



POLICY AND STRATEGIC FRAMEWORK ON HIV AND AIDS FOR HIGHER EDUCATION



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Higher Education HIV/AIDS Programme (HEAIDS)

The Higher Education HIV/AIDS Programme (HEAIDS) is a dedicated national facility to develop and support the HIV mitigation programmes at South Africa's public Higher Education Institutions (HEIs).

HEAIDS is an initiative of the Department of Higher Education and Training that is undertaken by Higher Education South Africa (HESA), the representative body of South Africa's 23 public Higher Education Institutions.

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TABLE OF CONTENTS

2	FOREWORD BY THE MINISTER OF HIGHER EDUCATION AND TRAINING
3	FOREWORD BY THE CHAIRPERSON OF HIGHER EDUCATION SOUTH AFRICA (HESA)
4	MESSAGE FROM THE CHAIRPERSON OF THE HESA-HEAIDS STRATEGY GROUP
6	ACRONYMS
7	PREAMBLE
9	STATEMENT OF INTENT
10	SECTION 1 – The Context to the Policy and Strategic Framework
10	1. Background
10	2. Imperatives for an HIV and AIDS Policy and Strategic Framework in Higher Education
10	Imperative One: HIV and AIDS as a Development Challenge
11	Imperative Two: Impact on Higher Education Sector
11	Imperative Three: Higher Education as a Protective Factor
12	Imperative Four: Mission of the Higher Education Sector
12	Imperative Five: Alignment with the National Strategic Plan
13	Imperative A Co-ordinated and Effective Higher Education Sectoral Response
13	3. Higher Education Sector Situational Analysis
17	4. Response Overview: South Africa
18	5. Response Overview: Higher Education
20	SECTION 2 – The Policy and Strategic Framework
20	6. Scope
20	7. Purpose
21	8. Guiding Principles
22	9. Strategic Objectives
24	10. Critical Components of the Strategic Objectives
24	OBJECTIVE 1: To ensure the comprehensive and appropriate use of the Higher Education mandate of teaching and learning; research, innovation and knowledge generation; and community engagement to effectively respond to the epidemic drivers of the pandemic.
27	OBJECTIVE 2: To promote the health and well-being of the Higher Education Community at individual, group and institutional levels through strengthening existing capacity, systems and structures responding to the pandemic.
29	OBJECTIVE 3: To create an enabling environment to ensure a comprehensive and effective response to HIV and AIDS within the Higher Education sector free of stigma and discrimination.
31	11. Roles and Responsibilities
31	National Level
32	Institutional Level
33	SECTION 3 – Monitoring and Evaluation Framework
34	APPENDIX 1: LOGIC MODEL
41	GLOSSARY OF TERMS
46	LIST OF RELEVANT POLICIES AND OTHER DOCUMENTS
47	REFERENCES

FOREWORD BY THE MINISTER OF HIGHER EDUCATION AND TRAINING

With pleasure I am presenting the *Policy and Strategic Framework on HIV and AIDS for Higher Education*. The Framework is borne out of a collaborative effort by all role-players, specifically, Higher Education South Africa (HESA) and the Higher Education AIDS (HEAIDS) secretariat, universities and the Department of Higher Education and Training (DHET). It aims to consolidate the commitment and contribution of the higher education sector towards the implementation of the 2012-2016 National Strategic Plan (NSP) for HIV, STIs and TB. The Framework provides a useful guide to Higher Education institutions in South Africa in developing a comprehensive, effective response to the HIV and AIDS pandemic. It draws from the *2008 Policy Framework on HIV and AIDS for Higher Education* in South Africa which has been revised for realignment with the NSP. It acknowledges the efforts and achievements made by the sector in responding to HIV/AIDS pandemic in South Africa, and urges them to even work even harder to address the challenges presented by the disease. It places HIV/AIDS at the centre of the activities and functions of the universities.

HIV and AIDS is one of the Department's key strategic issues which are embedded in all the DHET's programmes. The others are Disability, Gender, Race and Class. In responding to the challenges that face the youth of today and our society at large, we seek to find solutions to these problems. Indeed, we look upon the higher education sector to guide the post-school education in this system in this regard, move us towards a society that has: no new infections of HIV and TB; no deaths resulting from AIDS and TB; no mother to child transmission of HIV; and no discrimination against those who are living with these infections. We also look to the higher education sector to spread its programmes to other sectors in post-school education and training.

To have the desired impact, the implementation of the framework requires commitment from all within our higher learning

institutions. Students, university management and other role players within the sector must all play their part and work together to ensure that the declared intentions of the policy are translated into reality. They should ensure that the policy is implemented on all campuses and reaches all members of the higher education community. Institutions should use this policy framework to guide their own policies on HIV and AIDS.

As Minister of Higher Education and Training, I am pleased to endorse this policy. I believe it will go a long way towards strengthening government's efforts in the fight against HIV and AIDS, STIs and TB infections.

I would like to thank HESA and all who contributed to the development of the Framework. This is a demonstration of a common vision. As long as we continue to pull together to achieve the goals of this framework, nothing will stop us from realising victory against HIV/AIDS.

Dr BE Nzimande, MP

Minister of Higher Education and Training

FOREWORD BY THE CHAIRPERSON OF HIGHER EDUCATION SOUTH AFRICA (HESA)

The 2012-2016 National Strategic Plan for HIV, STIs and TB (NSP) proclaims a twenty year vision for reversing the burden of disease from HIV, STIs and TB and aims for Zero new HIV and TB infections, Zero deaths from HIV and TB, and Zero discrimination.

These bold goals are asserted against a backdrop of progress that has been achieved in the face of the pandemic. South Africa's generalised HIV epidemic has stabilised over the last four years at a national antenatal prevalence of around 30% (NSP 2012-2016).

The latest good news is the discovery by the CAPRISA group relating to the functioning of the outer covering of the virus. The impact that this has on antibody formation has enormous consequences for the development of a vaccine.

For the progress that has thus far been achieved, which provide the base for the NSP's inspirational goals, we must pay tribute to the exceptional leadership and energy that has been shown by so many advocates for so long, not least at our own institutions. As a member of the higher education community in South Africa I am proud of the imagination, the dedication and commitment shown at institutional and national programme levels as powerful inroads are made into the kernel of the pandemic.

We must however guard against taking our foot off the accelerator. HIV remains a crisis. Research is an ongoing project and a vaccine is still a long way off. We should persevere and continue to take a large number of actions to combat the spread of the virus.

Some 5.6 million people are living with HIV and AIDS in South Africa and any complacency that results as an unintended consequence of our relative success may undermine prevention efforts.

HIV and AIDS impacts the core interests of Higher Education, including in terms of staff wellness and productivity and advanced human resource development that is prized in a context of low higher education enrolment. In South Africa, only 16% of 18-24 year olds have opportunity for higher education study. This is much lower than in many other countries, making the human resource contribution of higher education to national development an imperative to be protected. The Higher Education response to HIV and AIDS is however fundamentally rooted in the principle of human empathy.

The development of the Higher Education HIV/AIDS Programme was planned *inter alia* to educate university entrants across the country, to ensure these highly talented young people are safe from the ravages of the pandemic and that as potential leaders in national structures and in their communities, they will be powerful voices for broadening public knowledge about how we may defeat the disease through programmes of prevention.

The programme's emphasis has been on building the capacity of university campuses to become key centres for mobilising whatever resources are at hand to take on the pandemic. It is wonderful therefore to hear members of the SRCs speak intelligibly about the pandemic and to see them lead on the issue, to see students queue in long lines to be voluntarily counselled and tested and so on.

Going forward we are urged to be committed and focussed in our efforts toward the mitigation goals we have set as a country. The *Policy and Strategic Framework on HIV and AIDS for Higher Education* is an institutional and sector guide to that. It reaffirms the sector's policy commitment to respond to HIV/AIDS on a comprehensive, effective and human rights basis – institutionalised through its core mission of teaching and learning, research and innovation, and community engagement.

The Policy and Strategy Framework is based on the *Policy Framework on HIV and AIDS for Higher Education in South*

Africa that was adopted by the sector in November 2008. It is not in any way inconsistent with the provisions of the 2008 Policy Framework, which remain relevant. This Policy and Strategic Framework builds on the 2008 Policy Framework, accounting for developments in the response to HIV and AIDS in line with the experience of institutions and the 2012-2016 NSP. The *Policy and Strategic Framework on HIV and AIDS for Higher Education* enjoys the formal mandate of Higher Education South Africa (HESA) and is intended to guide institutions in the development of their own HIV and AIDS policies and programmes.

The Policy and Strategic Framework will be truly worthwhile only if it guides actual programme implementation, which is its intent. The Framework should not be subject to any policy-implementation gap that is a recognised national malady. Among other things this requires an integrated institutional approach, and leadership and commitment at all levels. The formal endorsement of the Policy and Strategic Framework by HESA aids this process.

Professor Ahmed C Bawa

MESSAGE FROM THE CHAIRPERSON OF THE HESA-HEAIDS STRATEGY GROUP

The revision of the previous *Policy Framework on HIV and AIDS for Higher Education* was motivated by the need to account for impact studies subsequently undertaken by HEAIDS; the need to offer a more practical guide for policy implementation and programme development; the need to define objectives in a way that facilitated effective Monitoring and Evaluation; and the 2012-2016 *National Strategic Plan for HIV, STIs and TB* (NSP)

The process of revision of the *Policy Framework on HIV and AIDS for Higher Education* involved an intense and extended series of consultations. These included, amongst other key stakeholders, the Higher Education Institutions (HEIs), Higher Education South Africa (HESA), the Department of Higher Education and Training, and an expert Reference Group that included representatives of the South African National AIDS Council (SANAC), the Department of Health, and UNAIDS.

It is now clear that HIV and AIDS may not be countered effectively without a strong unity of purpose – at the level of our individual institutions, our sector, our country and indeed, the global community. This *Policy and Strategic Framework on HIV and AIDS for Higher Education* helps to guide all institutional HIV programmes to build a unified, comprehensive sector response based on a framework with a number of key components. The expectation is that this will assist the HE sector to scale up its impact significantly.

The institutional diversity of our sector is not compromised by this. Indeed the Policy and Strategic Framework upholds institutional autonomy and promotes the need to understand local context and local epidemic drivers in order to develop meaningful local strategies and programmes. Studies undertaken by HEAIDS have shown that the HIV epidemic is heterogeneous between and even within Higher Education Institutions. The response therefore needs to be customised and targeted within the framework of a united and agreed strategic response.

The alignment of the Policy and Strategic Framework with the NSP, the development of which HEAIDS actively participated

in is based on the understanding of HEIs' necessary relationship with society, beyond teaching, learning and research. This dynamic relationship is given effect to by the inclusion of "community engagement" as a core mission of higher education institutions.

The NSP also calls on all of members of society to assist with reversing the HIV and TB epidemics. Among the key populations that it identifies as most likely to be exposed to or transmit HIV and/or TB are young women between the ages of 15 and 24 years. This positions a clear role for the Higher Education sector in the national strategy given its demographic make-up – as does the identified key population of people who abuse alcohol and illegal substances. There is grave concern about drug and alcohol abuse among young people, a challenge that the Higher Education sector could single out for engagement.

The NSP also takes into account South Africa's development agenda and the negative impact of HIV and AIDS. From the point of view of the Higher Education sector, one of its central contributions to national development is the provision of skilled human resources. The NSP asserts the role of education in support of our nation's development by mitigating HIV vulnerability. Completion of secondary schooling is also proving to be effective against HIV infection, especially for young girls, while men and women with tertiary education are less likely to be HIV positive than those without tertiary education. Thus, the very mission of Higher Education Institutions is an HIV mitigating factor.

The emphasis of the NSP on the social and structural drivers of HIV points to the need for a comprehensive and transformative approach for effective mitigation. HIV/AIDS is systemic in nature and only a comprehensive response is demanded for effective mitigation, if not eradication. The intent of the *Policy and Strategic Framework on HIV and AIDS for Higher Education* is to advance such a response.

Professor Brian O'Connell

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-Retroviral
DHET	Department of Higher Education and Training
DoH	Department of Health
EFA	Education for All
HCT	HIV Counselling and Testing
HE	Higher Education
HEAIDS	Higher Education HIV/AIDS Programme
HESA	Higher Education South Africa
HICC	HIV Institutional Coordinating Committee
HIV	Human Immunodeficiency Virus
HSRC	Human Sciences Research Council
KAPB	Knowledge, Attitudes, Perceptions and Behaviour
MDG	Millennium Development Goals
M&E	Monitoring and Evaluation
MIS	Management Information System
MTCT	Mother To Child Transmission
NSP	National Strategic Plan
ODL	Open Distance Learning
PICT	Provider-initiated Counselling and Testing
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission of HIV
SANAC	South African National AIDS Council
SANS	South Africa National Standards
SMF	Stigma Mitigation Framework
SRC	Student Representative Council
STI	Sexually Transmitted Infection
TB	Tuberculosis
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV and AIDS
WHO	World Health Organisation

PREAMBLE

Nearly three decades after its initial diagnosis, HIV and AIDS is still a devastating and debilitating disease, especially in developing countries. Sub-Saharan Africa has one of the highest global prevalence rates of HIV and AIDS, with an estimated 22.5 million, representing 68% of the global HIV burden. Women and youth continue to be affected disproportionately (UNAIDS 2010).¹ South Africa has one of the biggest seropositive populations where some 5.6 million people are living with HIV and AIDS, although the country has one of the biggest antiretroviral therapy programmes in the world, which has produced substantial health benefits and various major preventative strategies. The nature and impact of the HIV and AIDS pandemic demands a response from all sectors of South African society.

For the first time since the AIDS virus was discovered there are indications of a slowing of HIV incidence, as more young people are adopting safe sex practices (UNAIDS 2010).² There is thus a very real possibility of getting ahead of the epidemic. This may only be achieved by sustaining and accelerating this momentum over the next decade and beyond.

On 1 December 2011, the President of South Africa launched the National Strategic Plan for HIV, STIs and TB 2012 – 2016 (NSP). The NSP focuses on the strategic interventions required from all sectors of society to reverse the HIV and tuberculosis (TB) epidemics, and is the strategic guide for the national response for the next five years. Through this plan, the South African government called on all sectors of society to interrogate their role in addressing the epidemic and to take responsibility for one another in ensuring a healthy society. The National Strategic Plan requires the mainstreaming of HIV and TB into the core mandate of all government departments.

In the face of one of the greatest socio-economic challenges and the worst epidemic for 600 years, the tertiary education and training sector must respond decisively. The Higher Education sector's broad mandate is clear. The system is the primary mechanism for ensuring that the skills needed to drive the country's economic growth and social development are delivered at an increasing rate and it must provide quality learning. The Minister of Higher Education and Training is the coordinating Minister for Government's Outcome 5: "A skilled and capable workforce to support an inclusive growth path" and delivery agreements have been signed. Furthermore, in a knowledge economy, higher education helps economies keep up or catch up with more technologically advanced societies.¹ The struggle against HIV and AIDS requires new knowledge and the higher education sector is charged with a mandate to generate new technologies, practices, and understanding through research. Consequently, the HIV and AIDS pandemic is one of the seven key developmental and transformation priorities of the Department of Higher Education and Training embedded in all programmes of the Department.

The Department of Higher Education and Training and the collective leadership of the public Higher Education sector as represented by Higher Education South Africa (HESA) have recognised the need to implement a co-ordinated, comprehensive and effective response to HIV and AIDS. The Higher Education sector has adopted a mandate to develop and strengthen capacity, systems and structures in order to manage and mitigate the causes, challenges and consequences of HIV and AIDS in the sector. HIV and AIDS may not be effectively countered without unity of purpose – at a sector level as well as nationally and globally. Commitment to a shared HIV and AIDS Policy and Strategic Framework is therefore a critical enabler of this effort, which

also enables the sector and institutions to actively manage, monitor, and evaluate HIV and AIDS interventions.

This Policy and Strategy Framework is based on the “Policy Framework on HIV and AIDS for Higher Education in South Africa” that was adopted in November 2008. The provisions of the 2008 Policy Framework remain valid but have been reconfigured to align with the 2012-2016 National Strategic Plan for HIV, STIs and TB. The alignment of the Policy and Strategic Framework with the NSP is based on the integral relationship of higher education institutions to society and its imperatives. This contributes to a unified response to the pandemic and to the vision of the NSP to reverse the burden of disease from HIV, STIs and TB in South Africa. Based on capacity, the implementation of interventions in concert with the Policy and Strategic Framework by individual Higher Education Institutions is aimed at facilitating an improvement in the quality of life for HIV and AIDS affected, infected and vulnerable individuals and to reduce the social and economic impact of HIV and AIDS at an institutional, sector and national level.

The Policy and Strategic Framework aims at facilitating a deeper, comprehensive, strategic and unified sector response to HIV and AIDS.

STATEMENT OF INTENT

The Higher Education sector commits itself to responding to the challenges posed by the HIV and AIDS pandemic through all aspects of its core mission – teaching and learning, research and innovation, and community engagement – and to mitigate its impact on Higher Education Institutions and, correspondingly, on society as a whole.

SECTION 1

THE CONTEXT TO THE POLICY AND STRATEGIC FRAMEWORK

1. BACKGROUND

The Higher Education sector is made up of students representing the future skills and knowledge base of the economy, academics, and service and administrative staff. The Higher Education community as a whole is vital in the national campaign against HIV and AIDS.

The Department of Higher Education and Training (DHET) and the collective leadership of the Higher Education sector, as represented by Higher Education South Africa (HESA), have recognised the importance of implementing a coordinated, comprehensive and effective response to manage the national response to HIV and AIDS among institutions of Higher Education. While this policy speaks to the particular needs and circumstances of the South African Higher Education sector, it locates its response within the African sector and the global community.

The Policy and Strategic Framework was framed within the prescripts and spirit of the South African Constitution, The National Strategic Plan for HIV, STIs and TB 2012 – 2016 and related legislation, policies and protocols. In particular, the Policy and Strategic Framework takes up the strategic role of the Higher Education sector as described in the National Higher Education Act (1997, as amended) and the National Plan for Higher Education (2001).

2. IMPERATIVES FOR AN HIV AND AIDS POLICY AND STRATEGIC FRAMEWORK IN HIGHER EDUCATION

There are six key imperatives that underpin the need for a Policy and Strategic Framework within Higher Education:

Imperative One: HIV and AIDS as a Development Challenge

South Africa's development agenda is driven by various development strategies such as the New Growth Path, the National Development Plan, the Industrial Policy Action Plan 2, the Human Resource Development Strategy for South Africa 2010-2030, and the Ten-Year Innovation Plan. South Africa has signed up to and is a global supporter of the Millennium Development Goals (MDGs).

There is now global recognition that the AIDS epidemic "continues to pose serious challenges, undermining broad progress in development and in poverty reduction, threatening basic human rights and seriously affecting the prospects of attaining the MDGs and the Education for All (EFA) goals." (UNAIDS 2009)³ The United Nations General Assembly (United Nations: June 2008)⁴ recognises that interventions to address HIV, given its strong social and structural underpinnings, are inextricably linked to the development agenda. The magnitude of the South African HIV and TB epidemics and the cost of the associated burden of disease has the potential to undermine some of the objectives that are articulated in various national planning frameworks.

The past decade provides evidence that Higher Education and research contribute to the eradication of poverty, to sustainable development and to progress towards reaching inter-

nationally agreed development goals, which include the MDGs, according to the final communiqué of the 2009 UNESCO World Conference on Higher Education. Higher Education plays a constructive role through providing the labour market, in a knowledge-driven and knowledge dependent society, with the ever changing high-level competencies and expertise necessary for the growth and prosperity of a modern economy. Higher Education is one of the fundamental and critical levers for overall development. Investing strategically to address HIV, STIs and TB will maximise the developmental agenda of societies.

Imperative Two: Impact on Higher Education Sector

South Africa has a generalised HIV epidemic driven largely by sexual transmission. The 2009 HIV prevalence in the adult population (aged 15-49) was estimated at 17.8%. An estimated 5.63 million adults and children were living with HIV in 2009. Of these, 5.3 million were adults aged 15 years and older, 3.3 million were females and 334,000 were children (Department of Health 2010).⁵

The findings of the HEAIDS first national HIV prevalence survey of Higher Education Institutions and associated study on knowledge, attitudes, perceptions and behaviour (KAPB) relevant to HIV and AIDS was released in March 2010. The study found that distribution of HIV in the sector follows national patterns in terms of sex, race, age group and education. The study found that the measured prevalence in students, academics and administrative staff is substantially lower than expected in comparison to national prevalence levels. However, the HIV prevalence among service staff is more similar to estimates from other studies.

On many campuses there is said to be an established culture of risk-taking that includes casual sex with different partners,

transactional sex and the abuse of alcohol and drugs. These behaviours may have been inextricably linked with HIV and AIDS since the beginning of the epidemic. First year students potentially face an increased risk as they enter a new environment and experience freedom from parental control and increased peer pressure to experiment with sex and alcohol. Female students entering universities for the first time are especially vulnerable. The sector is hence profoundly at risk to the pandemic and is impacted on by it.

The impact of HIV and AIDS on the sector may affect the capacity of higher education institutions to deliver their proclaimed core business functions – teaching and learning, research and innovation, and community engagement. Ill health, absenteeism or other increased stress or vulnerability on the part of youth, educators, support staff and officials constitutes a threat to the attainment of teaching and learning education outcomes. It is therefore imperative for Higher Education Institutions to respond to HIV and AIDS for their own benefit and that of their broader stakeholders.

Imperative Three: Higher Education as a Protective Factor

Young people (+ 15) account for 45% of all new adult HIV infections globally (UNAIDS 2009).⁶ While youth may be considered drivers of the epidemic, they also represent the most viable opportunity to halt the spread of AIDS and to prevent new infections. Countries that have reported downturns in the HIV epidemic have attributed this to behaviour change among young people. The first declines in HIV incidence in South Africa have been reported among young people aged 15-19 years. (Shisana 2008).⁷ Given the focus on young people, the education sector in South Africa is assigned a lead role on prevention in the NSP.

The Higher Education sector has a recognised role in mitigating the impact of HIV and AIDS in South Africa. UNAIDS in A

Strategic Approach: HIV and AIDS and Education (UNAIDS 2009)⁸ lays this out as follows: “School-going children and young people are less likely to become HIV-positive than those who do not attend school, even if HIV is not included in the curriculum”. Studies such as the recently conducted HEAIDS Sero-Prevalence study (HEAIDS 2009)⁹ found that young people with tertiary education are significantly less likely to be HIV positive than those without tertiary education.¹⁰

A critical NSP objective is to address the social and structural drivers of the epidemic – drawing attention to the role of education in mitigating vulnerability to HIV and AIDS.

Imperative Four: Mission of the Higher Education Sector

The three declared core business areas of the Higher Education sector are to provide teaching and concomitant learning to allow the individual and society to advance and enhance the knowledge and skills levels of all citizens, to promote the execution of research in a responsible and scientific manner, and to provide service to professionals, the public sector and communities.

HIV and AIDS has a direct bearing on the core mission areas of Higher Education Institutions and should be a policy priority that in response envelops all three core business areas of Higher Education Institutions (AAAU 2004).¹¹

In a context of relatively low higher education enrolment in South Africa, advanced human resource development is even more to be cherished. The student population, who form part of the age demographic that is most vulnerable to HIV infection, represent the future skills and knowledge base of South Africa that must be equipped against HIV. The sector can also ensure that students graduate equipped with the essential skills and knowledge that will enable them to make a positive contribution to the South African HIV and Aids response, as agents of change within their families, communities and places of work.

The struggle against HIV and AIDS requires new knowledge and the higher education sector is charged with the mandate of generating new technologies, practices, and understanding through research. The sector represents the apex of South Africa’s intellectual capital and has top academics, researchers and scientists with the capability to advance the research agenda on HIV, AIDS and TB for the benefit of South Africa and the world.

Attrition of staff and students entering the higher education system impacts negatively on the sector’s core business: teaching and learning, research, and community engagement (AAAU 2004).¹² The Higher Education community as a whole is vital in the national campaign against HIV and AIDS.

Imperative Five: Alignment with the National Strategic Plan

The NSP is a multi-sectoral, overarching guide with goals, vision and targets aligned with the Negotiated Service Delivery Agreements of all government departments. The implementation of the NSP is underpinned by and aligned with an understanding of these broader high-level planning frameworks to enable rational and appropriate evidence-informed strategies to be prioritised during planning. The NSP informs all stakeholders on the strategic directions to be considered when developing implementation plans. In each strategic priority, government departments are encouraged to take greater cognisance of how their plans can mitigate the HIV and TB epidemics. The NSP will also be used by the South African National AIDS Council (SANAC) as the framework by which it will coordinate and monitor implementation.

The NSP highlights the increased vulnerability of certain groups in South Africa to HIV infection and that should be targeted for specific prevention, care, treatment and support interventions based on risk and need. One of these groups is adolescents and young adults, specifically women, between the ages of 15 and 24 years. A critical NSP objective is to address the behavioural, social and structural drivers of the epidemic. There are a number of key behavioural drivers that are associated with sexual risk activity and increased vulnerability

to HIV infection amongst this target group. The heightened vulnerability of this group to HIV infection underscores the important role of the Higher Education sector in mitigating vulnerability to HIV and AIDS.

Alignment to the NSP will significantly contribute to the sector fulfilling a national mandate and being able to report to SANAC on key indicators as enhanced institutional capacity may allow for.

Imperative Six: A Co-ordinated and Effective Higher Education Sectoral Response

While it is acknowledged that institutions have been and continue to be active in a number of areas with regard to HIV and AIDS, it is also recognised that the coordination of sector efforts towards a collective response would strengthen and enhance these initiatives. A unified sector response, which includes Open Distance Learning institutions, needs to be enabled for impact of scale and to effectively influence policy and decision makers.

Higher Education staff and students are amongst the leaders of their societies, representing and defending values which are essential in the fight against HIV and AIDS (Council for Higher Education: 2004).¹³ The Higher Education sector occupies an advantageous position that allows it to set an example in terms of critical debate, policy development and creative responses to this epidemic. These institutions con-

stitute one of the essential components in developing a united and effective country response to the pandemic. The role of an HIV and AIDS programme in the Higher Education sector is hence to provide that voice which not only influences policy but also educates the wider community (Crewe 2005).¹⁴

Effective responses within the Higher Education community will not be possible without visible and resolute institutional leadership and leadership by all constituents of the Higher Education community. A commitment to the development of a sector-wide national response through engagement and support at institutional level is critical.

3. HIGHER EDUCATION SECTOR SITUATIONAL ANALYSIS

The prevalence of HIV among all the sector's constituents, and their knowledge, beliefs and behaviour in relation to HIV and AIDS, are fundamental considerations in fine-tuning the sector's policy and programme recommendations, and in determining how to advocate for their implementation. In 2010, findings from South Africa's first national HIV prevalence survey of higher education institutions and an associated study on knowledge, attitudes, perceptions and behaviour (KAPB) relevant to HIV and AIDS (HEAIDS 2010)¹⁵ were released. The results of this study constitute a watershed in the Higher Education sector's HIV and AIDS response and an opportunity to reinvigorate discourse on HIV and AIDS-related needs of students and staff.

Table 1: Comparison of HIV prevalence for the combined Higher Education population with other surveys

HIV Prevalence	Age Group	Study Date	Data Source
2.9%	18 – 49 years	2008/09	Higher Education Institution study (HEAIDS 2010) ¹⁶
16.9%	15 – 49 years	2008/09	HSRC Study (Shisana 2009) ¹⁷
12.7%	> 18 years	2004/05	Educators Study (Colvin 2007) ¹⁸
15.7%	> 18 years	2002	Health Workers Study (Shisana 2002) ¹⁹
10.9%	> 18 Years	1999 – 2005	Colvin et al (Colvin 2007)
28.0%	15 – 49 years	2007	Antenatal Data (Department of Health 2008) ²⁰

Table 2: Comparison of HIV prevalence among Youth with other recent surveys

HIV Prevalence	Age Group	Study Date	Data Source
0.7%	18 – 24 years	2008/09	Higher Education Institution study (HEAIDS 2010) ²¹
8.7%	15 – 24 years	2008/09	HSRC Study (Shisana 2009)
10.2%	15 – 24 years	2003	RHRU
6.5%	18 – 24 years	2004/05	Educators Study (Colvin 2007) ²²
26.8%	15 – 24 years	2007	Antenatal data (Department of Health 2008) ²³

The most striking finding arising from the HIV prevalence results in this study is that the measured prevalence in students, academics and administrative staff is substantially lower than expected in comparison to national prevalence levels. However, the HIV prevalence among service staff is more similar to estimates from other studies. Academic staff has the lowest overall HIV prevalence at 1.5% followed by students at 3.4%, administrative staff at 4.4% and service staff at 12.2%. Service staff is significantly more likely to be HIV positive in comparison to other institutional categories.

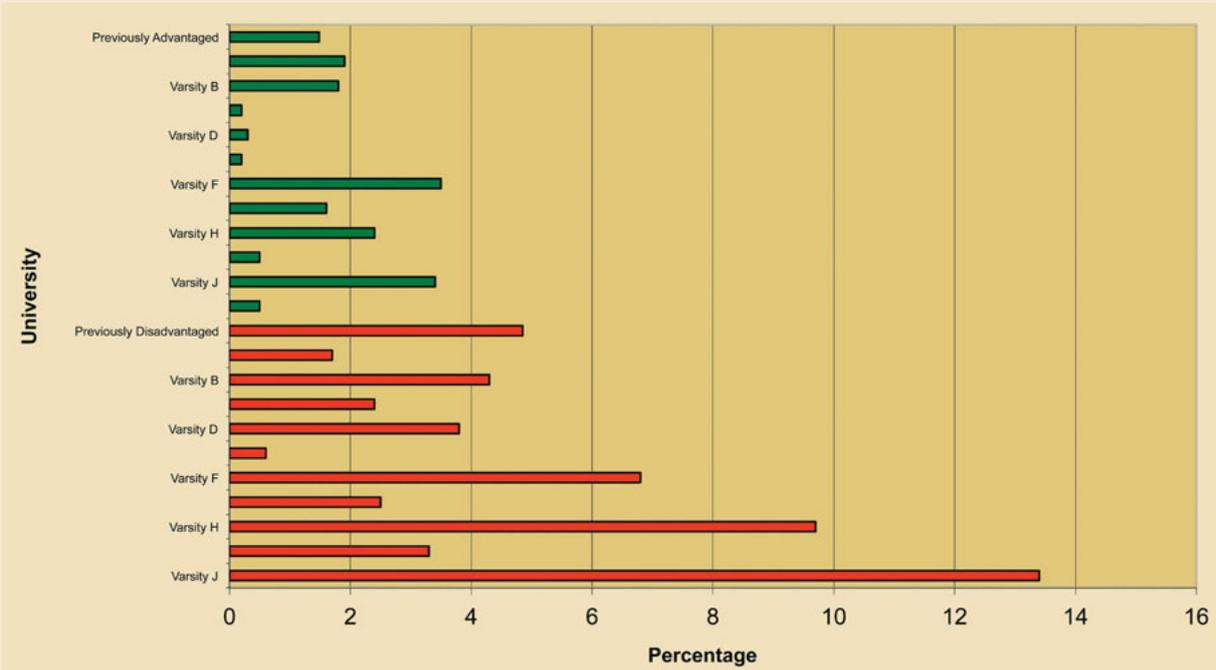
The mean HIV prevalence found among those aged 18–49 years in this survey (2.9%) is significantly lower than all

other studies whether conducted in the general population (HSRC study), in working populations or among antenatal clinic attendees. Prevalence was higher amongst older students: 0.7% for 18-19 year olds; 2.3% for 20-25 year olds; and 8.3% for those over 25 years.

When looking at youth only, Table 2 shows that the prevalence of HIV is substantially lower than has been reported from other studies of youth in the same or similar age group.

There were variations in prevalence rates by province and geography. For example, with regard to service staff, KwaZulu-Natal was highest at 20%. Among academic,

Figure 1: HIV prevalence of students



administrative and service staff, KwaZulu-Natal has the highest prevalence by institutional category, followed by the Eastern Cape. The Eastern Cape had the highest prevalence among students, at 6.4%, followed by KwaZulu-Natal at 6.1%. The lowest overall prevalence among all groups was found in the Western Cape, ranging from 0.2% for academic staff, to 1.2% for service staff.

In the present study, female students overall were more than twice as likely to be HIV positive than males – prevalence amongst female students was 4.7% and amongst males 1.5%. When considering only the age group younger than 25 years, females were almost six times more likely to be HIV positive. This gender difference was substantially lower in the present study when students were excluded (i.e. only employees included) with males being more likely to be HIV positive than females.

Figure 2: HIV prevalence of academic staff

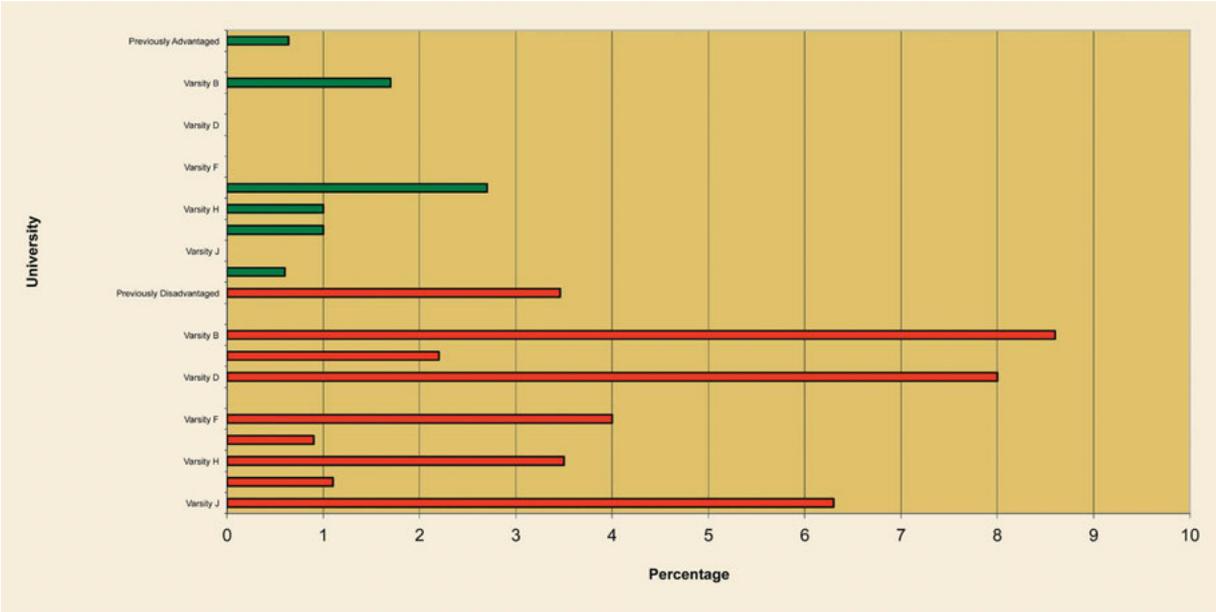


Figure 3: HIV prevalence of administrative staff

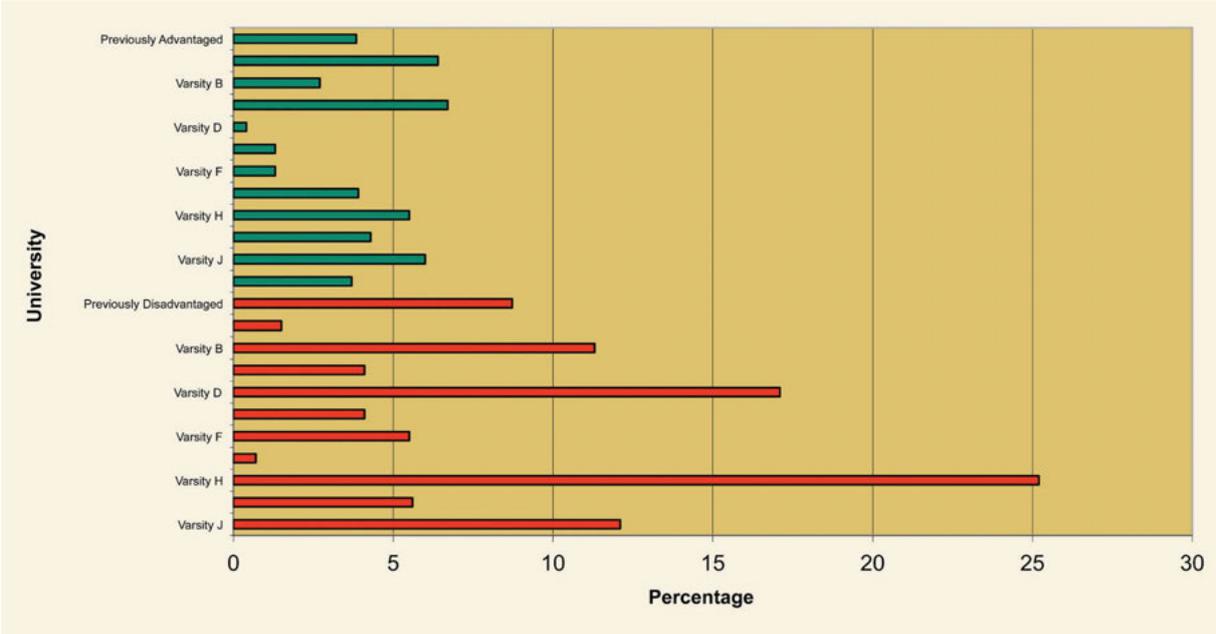
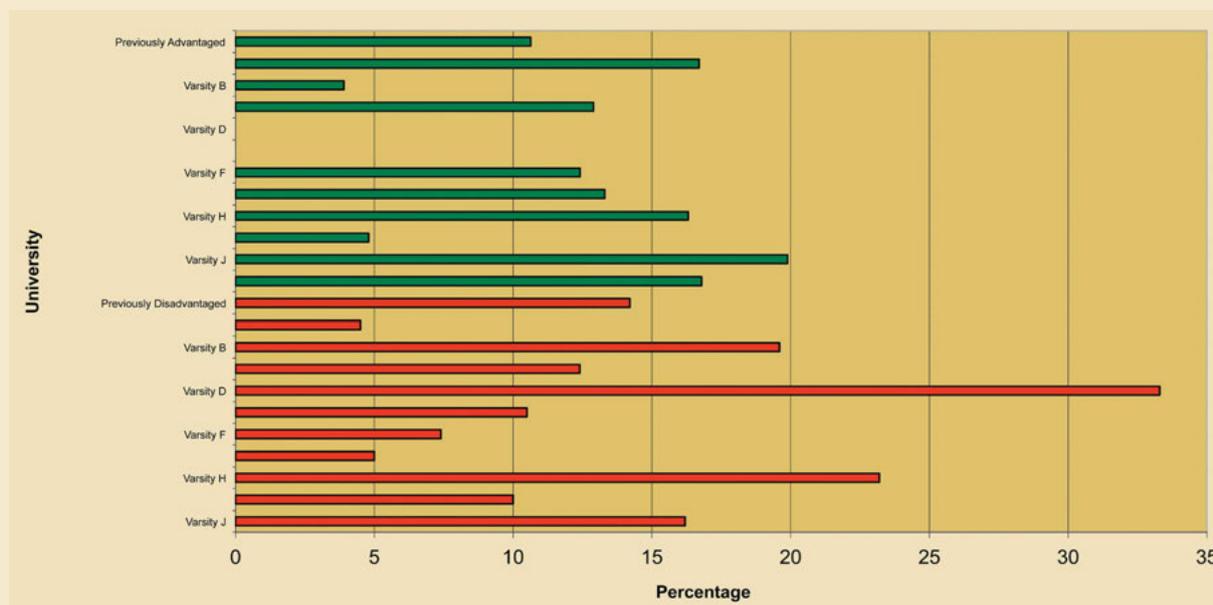


Figure 4: HIV prevalence of service staff



Qualitative data emphasised how for students, both male and female, residing away from home for the first time, the first months at university required them to manage freedoms they had not previously had. It was widely reported that during this period first-year students lack the experience to make good, risk-aware decisions, especially regarding sexual liaisons and the use of alcohol.

Most studies with data on the association between education level and HIV prevalence, report that HIV is modestly lower among people with a tertiary education. Again, this is likely to be confounded by factors of race but this study found that those with no tertiary degree were 3.3 times as likely to be HIV positive when compared to those with a degree. In summary, the HIV prevalence results in the higher education sector are lower than in the general community but the patterns of infection are consistent with what has previously been reported. Importantly, as the graphs below show, no institution's student and staff populations are HIV free or close to zero new infections.

The HEAIDS studies have shown that the HIV epidemic is heterogeneous between and within Higher Education Institutions. The response therefore needs to be customised and targeted towards specific needs rather than a generic, 'one

size fits all' approach. Strategies that focus on limiting all new infections among Higher Education Institution communities, irrespective of demographic characteristics or institutional categories, should remain a central focus. Each institution should endeavour in the short-term to present an HIV and AIDS response plan that takes into account the specific drivers of infection at the institution and its sub-campuses. The need to launch an accelerated and intensified plan must be recognised.

It is important that institutions are assisted to recognise and use this opportunity, and to manage the related risks with confidence. The results of these studies have a critical bearing on the sector and institutions at both policy and programme level. It will further influence communication to institutions, to other essential role players and to the broader public. The shift to evidence-informed programme planning for higher education's HIV and AIDS interventions is a profound one enabling the sector to strengthen and refine its ability to advocate for and advise on appropriate interventions.

4. RESPONSE OVERVIEW: SOUTH AFRICA

The 2012-2016 National Strategic Plan for HIV, STIs and TB (NSP) launched by the South African National Aids Council in 2011, positions a clear role for the Higher Education sector. Bold and inspiring, the NSP proclaims a 20 year vision for reversing the burden of disease from HIV, STIs and TB and aims for 'four zeros':

- Zero new HIV and TB infections
- Zero deaths from HIV and TB
- Zero new infections due to HIV transmission from mother to child (MTCT)
- Zero discrimination

Over the next five years, on the road to the 'Four Zeros', the National Strategic Plan aims to achieve a number of specific goals related to prevention; treatment, care and support; and the human rights of people living with HIV and AIDS. These five goals are:

- Halving the number of new HIV infections
- Ensuring that at least 80% of people who are eligible for treatment for HIV are receiving it (at least 70% should be alive and still on treatment after five years)
- Halving the number of new TB infections and deaths from TB
- Ensuring that the rights of people living with HIV are protected
- Halving the stigma related to HIV and TB.

The NSP has identified a number of strategic objectives that will help South Africa to reach these goals. These are:

1. **Address social and structural factors that drive these epidemics, that influence their impact, and that affect the way we care for affected people:**

The primary objective is to address societal norms and behaviours that fuel the twin epidemics of HIV and TB.

This objective also addresses structural interventions across all sectors (i.e. not just health) that will reduce vulnerability to, and mitigate the impacts of HIV and TB.

2. **Prevent new HIV, STIs and TB infections through a combination of interventions:**

The term combination prevention refers to a mix of interventions or activities that will have the greatest impact on reducing HIV, TB and STI transmission. They include biomedical, behavioural, social and/or structural interventions.

3. **Sustain health and wellness, primarily by reducing deaths and disability from HIV and TB:**

This strategic objective focuses on achieving a significant reduction in deaths and disability as a result of HIV and TB. The primary objective is to ensure access to quality treatment, care and support services for those with HIV, STIs and/or TB and to develop programmes that focus on wellness.

4. **Protect the human rights of people living with HIV and improve their access to justice:**

The NSP's response to HIV, TB and STIs is based on the understanding that the public interest is best served when the rights of people living with HIV and/or TB are respected, protected and promoted. The primary objective is to end stigma, discrimination, human rights violations and gender inequality.

The NSP's goals and strategic objectives are guided by evidence from various reports, including the *Know Your Epidemic* (KYE) report, a situation analysis of TB in the country and other epidemiological studies. These studies identified key populations that are most likely to be exposed to or to transmit HIV and/or TB. For HIV, key populations include young women between the ages of 15 and 24 years; people living close to national roads and in informal settlements; young people not attending school and girls who drop out of school before matriculating; people from low socio-economic groups; uncircumcised men; persons with disabilities and mental disorders; sex workers and their clients; people who abuse alcohol and illegal substances; men who have sex with men and transgender persons.

The implementation of the NSP depends on a number of systems and structures being in place. Four core strategic enablers are included:

- **Effective and transparent governance and institutional arrangements** to ensure that SANAC structures function effectively and efficiently.
- **Effective communication** to ensure that information about the NSP and the three diseases is shared as widely as possible.
- **Monitoring and Evaluation** to ensure that the progress of the plan is tracked and measured.
- **Relevant and focussed research** to ensure that the national research agenda is shaped to provide scientific evidence to guide policy and programmes on HIV, STIs and TB.

The NSP 2012-2016 provides a broad framework that will guide the HIV, STIs and TB response for the next five years. Whilst the NSP is not an operational plan, it provides goals and strategies for the country's response to these diseases. The NSP aims to focus the country on the most important interventions or activities believed to bring about important changes in the incidence and prevalence of HIV, STIs and TB.

Plans to be implemented will be led by the vision of achieving NSP goals, will be based on evidence and experience, but at the same time must be flexible enough to accommodate new research findings. Interventions must also have high impact and must be able to be rolled out to scale. Finally, plans must include all sectors involved in HIV, TBs and STIs: they must promote partnerships across sectors and at all levels of society.

5. RESPONSE OVERVIEW: HIGHER EDUCATION

The responsibility of the Higher Education sector must be located across all aspects of its core mandate: teaching and learning, research and innovation, and community engagement. The Higher Education sector has been actively engaged in responding to its responsibilities under this and previous NSPs for some time. A number of policy and practical interventions have been undertaken, with the major achievements and milestones being the following:

- **Adoption and Implementation of the Policy Framework:** The Policy Framework on HIV and AIDS for Higher

Education to guide institutions in the development and implementation of institutional policies was adopted in November 2008. The Policy Framework has contributed to the upgrading and implementation of institutional policies in order to mitigate the impact of HIV and AIDS within the sector.

- **A Sero-prevalence and Related Factors Report:** The purpose of this study was to enable the higher education sector to understand the threat posed by the epidemic to its core mandate. This was done through determining, at the institutional and sector level, the prevalence and distribution of HIV and associated risk factors among the staff and students at public, Higher Education Institutions in South Africa. The results were used to conduct an assessment of the risks posed by the HIV epidemic to the sector and their respective populations and make recommendations to mitigate potential impacts.
- **First Things First HIV Counselling and Testing (HCT) campaign:** The campaign is aimed at mobilising students and staff at Higher Education Institutions across South Africa to know their HIV status, stop HIV stigma and fight the HIV pandemic as a direct contribution to an objective of the 2012-2016 National Strategic Plan for HIV, STIs and TB to maximise opportunities for testing for HIV. The campaign has an underlying objective to contribute to the strengthening and sustainability of existing programmes across the entire sector. The campaign in 2012 targets the testing of at least 35,000 people from all sections of the Higher Education community, including students, academics and service and administrative staff. In 2011, the campaign achieved in testing 22 000 students at 17 universities. 58% of these students had never been tested before.
- **Norms and standards for HIV and AIDS prevention, treatment, care and support for Higher Education Institutions in South Africa:** A set of norms and standards essential for costing HIV and AIDS interventions, aligned to the Policy Framework on HIV and AIDS for Higher Education in South Africa as well as for mainstreaming HIV and AIDS into the curriculum, were developed for both a comprehensive and minimum package of services using

current practice in the public and private healthcare sectors as well as those identified in the literature. In addition to providing the basis for the costing of the package of services, these norms and standards may serve as a guide to assist Higher Education Institutions in strengthening the implementation of the services identified in the minimum or comprehensive package of services.

- **A Funding Models and Mechanisms report:** This report provides the results of a costing analysis for the academic year 2007-2008 of HIV and AIDS programmes within Higher Education Institutions in South Africa. The analysis compares existing services at the Higher Education Institutions with cost estimates for a comprehensive package of services, including the introduction of courses into the curricula of undergraduate and post graduate students. This analysis is then used to propose various funding options for HIV interventions for consideration by the Department of Higher Education and Training.
- **A Sector Framework for Workplace Programmes:** The framework together with institutional implementation guidelines aimed to enhance the capacity of institutions to develop and implement comprehensive effective workplace programmes that recognise institutional autonomy and diversity but which attempt to close the gap between advanced programmes and those that are still developing. This intervention was identified in the prevalence report as a critical area for intervention. The framework positions the sector at the centre of good practice with regards to workplace programmes, providing leadership both to the sector itself as well as to other sectors
- **An Evaluation Report Arising from The Teacher Education Pilot Project:** This report provided valuable insight into the experiences gained and lessons learnt through this sector wide curriculum intervention, and highlighted the personal and professional competence and the innovative pedagogical approaches that are required for effectiveness in teaching and learning about HIV and AIDS issues. The recommendations have implications not only for teacher education programmes and faculties but may also inform curriculum development and innovation in other faculties.
- **A Research Report into the Roles of Educators:** Valuable findings and recommendations emerged from the research report into the roles of educators in addressing the HIV and AIDS epidemic. Although this was an exploratory study, the findings and recommendations have important implications for policy makers at all levels of the South African education system,. This report provides evidence of the roles (current and future) as well as the training and resource needs identified by teachers in schools, the FET sector and universities.
- **An HIV and AIDS Communications Toolkit for Higher Education Institutions:** These guidelines support implementation of the overall HEAIDS Communications Strategy and through a series of practical examples provides guidance to Higher Education Institutions in how to effectively and sensitively communicate their institutional HIV and AIDS Programmes.
- **A Rapid Assessment of Curricular Responses in South African Higher Education Institutions:** Based on a study of the 'theories and models' of teaching and HIV and AIDS in Higher Education Institutions, a review of the literature on teaching and HIV and AIDS in Higher Education and a situational analysis in South Africa, the report offers a series of recommendations recognising that the curricula of Higher Education form a knowledge area and that teaching in the age of AIDS in Higher Education Institutions as well as in schools is a critical area of investigation.
- **An Investigation of Graduate Competency for Managing HIV and AIDS in the Workplace:** The study was conducted to understand the needs and expectations of employers with respect to graduate competencies, particularly in relation to addressing the demands of HIV and AIDS within the workplace, and the responsiveness of the Higher Education sector with regard to meeting these needs and expectations. The study suggested that Higher Education Institutions and workplaces need to re-evaluate the content of and approach to HIV and AIDS education and training. Recommendations were made at system, institutional and Higher Education academic and administrative staff level.

SECTION 2

THE POLICY AND STRATEGIC FRAMEWORK

6. SCOPE

The Policy and Strategic Framework embodies the public Higher Education sector's commitment to effectively respond to the HIV and AIDS pandemic in support of the national response in a socially-responsible manner which reflects the mission of the sector in society.

The Policy and Strategic Framework is consistent with the Department of Higher Education and Training's priorities, goals and objectives and is in keeping with governing legislation. The Policy and Strategic Framework forms part of the country's multi-sector response and gives consideration to actions and interventions implemented by Government Departments.

The Policy and Strategic Framework will consolidate the commitment and contribution, as a sector, to the 2012-2016 National Strategic Plan for HIV, STIs and TB. The Policy and Strategic Framework builds on achievements of the previous Policy Framework within the context of alignment with the NSP. The Framework therefore introduces interventions to address the drivers of the HIV epidemic, addresses the need for a dual HIV and TB response and positions the response within a broader 'Health and Wellness' programme. The Policy and Strategic Framework however remains focussed on HIV and AIDS.

Because it is intended to respond to the changes in the HIV and TB epidemics, the Framework should be dynamic and allow room for innovation, exceptions, unintended consequences and changing social dynamics. Along with the NSP it will be reviewed periodically for relevance and effectiveness and when necessary, adjustments will be made.

7. PURPOSE

The Policy and Strategic Framework is a visionary document for the sector as well as individual Higher Education Institutions. The Policy and Strategic Framework speaks to the totality of the sector including, with creative application, that of the condition of Open Distance Learning (ODL) institutions. The purpose of the Policy and Strategic Framework is to provide a rationale and philosophy to guide policy and program development by Higher Education Institutions in South Africa in the development of a comprehensive, effective response to the HIV and AIDS pandemic. The Policy and Strategic Framework enjoys the formal mandate of HESA.

The Policy and Strategic Framework provides a set of overarching principles and components in order to realise its objectives. In addition, each component contains suggested programmatic elements to assist institutions in planning, developing and implementing comprehensively conceptualised HIV and AIDS policies and programmes. Individual programmatic elements will inevitably differ, as institutions ensure that operationalisation of the framework is properly contextualised within the institution itself. Finally, the Framework forms the basis for measuring progress in the sector.

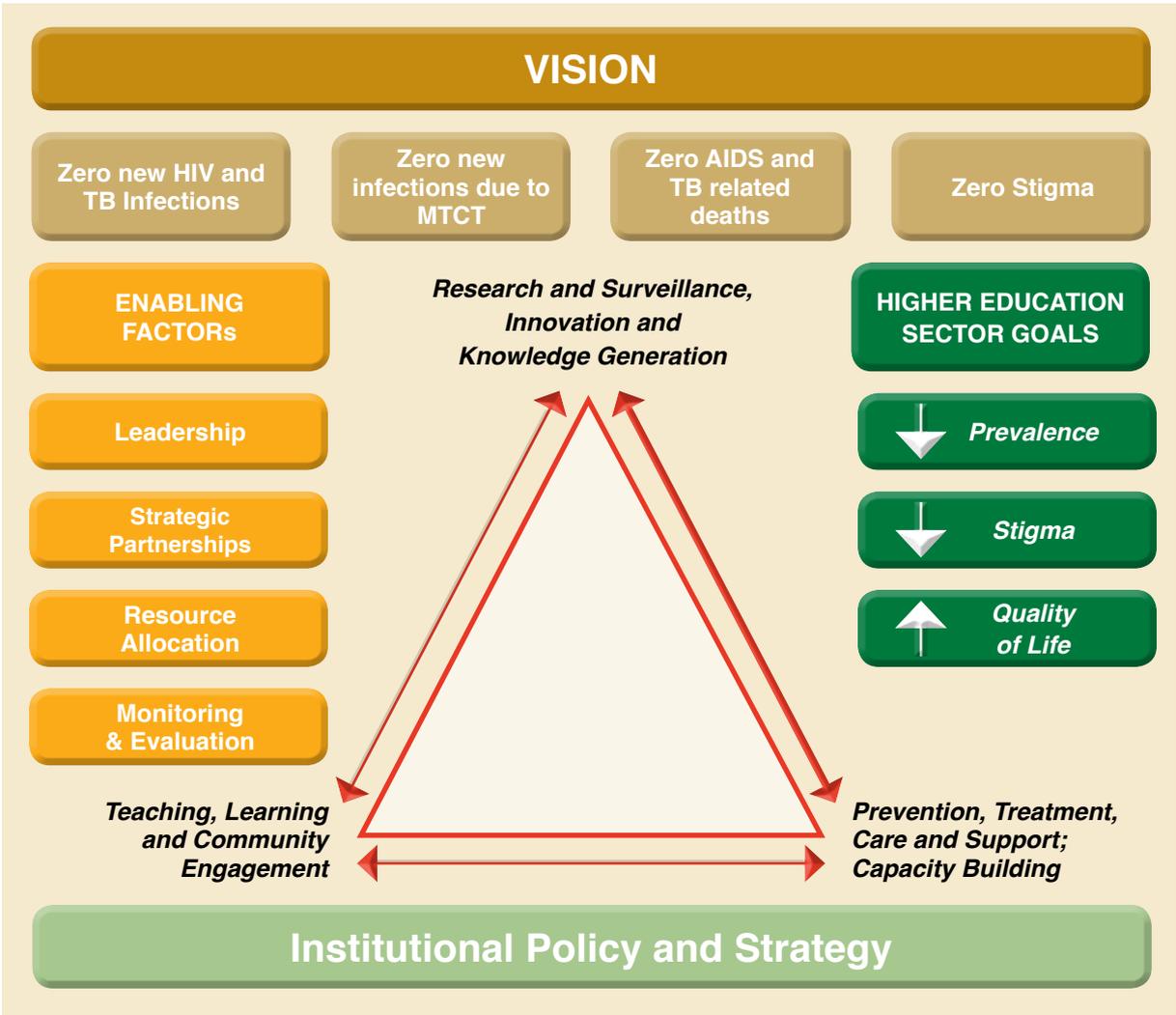
The Policy and Strategic Framework recognises the achievements made by the sector in responding to its obligations and responsibilities. It is intended that this revision of the Policy Framework will enable the sector's response to be implemented to scale more evenly and expand its reach; thereby enriching the Higher Education sector's contribution to addressing HIV and AIDS at a national level.

8. GUIDING PRINCIPLES

A set of guiding principles provides the foundation for the HIV and AIDS Policy and Strategic Framework. These principles are in keeping with the imperatives of the Constitution as well as those in the National Strategic Plan for HIV, STIs and TB 2012-2016 (NSP).²⁴ These principles should be upheld throughout the implementation of the Policy and Strategic Framework.

- Consolidated National Response:** Given the scope and challenge of the pandemic, a commitment to the development of a sector-wide response, aligned with the national objectives of the NSP, is critical.
- Supportive and Committed Leadership:** Committed leadership at all levels is one of the most critical factors for driving a strong sector response.

Figure 5: A Mainstreamed Higher Education Response



- **Comprehensive Response:** A comprehensive institutional HIV and AIDS response to the epidemic should:
 - Integrate HIV, STIs and TB;
 - Strengthen Campus Health services;
 - Address social, structural and behavioural drivers;
 - Include curriculum development;
 - Include Surveillance and Research
 - Enrich Health and Wellness programmes; and
 - Focus on combination prevention.
- **Rights Based:** The human rights of dignity, privacy, non-discrimination, equity and voluntary participation must guide all interventions and programmes. Vulnerable and marginalised groups within the Higher Education community are a priority group, and in all instances, importance must be given to equity and gender sensitivity.
- **Effective Partnerships:** Effective and collaborative partnerships, at all levels, are important in a resource constrained context and are to be promoted.
- **Mainstreaming:** Mainstreaming the response to HIV and AIDS into the core functions and operations of Higher Education Institutions is a fundamental requirement for all interventions to be appropriate and sustainable.

9. STRATEGIC OBJECTIVES

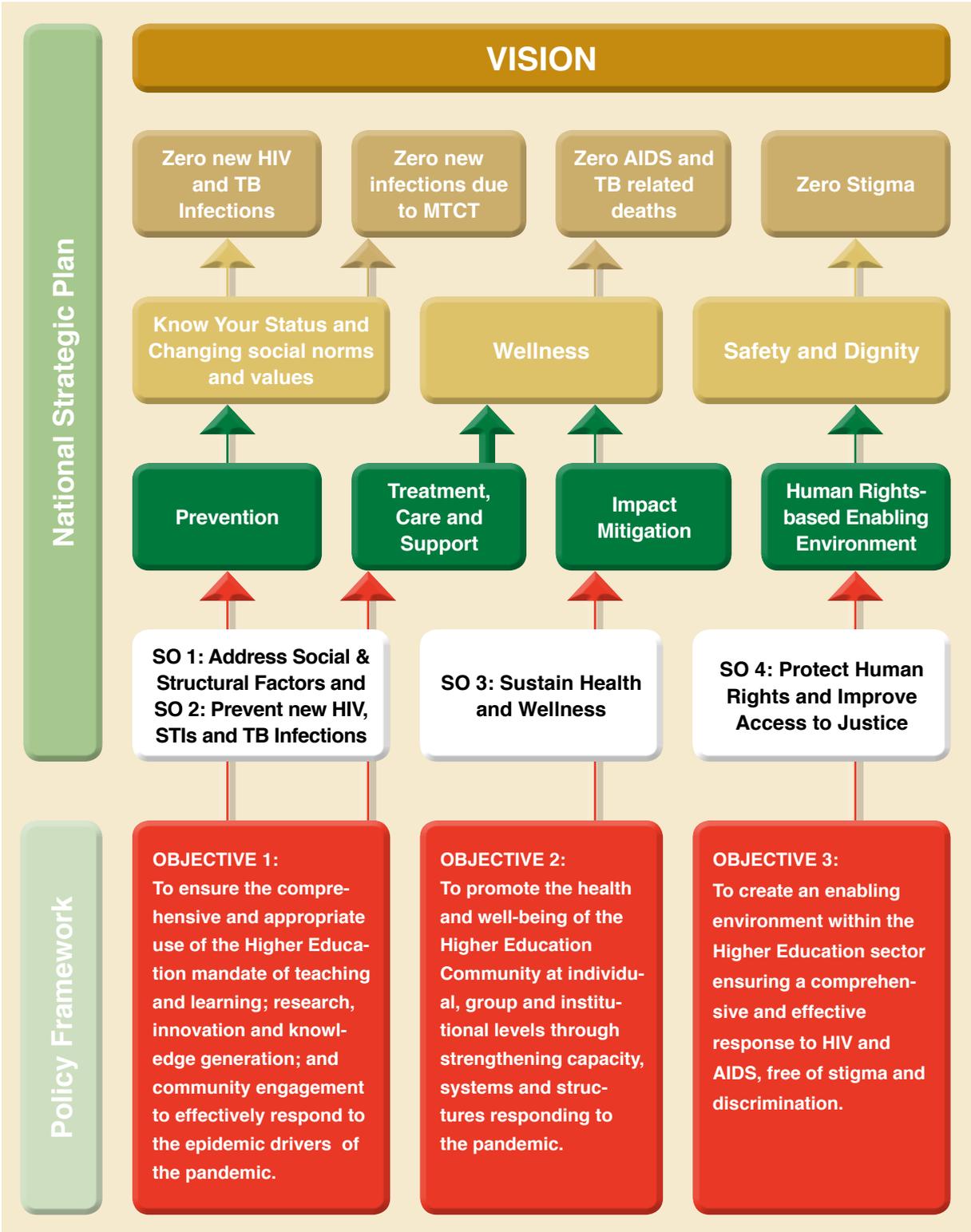
The objectives identified and prioritised as the focus of this policy are guided by the context provided by the guiding principles. They outline the required action-focused direction of the Policy and Strategic Framework and are in alignment with the national objectives of the NSP. In some cases, the objectives will require strengthening, accelerating, intensifying, and/or prioritising existing interventions. In others, new plans and interventions may have to be introduced to cater for the achievement of the visions and goals of this Policy and Strategic Framework.

The objectives are directed at maintaining the sector's ability to continue functioning in order to prevent HIV and AIDS from undermining its potential to operate and deliver mandated services in a manner which reflects the mission of the sector in society. The objectives of the HIV and AIDS Policy and Strategic Framework are:

1. **To ensure the comprehensive and appropriate use of the Higher Education mandate of teaching and learning; research, innovation and knowledge generation; and community engagement to effectively respond to the epidemic drivers of the pandemic.**
2. **To promote the health and well-being of the Higher Education community at individual, group and institutional levels through strengthening capacity, systems and structures responding to the pandemic**
3. **To create an enabling environment to ensure a comprehensive and effective response to HIV and AIDS within the Higher Education sector, free of stigma and discrimination.**

These three objectives support the national strategic high-impact priorities of treatment, care and support, prevention, impact mitigation and the creation of a human rights based enabling environment. The third objective furthermore provides the key strategic enablers that underpin the entire Policy and Strategic Framework and which will determine the success of its implementation.

Figure 6: The Objectives of the Policy and Strategic Framework



10. CRITICAL COMPONENTS OF THE STRATEGIC OBJECTIVES

OBJECTIVE 1:

To ensure the comprehensive and appropriate use of the Higher Education mandate of teaching and learning, research, innovation and knowledge generation; and community engagement to effectively respond to the epidemic drivers of the pandemic.

This objective is aligned to NSP Strategic Objective 1, which is to “address social and structural barriers to HIV, STI and TB prevention, care and impact” and to NSP Strategic Objective 2 which is to “Prevent new HIV, STI and TB infections”.

HIV, TB and STIs have a profound impact on the individual living with these diseases, as well as their families and communities. Social and structural approaches address the social, environmental, political, cultural and environmental factors that lead to increased vulnerability. Practices that put people at HIV risk are ingrained in social norms which need to be critically examined and addressed in order to introduce positive behavioural changes that promote safe practices. The structural approach addresses issues deeply entrenched in society and require long-term strategies and interventions that are outside the sole domain of health and HIV. For this reason, HIV management must be mainstreamed into core strategy.

Targeted, evidence-informed combination prevention interventions are needed to achieve the long-term goal of zero new HIV and TB infections. Combination prevention interventions recognise that no single prevention intervention can adequately address the HIV and TB epidemics, but must consider the combination of structural, biomedical and behavioural approaches that together are likely to have the greatest impact on reducing the likelihood of transmission, and mitigating individuals' susceptibility and vulnerability to acquiring new infection. Different combinations of interventions need to be designed for different key populations.

Component 1: To ensure the comprehensive and appropriate use of the Higher Education mandate and intellectual response

- 1. Establish clear strategies referring explicitly to responding to HIV and AIDS through research, innovation and knowledge management; teaching and learning; and community engagement.**
- 2. Develop graduates with relevant professional and personal HIV and AIDS knowledge and skills to become leaders in society and who are able to engage the impact of HIV and AIDS.**
 - Considering the diversity of students in Higher Education Institutions, including such as mature and productively employed students in ODL universities, seek to integrate HIV and AIDS education programmes that develop relevant personal and professional skills in faculties and across campuses.
 - Progressively integrate comprehensive education on sexuality, reproductive health, and reproductive rights, inclusive of life skills education, in appropriate curricula.

- Conduct orientation and induction programmes for new staff and governance structures.
- Consider and integrate information about HIV and AIDS in curricula in ways that promote engagement with young people and that follow good practices in education.

3. Produce and disseminate quality research to provide scientific evidence to guide policy and enhance the national response to HIV and AIDS at all societal levels.

- Draft a research, innovation and knowledge management agenda linked to the country's needs, including surveillance and vital statistics; health systems and operations research; research for innovation; and policy, social and public health research.
- Provide research-based overviews of best practice models and other findings regarding the various facets relating to HIV and AIDS.
- Identify and appropriately support strong and relevant institutional research entities and individual researchers.
- Develop an evidence-based strategy to support the institutional HIV and AIDS programme.

4. Contribute to and create capacity for a broader community-based response.

- Identify opportunities for HIV and AIDS curricula and research-based learning (applied and operational) through which universities could serve surrounding communities.
- Engage in local and related community partnerships for the comprehensive mitigation of HIV and AIDS through an outwardly oriented strategy.
- Establish platforms that allow for collaboration and the exchange and dissemination of innovative ideas, research, good practices and findings between institutions and other communities at local, national and international level.

- Contribute to and initiate national and international debate in order to provide an environment in which different role players are mobilised into a national response to HIV and AIDS.
- Provide for and take part in open debate on HIV and AIDS issues to add to and influence discussions in relevant structures in society.

Component 2: Develop and implement appropriate, innovative and effective HIV and AIDS combination prevention strategies for the Higher Education sector.

1. Provide access to comprehensive prevention programmes for staff and students across all campuses and residences. Elements may include:

- HIV, AIDS, STIs, and TB awareness campaigns;
- HIV Counselling and Testing (HCT) programmes;
- Peer education and health promotion activities;
- Condom use and distribution;
- Male medical circumcision;
- Prevention of mother-to-child transmission (PMTCT);
- STI treatment;
- Infection control programmes; and
- Initial and on-going training.

2. Maximise opportunities for all staff and students to test for HIV and screen for TB at least annually.

- Provider-initiated Counselling and Testing (PICT) should be offered to all students and staff accessing health care services.
- Implement targeted programmes of HIV, STI and TB screening and support for key populations.

3. Integrate PMTCT into sexual and reproductive health services including the following integral elements of PMTCT:

- Preventing unintended pregnancies;
- Primary prevention of HIV especially among women of childbearing age;
- Preventing HIV transmission from a woman living with HIV to her child; and
- Providing appropriate treatment, care and support to women living with HIV including promoting HCT and voluntary counselling.

Component 3: Addressing comprehensively the epidemic drivers of HIV and AIDS in the Higher Education Sector.

1. Design and implement social and behavioural change programmes, interventions and curricula to address the main drivers of HIV and AIDS in the sector which include unprotected sex, gender inequalities, alcohol and substance abuse.

- Customise interventions for different groups, focusing on vulnerable populations and populations at risk including young people and especially young women.
- Ensure that social and cultural dimensions are considered when crafting appropriate and effective programmes.
- Include education and behaviour change programmes informed by research and best practice.
- Develop an in-service training programme that enables students and staff to demonstrate their professional and personal knowledge and skills regarding safe behaviour for themselves and towards others in the context of HIV and AIDS.

2. Promote progressive positive socio-cultural norms and values.

- Mobilise the Higher Education community on rights entrenched in the constitution of South Africa; specifically with regard to gender roles, gender-based violence, alcohol and drug abuse.

- Build capacity of teachers, peer educators and youth ambassadors to inculcate progressive positive norms and values.

3. Develop a comprehensive approach to address gender inequities²⁵ and gender-power issues, focusing on key risk groups.

- Implement interventions to address gender norms and gender-based violence, masculinity issues, transactional sex, issues of sexual consent and look at safer sexual behaviour within a gender context.
- Challenge the gender roles, norms and inequalities that increase women's vulnerability to HIV and compromise men's and women's health.

Component 4: Implement a comprehensive social and behavioural change communication strategy that serves to encourage positive attitudes and behaviours and to promote and sustain change.

1. Using a variety of communication channels, tailor approaches and communication to behaviour change objectives.

2. Engage key populations and support with communication efforts to promote discussions about HIV and AIDS, STIs, TB, sex and sexuality as well as addressing specific risk contributing factors such as alcohol, drugs and peer pressure.

3. Focus on all aspects of the advocacy, communication and social mobilisation related to HIV and AIDS, STIs and TB.

OBJECTIVE 2:

To promote the health and well-being of the Higher Education Community at individual, group and institutional levels through strengthening capacity, systems and structures responding to the pandemic

This objective is aligned to the NSP Strategic Objective 3 which aims to “Sustain Health and Wellness”.

This objective focuses on achieving a significant reduction in deaths and disability as a result of HIV and TB by facilitating access to early and improved diagnosis, improved access to speedy, appropriate and user-friendly treatment services and retention in treatment and care. The focus of wellness is rapidly becoming part of any corporate landscape and institutions of Higher Education are an integral part of this landscape. Significant gains have been made in the implementation of creative and innovative HIV and AIDS workplace programmes in South Africa’s Higher Education Institutions at the individual, group, family, and at local community level.

Component 1: Develop and implement a comprehensive Health and Wellness HIV and AIDS programme aiming to promote and maintain the physical and mental health of students and staff within the sector.

- 1. Build the necessary capacity of Campus Health Services, based on the norms and standards developed by the Department of Health for a typical HIV clinic which provides primary health care services, to ensure that all students and staff have equitable access to treatment and wellness services.**
- 2. Focus on programmes and activities that ensure the development of physical, cognitive, behavioural,**

spiritual and psychosocial aspects of wellness. Elements may include:

- Provision for medical management within a continuum of prevention model including access to appropriate nutrition, palliative care, psychosocial support and treatment for opportunistic infections;
- Access to on-going counselling around living positively with HIV and AIDS and other forms of social support;
- Syndromic management of STIs;
- Referral systems onto higher levels of healthcare;
- Collaboration with other health care providers and specialised agencies; and
- Peer education or support groups.

- 3. Ensure that the needs of persons living with HIV/AIDS-related illnesses are reasonably accommodated for as long as possible, and that correct procedures are followed in a non-discriminatory way.**
- 4. The integrated prevention response to HIV and AIDS should be aligned to the workplace programmes as well as to relevant individual institutional policies thereby promoting a level of equity and standardisation.**
- 5. Ensure Campus Health Services are able to early detect and initiate ARV treatment, care and support as per national policy guidelines.**

- Provide support and proper follow up with health facilities for staff and students on ARV treatment.
- Enhance referral to health facilities if needed in order to ensure that staff and students have access to appropriate treatment.
- Work with the National Department of Health to accredit Campus Health Services to administer ARV treatment.

6. Where relevant, ensure that the appropriate linkages are made with other key departments such as occupational health and safety, training and health care provision.

7. Take all reasonable steps to assist People Living with HIV (PLHIV) and affected persons with referrals to appropriate health, welfare and psycho-social facilities within the community, if such services are not provided at the institution.

8. Seek to form partnerships that will facilitate the implementation and management of targeted interventions.

- Explore the use of flexible Private-Public partnerships where feasible.
- Sustain partnerships to strengthen and sustain sector wide campaigns such as the “First Things First” HCT campaign.

Component 2: Strengthen existing HIV and AIDS Workplace programmes for Higher Education that will reduce the negative impact of the pandemic on all individuals employed by the institutions.

1. Ensure the development and distribution of a workplace HIV and AIDS policy aligned to relevant national labour legislation, institutional Human Resource

policies as well as with national standards. (South African HIV National Standard for Workplace Programmes titled SANS 16001).²⁶

2. The recommended minimum components are to:

- Hold regular HIV and AIDS awareness programmes;
- Encourage HCT;
- Conduct education and training on HIV and AIDS;
- Promote condom distribution and use;
- Establish Peer Education or support groups;
- Encourage health-seeking behaviour for STIs and TB;
- Enforce the use of universal infection control measures;
- Promote education and awareness about antiretroviral and treatment literacy programmes; counselling and other forms of social support for infected employees; and
- Provide antiretrovirals or refer to relevant service providers.

3. Each Higher Education Institution should seek to understand the impacts of HIV infection and illness on its employee base, including direct and indirect costs, and identify programmatic gap areas as well as attitudinal and behaviour changes required.

4. All Higher Education Institutions should have an established structure and appointed person(s) to manage and lead the workplace programme components of the institution’s HIV and AIDS programme.

5. Each HEI should develop a treatment and care strategy for employees infected with HIV and AIDS which aligns the institutional workplace programmes to relevant individual institutional policies thereby promoting a level of equal access to and standardisation of treatment.

OBJECTIVE 3:

To create an enabling environment to ensure a comprehensive and effective response to HIV and AIDS within the Higher Education sector free of stigma and discrimination.

This objective directly contributes to NSP Strategic Objective 4 which is to “increase protection of human rights and improve access to justice”.

Leaders at all levels of society play a vital role in entrenching and sustaining socio-cultural norms. It is also known that risk tolerance can be driven by lack of social cohesion and perceptions of lack of choice, and a vision for the future. Providing effective leadership is one way social cohesion may be attained and sustained. This will further promote adherence to human rights practices and improved access to justice.

The objective is further aimed at creating the enabling environment to promote the efficient and effective implementation of the Policy and Strategic Framework at both a sector and institutional level.

Component 1: Mobilise strategic leadership through all stakeholder participants of the Higher Education sector.

1. Ensure that the institution has a comprehensive institutional policy and a strategy on HIV and AIDS in alignment with the *Policy and Strategic Framework on HIV and AIDS for Higher Education*.

- Ensure that all institutional policies are aligned with the HIV and AIDS policy.
- Review all workplace policies, procedures and protocols and include appropriate references to HIV and AIDS.

- Regulations, procedures and disciplinary bodies relating to the vulnerability of persons to sexual harassment and abuse should be addressed.

2. Ensure commitment to and participation in HIV and AIDS institutional programmes by stakeholder leadership including:

- Executive management, Senate and the University Council.
- Student Services Council and the Student Representative Council.
- Trade unions and staff bodies.

3. Ensure the use of institutional corporate governance.

- Design an integrated HIV and AIDS Management Structure.
- Set out accountability and expected roles and responsibilities.
- Establish appropriate ownership for reporting and implementation outcomes.

4. Engage all institutional communities in an integrated HIV and AIDS programme.

- Establish an appropriate HIV and AIDS structure, representative of all campuses, and with requisite influence and clear lines of accountability.

- Align HIV unit activities and goals with wider social justice, equality and gender initiatives at the institutions.

Component 2: Reduce and eliminate acts of stigma and discrimination through the promotion of equity, fairness and respect for self and others.

1. Ensure policies address issues of protection of human rights, stigma and discrimination appropriately.

2. Develop a clear programme of action that covers innovative and established methods for stigma elimination. The greater involvement of people living with HIV and TB is key in such programmes to empower and educate communities and individuals.

- Reference the guidelines contained in the Stigma Mitigation Framework²⁷ (SMF) which outline five goals based on guiding principles that create an enabling context for stigma mitigation work.
- Support the implementation of the National Stigma Index.^{28, 29, 30}

3. Ensure that training on HIV and AIDS, STIs and/or TB include modules dealing with unfair discrimination, including a focus on the needs of persons with disability.

Component 3: Ensure coherent and consistent communication.

1. Implement effective general and targeted communication programmes to sensitise, raise awareness and encourage the full participation of all higher education stakeholders and related communities.

- Make creative, appropriate and effective use of communication platforms including new media.

2. Enhance prominence and visibility of the sector's HIV and AIDS related activities.

- Publicise policies and disseminate information on best practice, research findings and M&E results.
- Profile the sector and institutional responses through corporate communication and marketing processes and strategies.
- Provide research based overviews of good practices, models and other findings that mitigate the negative impact of HIV and AIDS.
- Promote HIV related training courses.

Component 4: Create strategic partnerships

1. Establish partnerships with strategic stakeholders, including at national and institutional levels.

2. Foster key partnerships with organisations, government and social partners in order to access support services and the necessary resources to reduce the impact of HIV and AIDS on People living with HIV (PLHIV) and affected persons and to prevent further HIV infections.

3. Enter into collaborative partnerships with government departments and non-governmental agencies in order to share information and expertise on HIV and AIDS.

4. Benchmark and share good practices around interventions for staff, students and community engagement in Higher Education Institutions and against other national and international HIV and AIDS policies, programmes and protocols on a continual basis.

Component 5: Ensure consistent and appropriate allocation of resources.

1. Endeavour to diversify institutional sources of funding for the HIV and AIDS programme.
2. Source external funding for institutional HIV and AIDS strategic/operational plans.

Component 6: Develop comprehensive Monitoring and Evaluation systems.

1. Identify core SMART indicators (Specific, Measurable, Action-Driven, Realistic, and Time-Bound) to measure key results towards attaining the desired goal.
2. Align core indicators with those of the sector Policy and Strategic Framework to facilitate HESA's measurement and reporting of the overall sector.
3. Develop effective evidence-informed reporting structures and processes for all relevant communities (internal and external).
4. Ensure recorded information is available and shared on a regular basis with HEAIDS to be fully reviewed and utilised in monitoring and evaluation for the sector and the national response.

11. ROLES AND RESPONSIBILITIES

The *Policy and Strategic Framework on HIV and AIDS for Higher Education* will be driven by the Higher Education leadership as represented by the Department of Higher Education and Training and Higher Education South Africa (HESA).

National Level

- The Department of Higher Education and Training in collaboration with HESA champions the *Policy and Strategic Framework* and continually advocates in order to influence decision-makers at the highest national level to provide leadership and personal, professional and political commitment.
- The Department of Higher Education and Training facilitates resource identification and mobilisation for the sector as guided by the Policy and Strategic Framework.
- HESA provides advice and technical support to institutions in the implementation of the Policy and Strategic Framework.
- HESA measures institutional alignment with the Policy and Strategic Framework and ensures that the implementation of the framework by institutions is appropriately responsive to the Department of Higher Education and Training, HESA and the students, staff and communities that they serve.
- HESA facilitates the sector-level coordination of the networks that are created.
- HESA provides a common platform for coordinating the efficient collection of data, analysis and provision of findings.

- HESA undertakes sector-level M&E for a constant understanding of the sector-wide risks and gains, and will continue to monitor and reassess the risk at institutional levels periodically.
- HESA coordinates the sector’s annual reporting to the Department of Higher Education and Training and SANAC in accordance with the requirements of the NSP.
- The National Department of Health provides advice and technical support, facilitates capacity building and collaboration to ensure a more co-ordinated response.
- The Provincial Department of Health, District or Municipal Health departments provide health care services to infected and affected persons according to national policy and guidelines.
- Establish or refine an M&E system, based on the Policy and Strategic Framework guidelines on M&E, to allow for comprehensive monitoring of policy implementation.
- Develop effective internal reporting structures and processes as well as an annual external reporting mechanism to the Department of Higher Education and Training and SANAC through the coordination of HESA.
- Share overall financial responsibility for the implementation of the Policy and Strategic Framework at institutional level.
- Develop relationships with the Provincial Department of Health, District or Municipal Health Departments for support services and resources.

Institutional Level

- Develop or refine a comprehensive institutional policy on HIV and AIDS in alignment with the *Policy and Strategic Framework on HIV and AIDS for Higher Education*.
- Ensure the institutionalisation of the comprehensive institutional policy on HIV and AIDS through strategic/operational plans and the attendant development of institutional structures, processes, and facilities.
- Is responsive to its partners and stakeholders, HESA, the Department of Higher Education and Training and the staff and students that they serve, for appropriate and effective implementation of the Framework.

SECTION 3

MONITORING AND EVALUATION FRAMEWORK

The Policy and Strategic Framework for the Higher Education Sector provides key components and guidelines on how to operationalise it. The process of realising the expected results determines the identification and implementation of activities, which are driven by an implementation plan. Monitoring and Evaluation is a critical aspect of the implementation of this plan as it ensures that the objectives of the plan are achieved. The Policy and Strategic Framework has hence emphasised the need to develop an umbrella sector Monitoring and Evaluation (M&E) Framework that will provide benchmarks for the development or refinement of Institutional M&E mechanisms as driven by institutional policy implementation plans.

The M&E Framework seeks to:

- Provide an understanding of the importance of M&E in assisting HEAIDS and HEIs in monitoring and evaluating performance
- Provide guidance on the utilisation of M&E data across the different Higher Education stakeholders
- Develop clear M&E processes that will enable systematic collection, collation, processing, analysis and interpretation of data
- Describe the key data sources to be used to gather the necessary M&E data
- Provide a basis for decision-making on amendments and improvements to the Policy and Strategic Framework
- Promote accountability for resource use against strategic objectives by different HEIs.

Core to the M&E Framework is the use of sector and institutional indicators that have been developed to enable measurement of performance in the most critical areas of the Policy and Strategic Framework. The M&E Framework will firstly enable the ongoing monitoring and periodic evaluation of individual

institutional HIV and AIDS programmes to ensure that it achieves its purpose as well as remaining updated, sustainable and relevant. Secondly, it will enable the HEI to report at a sector level against basic national sector level indicators on a regular basis.

The role of HEIs is crucial to developing and supporting this M&E Framework and the subsequent strengthening of the M&E systems. Whilst HEIs are expected to ensure that their reporting requirements and formats are aligned with the indicators outlined in the M&E framework, they are not required to duplicate reporting requirements but rather to synchronise efforts across the sector. HEIs are encouraged to utilise the harmonised data collection and reporting tools. This will assist in establishing the sector's response.

A logic model provides the basic framework for monitoring and evaluation. In this regard a log frame has been drafted for institutional use and is attached as an appendix. The rigorous implementation of this harmonised and standardised M&E system will enable HEAIDS and HEIs to translate the mandate of the Policy and Strategy Framework into tangible results to support ongoing planning, results monitoring and measurement.

APPENDIX 1: LOGIC MODEL

OBJECTIVE 1: To ensure the comprehensive and appropriate use of the Higher Education mandate of teaching and learning, research, innovation and knowledge generation; and community engagement to effectively respond to the epidemic drivers of the pandemic			
Components	Result Statement	Sector indicators	Institutional indicators
Reduced new HIV infections		HIV prevalence among staff in HEIs	
		HIV prevalence among students in HEIs	
Reduced vulnerability of HE students and staff to HIV and AIDS			Number of HEIs students vulnerable to HIV
			Number of HEIs staff vulnerable to HIV
To ensure the comprehensive and appropriate use of the Higher Education mandate and intellectual response	Increased capacity of people to demonstrate safer sex behaviour and knowledge	Percentage of HEIs students who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	Percentage of HEIs students who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission
		Percentage of HEIs staff who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	Percentage of HEIs staff who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission
		Percentage HEIs Students who have had sexual intercourse with more than one partner in the last 12 months	Percentage HEIs Students who have had sexual intercourse with more than one partner in the last 12 months
		Percentage HEIs Staff who have had sexual intercourse with more than one partner in the last 12 months	Percentage HEIs Staff who have had sexual intercourse with more than one partner in the last 12 months

Components	Result Statement	Sector indicators	Institutional indicators
(Component continued) To ensure the comprehensive and appropriate use of the Higher Education mandate and intellectual response	Increased capacity of people to demonstrate safer sex behaviour and knowledge	Percentage of HEIs Students who used condoms consistently with one non-regular partner over the past 12 months	Percentage of HEIs Students who used condoms consistently with one non-regular partner over the past 12 months
		Percentage of HEIs Staff who used condoms consistently with one non-regular partner over the past 12 months	Percentage of HEIs Staff who used condoms consistently with one non-regular partner over the past 12 months
	Development of an integrated HIV and AIDS Curriculum across all disciplines in HEIs	Number of HEIs with an integrated HIV and AIDS Curriculum across all appropriate disciplines	
Develop and implement appropriate, innovative and effective HIV and AIDS combination prevention strategies for the Higher Education sector.	Increased access to comprehensive combination prevention programmes for staff and students across all HEIs	Percentage of HEIs students reached with HIV prevention programs	Percentage of HEIs students reached with HIV prevention programs
		Percentage of HEIs staff reached with HIV prevention programs	Percentage of HEIs staff reached with HIV prevention programs
	Increased reached through HIV, AIDS, STI, and TB awareness campaigns;		Number of staff reached with HIV, AIDS, STIs, and TB awareness campaigns
			Number of students reached with HIV, AIDS, STIs, and TB awareness campaigns
	Increased implementation of Peer Education activities by HEIs		Number of HEIs implementing Peer Education activities
Increased distribution of male and female Condoms		Number of male condoms distributed in HEIs	
		Number of female condoms distributed in HEIs	

OBJECTIVE 2: To promote the health and well-being of the Higher Education Community at individual, group and institutional levels through strengthening existing capacity, systems and structures responding to the pandemic.

Components	Result Statement	Sector indicators	Institutional indicators
Increased longevity of PLHIVs after initiating treatment		Percentage of students on treatment 12 months after initiation of antiretroviral therapy	Percentage of students on treatment 12 months after initiation of antiretroviral therapy
		Percentage of students on treatment 12 months after initiation of antiretroviral therapy	Percentage of staff on treatment 12 months after initiation of antiretroviral therapy
Efficient and effective management and treatment of staff and students at HEIs		Number of HEIs with referral systems managing treatment and care of staff	Number of HEIs with referral systems managing treatment and care of staff
		Number of HEIs with referral systems managing treatment and care of staff	Number of HEIs with referral systems managing treatment and care of students
Develop and implement a comprehensive health and wellness HIV and AIDS programme aiming to promote and maintain the physical and mental health of students and staff within the sector.	Increased uptake of HTC by staff and students across HEIs	Percentage of HEI Students who received an HIV test in the last 12 months and who know their results	Percentage of HEI Students who received an HIV test in the last 12 months and who know their results
		Percentage of HEI Staff who received an HIV test in the last 12 months and who know their results	Percentage of HEI Staff who received an HIV test in the last 12 months and who know their results
	Increased uptake of TB screening services by staff and students across HEIs		Percentage of HEI staff screened for TB
			Percentage of HEI students screened for TB
	Increased uptake of STI screening services by staff and students across HEIs		Percentage of HEI staff screened for STIs
			Percentage of HEI students screened for STIs
	Increased access to on-going counseling around living positively with HIV and AIDS and other forms of social support;	Number of HEIs providing social support to PLWHIV	Number of HEIs providing social support to PLWHIV

Components	Result Statement	Sector indicators	Institutional indicators	
(Component continued) Develop and implement a comprehensive health and wellness HIV and AIDS programme aiming to promote and maintain the physical and mental health of students and staff within the sector.	Increased number of HEIs accredited to provide TB treatment	Number of HEI health facilities accredited to provide TB treatment and supervision of DOTS	Number of HEI health facilities accredited to provide TB treatment and supervision of DOTS	
	Increased provision of Syndromic management of STIs	Number of HEI health facilities providing treatment for STIs	Number of HEI health facilities providing treatment for STIs	
	Increased provision of dual contraception by HEIs			Number of students given Morning after pill
				Number of students on PEP
	Increased accreditation of HEIs to provide ARV treatment and care	Number of HEIs providing ARV treatment	Number of HEIs providing ARV treatment	
	Increased number of accredited Campus Health Services to administer ARV treatment.	Number of facilities accredited to provide ARVs	Number of facilities accredited to provide ARVs	
	Strengthened capacity of Campus Health Services based on the norms and standards	Number of HEI health workers trained in NIMART and TB diagnosis	Number of HEI health workers trained in NIMART and TB diagnosis	
Strengthen existing HIV and AIDS Workplace programmes for Higher Education Institutions	Strengthened existing HIV and AIDS Workplace programmes for Higher Education that will reduce the negative impact of the HIV on all individuals employed by the institutions	Number of HEIs with an workplace plan to operationalise the national HIV workplace strategy	Number of HEIs with an workplace plan to operationalise the national HIV workplace strategy	
	Increased provision of Workplace Peer Education training		Number of HEIs who have conducted Workplace Programme on Peer Education training	

OBJECTIVE 3: To create an enabling environment to ensure a comprehensive and effective response to HIV and AIDS within the Higher Education sector free of stigma and discrimination.

Components	Result Statement	Sector indicators	Institutional indicators
Increased commitment of strategic leadership in HIV and AIDS programmes across HEIs		Number of HICC chaired by executive management	Number of HICC chaired by executive management
		Number of HEIs with corporate governance strategies that address HIV	Number of HEIs with corporate governance strategies that address HIV
Ensure and mobilise strategic leadership through all participants of the Higher Education sector	Increased commitment of strategic leadership in HIV and AIDS programmes across HEIs	Number of HEI with functional HIV Institutional Coordinating Committees	Number of HEI with functional HIV Institutional Coordinating Committees
		Number of HEI with representative HIV Institutional Coordinating Committees	Number of HEI with representative HIV Institutional Coordinating Committees
	HEIs operational plans on HIV and AIDS aligned with the Higher Education HIV and AIDS Policy, Strategic Framework and minimum standards developed	Number of HE institutions with operational plans aligned with the HIV policy, strategic framework and minimum standards	Number of HE institutions with operational plans aligned with the HIV policy, strategic framework and minimum standards
	HEI implementation of operation plans and minimum standards strengthened		Number of universities implementing HIV operational plans and minimum standards
Reduce and eliminate acts of stigma and discrimination through the promotion of equity, fairness and respect for self and others	Reduced acts of stigma and discrimination including gender discrimination through the promotion of equity, fairness and respect for self and others	HEI rating in accordance with the Stigma Index	Number of stigma cases reported
			Percentage of students who have experienced stigma
			Percentage of staff who have experienced stigma
			Percentage of students who have experienced gender discrimination
		Percentage of staff who have experienced gender discrimination	

Components	Result Statement	Sector indicators	Institutional indicators
(Component continued) Reduce and eliminate acts of stigma and discrimination through the promotion of equity, fairness and respect for self and others	Increased number of HEIs with a developed programme of action that covers innovative and established methods of stigma elimination.	Number of HEIs implementing programmes on stigma and discrimination	Number of HEIs implementing programmes on stigma and discrimination
	Increased number of HEIs with training modules on HIV and AIDS, STIs and/or TB that deal with unfair discrimination, to all key populations		Number of targeted HIV and TB interventions for all key populations
	Increased number of HEIs with a comprehensive approach to address gender inequities and gender-power issues, focusing on key risk groups such as first year students.	Number of HEIs with a comprehensive approach to address gender inequities and gender-power issues	Number of HEIs with a comprehensive approach to address inequities and power issues, focusing on first year students.
Ensure coherent and consistent communication	Improve coherent and consistent communication within and outside the sector that serves to encourage positive attitudes and behaviors and to promote and to sustain change	Number of HEIs with operational plans that include a communication component aligned to HEAIDS communication strategy	
		Number of HEIs implementing the targeted HEAIDS communication activities	
	Increased production and dissemination of quality research to provide scientific evidence to guide policy and enhance the national response to HIV and AIDS at all societal levels.	Number of HEIs with a HIV research and evaluation agenda	Number of HEIs with a HIV research and evaluation agenda
			Number of HEIs undertaking HIV-related research and evaluation studies
		Number of HEIs which utilise research and evaluation findings to inform programmes and decision making (dissemination, annual information sharing)	

Components	Result Statement	Sector indicators	Institutional indicators
	Improved collaboration with government departments, and key non-governmental agencies in order to share information and expertise on HIV and AIDS.	Number of HEAIDS partners collaborating in the implementation of the HIV and AIDS programme for HEIs sector	
	Improved appropriate allocation of resources	Amount of funding allocated to the HEIs components of operational plans	
Develop comprehensive Monitoring and Evaluation systems	Increased functionality of national and institutional M&E systems	Number of HEIs with a functional M&E system	
		Number of HEIs trained in M&E system development and functionality	
		Number of HEIs that provide reports using harmonised data collection tools	
		Number of HEIs participating in the Data Quality Audits	

GLOSSARY OF TERMS

A person Living with HIV or AIDS	Refers to a person who is infected with HIV.
Acquired Immune Deficiency Syndrome (AIDS)	A disease of the human immune system that is caused by infection with HIV and characterised by a reduction in the numbers of CD4-bearing helper T-cells to 20% or less of normal, thereby rendering the subject highly vulnerable to life-threatening opportunistic infections.
Advocacy	Efforts made to get due support and recognition for a cause, policy or recommendation.
Affected Person	A person whose life is changed in any way by HIV and AIDS due to the broader impact of this epidemic.
Age-disparate relationships	Refers to relationships in which the age gap between sexual partners is five years or more. The terms 'intergenerational relationships' and 'cross-generation relationships' generally refer to those with a 10-year or greater age disparity between sexual partners.
Antiretroviral Therapy	A treatment consisting of drugs that work against HIV infection in the body.
Behaviour change communication (BCC)	Behaviour change communication promotes tailored messages, personal risk assessment, greater dialogue, and an increased sense of ownership.
Combination HIV prevention	The combination prevention approach seeks to achieve maximum impact on HIV prevention by combining behavioural, biomedical, and structural strategies that are human rights-based and evidence-informed, in the context of a well-researched and understood local epidemic. The foundation of combination prevention is 'know your epidemic, know your response' gap analysis.
Community systems strengthening	Refers to initiatives that contribute to the development and/or strengthening of community-based organisations in order to increase knowledge of and access to improved health service delivery.
Continuum of prevention	Refers to a complement of HIV information support, and services that responds to the evolving behaviours, risks, vulnerabilities, and opportunities of individuals as they progress through various stages of their lives.
Epidemic	An outbreak of disease that is in excess of usual background levels.

Key populations at higher risk of HIV exposure	Refers to those most likely to be exposed to HIV or to transmit it. In all countries, key populations include people living with HIV. In most settings, men who have sex with men, transgender persons, people who inject drugs, sex workers and their clients, and sero negative partners in sero discordant couples are at higher risk of exposure to HIV than other people. There is a strong link between various kinds of mobility and heightened risk of HIV exposure, depending on the reason for mobility and the extent to which people are outside their social context and norms.
Life Skills	Practical skills and values to prepare a youth or adult for real living and to be more self-assured and self-reliant. Subject content often includes teaching people how to protect themselves from harm, including HIV infection.
Mainstreaming	Mainstreaming implies that HIV and AIDS responses are aligned with the core mandate of the sector, and not considered an ‘add-on’ issue. UNAIDS definition states: “Mainstreaming AIDS is a process that enables development actors to address the causes and effects of AIDS in an effective and sustained manner, both through their usual work and within their workplace.”
Marginalised or Disadvantaged	These two terms are used almost interchangeably, and refer to those people in society who are deprived of opportunities for living a reasonable life and for self-respect which is regarded as normal by the community to which they belong. Thus, these concepts are defined in the context of a particular community.
Mitigation	Efforts made to reduce the severity or appease the expected impact or outcome.
Mobilisation	The act of marshalling and organising and making ready for use or action.
Mobile workers/population:	Refers to persons who may cross borders or move within their own country on a frequent and short-term basis for a variety of work-related reasons, without changing place of habitual primary residence or home base. Mobile workers are usually in regular or constant transit, sometimes in (regular) circulatory patterns and often spanning two or more countries, away from their habitual or established place of residence for varying periods of time.
Opportunistic Infections	Infections caused when the immune system is weakened by HIV such as TB and pneumonia.

Peer Education	Refers to activities aimed at providing information by people of a similar age, sex and interest, and of the same social group, status or position as those being taught.
Peer Educator	A person trained or equipped to train and support another person equal in rank, merit or age.
Prevention of mother-to-child transmission (PMTCT):	Refers to a four-prong strategy for preventing new HIV infections in children and keeping mothers alive and families healthy. The four prongs are: halving HIV incidence in women; reducing unmet need for family planning; providing antiretroviral prophylaxis to prevent HIV transmission during pregnancy, labour and delivery, and breastfeeding; and providing care, treatment and support for mothers and their families.
Provider-initiated testing and counselling	The term/s used for HIV testing and counselling recommended by a health-care provider in a clinical setting.
Positive health, dignity, and prevention	Previously referred to as positive prevention. Encompassing strategies to protect sexual and reproductive health and delay HIV disease progression, it includes individual health promotion, access to HIV and sexual and reproductive health services, community participation, advocacy, and policy change.
Psychosocial Support	Physical, economic, moral or spiritual support provided to an individual under any form of stress
Reasonable accommodation	The United Nations use this term in the Convention on the Rights of Persons with Disabilities, whereby a reasonable accommodation is defined as “necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedom”
Sexual and reproductive health services	Includes: services for family planning; prevention of unsafe abortion and post-abortion care; diagnosis and treatment of sexually transmitted infections, including HIV infection, reproductive tract infections, cervical cancer, and other gynaecological morbidities; and promotion of sexual health, including sexuality counselling

Sexually transmitted infection (STI)	STIs are spread by the transfer of organisms from person to person during sexual contact. In addition to the traditional STIs (syphilis and gonorrhoea), the spectrum of STIs also includes: HIV, which causes AIDS; chlamydia trachomatis; human papillomavirus (HPV), which can cause cervical, penile, or anal cancer; genital herpes; and cancrroid. More than 20 disease-causing organisms and syndromes are now recognised as belonging in this category.
Stigmatisation	Refers to the process of labelling people with the intent of treating them differently.
Stigma Index	Refers to a collection of information (data) organised in a way which allows overall conclusions about particular issues to be reached and to measure differences between the situation in different places and/or how a situation has changed over time. The People Living with HIV Stigma Index, for example, will give a measure of how much HIV-related stigma and discrimination there is at a certain point in time, in a certain community.
Transgender persons	Transgender persons express a gender identity that is different from their birth sex.
Vulnerability	External factors that place a person at risk of HIV infection. Vulnerability factors include for
Wellness	DPSA guidelines define wellness as a programme designed to promote the physical, mental and emotional well-being of an employee including components of counselling, support groups, nutritional supplements and provision of treatment for opportunistic infections and anti-retroviral therapy (DPSA 2002)
Workplace	Refers to occupational settings, stations and places where workers spend time for employment

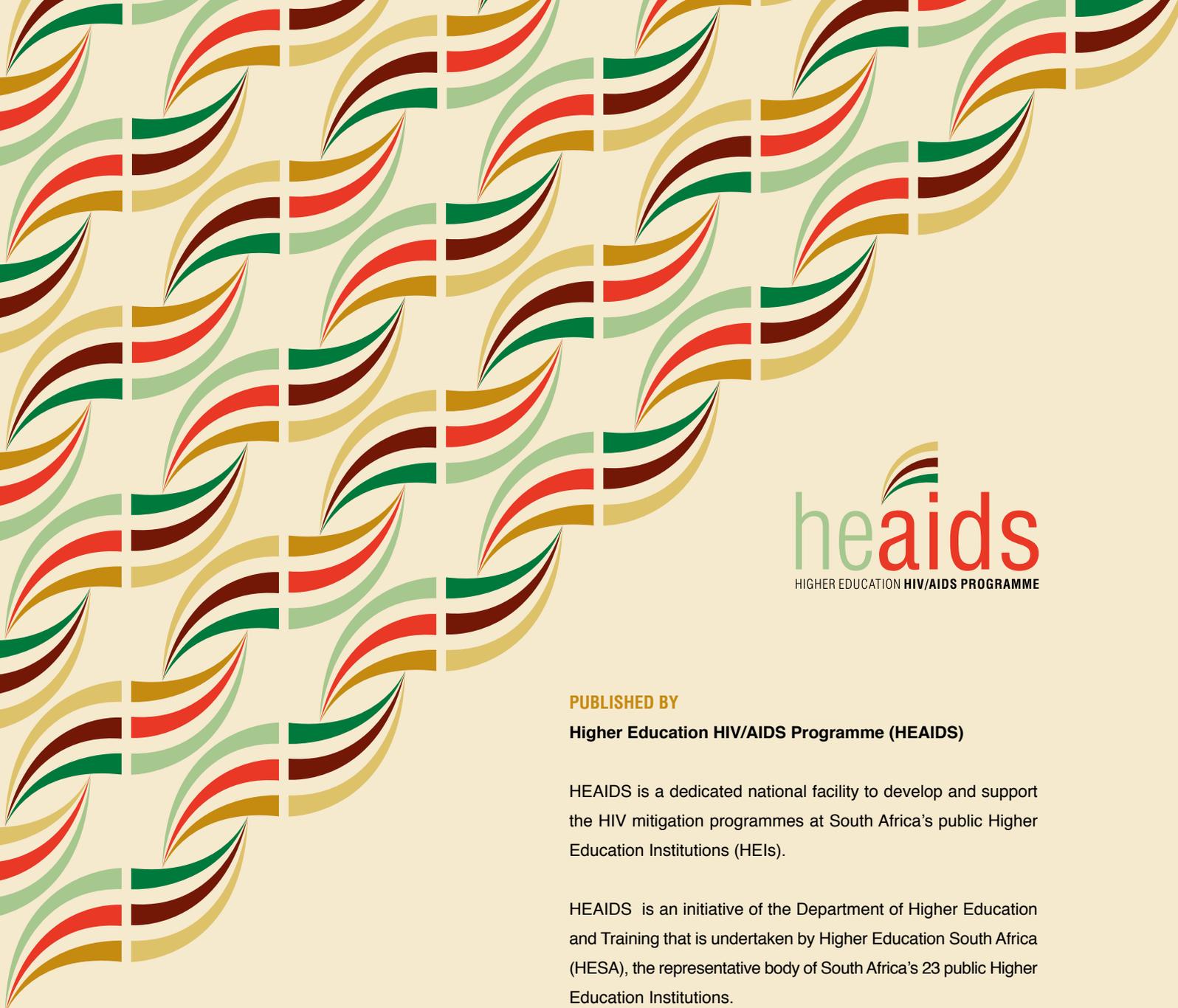
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