The findings of a groundbreaking HIV prevalence and attitudinal study among 25 000 students and staff at all but one of South Africa’s 22 public institutions of higher learning, are due out in May and will provide crucial risk-analysis data to build future leadership.

The absence of any study with a similar scope and mandate at the Mexico City International HIV/AIDS conference last August suggests that South Africa is leading the way, albeit through necessity, in dealing with the HIV/AIDS risk to its future leadership cadre.

The results of this study are being eagerly awaited to see whether they differ from the national household HIV prevalence rate of 10% among 15 - 24-year olds, rising to 17% among women of this age grouping. Even if they don’t, the new data on HIV/AIDS knowledge, perceptions, attitudes and behaviour among students and staff will prove invaluable for tailoring responses and prevention programmes.

Commissioned by the Higher Education HIV/AIDS Programme (HEAIDS) – an initiative of the Department of Education and funded by the European Union – this study embraces 750 000 students and 50 000 full-time staff, ranging from academics to administrative and support staff.

Participation by the 25 000 prevalence study subjects is voluntary and those identified for sampling can decline, although ‘we are appealing to them to consider the greater good,’ said Dr Mark Colvin, head of the research team.

The results will considerably strengthen and inform the implementation of the newly crafted policy framework on HIV/AIDS for higher education institutions, which was adopted by the Minister of Education, Naledi Pandor, and Higher Education South Africa (HESA), on behalf of the vice-chancellors of the 23 public higher institutions in October last year.

Praying for below-average prevalence

If the prevalence closely mirrors household levels, it will ‘seriously compound the task of producing a sufficient number of highly skilled graduates to fulfil our needs as a developing country undergoing rapid transformation,’ says Dr Mvuyo Tom, Vice-Chancellor of the University of Fort Hare.

Dr Shaidah Asmall, Programme Director of HEAIDS, corroborates this, adding ‘to date we have absolutely no data on higher education institutions. We don’t know the proportion of graduates coming out HIV positive, what the impact on staff attrition is and what the requirements are going forward. This information will set the picture for exactly where we stand and we’ll be able to forecast a likely scenario going forward for the next 10 years and do some solid planning.’

Sectoral prevalence data will inform the higher education sector what the likely economic impact is on, for example, health and education of staff and students at higher institutions.
The study kicked off at the University of Stellenbosch on 11 August 2008 and slowly rolled out across the country, involving all contact students.

Establishing the reality

Dr Asmall says it’s likely that many assumptions are made about what university students and staff know about HIV/AIDS, how they handle their intimate relationships and what they feel about HIV/AIDS.

‘We want to establish the reality so that institutional HIV/AIDS programmes can be tailor-made for the unique campus communities they serve,’ she added.

The policy framework on HIV/AIDS is a road map for campuses to develop, put into operation and strengthen policies, and create overall cohesion with the Constitution and related legislation, and the National Strategic Plan on HIV/AIDS and STIs. It offers guidelines for human and financial resources, leadership, service provision and monitoring and evaluation.

Bolstering the framework is free HIV/AIDS and TB training for campus staff by SAMA’s Foundation for Professional Development (FPD), and access to the HIV911 service run by the Centre for HIV/AIDS Networking (HIVAN), a University of KwaZulu-Natal NGO. The HIV911 service enables appropriate referrals for students and staff by providing a database of information on 6 500 organisations that provide HIV/AIDS-related services.

HEAIDS has so far provided R59 million in grant funding to campuses to support service delivery programmes such as upgrading and refurbishing campus health facilities, buying mobile health clinics, improving clinic staffing levels and bolstering prevention efforts.

Chris Bateman

If the prevalence closely mirrors household levels, it will ‘seriously compound the task of producing a sufficient number of highly skilled graduates to fulfil our needs as a developing country undergoing rapid transformation,’ says Dr Mvuyo Tom, Vice-Chancellor of the University of Fort Hare.

The study kicked off at the University of Stellenbosch on 11 August 2008 and slowly rolled out across the country, involving all contact students.

Establishing the reality

Dr Asmall says it’s likely that many assumptions are made about what university students and staff know about HIV/AIDS, how they handle their intimate relationships and what they feel about HIV/AIDS.

‘We want to establish the reality so that institutional HIV/AIDS programmes can be tailor-made for the unique campus communities they serve,’ she added.

The policy framework on HIV/AIDS is a road map for campuses to develop, put into operation and strengthen policies, and create overall cohesion with the Constitution and related legislation, and the National Strategic Plan on HIV/AIDS and STIs. It offers guidelines for human and financial resources, leadership, service provision and monitoring and evaluation.

Bolstering the framework is free HIV/AIDS and TB training for campus staff by SAMA’s Foundation for Professional Development (FPD), and access to the HIV911 service run by the Centre for HIV/AIDS Networking (HIVAN), a University of KwaZulu-Natal NGO. The HIV911 service enables appropriate referrals for students and staff by providing a database of information on 6 500 organisations that provide HIV/AIDS-related services.

HEAIDS has so far provided R59 million in grant funding to campuses to support service delivery programmes such as upgrading and refurbishing campus health facilities, buying mobile health clinics, improving clinic staffing levels and bolstering prevention efforts.

Chris Bateman

CLIMATE CHANGE KILLS AT LEAST 300 000 EVERY YEAR

Hundreds of millions of people are being exposed to increased water stress as our planet warms up, over 40% of ecosystems are compromised, coastal flooding and storms are increasing and subsistence farmers and fisher folk face a bleak future.

These are some of the impacts of global warming and climate change on health that emerged at the Global Ministerial Forum on Research for Health in Bamako, Mali in mid-November last year. The alarming knock-on impacts of these phenomena include the growing instability of infectious diseases (and their distribution) and the spread of malnutrition, diarrhoeal and cardiorespiratory diseases.

Research cited by Dr Sadiq Shahab, a public health physician in the community medicine programme at the University of Alberta, Canada, puts the

Zac Morse, Consultant in Health, Research, Science and Technology, Climate Change and the former Associate Director, Dean’s Office, Fiji School of Medicine.

Picture: Chris Bateman