

Development and Implementation Support for HIV and AIDS Workplace Programmes at 23 Public Higher Education Institutions in South Africa



Published by Higher Education HIV and AIDS Programme (HEAIDS)

Postal address Higher Education South Africa, PO Box 27392, Sunnyside 0132

Telephone 012 484 1134

Website www.he aids.org.za

© 2010, HEAIDS

Citation HEAIDS, 2010. *Development and Implementation Support for HIV and AIDS Workplace Programmes at 23 Public Higher Education Institutions in South Africa.*
Pretoria: Higher Education South Africa

Cover image Marketing Support Services

Design, layout and Printing Marketing Support Services 012 346 2168



Funded under the European Programme
for Reconstruction and Development

Contents

Acronyms and abbreviations	iii
Executive Summary	iv
Background	iv
Workplace HIV and AIDS Programmes in HEIs – What is the current situation?	v
Good Practice in the area of workplace programmes	vi
The Development of a Framework for HIV and AIDS Workplace Programmes in HEIs	vii
Implementing Workplace Programmes	vii
Lessons Learnt	viii
The Way Forward	viii
CHAPTER 1	
Background to the Research	1
What Comprises an HIV Workplace Programme in the Higher Education Sector?	2
Research Deliverables	2
Previous Evaluations of HEI Workplace HIV and AIDS Programmes	3
CHAPTER 2	
Workplace HIV and AIDS Programmes in HEIs– What is the current situation?	4
Methods	4
Findings	4
Comments on Findings	6
Study Limitations	7
Conclusions	7

CHAPTER 3	
Good Practice in the area of workplace programmes	9
CHAPTER 4	
The development of a Framework for HIV and AIDS Workplace Programmes in HEIs	11
Guiding Principles for the Framework	11
Institutional Performance Areas	12
CHAPTER 5	
Implementing Workplace Programmes	14
CHAPTER 6	
Lessons Learnt	15
CHAPTER 7	
The Way Forward	16
Strategic Leadership, Decision-Making and Coordination	16
Research and Analysis	16
Workplace HIV and AIDS Policy	17
Workplace HIV and AIDS Prevention Programme	17
Workplace HIV and AIDS Treatment and Care Strategy	17
Monitoring and Evaluation	17
CHAPTER 8	
Concluding Comments	18
Notes and References	19

Acronyms and abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ARV's	Antiretrovirals
CTP	Committee of Technikon Principals
DoHET	Department of Higher Education and Training
HEAIDS	Higher Education HIV and AIDS Programme
HEIs	Higher Education Institutions
HESA	Higher Education South Africa
HICC	HIV Institutional Coordinating Committee
HIV	Human Immunodeficiency Syndrome
HR	Human Resources
IEC	Information, Education and Communication
KAPB	Knowledge Attitudes Perceptions and Behaviours
KPAs	Key Performance Areas
MUT	Mangosuthu University of Technology
PEP	post-exposure prophylaxis
PEPFAR	The US President's Emergency Plan for AIDS Relief
PLWHA	People Living with HIV and AIDS
SABCOHA	South African Business Coalition on HIV and AIDS
SAUVCA	South African Universities Vice Chancellors Association
STIs	Sexually Transmitted Infections
TB	Tuberculosis
UCT	University of Cape Town
UJ	University of Johannesburg
UKZN	University of Kwa-Zulu Natal
UWC	University of Western Cape
VCs	Vice Chancellors
VCT	Voluntary Counselling and Testing

Executive Summary

BACKGROUND

The HIV and AIDS epidemic is a global crisis, and constitutes one of the most serious challenges to development and social progress in southern Africa. It is a major threat to the organizations in the public and private sectors because it is affecting the most productive segment of the labour force and is reducing earnings. Research in the private sector has show that HIV and AIDS is imposing mounting costs on organizations through declining productivity, increasing labour costs and loss of skills and experience.^{1,2}

Although the body of knowledge that currently exists shows no evidence of published impact studies that may have been carried out to date at HEIs, there is no reason to believe that these institutions are faring any differently to other workplaces. There is reason to believe that the epidemic may claim lecturers, researchers, managers and a significant number of employees from the HEIs. The increased turnover due to death and illness means that HEIs are probably losing institutional experience and expertise. In addition to these losses, HIV will impact negatively on productivity, increase absenteeism and possibly damage institutional morale and competitiveness. Various employee benefits such as pension and medical aid schemes may also be threatened by the impact of HIV and AIDS.

The focus of this initiative was to reduce the spread of HIV and AIDS in the Higher Education sector and

mitigate its impact through support for the design and implementation of comprehensive HIV and AIDS workplace programmes.

Previous Evaluations of HEI Workplace HIV and AIDS Programmes

Over the last decade there have been a number of reviews dealing with various aspects of HIV and higher education. In 2000 a situation analysis entitled: “Institutionalising the Response to HIV and AIDS in the South African University Sector: A SAUVCA Analysis” was commissioned by the South African Universities Vice-Chancellors Association.

The report found that whilst there was a notional awareness of HIV and AIDS issues, there was a lack of concrete action from universities. With little information and hard data to work with, HIV was seen only as a health issue and not of strategic importance to the institutions. Most institutions had implemented a number of prevention measures for staff but these tended to be ad hoc and fragmented with little sign of any positive impact.

Following on this report, SAUVCA took the lead in developing a joint partnership programme with the Department of Education (DoE) and the Committee of Technikon Principals (CTP), which now exists as the Higher Education HIV and AIDS Programme (HEAIDS).

In 2005 SAVUCA published “Turning the tide: A strategic response to HIV and AIDS in South African Higher Education HEAIDS Programme Report: 2002 – 2004”³. This document was a review of the first 4 years of the HEAIDS programme and was, in part, based on evidence from an audit of responses to HIV and AIDS in higher education. It showed significant progress over three years in the provision of prevention services, treatment, care and support and the establishment of institutional capacity to manage HIV and AIDS programmatically across each institution.

As regards workplace programmes, the 2005 report found that only 26% of HEIs had workplace programmes for staff and that even these were primarily focused on information provision and basic prevention services rather than on care and treatment.

There was a variety of training for staff occurring on most campuses but the training mainly reached academics rather than management and union officials.

Finally it was noted that there was an almost complete absence of any risk assessments having been done in HEIs or for the sector and this was seen as an important oversight. It is interesting to note that it took another three years before the first comprehensive risk assessment was commissioned for the higher education sector.

In 2007, HEAIDS commissioned a “Gaps Analysis” survey of all HEIs. A data collection tool was devised and distributed along with a user’s guide to key informants in each HEI.

WORKPLACE HIV AND AIDS PROGRAMMES IN HEIS – WHAT IS THE CURRENT SITUATION?

Methods

Further to the “gap analysis” a situational analysis was undertaken of each HEI to specifically determine the state of HIV and AIDS workplace programmes. A data collection tool was developed and emailed to each institution and this was then followed up by a minimum of two

visits to each HEI in order to interview personnel responsible for existing programmes. Subsequently, 22 detailed reports were produced which were later validated during subsequent institutional planning workshops in 2009.

Findings

Policies, Management Support and Funding

The majority of HEIs (15/22) now have an HIV and AIDS policy or have a broader chronic disease policy in place that covers HIV and AIDS for staff and students. Only one HEI has no policy whatsoever and another 6 have policies that are in a draft stage or are in the process of being amalgamated where institutions have merged.

In 15 (68%) HEIs, an executive manager was identified as being responsible for the workplace HIV and AIDS programme but in no institution was this responsibility linked to the managers “performance agreement”.

In summary, the bulk of HEIs have not taken workplace HIV and AIDS programmes seriously enough to move beyond having generic, institutional policies in place.

HIV and AIDS Committees

A total of 18 (72%) HEIs have a functioning committee (HIV Institutional Coordinating Committee or HICC) but the majority of these committees are located within student services and subsequently tend to focus more on student issues than employee needs.

Awareness, Education and Training

All HEIs have HIV and AIDS awareness raising activities occurring on their campuses but these tend to be targeted towards students rather than at staff although employees are generally free to attend. In only 4 (18%) HEIs are staff formally provided with training on HIV and AIDS issues either as part of their induction programme or as part of ongoing staff capacity development. Only 9 (41%) HEIs have peer educators for staff and in most HEIs peer education is generally implemented and sustained with external funding.

Condom Promotion

Condom provision occurs at all HEIs and all but 5 (23%) of the HEIs do monitor the total number of condoms distributed per month. This varies from a high of almost 120 000 at UKZN to a low of 1 500 at MUT.

Voluntary Counselling and Testing

VCT is available to staff in all HEIs except for two but uptake of in-house services by staff is not particularly high with the average being less than 5% in most HEIs

Post exposure prophylaxis

The provision of post-exposure prophylaxis (i.e. prevention medication for individuals exposed to HIV either via unprotected sex or because of needlestick or similar injuries) is available at 16 (73%) HEIs. In the remaining institutions, employees have to seek care off campus.

Sexually transmitted infections, opportunistic infections and TB care

In 13 (59%) HEIs staff may access treatment from campus health services with another 4 HEIs planning to make such services available in the near future. In only 6 (27%) institutions is there a formal directly observed treatment, short course (DOTS) programme available for employees.

Treatment for HIV

In all HEIs, medical aid scheme membership is available to employees but membership is only compulsory in 14 (64%) of HEIs for permanent employees. Legislation provides that antiretrovirals must be made available to individuals on medical aid schemes. Employees who are not on medical aid schemes are referred to external services and usually to government hospitals.

No HEI provides free ARVs to employees. No HEIs have partnered with external partners (such as PEPFAR) to provide treatment for employees although a few HEIs have done this for their students.

Impact assessment

Only 7 (32%) HEIs have done business impact assessments and, even in these HEIs, it is not clear whether the results have been used strategically. No HEI has, as yet, conducted an HIV prevalence study on employees until the HEAIDS commissioned a study on all HEIs in 2008/9.

Conclusions

No HEI currently has a comprehensive Workplace HIV and AIDS Programme although all have some elements in place. The content and reach of HIV and AIDS services for staff varies greatly across institutions. On the one hand, a few institutions have many elements of workplace HIV and AIDS programmes in place whilst at the other end of the scale, several HEIs have almost no functioning programme for employees. Not unexpectedly, it is primarily the better resourced HEIs that have the more extensive workplace programmes.

GOOD PRACTICE IN THE AREA OF WORKPLACE PROGRAMMES

Running parallel to the situation analysis being conducted at all HEIs, desktop research aimed at identifying “good practice” with regards to Workplace HIV and AIDS Programmes was undertaken. The findings from this report informed the development of the “Higher Education Workplace HIV and AIDS Programme Framework, which ultimately was intended to guide the development of HEI-specific workplace programmes.

A search of international and local literature was conducted and drew on experiences from the private and public sectors with a special emphasis on identifying good practice that has occurred in the HE sector. Good practices reviewed in the prevention field include policy development, Information, education and communication (IEC), behaviour change, condom promotion, VCT, treatment of STIs and implementing Universal Precautions. Good practice in providing

treatment for HIV and opportunistic infections was also reviewed.

For each of the above, the report provides a background to the topic and a rationale for why it is an important part of a workplace programme and how it should be reflected in a framework.

THE DEVELOPMENT OF A FRAMEWORK FOR HIV AND AIDS WORKPLACE PROGRAMMES IN HEIS

The desktop research and the situational analysis across the sector revealed that the requirements with regards to Workplace HIV and AIDS Programmes may be similar across HEIs and hence it seemed feasible to have a sector-level workplace programme framework against which the individual HEIs may develop their own customised workplace programmes.

While institutional autonomy is critical to the functioning of HEIs, the existence of a national framework will allow for the standardisation of principles and indicators and will facilitate sector level support, monitoring and evaluation. This in turn enables the potential to leverage resources, both financial and human, at a sectoral level to sustain the programmes.

The overall purpose of the HIV and AIDS Workplace Programme Framework is to guide and inform Higher Education Institutions in the development of sustainable HIV and AIDS Workplace programmes that will reduce the negative impact of the pandemic on all vulnerable individuals employed by the institutions.

The guiding principles of the HIV and AIDS Workplace Programme Framework as adapted from the Policy Framework on HIV and AIDS for the Higher Education Sector, consisted of the following:

- Supportive and Committed Leadership
- Protection of Human Rights
- Comprehensive Response
- Consolidated National Response and Effective Partnerships

- Effective Advocacy and Communication
- Gender sensitivity
- Greater Wellness Context

Institutional Performance Areas

To achieve the purpose of this workplace programme framework, six key institutional performance areas were identified as critical:

- Strategic Leadership, Decision-Making and Coordination
- Research and Analysis
- Workplace HIV and AIDS Policy
- Workplace HIV and AIDS Prevention Programme
- Workplace HIV and AIDS Treatment and Care Strategy
- Monitoring and Evaluation

IMPLEMENTING WORKPLACE PROGRAMMES

Whilst the Framework sets out general principles and guidelines, HEIs need to translate these into strategic and operational plans and ultimately institutional workplace programmes. To assist the universities in this process an “Implementation Guide” was developed. By implementing all the components described in the Guide, any institution will meet the minimum requirements for the workplace HIV and AIDS Framework for Higher Education in South Africa. Thus also meeting the legislature imperatives that govern HIV and AIDS in the workplace. The Guide is not meant to be prescriptive but rather should be used as a tool in developing the workplace programme.

The Guide focuses on a logical and practical decision-making process in terms of implementing a workplace programme. It is not intended to give all the information concerning HIV and AIDS, and users will need to update themselves regularly on current good practise and statistics in order to amend and adapt the programme over time.

LESSONS LEARNT

1. There is a move globally and locally in the private sector and in the Higher Education sector towards a Wellness model within the workplace. HIV and AIDS programmes are becoming incorporated into such programmes rather than existing as vertical, stand-alone entities.
2. It became increasingly clear that workplace programmes will only function optimally with the support of senior management.
3. Currently, most HEI HIV and AIDS Units report to student services and this has been a key reason why there has been so little focus on employee needs by the units.
4. The near absence of data on the prevalence and distribution of HIV at HEIs and the complete absence of any impact studies, made it difficult to develop a business case for taking action
5. Concerns about how workplace programmes will be funded was widespread amongst senior management at most the HEIs.

THE WAY FORWARD

Each HEI has a specific set of recommendations arising out of their strategic and operational planning and these recommendations may be summarised thus:

1. **Strategic Leadership, Decision-Making and Coordination:** Each HEI needs to formalise the appointments of their Champion, project leader and team. They need to integrate the HIV and AIDS Workplace Programme responsibilities into the job description and performance contracts of the project team.
2. **Research and Analysis:** The findings of the HIV prevalence and KAPB survey should be used strategically to inform the developing programme at each HEI.
3. **Workplace HIV and AIDS Policy:** HEIs should review their HIV and AIDS policy to ensure that it at least meets the minimum criteria as per the Implementation Guide on the framework.
4. **Workplace HIV and AIDS Prevention Programme:** The stakeholder analysis and operational plan for each HEI clearly lays out objectives, targets and time frames for each component of the prevention plan.
5. **Workplace HIV and AIDS Treatment and Care Strategy:** As with the prevention plan, each HEI needs to develop an HIV treatment plan that caters for employees who are members of medical aid schemes and for those who are not. Each campus should have a PEP policy and kits available.
6. **Monitoring and Evaluation:** Each HEI should develop an M&E strategy including a set of indicators and reporting lines. Workplace programmes should be reviewed annually.

CHAPTER 1

Background to the Research

The HIV and AIDS epidemic is a global crisis, and constitutes one of the most serious challenges to development and social progress in Southern Africa. In this region the epidemic is eroding decades of development gains, undermining economies, threatening security and destabilizing society.

Apart from the burden the epidemic imposes on individuals and their families, it is profoundly affecting the social and economic fabric of society. HIV and AIDS is a major threat to the organizations in the public and private sectors because it is affecting the most productive segment of the labour force and is reducing earnings. Research in the private sector has shown that HIV and AIDS is imposing mounting costs on organizations through declining productivity, increasing labour costs and loss of skills and experience^{4,5}.

In addition, HIV and AIDS is affecting fundamental rights at work, particularly with respect to discrimination and stigmatization directed at workers and people living with HIV and AIDS⁶.

Although the body of knowledge that currently exists shows no evidence of published impact studies that may have been carried out to date on HEIs, there is no reason to believe that these institutions are faring any differently to other workplaces. There is reason to believe that the epidemic may claim lecturers, researchers, managers and a significant number of other employees from the HEIs. Increased turnover due to

death and illness as revealed in the literature means that HEIs lose institutional experience and expertise. In addition to these losses, HIV will impact negatively on productivity, increase absenteeism and possibly damage institutional morale and competitiveness. Various employee benefits such as pension and medical aid schemes may also be threatened by the impact of HIV and AIDS.

Traditionally, disease prevention and health promotion were not commonly thought to be a concern of employers but the HIV and AIDS epidemic has forced a reconsideration of this position. AIDS causes illness, decreased productivity, disability and death amongst employees and economic and emotional disruptions to their organisations and families. It also increases the cost of doing business. As South Africa faces such a large epidemic, AIDS is an issue on which employers in the public and private sectors must take urgent and decisive action.

There are a variety of ways in which universities interface with HIV. Perhaps most obviously, the HEIs are leading research into all aspects of HIV from the basic sciences through to clinical issues and research into the socio-economic impact of the epidemic. With the recognition that HEIs have a broader role to play than simply leading research, the HEAIDS Programme was launched early in 2000 to primarily look at the development of comprehensive HIV and AIDS programme support to institutions, inclusive of

a service delivery focus to both staff and students.

The overall purpose of the HEAIDS Programme is: “to reduce the threat of the spread of HIV and AIDS in the higher education sector, to mitigate its impact through planning and capacity development and to manage the impact of the pandemic in a way that reflects the ethical, social, knowledge transmission and production responsibilities that are the mission of the Higher Education Institutions in society and South Africa”.

As such, the focus of this initiative was to reduce the spread of HIV and AIDS in the Higher Education sector and mitigate its impact through support for the design and implementation of comprehensive HIV and AIDS workplace programmes that form part of a broader health and wellness programme to benefit academic, administrative and support staff at all 23 public HEIs in South Africa, thus providing the opportunity for HEIs as employers to address the needs of their employees in the context of HIV and AIDS, as it impacts on their institutions.

WHAT COMPRISES AN HIV WORKPLACE PROGRAMME IN THE HIGHER EDUCATION SECTOR?

HIV and AIDS workplace programmes are aimed at informing employees about HIV and AIDS, promoting behaviour changes that will reduce the spread of HIV and AIDS, providing services to reinforce behaviour changes and offering services to cope with HIV infection. Effective HIV and AIDS prevention interventions are not one-time or irregularly held events. Rather, prevention builds upon a variety of ongoing, coordinated activities and services.

A workplace HIV programme whether in the public or private sectors will comprise largely the same components although there may be differences in emphasis and in how the programme is managed.

There are numerous guidelines and good practice documents that describe workplace programmes in South Africa and internationally and these were used

as references throughout this project and in the development of appropriate responses within HEIs.

In summary, a comprehensive programme will have all the prevention, treatment and mitigation components but the reality is that most organizations, even the larger ones, tend to have only selected components of a comprehensive programme. Smaller organizations that lack the human and financial resources to maintain a comprehensive programme are more likely to partner with government and non-governmental organizations in order to access funding and technical expertise.

Increasingly, the area of HIV and AIDS is seen as a field that should be non-competitive and rather be an area where organizations can collaborate with each other and outside groups to design and implement one or more components of a workplace programme.

RESEARCH DELIVERABLES

The ultimate goal of this project was to enable each HEI to implement a workplace HIV and AIDS programme and to achieve this goal, the following processes were undertaken:

- Desktop review on local and international good practice with regard to the management of HIV and AIDS in the workplace;
- A situational analysis with respect to existing HIV and AIDS policies, workplace interventions, human resource capacity and systems at each of the 23 HEIs to understand the current status at institutional and sector level;
- A framework for a comprehensive HIV and AIDS Workplace Programme for the HEI sub-sector is designed and appropriate implementation models are developed for individual HEIs;
- Consultation with regard to the above is facilitated at both national and institutional level;
- Technical support is provided to each of the 23 HEIs with regard to the development and implementation of their HIV and AIDS workplace programmes;
- Individual institutional workplace programmes are developed and documented.

PREVIOUS EVALUATIONS OF HEI WORKPLACE HIV AND AIDS PROGRAMMES

Over the last decade there have been a number of reviews dealing with various aspects of HIV and higher education. In 2000 a situation analysis entitled: “Institutionalising the Response to HIV and AIDS in the South African University Sector: A SAUVCA Analysis” was commissioned by the South African Universities Vice-Chancellors Association. The report was a review of initiatives that were being conducted at the universities and a literature review of HIV and AIDS and higher education nationally and internationally. It concluded with a set of recommendations on the way forward.

Chetty and Michel⁷ summarized the main findings of the 2000 report as follows

- Notional awareness but lack of concrete action from universities.
- Lack of information and hard data.
- Silence at institutional and individual level.
- Stigma and discrimination.
- HIV and AIDS is not being mainstreamed into the management of the institution.
- Little is being done to replenish society’s AIDS-depleted skills.
- HIV and AIDS is being treated as a health problem.
- Imperfect knowledge of the disease and its impact.
- Little sign of behaviour change in individuals and in institutions.
- Focus on prevention rather than on pro-active control.

In 2005 SAVUCA published “Turning the tide: A strategic response to HIV and AIDS in South African Higher Education HEAIDS Programme Report: 2002 – 2004”⁷. This document was a review of the first 4 years

of the HEAIDS programme and was, in part, based on evidence from an audit of responses to HIV and AIDS in higher education. It showed significant progress over three years in the provision of prevention services, treatment, care and support and the establishment of institutional capacity to manage HIV and AIDS programmatically across each institution. It also reported on progress in the integration of HIV and AIDS into the curriculum, research on HIV and AIDS and workplace issues.

As regards workplace programmes, the 2005 report found that only 26% of HEIs had workplace programmes for staff and that even these were primarily focused on information provision and basic prevention services rather than on care and treatment.

There was a variety of training for staff occurring on most campuses but the training mainly reached academics rather than management and union officials.

Peer education programmes for staff were in existence in one in five HEIs but almost all of these had only been initiated in the last few years and only small numbers of peer educators had been trained.

Finally it was noted that there was an almost complete absence of any risk assessments having been done in HEIs or for the sub-sector and this was seen as an important oversight. It is interesting to note that it took another three years before the first comprehensive risk assessment was commissioned for the higher education sector.

In 2007, HEAIDS commissioned a “Gaps Analysis” survey of all HEIs. A data collection tool was devised and distributed along with a user’s guide to key informants in each HEI.

Apart from these national reviews, there have also been a number of reviews and reports on institutional level interventions.

CHAPTER 2

Workplace HIV and AIDS Programmes in HEIs

What is the current situation?

METHODS

In order to determine in greater depth what was happening in HEIs as regards HIV prevention, treatment and mitigation services for employees a situational analysis was undertaken of each HEI. A data collection tool was developed which sought to obtain information on all aspects of a workplace HIV and AIDS programme including policy and mainstreaming issues, employee benefits, prevention interventions and the availability of care and treatment. The data collection tool was emailed to each institution and this was then followed up by a minimum of two visits to each HEI in order to interview personnel responsible for existing programmes and to obtain additional information. Subsequently, 22 detailed reports were produced which were later validated during subsequent institutional planning workshops in 2009.

FINDINGS

A detailed sector level report on the current situation within HEIs, including a quantitative breakdown of services provided by institution is available and hence only a summary is contained here.

Policies, Management Support and Funding

The majority of HEIs (15/22) now have an HIV and AIDS policy or have a broader chronic disease policy in

place that covers HIV and AIDS for staff and students. Only one HEI has no policy whatsoever and another 6 have policies that are in a draft stage or are in the process of being amalgamated where institutions have merged.

However, only 12 HEIs have policies which cover all 10 key points listed in the SABCOHA policy check list⁸. This is mainly because most of these policies were not designed primarily to deal with employees but were more targeted at a broad, institutional level.

In 15 (68%) HEIs, an executive manager was identified as being responsible for the workplace HIV and AIDS programme but in no institution was this responsibility linked to the managers “performance agreement”. This indicates that workplace HIV and AIDS programmes activities are not considered as high priority.

In 11 (50%) HEIs there is some reporting occurring on aspects of the workplace HIV and AIDS programme and 9 (45%) HEIs have a dedicated budget for workplace HIV and AIDS programmes.

Only 3 (14%) HEIs have “Management Guides” that details what the HR response should be to HIV and AIDS issues. This signifies that HIV and AIDS issues are not being adequately factored into HR policies and procedures.

In summary, the bulk of HEIs have not taken workplace HIV and AIDS programmes seriously enough to move

beyond having generic, institutional policies in place. The fact that so little reporting on employee prevention and treatment services is happening and that no senior manager has programme activities as part of his/her performance agreement is indicative of the situation.

HIV and AIDS Committees

It has become common practice in larger companies and other organizations to have some form of HIV and AIDS committee charged with developing the detail of policies and programmes and for ongoing review of progress and reporting back to the executive management. Most 18 (72%) HEIs have a functioning committee (HIV Institutional Coordinating Committee or HICC) but the majority of these committees are located within student services and do not deal adequately with workplace HIV and AIDS issues.

Awareness, Education and Training

All HEIs have HIV and AIDS awareness raising activities occurring on their campuses but these are targeted towards students rather than at staff although employees are generally free to attend. In only 4 (18%) HEIs are staff formally provided with training on HIV and AIDS issues either as part of their induction programme or as part of ongoing staff capacity development. This indicates that senior management does not believe that employees need additional awareness raising or behaviour change interventions.

Most HEIs have peer education systems for students but only 9 (41%) have peer educators for staff and in most HEIs peer education is only implemented where external funding is available. It was not always clear to the consultants in which institutions the peer education systems are actually functional as formal reporting on the services rarely occurs.

Condom Promotion

Condom provision occurs at all HEIs although distribution is limited in some to only the clinic whilst at others there are “condocans” in student areas but not in staff areas. This is not an optimal situation as

condoms should be freely and widely available.

All but 5 (23%) of the HEIs do monitor the total number of condoms distributed per month and this varies from a high of almost 120 000 at UKZN to a low of 1 500 at MUT.

It was not possible to accurately determine how efficient the condom distribution services were nor how often stock outs occur but the fact that most HEIs do not have M&E systems in place for such monitoring is of concern.

Voluntary Counselling and Testing

VCT is available to staff in all HEIs except for two but uptake of in-house services by staff is not particularly high with the average being less than 5% in most HEIs. In addition, the VCT is primarily aimed at students rather than staff with the exception of UCT where up to 30% of staff have been tested on campus. UCT attributed their success with VCT to offering VCT as part of general wellness testing.

Post exposure prophylaxis

The provision of post-exposure prophylaxis (i.e. prevention medication for individuals exposed to HIV either via unprotected sex or because of needlestick or similar injuries) is available at 16 (73%) HEIs. In the remaining institutions, employees have to seek care off campus.

Sexually transmitted infections, opportunistic infections and TB care

In 13 (59%) HEIs staff may access treatment from campus health services with another 4 HEIs planning to make such services available in the near future.

Tuberculosis is one of the most common opportunistic infections related to HIV and this disease remains one of the major causes of ill health in our country. In only 6 (27%) institutions is there a formal directly observed treatment, short course (DOTS) programme available for employees.

Treatment for HIV

In all HEIs, medical aid scheme membership is available to employees but membership is only compulsory in 14 (64%) of HEIs for permanent employees. Legislation provides that antiretrovirals must be made available to individuals on medical aid schemes. Employees who are not on medical aid schemes are referred to external services, usually to government hospitals.

There is not a single HEI that provides free ARVs to employees. No HEIs have partnered with external partners (such as PEPFAR) to provide treatment for employees although a few HEIs have done this for their students.

Impact assessment

Possibly linked to the lack of workplace HIV and AIDS programmes and the weak support from senior management is the fact that only 7 (32%) HEIs have done business impact assessments and, even in these HEIs, it is not clear whether the results have been used strategically. Without evidence of the impact of HIV and AIDS on the institution there is little motivation to implement programmes.

No institution, apart from University of Johannesburg (when it was still the Rand Afrikaans University), and University of the Western Cape has undertaken a formal HIV prevalence study and even that single study did not include employees.

The monitoring of student and staff behaviour, knowledge and practices is done through running KAPB surveys and these have been done in 6 HEIs. No HEI has, as yet, conducted an HIV prevalence study on employees until the HEAIDS commissioned a study on all HEIs in 2008/9.

COMMENTS ON FINDINGS

A surprising but important finding was that no HEI in South Africa can claim to have a comprehensive workplace HIV and AIDS programme in place. Surprising

because most private sector workplaces of similar size to an HEI, do have such programmes. With much of the research and evaluation of workplace programmes being undertaken by academia, it appears as if their own workforces have been somehow forgotten.

Most institutions have elements of such programmes in place but services that are provided tend to be fragmented across departments and reporting lines with little or no coordination taking place. The concept of and need for comprehensive workplace programmes for staff had not occurred to most senior managers that were interviewed and hence it should not be surprising that the current situation exists.

The focus of HEIs in regards to HIV and AIDS tends to be on students rather than staff. HIV prevention and treatment activities are targeted at students with staff being given access almost as an afterthought. For example, at almost all HEIs there are a variety of HIV awareness and behaviour change programmes for students occurring and the response of management was that staff were “free to attend if they wished to”.

In all but a few HEIs, uptake of voluntary counselling and testing for HIV by staff at the campus clinic is very low. This is partly because of concerns around anonymity and confidentiality but also because these services are not designed with the needs of staff in mind. Few staff members are likely to be comfortable being counselled by a student counsellor even if the student holds a psychology degree and is well equipped for the job.

The situation is not too different when it comes to treatment. The prevailing norm is that employees who are members of medical aid schemes may access private care and that the rest must use state health services or pay out-of-pocket. There may be a shift away from “student health services” to “campus health services” but the perception still exists that the services are still targeted at students. With many health services falling under the student services management structure, this perception is not incorrect. Indeed, in many institutions, employees are not allowed or are discouraged from using the campus health services or, in some instances, are charged at commercial rates.

The lack of workplace HIV and AIDS programmes at institutes of higher learning stands in sharp contrast to the private sector where most of the larger and more sophisticated companies have well established programmes. Quite why this situation persists is not clear but some VCs and other senior managers interviewed have implied that it may well be due to denial. The problem is perceived as being “out there” and therefore it is the HEIs responsibility to conduct research and provide assistance to impacted communities. University academics are comfortable conducting research on the impact of peer education systems at schools and companies but it seldom occurs to them that they and their own colleagues need any information provision or behaviour change programmes.

STUDY LIMITATIONS

Whilst a strength of the approach taken was that the researchers engaged on a face-to-face basis with key stakeholders at all institutions, the researchers were still dependent on information obtained from the HEI and, in some cases, were unable to verify the information. For example, whilst an HEI may have claimed that their workplace HIV and AIDS policy has been widely disseminated to staff because it is on their website, it was not possible to determine levels of awareness about the policy among employees without doing additional research which was beyond the scope of this project.

An additional challenge faced was that certain information was difficult to obtain. This was for two main reasons. Firstly, no formal, coordinated workplace programmes actually exist in any HEI and hence there is no single person or committee that can be approached for the required information. Instead, the elements that may be considered to be a component of a workplace programme are typically fragmented across different departments and individuals.

For example, campus health services may be responsible for condom distribution and health care, the HIV Unit runs VCT and provision of IEC materials, HR is responsible for policy and the HIV component of staff induction programmes whilst the EAP manager

assists HIV+ employees with psychological support. No single manager could provide all the information required and it was almost impossible to have meetings with all relevant personnel.

Secondly and more importantly, there is a paucity of data in most HEIs because of the weakness or complete absence of any M&E systems. No HEI could provide information on matters such as how many employees had accessed training on HIV, how many had attended VCT sessions, what proportion of employees were on ARVs or receiving treatment for TB, etc. The only indicator that almost all HEIs were able to provide was the total number of condoms distributed monthly to staff and students.

CONCLUSIONS

No HEI currently has a comprehensive Workplace HIV and AIDS Programme although all have some elements in place. The content and reach of HIV and AIDS services for staff varies greatly across institutions. On the one hand, a few institutions have many elements of workplace HIV and AIDS programmes in place whilst at the other end of the scale, several HEIs have almost no functioning programme for employees. Not unexpectedly, it is primarily the better resourced HEIs that have the more extensive workplace programmes.

A major reason for the apparent lack of attention given to workplace HIV and AIDS programme is probably because management is largely unaware of the risks that HIV poses. This lack of information on any impacts was highlighted during many interviews with senior management. Unlike in the private sector where risk assessments have shown the impact on their bottom line in many companies and sectors, there is no similar evidence of impact for the higher education sector.

Existing programmes tend to be fragmented and often ad hoc. There is little evidence that the programmes are sufficiently supported or resourced and there is very little monitoring and evaluation occurring. The

impression gained is that most of the components are driven by the health services and the quality of the programme is frequently dependent on the drive of a single individual.

All HEIs expressed an interest in developing their workplace programmes with the exception one institution that has a sophisticated programme in place. However, with such different levels of support and available resources, developing and implementing programmes up to a similar standard will take time.

Whilst the situation described above is far from optimal, there are many individuals in HEIs who strongly believe in the need for workplace programmes and are prepared to work towards designing and implementing these programmes.

It is also to the credit of senior management in the HEIs that they were not defensive when faced with the findings regarding the status of workplace programmes. Instead, by and large, the situation was acknowledged as unacceptable and in need of attention.

CHAPTER 3

Good Practice in the area of workplace programmes

Running parallel to the situation analysis being conducted at all HEIs, desktop research aimed at identifying “good practice” with regards to Workplace HIV and AIDS Programmes was undertaken. The findings from this report informed the development of the “Higher Education Workplace HIV and AIDS Programme Framework, which ultimately was intended to guide the development of institution-specific workplace programmes.

The availability of information on HIV and its impacts on companies and institutions has increased substantially in the last decade and there is now a significant body of literature on this subject. However, there is less information on what organisations are doing to prevent and manage HIV and AIDS, at what cost and to what effect. The lack of information within the public domain restricts the capability of organisations to take innovative, constructive action to manage HIV and AIDS in the workplace and beyond.

A search of international and local literature was conducted and drew on experiences from the private and public sectors. Whilst HEIs constitute a “workplace” for the academic, administrative and service staff, these institutions also have their own structures and cultures that characterise the higher education sector. For these reasons, special emphasis was placed on identifying good practice that has occurred in this sector. However, it has to be acknowledged that the literature on workplace HIV programmes in tertiary education establishments is sparse.

Good practice is about what works on the ground in the real world and appropriately transferring those lessons to other settings or institutions. It is about distilling out what works and what does not. However, it does not imply that there are blue prints available that can simply be applied to an institution in a mechanical manner.

With the accumulation of knowledge and experience over time, consistent themes and common threads emerge and develop into national and international norms and policies. In this regard, UNAIDS and other organisations have subsequently developed policy and programme guides that are useful summaries of good practice.

It is widely agreed that it is useful to approach workplace HIV programmes from a mainstreaming perspective. This approach ensures that such programmes are integrated into the organisation and its policy and budget processes. This reduces the chances of HIV and AIDS issues simply being viewed as a health issue to be handled solely by the health services.

Within a mainstreaming approach various components of a typical workplace programme was reviewed. These included good practice in:

- prevention – including policy development, information, education and communication (IEC) behaviour change, condom promotion, VCT, treatment of STIs and implementing universal precautions
- treatment for HIV and opportunistic infections

- cross cutting issues including leadership, gender, involvement of PLWHA, stigma and discrimination, integration of services and monitoring and evaluation.

For each of the above, the report provides a background to the topic and a rationale for why it is an

important part of a workplace programme and how it should be reflected in a framework. We then describe what is considered good practice, in implementation, give examples where appropriate and how the intervention should be monitored and evaluated.

CHAPTER 4

The development of a Framework for HIV and AIDS Workplace Programmes in HEIs

The situation analysis of HEIs showed large discrepancies between institutions with the poorly resourced institutions having only very rudimentary Workplace HIV and AIDS Programmes. At the same time, HEIs are similar in many ways including the structure of their workforces, their management structures and HR policies.

Because of these similarities, the requirements with regards to Workplace HIV and AIDS Programmes will be similar across institutions. It is, therefore, feasible to have a sector-level workplace programme framework under which the individual HEIs may develop their own customised workplace programmes.

While institutional autonomy is critical to the functioning of HEIs, the existence of a national framework will allow the standardisation of principles and indicators and will facilitate sector level support, monitoring and evaluation. This in turn enables the potential to leverage resources, both financial and human, at a sectoral level to sustain the programmes.

The overall purpose of the HIV and AIDS Workplace Programme Framework is to guide and inform Higher Education Institutions in the development of sustainable HIV and AIDS Workplace programmes that will reduce the negative impact of the pandemic on all vulnerable individuals employed by the institutions.

Specifically, the proposed framework was aimed at assisting HEIs to:

- Comply with legislation with regards to HIV and AIDS within the workplace;
- To provide a benchmark for a minimum package that meets national and international standards and norms;
- Close the gap between HEIs with relatively mature programmes and those that are in their early stages by moving towards the implementation of good practices across the sector.

Care was taken to ensure that the Framework was compatible with the South Africa National Strategic Plan for HIV and AIDS and STIs, 2007-2011 and with the Policy Framework on HIV and AIDS for Higher Education in South Africa which was endorsed by the Minister of Education and HESA in October 2008.

Drafts of a Framework were developed and shared with a variety of stakeholders including the HR directors of all HEIs, representatives from Higher Education, the trade unions and business leaders.

GUIDING PRINCIPLES FOR THE FRAMEWORK

The guiding principles of the HIV and AIDS Workplace Programme Framework as adapted from the Policy Framework on HIV and AIDS for the Higher Education Sector, consisted of the following:

Supportive and Committed Leadership

Committed leadership at all levels of the institution is critical to the success of an HIV and AIDS workplace programme.

Protection of Human Rights

The human rights of dignity, privacy, non-discrimination, equity and voluntary participation by all staff must guide all interventions and programmes.

Comprehensive Response

The recognition that HIV and AIDS is a biological, social, psychological, developmental and economic pandemic that requires a comprehensive approach from the HEI. Mainstreaming HIV and AIDS into the HE sector helps ensure that HIV and AIDS is integrated into the strategic planning and operational processes of the institution and that HIV and AIDS is not simply viewed only as an ‘add-on’.

Consolidated National Response and Effective Partnerships

One of the core mandates of the HE sector is to ensure a more systemic approach with greater coherence and responsiveness to national needs. Given the scope and challenge of the pandemic a commitment to the development of a sector-wide response through engagement and support at institutional level is critical. Effective partnerships between internal and external community members, including the meaningful involvement of People Living with HIV and AIDS, are important to facilitate the implementation and management of targeted interventions across the whole spectrum of programmes and activities. Collaborative partnerships will strengthen and enhance knowledge production and dissemination.

Effective Advocacy and Communication

Clear and ongoing communication is an essential tool for the attainment of the aims of the Policy Framework and the Workplace Programme Framework.

Transparency and sharing of information will enhance a collective, consultative and coordinated sectoral and institutional response to the pandemic.

Gender sensitivity

Programmes must be gender sensitive because of the established link between gender, inequality and vulnerability to HIV and AIDS.

Greater Wellness Context

Whilst this particular framework has a focus on HIV and AIDS and the workplace, there is an increasing tendency to situate the prevention and management of chronic diseases like HIV and AIDS within a broader “Health and Wellness” programme. Today, “workplace wellness” refers to an organization’s ability to promote and maintain the physical and mental health of its employees. It is also about reducing risks to employees’ health and wellness through safe work practices, healthy work environments and generally promoting healthy behaviours among employees.

INSTITUTIONAL PERFORMANCE AREAS

To achieve the purpose of this workplace programme framework, six key institutional performance areas were identified as critical:

Strategic Leadership, Decision-Making and Coordination

All HEIs should have the structures required by the sector Policy Framework in place, should have established a Workplace Sub-committee and appointed a person(s) to manage and lead the workplace programme components of the HEI HIV and AIDS programme.

Research and Analysis

Each HEI should be able to understand the impacts of the illness on its employee base, have established direct and indirect costs, identified programmatic gap

areas as well as the necessary attitudinal and behaviour changes required.

Workplace HIV and AIDS Policy

Each HEI should develop and distribute a workplace HIV and AIDS or chronic disease policy encapsulating the principles of this workplace framework as well as the sector policy framework, aligned to relevant national labour legislation and institutional HR policies.

Workplace HIV and AIDS Prevention Programme

Each HEI should develop an integrated prevention response to HIV and AIDS through aligning the institutional workplace programmes to both this workplace framework as well as to relevant individual institutional policies thereby promoting a level of equity and standardisation.

Workplace HIV and AIDS Treatment and Care Strategy

Each HEI should develop a treatment and care strategy for employees infected with HIV and AIDS which aligns the institutional workplace programmes to both this workplace framework as well as to relevant individual institutional policies thereby promoting a level of equity and standardisation.

Monitoring and Evaluation

At an institutional level, each HEI should develop and implement a monitoring and evaluation plan and system to facilitate the management and evaluation of their individual HE HIV and AIDS workplace programme. At a sectoral level, each HEI should be in a position to submit a standardized quarterly report against agreed sectoral level indicators

CHAPTER 5

Implementing Workplace Programmes

Whilst the Framework set out general principles and guidelines, HEIs need to translate these into strategic and operational plans and ultimately institutional workplace programmes. To assist the universities in this process an “Implementation Guide” was developed.

The Implementation Guide is designed in such a way that it follows the same sequence as the Framework. In addition, the Guide only focuses on workplace components and these should be integrated into the institutions overall HIV and AIDS strategy. However, by implementing all the components described in the Guide, any institution will meet the minimum requirements for the workplace HIV and AIDS Framework for Higher Education in South Africa. The Guide is

not meant to be prescriptive but rather should be used as a tool in developing the workplace programme.

The Guide focuses on a logical and practical decision-making process in terms of implementing a workplace programme. It is not intended to give all the information concerning HIV and AIDS, and users will need to update themselves regularly on current best practise and statistics in order to amend and adapt the programme over time.

Also, it is envisaged that the Implementation Guide will be a “living document” in that it will be continually updated as lessons are learnt and examples of good practice begin to emerge from HEIs in the coming months and years.

CHAPTER 6

Lessons Learnt

There is a move globally and locally in the private sector and in the Higher Education sector towards a Wellness model within the workplace. HIV and AIDS programmes are becoming incorporated into such programmes rather than existing as vertical, stand-alone entities. This approach provides employees with more comprehensive benefits and removes much of the stigma of an HIV and AIDS programme. Any future activities in relation to HIV and Higher Education should be framed within a Wellness approach.

- It became increasingly clear that workplace programmes would never function optimally without the support of senior management for the initiative. Middle management at the HEIs were aware of this and advised that unless there was buy-in from senior management and it became a regular item on their agendas, these programmes would never develop.
- Currently, most institutional HIV and AIDS Units report to student services and this has been a key

reason why there has been so little focus on employee needs by the units. Instead, the focus has been on providing services to students which is undoubtedly partly because of the reporting lines.

- The near absence of data on the prevalence and distribution of HIV at HEIs and the complete absence of any impact studies, made it difficult to develop a business case for taking action. It also made it difficult to know how to prioritise and target prevention and treatment interventions if little was known about the epidemic at HEIs.
- Concerns about how workplace programmes will be funded was widespread amongst senior management at most the HEIs. Whilst senior management at all HEIs recognise the need to further develop their workplace programmes, the biggest obstacle, particularly in these difficult economic times, is the lack of funding. Without such funding models the workplace programmes will be constrained in what services will be provided and the sustainability of the programmes will be jeopardised.

CHAPTER 7

The Way Forward

Useful documents arising out of the HEAIDS Programme, include the following:

- **Situation Analysis Report.** a detailed report describing what HIV prevention, treatment and mitigation services are currently being provided to employees and what the gaps are in service provision was provided to each HEI.
- **Good Practice in HIV and AIDS Workplace Programmes Report.** This will assist HEIs in understanding what current good practice is, provide options and allow them to benchmark their own interventions.
- **Framework for HIV and AIDS Workplace Programmes.** This document enables the HEI to ensure that all aspects of a workplace programme are covered, that they comply with the law and that they are providing
- **Workplace Programme Implementation Guide.** This document will assist HEIs to develop strategic and operational plans to guide the actual implementation of their workplace programme.

The following forthcoming reports will also assist the HEIs.

- **HEI HIV Prevalence and KAPB Report.** These institution level reports will be made available to the HEIs. The report will provide the HEI with baseline information on the prevalence and distribution of HIV among the workforce and what the driving factors of the epidemic are. This will

enable the development of workplace programmes are relevant and efficient.

- **Funding Models and Mechanisms Report.** This report will assist the HEIs in defining budgetary needs and sources of funding for their programmes.

Each HEI has a specific set of recommendations arising out of their strategic and operational planning but these recommendations may be summarised thus:

STRATEGIC LEADERSHIP, DECISION-MAKING AND COORDINATION

Each HEI needs to formalise the appointments of their Champion, project leader and team. They need to integrate the HIV and AIDS Workplace Programme responsibilities as planned into the job description and performance contracts of the project team. They should formalise the alignment between the Wellness Programme and the HIV and AIDS Workplace Programme. Most importantly, HIV needs to be mainstreamed into the HEIs strategic planning processes including budgetary and HR planning.

RESEARCH AND ANALYSIS

The findings of the HIV prevalence and KAPB survey should be used strategically to inform the developing programme at each HEI. For example, at HEIs with low prevalence levels the emphasis will be mainly on

prevention whereas where there is a high prevalence among staff, their ongoing care and treatment needs will need to be considered.

WORKPLACE HIV AND AIDS POLICY

HEIs should review their HIV and AIDS policy to ensure that it at least meets the minimum criteria as per the Implementation Guide on the framework?. They also need to ensure that all HR policies are aligned.

WORKPLACE HIV AND AIDS PREVENTION PROGRAMME

The stakeholder analysis and operational plan for each HEI clearly lays out objectives, targets and time frames for each component of the prevention plan.

WORKPLACE HIV AND AIDS TREATMENT AND CARE STRATEGY

As with the prevention plan, each HEI needs to develop an HIV treatment plan that caters for employees who are members of medical aid schemes and for those who are not. Each campus should have a PEP policy and kits available.

MONITORING AND EVALUATION

Each HEI should develop an M&E strategy including a set of indicators and reporting lines. Workplace programmes should be reviewed annually.

CHAPTER 8

Concluding Comments

The reason that leadership is stressed as the first component of workplace programmes is because international and local experience has shown that the success of these programmes revolves around the quality and extent of leadership. In the end it comes down to the drive and expertise of a handful of individuals.

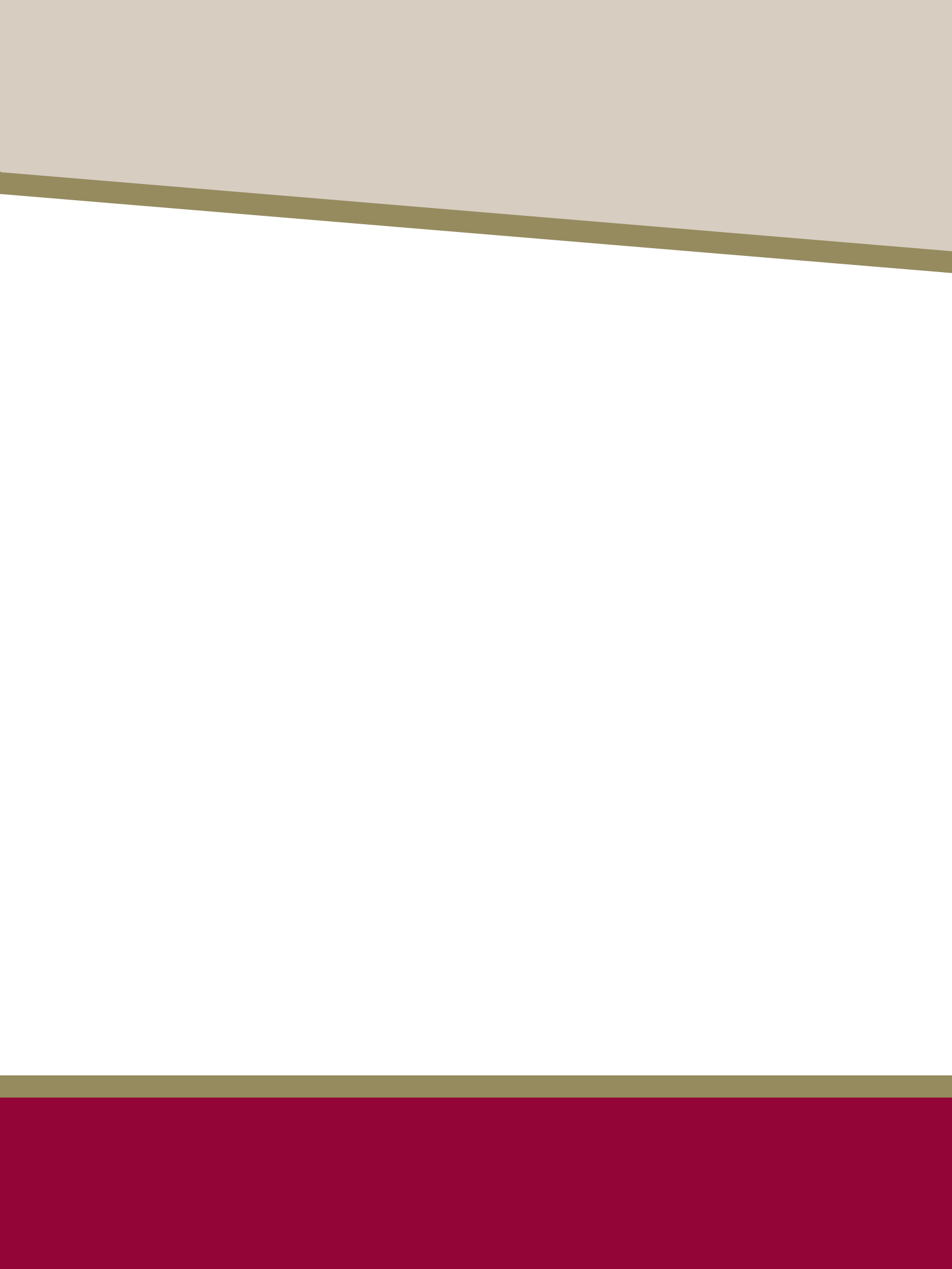
In complex and hierarchical institutions like HEIs, a very senior leader – a Champion - is needed to ensure that the Workplace HIV and AIDS Programme will be considered by key committees that budgets will be forthcoming and that obstacles to the programme are identified and cleared. This is by no means the Champion's only responsibility but it does mean that the Champion has to have a passion for the programme and be alert and responsive to the programmes needs.

At another level, the person charged with responsibility for ensuring the programme roll-out (usually the HR Director) and the employees who actually head up the programme need to be competent and proactive. Building performance targets related to the Workplace HIV and AIDS Programme into staff performance assessments is key to motivating them appropriately.

However, it is not only at institutional level that leadership is needed but at a sectoral level too. and this will be primarily guided by the Policy Framework and the M and E plan. It is also envisaged that the release of the HIV prevalence data on the HEIs will require strategic support from HEAIDS at a national level which is likely to revolve mainly around lobbying and advocacy.

Notes and References

- 1 Rosen S, Feely F, Connelly P, Simon J. The private sector and HIV and AIDS in Africa: Taking stock of six years of applied research. Center for International Health and Development. Boston University; 2006. Available at: http://www.bu.edu/dbin/sph/research_centers/Publications.htm. Accessed: 4 June 2006.
- 2 Rosen S, Vincent JR, MacLeod W, Fox M, Thea DM, Simon JL. The cost of HIV and AIDS to businesses in southern Africa. *AIDS* 2004; 18:317–324.
- 3 Chetty D, Michel B. Turning the tide: A strategic response to HIV and AIDS in South African Higher Education HEAIDS Programme Report: 2002 – 2004. Cape Town, 2005
- 4 Rosen S, Feely F, Connelly P, Simon J. The private sector and HIV and AIDS in Africa: Taking stock of six years of applied research. Center for International Health and Development. Boston University; 2006. Available at: http://www.bu.edu/dbin/sph/research_centers/Publications.htm. Accessed: 4 June 2006.
- 5 Rosen S, Vincent JR, MacLeod W, Fox M, Thea DM, Simon JL. The cost of HIV and AIDS to businesses in southern Africa. *AIDS* 2004; 18:317–324.
- 6 International Labour Organisation. HIV and AIDS and work in a globalizing world. 2005. Geneva.
- 7 Chetty D, Michel B. Turning the tide: A strategic response to HIV and AIDS in South African Higher Education HEAIDS Programme Report: 2002 – 2004. Cape Town, 2005
- 8 SABCOHA is the South African Business Coalition against HIV and AIDS. They have a “toolkit” for workplace programmes which includes a tick-list against which policies can be checked for compliance.



The Higher Education HIV and AIDS Programme (HEAIDS) is an initiative of the Department of Higher Education and Training undertaken by Higher Education South Africa. It is funded by the European Union under the European Programme for Reconstruction and Development in terms of a partnership agreement with the Department.

The content of this publication is the sole responsibility of HEAIDS and can in no way be taken to reflect the views of the European Union.



Funded under the European Programme
for Reconstruction and Development