectiveness of public-private partnership for antiretroviral therapy;
- HIV status and malaria treatment outcomes;
- Antiretroviral adherence in the private sector;
- Randomised trial of isoniazid prophylaxis for patients on antiretroviral therapy.

Albertina & Walter Sisulu Institute of Ageing in Africa/Geriatric Medicine

Dissertation:

Petros, G.S. PhD Thesis. The situation and needs of older persons in caring for people with HIV/AIDS.

Peer reviewed papers:

*Other - student seminar presentations:*


**Faculty of Humanities**

**Centre for Conflict Resolution (CCR)**

*Chapters for edited volumes:*


*Other (Newspaper Articles and Opinion Editorials):*


*Policy seminars and research:*


AIDS and Society Research Unit (ASRU), Centre for Social Science Research (CSSR)

Dissertations:

Almelah, C. PhD candidate in the Department of Sociology. 
*The bio-psychosocial dynamics of HIV-disclosure in the South African context.*

Chidanyika, T. MPhil in Ethnomusicology, College of Music, UCT. 
*Healing the Nation: an exploration of the role of musicians in promoting HIV/AIDS education and challenging HIV-related stigma in Masvingo, Zimbabwe.*

Coetzee, C. PhD candidate in the Department of Economics. 
*Having the HAART to live: The impact of HAART on labour market participation for patients in Khayelitsha who have been on treatment for more than three years.*

Kallon, I. BSocSc (Hons) candidate in the Department of Sociology. 
*The print media's representation of “highest level” AIDS denialism in South Africa: distortion or dictum?*

Kane, D. MPhil candidate in the Department of Sociology. 
*Women’s Experiences of HIV, Unemployment, and Motherhood in Site B, Khayelitsha.*

Lane, H. MPhil candidate in the Department of Sociology. 
*The impact of HAART on HIV Testing in South Africa.*

Maughan-Brown, B. PhD candidate in the Department of Economics. 
*HIV/AIDS-related stigma in Cape Town, South Africa.*

Completed dissertations:

Wienand, A. MPhil in Historical Studies. 
*The Potential of Visual and Participatory Approaches to HIV Literacy in South Africa.*

Peer-reviewed papers:


Non peer-reviewed papers:


Books:


Working papers:


Other:

*Mapping Workshop Manual.* AIDS and Society Research Unit, University of Cape Town.


Conference papers:


Coetzee, C. Having the HAART to live: A study of patients in Khayelitsha who have been on antiretroviral treatment for more than three years. Paper presented at the ARV Roundtable, Bloemfontein. 23 October 2007.


Conference reports:


Policy seminars:


Research projects:

The above publications provide additional information on projects currently running through ASRU. The following research projects are ongoing:

- Perception and experience of stigma among HIV-positive South Africans living in Khayelitsha;
- The relationship between HAART and employment;
- The socio-economic determinants of HAART access and adherence;
- The socio-economic impact of the HAART roll-out;
- Bio-psychosocial factors that affect disclosure among HIV-positive South Africans;
- The role of national and international civil society leadership in addressing national HIV epidemics;
- HIV and global citizenship;
- Strategies for collaboration and shared learning between traditional healers and biomedical practitioners in the era of AIDS;
- Visual and participatory learning approaches to HIV/AIDS education;
- Psycho-social and political factors affecting uptake and adherence to HAART in South Africa;
- Advisory project and research to support the implementation of the 2007 – 2011 HIV/AIDS and STI NSP;
- HAART panel survey conducted with 242 respondents in Khayelitsha;
- Control panel survey conducted with 601 respondents in Khayelitsha;
- The impact of HAART on uptake of voluntary counselling and testing;
- The impact of HIV on care-giving in households affected by HIV in Khayelitsha and Gugulethu.

Democracy in Africa Research Unit (DARU): AIDS and Democracy in Africa, within the CSSR

Dissertation:

Non peer-reviewed papers:


Chapter for edited volume:


Working paper: as above.

Conference presentations:


School of Education

Dissertations:

McCulla, A. Teaching the Lifeskills curriculum: experiences of managing the blurred terrain of the public and private: An exploratory case study of women who teach 7th Grade Lifeskills on the Cape Flats of Cape Town, South Africa (completed 2007).

Nupen, J. Youth, Relationships and Risk in the context of HIV/AIDS: How do Grade 10 learners in four Secondary Schools in the Western Cape make relationship choices and how is this related to their conceptions of risk.

Conferences:

- Teaching and Performativity: towards a theoretical framework for understanding teachers and their work in the context of HIV/AIDS. A paper presented at the World Congress of Comparative Education Societies, Sarajevo (3-7 September 2007).

Research projects:

Masters in International education and development: This partnership between Oslo University College, University of Zambia, Afhad University for Women (Sudan) and the UCT School of Education, has a strong emphasis on HIV/AIDS. Twelve students (3 from each institution) are currently participating in the project and will complete the module on social identity and HIV/AIDS in January 2008.
Religious Studies

Dissertations:


Journal articles:


Benchmark

HEAIDS\(^{20}\) urges both externally and internally oriented research, which focuses “equally on the knowledge, understanding and information needs of society, as well as on the needs of the sector itself” – pure and applied research and relevant research within all disciplines. HEAIDS identifies the importance of generating new knowledge “about how to address HIV/AIDS in the higher education sector”.

UNESCO (2006)\(^{21}\) describes “promising examples of research programmes contributing to national policies and programmes” at 12 reviewed HEIs (2006:9). It describes an extensive dissemination of research internationally, but also the lack of information sharing on HIV and AIDS research and related services (2006:30), as there is no mechanism to “monitor and track the output of HIV-related research”. Rather than being institutional, research is mostly motivated by donor demands, personal interests of academic staff and demands from policy-makers. Additionally, institutions fail to collaborate effectively internally, focusing rather on external partnerships, and biomedical research predominates (2006:31-32).

Kelly (2006) states, “…it is difficult to think of any field of human inquiry where UCT is not engaged in some form of first-rate AIDS-related research”. However, he also stresses the need for more inter-Faculty collaborations: “AIDS calls for an interdisciplinary approach, within identified scientific areas and across the boundaries of the various sciences. Further discussions are needed across the University [UCT] on how to reduce the barriers to interdisciplinary research”. UCT needs to remove the barriers to collaborative projects across Faculties, allowing innovative research to emerge and findings to be disseminated which often benefit surrounding communities.

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Kelly (2006) applauds the way in which UCT’s “postgraduate research work feeds into further research, generates publications and enhances teaching”. UCT’s annual bibliography of HIV/AIDS-related research gives a picture of the extensive research being undertaken within broad disciplinary areas.
Appendix D: Community Outreach / Social Responsiveness

UCT responds to the needs of the communities in which it is situated in a variety of ways. There are many outreach initiatives at UCT, pertaining specifically to the response to HIV and AIDS. Appendix C. Research Development details a number of projects at UCT that incorporate outreach. For brevity, information is not necessarily repeated in this section. Specific projects include:

Albertina & Walter Sisulu Institute of Ageing in Africa/Geriatric Medicine

The Institute of Ageing in Africa partners with Grandmothers Against Poverty and Aids (GAPA), an NGO that empowers older women affected by the HIV and AIDS pandemic.

Children’s Institute

The Children’s Institute facilitated the *Abaqophi basOkhayeni Abaqinile Children’s Radio Project* and the *Dikwankwetla Children in Action Project*.

Desmond Tutu HIV Centre (DTHC), within the IIDMM

The *Isisombolulu Mentorship Project* serves to upgrade the skills and knowledge of the health care workers (professional and lay) who are dispensing ARVs in clinics in the Eden District of the Western Cape. Training includes how to run a clinic, how to administer ARVs, patient management and knowledge of ARVs. The beneficiaries are doctors, nurses, pharmacists and counsellors in the Eden district clinics, as well as the patients receiving the ARVs. Adherence counsellors are provided with the appropriate training. Additionally, DTHC staff train other NGO lay workers on an ad hoc basis.

See Appendix C. Research Development for DTHC research activities that also have a social responsiveness dimension. For example, the Emavundleni Vaccine Centre provides weekly vaccine discussion groups and consent groups and sexual and reproductive health services, including VCT services, free to the community. In addition, health education and community-wide awareness is also offered from this venue and through the 8 educators associated with the centre.

HAICU

HAICU’s *TSiBA Community and Zola Business School Project*: ACEs conducted a series of workshops with TSiBA College first-year students. TSiBA College is a free university for young people from formerly disadvantaged communities, which offers a Bachelor of Business Administration. The curriculum at TSiBA includes an academic component and a life-skills component. HAICU’s ACEs (Peer Educators) train and mentor TSiBA students, who in turn provide peer education and HIV/AIDS information training and support for scholars from the Zola Business School in Khayelitsha.

SHAWCO

SHAWCO Education launched an HIV/AIDS project called *HEART (HIV Education for A Real Tomorrow)* in Khayelitsha and Kensington in 2007. Learners from grades 8 to 12 are provided
with appropriate information and the necessary tools to make the best decisions regarding their sexual health. In addition, learners are encouraged to share this knowledge with their peers.

The *Masizikhulise Project* of SHAWCO provides HIV/AIDS and health-related workshops for young adults in Nyanga and surrounding areas, which are held twice a week over 10 weeks, twice each year. On course completion, all participants organize and run a Community Health Day at the Nyanga SHAWCO centre, where they present relevant topics. The event provides a forum for community members to ask questions, give feedback and learn about the issues discussed in the workshops. HAICU assisted by providing SHAWCO with training.

**Benchmark**

UNESCO\(^{22}\) (2006:33-34) describes community outreach at institutions as a “practical component of students’ academic programme, and part of their research, training and education”. It adds that “HIV and AIDS awareness-raising activities for nearby secondary schools are also common”. Some institutions also target ‘at-risk’ populations, such as the gay community and sex workers. However, “outreach to persons affected and infected by HIV and AIDS was rare… reflecting the preoccupation… on prevention”.

The importance of engagement with the community, which includes staff, students and civil society, is highlighted by HEAIDS\(^{23}\): “The institution can impart to communities and individuals the requisite knowledge, understanding, skills and capacity to address the HIV/AIDS epidemic”, identifying problems and relevant solutions. HEAIDS indicates that the HE sector can contribute to prevention, treatment, care and support, in addition to advancing technologies and products, promoting new understandings and improving diagnosis and treatment. A two-way flow of expertise and support is encouraged by HEAIDS, between the HEIs and the wider society, with an emphasis on partnerships and sponsorship programmes.

Kelly (2006) describes social responsibility at UCT as providing “much-needed services to the less privileged” and also something that “extends the work and reputation of the University, especially among those who are least advantaged, and in addition keeps the academic and research work firmly grounded in reality.

A number of academic programmes at UCT involve outreach activities, providing a symbiotic relationship between curriculum developers, researchers, students and surrounding communities. However, UCT is challenged to increase service learning opportunities by employing existing curriculum and co-curriculum opportunities.

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Appendix E: Professional Consulting and Materials Development

**Faculty of Commerce**

Centre for Actuarial Research (CARE)

Rob Dorrington assisted in the drafting of the ‘HIV/AIDS and STI Strategic Plan for South Africa 2007-2011’. He also served as a member of the task-team set up by the South African National AIDS Council to draw up a plan for Monitoring and Evaluating the National Strategic Plan.

Leigh Johnson advised the Treatment Action Campaign (TAC) on its response to the draft of the ‘HIV/AIDS and STI Strategic Plan for South Africa 2007-2011’ and provided an affidavit for a TAC court case. Rob Dorrington assisted the Futures Institute to debug a software program developed for UNAIDS for projecting the HIV/AIDS epidemic.

Both Rob Dorrington and Leigh Johnson attended a meeting on male circumcision as an HIV prevention strategy, organized by UNAIDS and the South African Centre for Epidemiological Modelling and Analysis. Additionally, CARE was consulted by the Gauteng Provincial Government on the impact of HIV/AIDS in Gauteng.

**Faculty of Health Sciences**

Desmond Tutu HIV Centre (DTHC), within the IIDMM

*HIV/AIDS Education Programme (HEP):* HEP manuals (adult and paediatric) enable healthcare professionals and lay workers at primary health care clinics to manage their own continuing education. This sustainable and cost-effective method uses a question-and-answer approach and case studies to educate persons on the management of patients on ARV medication. Other training materials produced by the DTHC include a vaccine trainer manual, a CAB guideline in association with SAAVI and drama sketches for HIV awareness. Additionally, Robin Wood revised adult treatment guidelines in conjunction with Clinician’s Society and consulted on second line therapy for WHO, Geneva.

Division of Clinical Pharmacology, Department of Medicine

The Medicines Information Centre (MIC) provides a dedicated HIV telephonic advice service and training for the Western Cape public sector (funded by the National Department of Health & the Provincial Government of the Western Cape). It also compiles a quarterly bulletin called ‘Informed HAART’ for distribution in the public sector, which covers current issues around managing HIV.

Gary Maartens and Karen Cohen serve on provincial and national policy committees for HIV/AIDS therapeutics, whilst Ushma Mehta and Karen Cohen devised a pharmacovigilance system for monitoring adverse drug reactions with the antiretroviral therapy in Western Cape local HIV clinics.

Clinical Pharmacology organised seminars on managing HIV-infected patients for provincial department of health staff (nurses, doctors & pharmacists).
Additionally, three clinicians attend the HIV clinics at Groote Schuur, GF Jooste and Victoria hospitals.

**Health Economics Unit, Division of Public Health**

Susan Cleary chaired the Costing Task Team in the National Strategic Plan for HIV/AIDS and STIs; provides ongoing technical support to the NDoH in this regard; and calculated the costs of moving from the current Nevirapine regimen for the prevention of mother to child transmission to a short course regimen.

**Health and Human Rights Programme, Division of Public Health**

HHRp was an expert witness to the AIDS Law Project in cases against the SANDF, regarding their discrimination against persons with HIV and in the matter against Matthias Rath.

**Infectious Disease Epidemiology Unit, Division of Public Health**

David Coetzee provided Treatment Action Campaign (TAC) counsellors and activists with training on Human Biology, HIV and AIDS, and STIs. He is also a member of the Board for Community Health Media Trust, and acts as technical adviser for the ‘Beat It’ programme. David Coetzee and David Pienaar evaluated ART and VCT services in the Southern Cape for the *Isisombulelo Project* of the IIDMM.

Andrew Boulle was a member of the core working group which developed the HIV/AIDS and STI Strategic Plan for South Africa 2007-2011, working on the finance and monitoring and evaluation subcommittees.

**Obstetrics and Gynaecology**

M. Moss (Contraceptive and Sexual Health Services in Obstetrics and Gynaecology) lectured on Contraception in an era of HIV/AIDS at George Provincial Hospital and provided a contraceptive overview with particular reference to HIV to the staff of the Desmond Tutu vaccine trial centre in Gugulethu.

**Paediatric Infectious Diseases, Red Cross Children’s Hospital and the School of Child and Adolescent Health**

Dr Eley is a member of the National Paediatric HIV Working Group, convened by the NDoH. The group revised the national treatment guidelines for HIV-infected children, resulting in a document entitled ‘Guidelines for the management of the HIV-infected child’, 2nd Edition, 2007. Dr Eley is a member of the Technical Reference Group on Paediatric HIV Care and Treatment of the World Health Organization (WHO), which has formulated Global Antiretroviral Therapy Guidelines for HIV-infected children.

Dr Eley is also a member of the WHO Paediatric Antiretroviral Working Group, which met in London in July 2007 to begin finalising a technical report on antiretroviral drug formulations for children. This document, ‘Preferred antiretroviral medicines for treating and preventing HIV infection in younger children’, will serve as a guide for the pharmaceutical industry to prioritise...
the manufacture of specific drug formulations, to facilitate the antiretroviral treatment of HIV-infected children globally.

**Faculty of Humanities**

**ASRU**

Nondumiso Hwlele and Annabelle Wienand conducted two workshops with VSO in 2007, one with their regional partners from other Southern African countries. Annabelle Wienand attended the Treatment Action Campaign Western and Eastern Cape Treatment Literacy Training and provided training on human biology.

ASRU provided policy and communication advisors to support the then Deputy Minister of Health, Nozizwe Madlala-Routledge, with finalisation and implementation of the HIV/AIDS and STI National Strategic Plan (NSP) 2007-2011. It initiated and organised a National NSP Colloquium in May 2007, on behalf of the former Deputy Minister of Health, bringing together a range of HIV policy stakeholders.

In discussion with the South African National AIDS Council (SANAC), ASRU developed a framework for the implementation of a National Research Sector. The research sector has subsequently been set up within SANAC, through the Human Science Research Council (HSRC), with representatives elected to the SANAC plenary.

Additionally, ASRU has conducted research into the human resource crisis in Khayelitsha, which will inform civil society mobilisation for policy revision and implementation to address the crisis. A Mapping Workshop Manual was also developed.

**Centre for Conflict Resolution (CCR)**


**Education**

Jean Baxen served as an advisory committee member at HEAIDS in Pretoria.

**Religion**

The Religious Department engaged with public health and religious leaders in the Eastern Cape, around better alignment of HIV and AIDS services.

**Faculty of Law**

The Legal Aid Clinic at UCT offers Legal Aid to the wider community, with clinics located at Kensington, Woodstock and Athlone, and advice centres located at Malmesbury and Elsiesriver. Community members can access legal help around a variety of issues, including HIV and AIDS.
Appendix F: UNIVERSITY OF CAPE TOWN
POLICY ON HIV INFECTION AND AIDS: A CO-ORDINATED RESPONSE TO HIV/AIDS
(as approved by Council, November 2006)

Definitions and Principles

Definition

Acquired Immunodeficiency Syndrome (AIDS) is a disease caused by infection with the Human Immunodeficiency Virus (HIV). The HIV is spread only when an infected body fluid enters the bloodstream of a non-infected person.

The dominant modes of transmission of the HIV are unprotected penetrative or oral sexual intercourse where the exchange of bodily fluids takes place, through the accidental or deliberate shared use of HIV-contaminated needles or skin cutting instruments (in and out of health care settings), from infected mothers to infants and through transfusion of infected blood or blood products.

Leadership and Coordination

The Vice-Chancellor is accountable for the University’s co-ordinated HIV/AIDS policy.

Responsibility for the overall co-ordination of UCT’s integrated policy for HIV/AIDS is the portfolio responsibility of a designated Deputy Vice-Chancellor.

All members of the University community are responsible for their own health, for avoiding harming the health of others where at all possible, and for contributing to the eradication of HIV/AIDS.

Rights of the Individual

The University rejects all forms of unfair discrimination against those who are HIV positive, and those who have AIDS.

The University regards a person with AIDS as it does a person with any other chronic illness or disability.

Confidentiality

The University respects the individual’s right to confidentiality.

Potential staff and students are not refused employment or entry to the University on the grounds that they test positive for HIV. The University does not therefore test for HIV prior to employment, during employment, as a condition of employment, on application as a student, or on admission as a student.

The University's medical evaluation of new staff requires the medical practitioner carrying out the evaluation to report all serious illnesses, including those that are AIDS-related. This is a standard requirement for staff joining the UCT Retirement Fund.
The results of voluntary testing for HIV will be confidential, and testing will be accompanied by appropriate counselling.

**Awareness**

Most people are potentially susceptible to HIV infection, and prevention through education is attainable in many cases. The University therefore commits itself to education programmes that address HIV/AIDS and the issues associated with the pandemic.

**Living with HIV/AIDS**

Students and staff are not barred from attending lectures, living in residences, being on campus or involved in any campus activities on account of their HIV status.

Refusal to work with, study with or be taught by a person with HIV is not accepted as a valid excuse for non-compliance with academic or work requirements.

**First Aid**

The University believes that all individuals administering first aid should adopt universal precautions. The University undertakes to educate all first aid officials in universal precaution techniques and to equip all first-aid kits with the appropriate equipment.

**Teaching, Learning and Research**

**Curriculum Development**

The University has a responsibility to combat HIV/AIDS through its curriculum, enhancing awareness and preparing students for careers that will be affected in a variety of ways by the pandemic. Accordingly, aspects of academic programmes that focus on the causes and consequences of the HIV/AIDS pandemic will be highlighted across the full breadth of UCT’s teaching enterprise.

**Research**

HIV/AIDS is a major focus of research at UCT and the Department of Research and Development will conduct an audit of current HIV/AIDS-related research projects across all disciplines on a regular basis.

**Needlestick Policy**

The University has a separate Needlestick Policy. This policy is to be reviewed and revised on an annual basis by the Health and Safety Co-ordinating Committee.
**Prevention and Care**

**Prevention and care for students**

The University will provide, via HIV/AIDS Coordination - UCT (HAICU), awareness and prevention workshops. These will be available for all UCT students.

The University will offer HIV diagnostic services to students, with free voluntary counselling and testing available at the Student Wellness Service. CD4 cell count, VDRL tests and other necessary investigations will be offered for full time UCT students who are HIV positive, at the discretion of the Director of Student Wellness Service. These students will also be financially assisted with the non-ARV related clinical management of HIV at the discretion of the Director of Student Wellness Service.

Students who are clinically eligible for appropriate state health programmes will be referred to Groote Schuur Hospital.

Supportive counselling for students living with HIV will also be offered through Student Wellness Service.

**Prevention and Care for Staff**

Statutory medical assessment protocol will be applied for designated jobs as legally required. Line Managers must ensure that in the event of staff that are immune-compromised being exposed to immune suppressants and/or infectious materials e.g. agents which inhibit the immune system, normal risk management and placement procedures are followed.

Line managers are required to ensure that all visitors and outside contractors at UCT comply with the UCT Health and Safety policies and procedures, including the first aid policy.

All staff will be offered voluntary counselling and testing, education and prevention programmes by the Human Resources Organizational Health Department, and every effort will be made to ensure that all staff are made aware of the dangers of HIV/AIDS, and the appropriate preventative measures.

Staff who are HIV positive, or who have AIDS, will be offered care and support through the Human Resources Organizational Health Department. This support will include access to counselling support services and referral for treatment for all staff. Permanent, T3 and T2 staff will be referred to UCT’s medical aid provider or the staff member’s partner’s medical aid for treatment as a prescribed minimum benefit. T1 and contract staff not on medical aid will be referred to state health services.

As it does in all cases of chronic illness where work is adversely affected and an objective medical assessment has been carried out, the University makes every reasonable effort to provide alternative, non-strenuous work, so as to maximise the earning capacity of the staff member concerned. If a staff member with AIDS is no longer able to work, and/or no suitable position can be found, the appropriate ill-health/disability income policies will be applied.
References


